Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD – PUBLIC SESSION MINUTES

Venue: Meeting by WebEx. **Date:** Thursday 3rd September 2020, 09:30-13:30

Members:			**In attendance:**		
Mr R Samuda	(RS)	Chair, Trust Chairman	Mrs R Wilkin	(RW)	Director of Communications
Mr M Laverty	(ML)	Non-Executive Director	Mrs S Rudd	(SR)	Assoc. Director of Corporate Governance
Mr H Kang	(HK)	Non-Executive Director	Ms J Thompson	(JT)	GDON, Medicine & Emergency Care
Mr M Hoare	(MH)	Non-Executive Director (joined at 11am)	Mr M Sadler	(MS)	Chief Informatics Officer
Cllr W Zaffar	(WZ)	Non-Executive Director	Mr D Baker	(DB)	(Item 18 onwards)
Prof K Thomas	(KT)	Non-Executive Director	Ansu Basu	(AB)	Consultant Physician and Endocrinologist (for D Carruthers)
Mrs L Writtle	(LW)	Non-Executive Director			
			Apologies:		
Mr L Kennedy	(LK)	Chief Operating Officer	Mr T Lewis	(TL)	Chief Executive
Ms D McLannahan	(DMc)	Chief Finance Officer	Ms K Dhami	(KD)	Director of Governance
Mrs R Goodby	(RG)	Director of People & OD	Dr D Carruthers	(DC)	Medical Director & Acting Chief Executive
Ms K French	(KF)	Interim Chief Nurse			

Minutes	**Reference**
1. Welcome, Apologies and Declarations of Interest	**Verbal**

RS extended his welcome and invited the meeting participants to introduce themselves.

Apologies were noted from: Mr T Lewis, Ms K Dhami, and Dr D Carruthers.

2. Chair's Opening Comments	**Verbal**

RS reported that the Trust's focus continued to be on the resumption of elective services. Stretch targets were challenging. Waiting lists had lengthened. Practical ward issues were being addressed to ensure the safety of those patients attending Trust facilities for elective procedures.

RS had recently attended the Health Watch AGM. There he had gained insight into additional actions that could be taken in relation to patient bookings. He noted his intention that the Trust should continue to engage with Healthwatch to improve insights for their population. A presentation had been given by Lisa McNally, Public Health lead for Sandwell, and she had thanked the Trusts for their support of partners in relation to infection control and outbreaks.

RS advised that financial incentives were now being initiated to encourage Trusts to reach elective service targets. The Trust was working collaboratively through the STP Groups to achieve collective success in this regard.

RS reported that there had been consultation around the merger of the CCGs and the STP, which were already operating with one accountable officer, Paul Maubach. The Trust continued to provide

support to help achieve the gains that could be attained from streamlining processes.

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

No questions had been received from the Public.

4. Patient story	**Verbal**

KF introduced JT, who shared a patient story about a COVID-19 journey within the Medicine Division.

JT played a video presentation, which featured a patient who had presented to hospital with COVID-19 and had ultimately had his leg amputated. The patient spoke about the medical professionals who had assisted him through the various stages of treatment and recovery. He acknowledged the hard work of all of the staff he had encountered during his stay - from surgeons to physiotherapists, psychologists to nursing staff. He said that they had helped him, not only physically but mentally too, given he had become very low following the amputation. Nursing staff had gone the extra mile to assist in his recovery, even spoon-feeding him to build his strength. He was very grateful and thanked them all for their support on his journey.

JT introduced Karen, Manager of Ward 11. The Chair thanked Karen for her work noting that the presentation had made the Trust Board feel very proud.

Karen provided further detail about the patient's journey, providing insight into the treatment and rehabilitation journey that had finally enabled him to return to his home. She spoke about the mental health impacts that the patient had suffered as a result of his health challenges and about the work of the physiotherapists, psychologists and nurses to rebuild confidence that he could continue to lead a fulfilling life. She also spoke about how the nursing team had advocated for his return home, despite the fact that the Consultants had strongly advocated to relocate the patient to a care home.

The Chair invited comments and questions from the Trust Board.

HW acknowledged the magnitude of such a journey and stated that stories like this one provided a reason to come work each day. He particularly acknowledged the efforts of staff to turn the patient's mental health around. He asked about the preparatory work that was done by the Care Team in advance of having difficult discussions with patients dealing with difficult circumstances such as this one.

Karen advised that a psychologist had not been readily available to visit this patient initially because the service had been affected by COVID-19. However, once this had been rectified, the patient had been prescribed medications to assist with his low mood and this had greatly helped the recovery process.

KF acknowledged that the story demonstrated the compassion and care of all teams involved in this journey. She asked if being unable to receive visitors had made the patient's journey more difficult.

Karen advised that the patient did not have any children but had a niece who was working for the Trust and was therefore able to visit. Additionally, the patient had been provided with access to WhatsApp to enable him to video call friends. During his initial weeks on the ward, he had not wanted to communicate with friends and family, and the nursing staff had been available to chat about normal things, which had helped.

[RS] noted that this powerful story had conveyed the best of the NHS Trust and particularly of the ward. He noted that constituents had advised him that they were nervous about going to hospital

for non-COVID-related matters because they were concerned about exposure to COVID-19. He asked how the Trust was building confidence in communities to attend hospital appointments.

RG reported that there had been messaging about the safety of the organisation and the mitigation plans that were in place to protect stakeholders. This messaging was being shared through regional and local media, and social media. The Trust was linking with Health Watch and locally to understand more about the types of concerns people had about attending appointments. This information would enable more targeted messaging.

LK observed that during the story, the Care Team had suggested that a Care Home may be a better option for ongoing care but had ultimately acknowledged and achieved the patient's preference to return home. He asked whether the Trust was listening to patients and their relatives about where they were placed.

Karen suggested that improvements could be made to the discharge process. It had taken some time to achieve agreement from the Physiotherapy Team and the MDT to return the patient home. The discharge team had persevered, suggesting that the patient be allowed to show what he could and could not do at home before a determination was made. LK noted his view that the Trust should be supporting patients to achieve their preferred outcome wherever possible and acknowledged the Ward Team for their persistence.

The Chair commended the staff involved in the care of the patient noting that the outcome for the patient had been very positive.

Action: KF undertook to review discharge processes to ensure that patients are given autonomy in the decisions about whether to return home or to consider alternative care options.

UPDATES FROM BOARD COMMITTEES	
5a. a) Receive the update from the **Charitable Funds Committee** held on 6th August 2020.	**TB (09/20) 001**
b) Receive the minutes from the **Charitable Funds Committee** held on 14th May 2020.	**TB (09/20) 002**

WZ reported that £50k funding had been received from the NHS Charities Together for a BAME community targeted project. YTC would also act as a lead organisation for disbursement of future NHS Charities Together funds across the Birmingham and Black Country STP area.

The next meeting of the Committee would concentrate on the updated cash flow projections, which had been impacted by COVID-19. It was hoped that the MMUH fundraising campaign would be relaunched in the Autumn.

5b. a) Receive the update from the **Quality and Safety Committee** held on 28th August 2020.	**TB (09/20) 003**
b) Receive the minutes from the **Quality and Safety Committee** held on 31st July 2020.	**TB (09/20) 004**

HK reported that many of the items discussed at the recent Quality and Safety Committee meeting were on the agenda for discussion during this meeting. Key points of discussion at the meeting had been:

- Preparation for a CQC visit.
- The COVID-19 situation and restoration plan which would utilise analysis of community infection rates and consider winter planning, particularly in relation to the flu vaccination program.
- Review of community and neonatal mortality during the COVID-19 pandemic (both COVID and non-COVID related).

5c. a) Receive the update from the **Digital Major Projects Authority** held on 28th August 2020.	**TB (09/20) 005**
b) Receive the minutes from the **Digital Major Projects Authority** held on 31st July 2020.	**TB (09/20) 006**

RS reported in the absence of MH.

RS reported that key points of discussion at the recent meeting had been:

- The success of the Unity upgrade. LK advised that there were still minor issues to work through, but overall, the upgrade had been smooth.
- Windows 10 upgrade Plan (on track). The deadline for supporting Windows 7 had been extended, but the Trust expected to complete the upgrade by the end of October 2020.
- The intention to progress with implementing Windows 365 at the appropriate time
- Monthly Cyber Reviews.

5d. a) Receive the update from the **Estate Major Projects Authority** held on 28th August 2020.	**TB (09/20) 007**
b) Receive the minutes from the **Estate Major Projects Authority** held on 26th June 2020.	**TB (09/20) 008**

RS reported on the main topics of discussion at the recent meeting:

- Regeneration schemes around the new hospital: There were opportunities available to bid for restitution funding and the team was keen to focus on MMUH site in the first instance and target the funds they could fit into. The Committee had also discussed engaging an adviser who could help identify funding sources and assist with master planning.
- Review of Estate Projects (including the division of the city site, the relationship with Homes England, changes to the Sandwell site and MMUH regeneration): Identifying projects and assessing their cost resilience.

MMUH Plan: This was running 12 days behind the Balfour Beatty contract plan. The Committee had agreed to prepare a paper to the Board to request approval to utilise part of the £5m contingency.

MATTERS FOR APPROVAL OR DISCUSSION

6. COVID-19: Overview	**TB (09/20) 009**

The Trust Board noted the COVID-19 Overview Paper included in the meeting pack which reflected on

the current position in the Trust with respect to patient flows and the current infection rate.

LK provided an overview of current COVID case numbers, noting that there were currently 12 COVID-positive patients within the Trust, none of which were in intensive care.

Recommencing visiting could improve patient outcomes and provide reassurance to the public that the hospital was safe. A plan was being developed to slowly recommence opening the hospitals to visitors.

PPE stocks, medicine and equipment were being monitored using the dashboard. Testing capability was also being monitored through the dashboard and high-risk categories were being defined for prioritised testing.

The recovery dashboard had been developed.

The new IPC infection control guidance had been released during the prior week. The guidance was similar to what was already being practiced. This included constructing theatre lists using the infection control guidance.

The Clinical Reference Group had met and discussed standardisation for endoscopy and had noted that the next focus areas would be ophthalmology and imaging.

Discussion points were noted as follows:

- KF asked whether other hospitals had opened to visitors, and whether the Trust been able to learn anything from their experience. LK advised that he was unaware of any Trusts in the Black Country that had opened to visitors. Other hospitals in Norfolk, Coventry and Warwick had opened to visitors. Warwick was using a web-based booking system that would help track visitor numbers/details. There had not been reports of increased infection rates as a result of re-opening so far. The Trust would look at using the same type of software.
- RS asked whether the Trust had been stratifying patients. LK confirmed that the Trust had retained visitation capacity for patient in end of life care, for patients without mental capacity and/or with learning difficulties. There had also been visitors allowed under exceptional circumstances.
- ML asked whether risk assessments had been complete for BAME staff and whether mitigation actions had been implemented. He also asked if the Trust was experiencing cases of 'long-COVID' whereby patients were returning with ongoing health issues resulting from having previously been diagnosed COVID-19.

  RG advised that 98% of risk assessments had been conducted by 31st July 2020. A deadline of 2nd September had been set for the outstanding assessments. The outcomes of each risk assessment had determined the mitigations that would be applied on an individual basis.

  LK advised that there was, as yet, no data on patients returning with long term health effects from COVID or COVID complications. He advised that they had seen patients who had tested positive up to six weeks after being discharged. This would suggest that the virus was still present but inactive, or that they had caught the virus for a second time. Analysis would be conducted if/when patients were readmitted with COVID symptoms.
- HK advised that there had been virus mutation around March 2020 and that there was research to be conducted on re-presentation (once sufficient time had passed for data to be collected). He asked whether there were plans in place to determine when new stocks of PPE would be required. LK confirmed that when stock supply fell below seven days' worth, plans

would be enacted to request additional stocks from neighbouring Trusts or to attain stocks through regional sales. There was general comfort about availability of supply at this time.

- AB noted that there was not much known about the trajectory that COVID-19 would take in coming months, but it was known that the SARS virus of 2003 had mutated from the 2002 virus and the mortality rate had consequently reduced. The current coronavirus had initially been indicated as having a mortality rate of around 9% but was now being quoted at around 2%. Although it was likely that there would continue to be more infections through a second surge, it was unknown what the ongoing mortality rate may be.
- WZ also noted that patients had been reluctant to come to hospital for blood tests, but he had encouraged them to do so because he was confident in the mitigations that were in place. Those patients who had attended had felt assured about the safety of the hospital environment.

7. COVID-19: Recovery and Restoration Performance Scorecard	**TB (09/20) 010**

LK referred board members to paper TB (09/20) 010 and explained that it outlined the Trust's recovery progress from an activity tracking position. He advised that the Trust was tracking well against delivery targets, particularly when compared with other organisations.

The clinical prioritisation process was highlighted in the paper and showed standardisation across all groups (completed on a specialty by specialty basis).

The biggest issue facing the Trust in reaching the activity targets was the reluctance of patients to attend appointments. Work was being done to establish which groups had concerns about attending, and to target messaging about safety of hospital facilities toward those groups in particular. LK suggested that re-opening to visitors may be an effective first step toward encouraging patients to return.

Ophthalmology had been identified as the greatest risk area in Harm Reviews. 139 patients were in breach of 52 weeks. 136 had been safely reviewed and three were still to be reviewed by clinicians. 131 patients had incurred no harm; four patients had potentially suffered psychological harm (to be followed up) and one patient had passed away (not related to wait time for appointment). All clinical specialties had now undergone a Harm Review.

The National Phase 3 Response had required organisations to submit their trajectories by 1 September. This deadline had been met by the Trust. This would be reviewed at the Clinical Reference Group and the STP meeting. Final submissions to be made by 21 September should include activity levels, workforce planning and finance plans. The activity plan was ambitious and there was concern that underachievement would result in reduced funding. The Trust would work across the system and seek assurance that there would be support and they would be financially compensated accordingly.

The Trust Board discussed the report as follows:

- DMc sought clarification that the performance against production plan referred to activity performance against funded expenditure budget. This was confirmed by LK. It was also noted that it was as yet unknown what the income block would be for the remainder of the year and DMc advised it was important to maintain the link between the funded post CIP expenditure budget and activity performance.

- RS sought clarification about the financial incentivisation scheme, noting his understanding that underperformance would result in reduced funding, while overperformance would result in bonus payments. He suggested that this scheme did not encourage collaboration. DMc advised that it was not yet clear whether the block income would be applied at a system or organisational level but she understood that it would be at an organisational level. This would be helpful in that it would avoid a complicated allocation process. If the organisation underperformed against the activity plan, it would be penalised for 25% of the 2021 PBR price. Overperformance would result in a payment of 75% of the PBR price. For the reward scheme to work fairly, each organisation would need to submit an equitable activity recovery trajectory.
- KF noted that the Trust was an outlier in Ophthalmology because there were a lot of patients on the waiting list due to COVID. She asked if this was typical when compared with the national picture. LK understood that this was also the case for other areas such as Wolverhampton. Ophthalmology had been an area of concern even pre-COVID. The Trust was in discussions with Wolverhampton about how they could jointly support the region (in the context of the Vanguard Theatre Project).
- DMc advised that the activity recovery trajectories had been based on what the Trust had done in the prior year, which would reasonably be assumed to be funded from base budgets. At this time, the Trust was not sighted on any specific restoration and recovery revenue that would fund the sort of recovery required from an Ophthalmology perspective. It was possible that the Vanguard Theatre Project might be categorised as ''At Risk''. She advised that a paper outlining the position of the Vanguard Theatre Project would be provided at the next Board meeting.
- RS asked when the Trust Board would see the comparative performance with regard to bringing back services. LK advised that the Clinical Reference Group was working to attain transparent data sets. Historically the Trust had been strong in delivery in planned care for patients, particularly in relation to Imaging and Cancer. He undertook to provide a report to the next meeting.

Action: LK to provide a comparative performance report in relation to bringing back services at the next meeting.

8. Recruitment - how do we achieve full staffing: score card and statistics	**TB (09/20) 011**

RG referred Trust Board members to the paper within the meeting pack which was focused on Nursing Recruitment. The report provided information to the Board on staffing levels (starters and leavers) and outlined recruitment initiatives such as Nursing Associate apprenticeships and nursing campaigns (Health Sector Talent and UAE/Australian Nursing Campaigns).

RG provided an overview of workforce turnover advising that when comparing to first six months of 2019 to the first six months of 2020 (April to October) there had been 26% less nursing leavers and 10% more starters.

RG corrected the Australian nursing numbers from the report advising that the Trust had made 190 offers in Australia in March 2019. Sixty-five nurses had confirmed at the time that they would accept offers, but COVID had impacted the final numbers. Fourteen nurses had commenced and had worked

through COVID. Twenty-eight offers were in progress: ten nurses had postponed their start date as a result of border restrictions, 14 had been unresponsive, and 4 had a confirmed start date.

The Trust Board discussed the report as follows:

- ML referred to Annex 1 and noted that as FTE positions were rising, so were vacancies. RG advised that the Position FTE was the funded establishment, and this had risen as a result of the Your Health Partnership in May 2020 (when vacancies had reduced). DMc undertook to reconcile the Position FTE to budget and to identify the drivers for the increase in both Position FTE and vacant posts.
- DMc noted that it would be useful to include a forward-looking trajectory to enable performance tracking against the recruitment plan.
- HK asked what the overall turnover rate was for the Trust and sought information about the direction in which it was travelling. RG advised that this was shown in the IQPR and had remained quite consistent. It had risen during COVID. A number of staff had brought forward leaving or retirement plans at that time. The Trust had a target of reducing turnover by an additional 1% during this year, but this was not on track. There was an action plan relating to retention which was due for review.
- KF advised that there was work to be done to review the workforce and recruitment plan to ensure transparency around staffing gaps. This would feed into the Safe Staffing Report which was being prepared for the Board.
- KF also advised that the University had delayed the commencement date for Nursing Associates by three months due to COVID. It would be important to have clarity on the expectation and progress of Nursing Associates in the workforce plan.
- LW asked about the time-to-hire metrics. RG advised that the Trust was not an outlier but could make significant improvements on time-to-hire. There had been progress in reducing time-to-hire through administrative streamlining. Consideration was also being given to passport people across organisations within the Black Country.
- LW also asked about the reasons why staff were leaving the organisation. She suggested that it would be important for managers to establish reasons for leaving wherever possible. RG advised that leavers were offered exit interviews and were asked to complete leaver forms. Most staff ticked 'voluntary resignation', 'leaving the area' or 'promotion'. Concerns about the working environment were rarely indicated on the form likely because leavers needed references for their next employer. Consideration was being given to issuing an anonymous questionnaire to allow the Trust to capture concerns of this nature.
- LK suggested that it would be useful to see KPIs around recruitment journeys, noting that there was a lot that could be done to smooth the process. He advised that he was aware of prospective staff members who had been lost due to delays. He noted that, based on the recruitment trajectories and vacancies outlined in the report, it would take two years to reach the full complement of staff. This presented risk as they moved into Midland Metropolitan.
- DMc advised that a comparison had been made of the LTFM out-turn performance from the prior year and looking forward to 2023 when they would open Midland Metropolitan. It had been identified that the Trust would require to be at 500 FTE less than the out-turn in 2019-20. It was suggested that a multi-year recruitment trajectory linking to Midland Metropolitan

should be drafted.

Action: DMc to reconcile Position FTE to budget (Annex 1) and identify drivers for increase in Position FTE and vacant posts.

Action: RG to include a forward-looking recruitment trajectory to enable performance tracking against the recruitment plan (aligned with the vacancy factor).

9. CQC Progress Update	**TB (09/20) 012**

KF referred the Trust Board to the paper in the meeting pack which provided a progress update on the work underway to prepare for the CQC inspection.

A tool was being developed to allow wards and clinical areas to undertake a self-assessment based on the CQC lines of enquiry. The toolkit would be shared.

Consideration was being given to feedback about how best to celebrate success.

A program for in-house unannounced inspection visits had been developed and would commence on 15th September. A multi-disciplinary group of staff would use CQC lines of enquiry and would provide feedback to enable action plans to be developed so that areas could achieve the level of improvement required.

There would be a series of staff engagements and focus groups planned across October, November and December (both face-to-face and WebEx). There were plans underway to develop an informational booklet/action cards to support staff in responding to the inspections.

The Trust Board discussed the update as follows:

- LW asked if a quality improvement approach was being taken in preparing for the CQC inspection. KF confirmed that this was a quality improvement journey which they would be on regardless of whether there was a CQC inspection or not.
- LW asked how quality improvement intelligence would be pulled together (in addition to the feedback from CQC). KF advised that linking information received from staff, focus groups, complaints, and RSIs would provide strong intelligence. Regular reporting would identify key risks and quality improvement focus areas.
- ML asked whether enough resources had been dedicated to preparation for the CQC inspection and asked whether it had been identified as a high enough priority for the Trust, given that a positive inspection could empower the Trust into the future. KF noted her view that the inspection should be considered a high priority and suggested that while it was being led by the appropriate group of people, there should be some level of accountability at a local level to meet the CQC requirements.
- HK suggested that a monthly report be provided to the Trust Board to provide assurance and/or highlight where focus should be concentrated as the Trust moved forward in preparation for the CQC inspection.
- HW suggested that engagement staff were key and should be visible and encouraged to share their ideas. Triangulation of information from multiple sources was also important in understanding where improvement was required.

Action: Monthly report to Trust Board to provide assurance and/or highlight where focus should be concentrated as the Trust moves forward in preparation for the CQC inspection.

10. Freedom to Speak Up - Update	**TB (09/20) 013**

KF referred the Trust Board to the two papers contained within the meeting pack, one providing a snapshot on where the Trust was sitting in line with the guidance; and the other updating the Trust Board on work that was ongoing.

The Freedom to Speak Up Strategy and Improvement Plan would be reassessed against current standards with the intention of launching a new plan in Autumn 2020. The Trust Policy would be updated upon receipt of further guidance. It would sit inside the Whistleblowing Policy.

It was intended that Freedom to Speak Up reports to Trust Board would include qualitative and quantitative information going forward.

There were currently six Freedom to Speak Up Guardians within the organisation, but there was no job description and no dedicated time for this work. A job description would be developed for the role and Guardians would be supported to access training and attend conferences. Work was also underway to provide assurance that Freedom to Speak Up reporting processes were in place.

Freedom to Speak Up Day was planned for 9 September 2020. KF and the Executive Team would be available for staff to raise concerns. A further Freedom to Speak up Week was planned for October.

Discussion items were noted as follows:

- LW noted the importance of providing time for Freedom to Speak Up Guardians to undertake their role and to provide feedback to the Trust.
- RG noted that, given the recent focus on Black Lives Matter and the work being done on equality and diversity, Freedom to Speak Up themes would likely be focused on ethnicity. Some Guardians were already part of the BAME staff network, but there may also be benefit in having a specific theme/focus to enable exploration of these issues. She was aware that there would be concerns about ethnicity in the recruitment process (unconscious bias for example).
- HK asked how the regional network element would be implemented. He asked if there would be theme-sharing or live events. KF advised that guidance suggested that themes and case studies could be shared to provide assurance and insight. She noted that it was important to ensure Freedom to Speak Up Guardians received adequate support to carry out their roles.

11. Digital Ambition	**TB (09/20) 014**

MS joined the meeting.

LK reported that the Trust had been drafting a Digital Ambition for the future to address BAF Risk 8 focussing on agility and responsiveness to user needs. Clinical Groups and staff had been consulted about what they wanted from digital platforms going forward.

The Digital Ambition that had been compiled provided a platform and overview that would allow innovation and flexibility as they moved forward. The Ambition covered what was in the long-term NHS plan and covered what was in the STP's plan in relation to digital technology. It also took into

account feedback from the consultation process. It outlined the platforms that would be used and the principles that would be followed.

The Digital Ambition was to create a stable platform of IT that could adapt quickly to change and prioritise change requests. It would allow integration across the system. It would incorporate the move into Midland Metropolitan.

The Trust Board discussed the following:

- HK asked about Privacy and the use of anonymised data. LK advised that Artificial Intelligence (AI) would form part of the future and that the Trust would like to use data. The Trust had not reached a position on ownership of intellectual property and the DEPR around sign-off of patients into AI solutions.
- MS advised that the AI Project had commenced a year ago with Information Governance, before the organisation had commenced with technological choices, understanding that patient information would be required. Research and Development had protocols around involvement in trials. AI training was being developed for detection of secondary fractures. Data was identifiable, but not linked to specific patients.
- HK asked if there was national guidance available for this type of activity. It was reported that although there had been a lot of chatter about AI, not many groups were embarking on the journey at this time. Therefore, the Trust was a leader rather than a follower in this space.
- DMc noted that a long-term financial model would need to be developed around the Digital Ambition to ensure that funding currently allocated would be available and sufficient.
- ML noted that there were currently 17 potential initiatives indicated. He suggested that an estimate of financial benefit should be provided to assist the Trust in determining how to prioritise the initiatives and how projects would be sequenced. He also asked how progress against the Ambition would be tracked.
- MS advised that the Governance strategy was in place within Informatics and that each group had a Digital Committee which focused on the items they were seeking to achieve. The overall Digital Committee would review the case for each initiative. Not all innovations would have a cost saving, but they would all have a benefit for patient experience. LK added that there were a few different metrics being used for service improvement in IT which could be put into a dashboard to enable visibility on how projects were prioritised.
- RS asked whether Primary Care was engaged as a newcomer to the process. LK advised that there had been positive feedback from Primary Care about the way that the Trust was working with them on the Digital Ambition.

Action: Develop return on investment metrics to assist with Digital Ambition Project prioritisation.

12. Obesity Campaign	**TB (09/20) 015**

RW introduced the paper provided in the meeting pack noting that the development of an Obesity Campaign plan had been underway for some time. Initial focus would be on the workforce by offering support with physical health, nutrition and mental wellbeing.

The Why Weight? campaign launched in August had been the result of consultation and engagement

with Executive Public Health Groups. Staff had been surveyed and focus groups had been held. This was a timely campaign given current Government activity in this space. Data was also indicating that people with a higher BMI were disproportionately affected by COVID-19.

RW provided an overview of the graphs shown within the report.

- Figure 1 indicated that the most common answer to a question about health and wellbeing goals had been 'to lose weight', (followed by improving mental health and fitness levels).
- Figure 2 showed that the preferred support option was to receive access to a health and wellbeing coach. This initiative was being implemented.
- Figure 3 showed that respondents were 'fairly likely' to make changes to physical health and nutrition which suggested it was the right time to be offering support in this area.

The offer launched on 14th August provided a menu of options to recognise that each individual was on their own health and well-being journey. Options included team challenges, dance and exercise classes among other initiatives.

The next stage would be to consider what could be done in Trust communities. This would involve working through the integrated Care Board.

The Trust Board discussed as follows:

- WZ commented that initiating the campaign with staff in advance of the community was a clear demonstration of leading by example. There was also potential to improve productivity within the Trust. He advised that he had been in discussions with the Council about piloting more productive use of green space in coordination with the NHS Trust (with the long-term intention being for the Council to link in with other major employers). There was also work being done on Active Travel (e-scooters trial). He undertook to liaise with RW to discuss these initiatives further.
- LK suggested targeting childhood obesity or expectant mothers as part of the campaign, noting that these would be areas where they could see greatest health impact. He also suggested on focussing on educational aspects to dispel some of the misconceptions about weight and help people understand what they should be eating and how they could be exercising. It was also noted that there were likely to be individuals within the organisation (and not necessarily within the Health and Wellbeing Team) who would have knowledge about health, exercise and nutrition and who could be engaged to assist in the program as a volunteer or buddy.
- HW asked whether there was engagement with local food purveyors on this project as this could help drive healthy eating habits. RW advised that there had been discussion about this within the Task Force. There could also be liaison with Local Authority Public Health support. Changes had been made in Trust premises to ensure that healthier food was subsidised for staff.
- KF noted that special diet-specific and healthy options in the canteen were generally limited and were not varied. She also noted that there could be more promotion of the onsite gyms. RW advised that while the catering team had made efforts to change their offering, more could certainly be done to improve variety. She advised that the catering team was willing to hear feedback.

13. Your Trust Charity Annual Report and Accounts 2019/20	TB (09/20) 016

RW advised that the draft report (pre-audited accounts) had been provided to the Charitable Funds Committee for review at their August meeting. The Trust Board was being asked to adopt and approve the Report and Accounts.

The Representative and Trustees letter must be signed before the Auditors would sign off their letter.

RS confirmed that the Charitable Funds Committee had reviewed and provided feedback on the report and accounts. He commended the Team on putting together the report and acknowledged the fundraising efforts of the Trust Teams.

Resolution: The Trust Board resolved to accept the Annual Report and the Accounts 2019/20.

REGULAR MATTERS

14. Chief Executive's Summary on Organisation Wide Issues	TB (09/20) 017

DMc referred Board members to the Report and highlighted the following items:

- Successful unit upgrade and ongoing IT improvement journey.
- Winter preparation: particularly in relation to the Flu Campaign and bed planning.
- Widening participation: The Live and Work programme in partnership with St Basil was proceeding well, including expanding the Healthcare and Seed program.
- Staff development: QI poster competition had been launched.

The Trust Board discussed the report as follows:

- RS noted that the two projects in Widening Participation were distinctive in approach compared with other Trusts and demonstrated how active they were in this area.

14.1 Integrated Quality and Performance Report - July 2020	TB (09/20) 018

DB joined the meeting.

DB introduced the IQPR. He advised that on Restoration and Recovery, the Trust had turned a corner on cancer, with 31 day and 62-day performance improving.

ED levels were at 74% of the prior year. Performance had dropped. There had been an update provided about more intelligent selections (taking respiratory patients to City). Sandwell had higher demand levels than Worcester. There was a correlation between discharges and performance and there was focus on better flow at Sandwell.

Community acquired pressure ulcers had risen steeply and this had been attributed to the miscoding of moisture lesions and the development of moisture lesions into pressure ulcers. Training was being facilitated to address this.

Mortality rates had been growing. The early view was that pneumonia was an area to watch. There

may have been COVID deaths that had swabbed negative.

Good progress was reported on persistent reds. There was a strong position on Neutropenic Sepsis. FNOF performance from earlier in the year had not maintained, but an action plan was in place (increased capacity at the anaesthetic service).

Discussion items were noted as follows:

- RS asked about data-sharing and ensuring consistency in reporting with other Trusts. DB advised that the HSMR data was not updated monthly, therefore there was no current comparative data. Identifying an alternative way to access data was work in progress.
- RS asked for more information about the findings around pressure ulcers. KF advised that, due to COVID, the same volume of patient numbers had not been attending the hospital and therefore they were now seeing a surge in pressure ulcers. She clarified that a moisture lesion was not a pressure ulcer and noted that if they were being reported as such, additional staff training would need to be implemented. A quarterly report around pressure ulcers and falls would provide more granularity than the current snapshot.
- RS asked if the ED levels (74% of where they had been at the same time in the prior year) was typical across STP. DB took this question on notice.

14.2 Finance Report: Month 4 2020/21	**TB (09/20) 019**

DMc reported that the COVID block arrangements continued, and that the Trust was reporting a break-even position for Months 1 to 6. This was an improvement on the draft plan submitted in early March.

Specific spend for Month 4 was higher than it had been in Months 1-3 because future costs had been included for IT, Welfare and Metropolitan costs. NHS I&E had asked that Metropolitan costs be spread over future months, and this would be adjusted in Month 5.

A process was being undertaken with NHSI to ensure retrospective top-up claims were validated. It was expected that the block for the back-end of the financial year would be adjusted and closer to the post CIP expenditure budgets going forward.

Cash balances remained significantly ahead of plan and the organisation was on track with the capital program having been formally submitted to NHSI as part of an STP-wide capital plan. The forecast showed £2.7m of COVID specific capital expenditure. This was currently sitting at £2.9m. Claims had been submitted for £2.5m, and £2.1m had been approved. DMc proposed to submit a separate report on COVID expenditure at the internal Strategic Command Meeting and the Finance and Investment Committee meeting at the end of the month.

It was unclear at this time how the block income would relate to the activity and recovery trajectories or how specific funding and restoration recovery costs would flow through. Clarification would be sought on this. There was no specific CIP requirement in the block income, but there would likely be an inherent efficiency requirement built into the block income as they would be doing more for a similar amount of income in the back end of the financial year.

It had been indicated that 6% of overall expenditure would be provided in COVID funding.

It was as yet unclear what the national starting point would be in terms of expectations of NHS Trusts,

future efficiency delivery, ICS and place-based budgets moving into 2021.

The Trust Board discussed as follows:

- There was a discussion about the capital investment for the IT related components. DMc advised that the Trust would need to balance up available internal capital funding with external COVID capital funding and the balance of capital versus revenue.
- RS noted that cash was tracking behind forecast levels. DMc advised that the graph in the report did not account for block funding and undertook to review this data.
- RS asked about re-engagement with the CIPs. DMc advised that the forecast was £10.7m of CIP delivery in year (50% of what was in the pre-COVID financial plan). It was unknown at this time whether the forecast delivery of £10.6m would be enough. All of the CIPs were on the tracking system and there were Group Review meetings planned with the Clinical Groups on 17th September when they would discuss CIPs.

14.3 Monthly Risk Register Report	**TB (09/20) 020**

KF presented the report and advised that 3 new red risks had been identified and discussed at the Risk Management Committee meeting. Mitigations were in place.

One new risk had been added to the Trust Risk Register, that being the risk of results not being available to clinicians in Unity. This new risk had arisen from a previously archived risk. Currently there was a total of 13 risks being overseen by the Board (nine with actions and four with monitoring).

The Trust Board discussed the report as follows:

- LK asked whether Safety Plan metrics had been added as a risk. KF advised that this had not been reviewed as yet. KF advised that the RMC would review the Risk Register as a wider piece of work.

14.4 NHS Regulatory Undertakings: Monthly status update on agency and four-hour standard	**TB (09/20) 021**

DMc reported strong Agency performance over the last two months. This was particularly positive in the context of COVID.

15. Application of the Trust Seal	**TB (09/20) 022**

The board **APPROVED** the application of the seal to the recommended documents.

UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS

16. Minutes of the previous meeting and action log To approve the minutes of the meeting held on 6 August 2020 as a true/accurate record of discussions, and update on actions from previous meetings	**TB (09/20) 023** **TB (09/20) 024**

The minutes of the previous meeting held on 6th August 2020 were reviewed.

The minutes were **APPROVED** as a true and accurate record of the meeting.

The action log was reviewed with the following updates:

- *TB (11/18) 006 - Future R&D board development session proposed with primary care colleagues (led by Prof Lasserson)*

  To be kept on the action list for Board discussion when appropriate.

- *TB (05/19) 010 - Progress clean air planning for the Trust to include electric vehicle option.*

  The plan was on track and expected to be delivered by November. Noted as ongoing.

- TB (05/19) 015 - Create single reporting template for pillar plan supporting 2020 vision.

  DC to review. Noted as ongoing

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

  Noted as closed

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

  DC had followed up with DB to arrange. Noted as ongoing.

- *TB (02/20) 016 - Schedule time to work on driving SBAF assurance improvements*

  Noted as ongoing.

- *TB (07/20) 017 - Summarise the SUI position for the Board for its August meeting.*

  Noted as complete.

- *TB (08/20) Patient Story - LK to investigate the potential to improve patient confidence in hospital safety post COVID-19 with further analysis and a breakdown of patients into subgroups.*

  Discussed during the meeting. Noted as closed.

- *TB (08/20) 009 - LK to update the board on the results of the allocation of COVID-19 rapid test reagent in relation to comparative side room availability with other Black Country Trusts.*

  LK reported that Trust has more reagents than other Black Country Trusts. Noted as closed.

- *TB (08/20) 010 - LK to reach out to CCGs to investigate whether GPs are carrying out separate patient stratification work.*

  LK to seek update from CCG. Noted as ongoing.

- *TB (08/20) 012 Longer-term funding for the Wellbeing Sanctuary to be on the agenda for discussion by the next Finance Committee.*

  RG reported that there was no long-term funding in terms of psychological support interventions, or for the Sanctuary. Funding source needs to be identified. Agenda item for Finance Committee in September. Noted as ongoing.

- *TB (08/20) 013 - DC to arrange a board development morning in September to discuss the CQC process and good practice.*

Timing to be determined offline and in consultation with KF. Noted as complete.
MATTERS FOR INFORMATION
17. Any other business — **Verbal**
• A false-positive Legionella test had been reported in the ICU. The patient was being monitored and was not presenting with typical Legionella symptoms. Water testing has been negative so far, but monitoring would continue for 14 days.
18. Date of next meeting of the Public Trust Board: — **Verbal**
• The next meeting will be held on Thursday 1st October 2020 via WebEx.

Signed …….

Print …….

Date …….