Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD – PUBLIC SESSION MINUTES

Venue: Meeting by WebEx. **Date:** Thursday 6th August 2020, 09:30-13:45

Members:		**In Attendance:**	
Mr R Samuda (Chair, Trust Chairman)	(RS)	Mrs R Wilkin, Director of Communications	(RW)
Mr M Laverty Non-Executive Director	(ML)	Mrs R Barlow, Director of Systems and Transformation	(RBa)
Mr H Kang Non-Executive Director	(HK)	Mr D Baker (Item 17 onwards)	(DB)
Mr M Hoare Non-Executive Director	(MH)	Mrs D Eltringham (Patient Story)	(DE)
Cllr W Zaffar Non-Executive Director	(WZ)	Ms S Rudd Assoc. Director of Corporate Governance	(SR)
Prof K Thomas Non-Executive Director	(KT)	Mr P Stanaway, Assoc. Director of Finance	(PS)
Mrs L Writtle Assoc. Non-Executive Director	(LW)	**Apologies:**	
Dr D Carruthers Medical Director & Acting Chief Executive	(DC)	Mr T Lewis, Chief Executive	(TL)
Mr L Kennedy Chief Operating Officer	(LK)	Ms K Dhami, Director of Governance	(KD)
Mrs R Goodby Director of People & OD	(RG)	Mrs R Biran, Associate Director of Corporate Governance	(RBi)
Ms K French, Interim Chief Nurse	(KF)	Ms D McLannahan Chief Finance Officer	(DMc)

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

RS welcomed Board members to the meeting. There were no declarations of interest.

Apologies: Mr T Lewis, Ms K Dhami, Mrs R Biran and Ms D McLannahan

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

RS commented that COVID-19 issues remained dominant in the agenda, despite a significant reduction in the numbers of cases in the hospitals. Nationally, all Trusts had received the 'Third Phase' letter from the Department of Health, which reflected the need to use the pre-Winter period to recover and restore services.

Implicit in the letter was that system collaboration - at both clinical and operational levels - was seen as a key part of the attempt to restore normal services. Funding had been agreed for the first six months of the financial year, but was still under negotiation for the remainder of the year and an STP process would be utilised to allocate money against need.

Good progress continued to be made on the Midland Metropolitan University Hospital's new site. An entirely new clinical model would be discussed later in the agenda, which hopefully, would enable the benefits of the new facility to be maximised.

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

Q1. John Spellar MP had suggested the NHS Trust was being disbanded. Can you confirm this is true?

RS replied that this was absolutely not true and was pure speculation.

Q2. I have heard the Midland Met hospital would be taken over by the Queen Elizabeth Hospital. Can you confirm this is true?

RS stated that this was completely unfounded. The Midland Met build was progressing well and continued to be the cornerstone of the Trust's acute health model.

Q3. It has been suggested that Sandwell General Hospital will be taken over by Wolverhampton NHS Trust. Can you confirm this is true?

RS stated that no such arrangements or discussions had been taking place.

RS reported that there had been several questions regarding the status of Trust CEO Toby Lewis. RS advised that Mr Lewis remained away on leave due to ill health.

4. Patient story	**Verbal**

KF introduced the patient story, which had come from the Surgical Division. DE explained that the story centred around a female patient who had made several visits to the ED department over a period of 18 months, suffering with abdominal pain.

DE reminded Board members that there was an ambulatory unit on the Sandwell site and that the aim would be for the Trust to make the ambulatory pathway for abdominal patients seamless. DE made the point that the patient had been brought to the correct hospital site only when she had dialled 111.

LK commented that the Patient had given good feedback to nursing staff following her resulting gall bladder procedure but suggested that mobile ultrasound devices might be beneficial to give a quick ultrasound option. DE agreed, but expressed the view that the priority should have been to get the patient to the right place – Sandwell's Ambulatory Care Unit for diagnostics to be carried out.

In response to a query from MH about how the Trust was working to allay COVID-19 fears amongst patients, DE responded that work had been carried out with the Trust's communications team and West Midlands Ambulance Service to improve confidence in the community.

HK queried whether any analysis had been carried out into which sub-sets of the community were most worried about connecting with the hospital. LK reported that, so far, it had been tackled on the basis of clinical prioritisation regardless of demographics, with patients being contacted individually to work out plans and schedules. However, LK acknowledged that a better breakdown to reveal sub-groups would be more helpful. This would include engagement with community and religious leaders.

Communications had included media, videos, communications with GP partners and social services. RW added that clinical specific safety messaging had also been undertaken. Promotion of positive case studies was ongoing.

DC queried the involvement of the patient's GP in the diagnostic process and wondered whether anything could be done to prevent patients presenting to ED repeatedly with the same symptoms. DE expressed the view that the Surgical Services group needed to spend more time with City ED particularly around utilisation of the Ambulatory Care Unit service at Sandwell.

LW commented that the patient had identified the importance of the little things and DC commented this theme had been acknowledged and reflected in the recent Friday message.

RS extended thanks for the storey to DE, her team and the patient involved.

Action: LK to investigate the potential to improve patient confidence in hospital safety post-COVID-19, with further analysis and a breakdown of patients into sub-groups.

UPDATES FROM BOARD COMMITTEES

5a. a) Receive the update from the **Finance and Investment Committee** held on 31st July 2020. b) Receive the minutes from the **Finance and Investment Committee** held on 29th May 2020.	**TB (08/20) 001** **TB (08/20) 002**

MH reported that continuing progress against the 20/21 financial position had been discussed by the Committee, including the impacts of COVID-19 on Trust finances and how this would be handled to achieve a breakeven position.

The Trust's COVID-19 spend had been compared to that of other Trusts, highlighting the additional spend required to support infection control in two EDs and the support of Birmingham's Nightingale Hospital.

The capital position had been improving and the Committee had worked through scenarios to ensure that the required capital expenditure could be accommodated.

Agency spend for the period had reached its lowest position which was a positive, but triangulation between agency, bank spend and vacancies would be undertaken for review by the Committee at a later date.

Discussions regarding the IT investment required for MMUH were ongoing between the Digital and Finance Committees.

5b. a) Receive the update from the **Quality and Safety Committee** held on 31st July 2020. b) Receive the minutes from the **Quality and Safety Committee** held on 26th June 2020.	**TB (08/20) 003** **TB (08/20) 004**

HK reported that the Committee had expressed the view that the Safety Plan's data was at a sufficiently granular (ward) level and accountability had been identified.

In terms of results endorsement, there had been a good catch-up rate on the backlog. DC commented that the paper reflected the broader issues around getting people to undertake results endorsement and some of the system issues which had presented challenges. Satisfactory plans had been put in place to tackle historical results which may not be visible and HK reported that the topic would be discussed at the next meeting of the Executive Quality Committee (EQC).

RS reported that, in terms of patient referrals, work had been done by local GPs to stratify referred patients. Further engagement would be required with Primary Care to ensure clear communication of information about the Trusts services, waiting lists, feasibility and accessibility.

The Neonatal Review had also been discussed along with the elevated incidents which had been reviewed.

Positively, RS reported that ophthalmology cases had been stratified and significant progress had been made on reducing the backlog in Category 2 (urgent procedure required within 72 hours). LK confirmed that one hundred such cases had been reduced to just six.

5c. a) Receive the update from the **Digital Major Projects Authority** held on 31st July 2020. b) Receive the minutes from the **Digital Major Projects Authority** held on 26th June 2020.	**TB (08/20) 005** **TB (08/20) 006**

MH reported that infrastructure stability had reached a level of assurance and confidence where the Committee felt it no longer needed to lead the agenda. Instead, the topic would be discussed when required and reported in the appendix.

Upgrades and improvements to Unity had been discussed, with a new upgrade planned for August. The team had articulated assurances around preparation for the project, testing, user testing and back-out plans in case the project did not go to plan. The Committee had been confident that plans were in place to give the project every opportunity for success.

The Windows 10 roll-out across the Estate was ongoing and there were around 1000 units still to be upgraded (15% of the Estate). The project was expected to be completed by the end of September. Microsoft had extended the support of Windows 7 operating system until January 2021, but work was still continuing at pace.

Progress was being made against the Cyber Remediation Plan and the services that the Trust was looking to consume from NHS Digital. The next Committee would be focused on the forward look and how it supported the [MMUH] hospital build, in ensuring the right services and capabilities were in place.

RS commended the progress made on improving stability, which enabled the Trust to go forward with its digital ambitions and monitor performance. MH commented that focus could now shift to the user experience against the services provided.

RS queried the progress of the five-year strategic paper on technology. LK reported that the Digital Ambitions paper had been drafted and would be discussed by the Digital Committee on 21st August 2020. It would then be presented to the September Public Trust Board meeting. LK advised that it would be aligned with the five-year strategic visions of both the Trust and Informatics.

5d. a) Receive the update from the **Public Health, Community Development and Equality Committee** held on 31st July 2020. b) Receive the minutes from the **Public Health, Community Development and Equality Committee** held on 29th May 2020.	**TB (08/20) 007** **TB (08/20) 008**

KT reported on the Flu Campaign roll-out had been discussed which would be vital in the context of COVID-19. Every group had nominated campaign ambassadors to promote vaccination utilising an ABBA inspired ‘Flu-per Trooper’ theme.

RBa’s presentation about Midland Met University Hospital (MMUH) development had addressed a range of issues (housing, deprivation, recreation, clean air etc.) There were 11 actions in place by December which would position the Trust as a regeneration leader within the City. RS agreed and paid tribute to WZ and support from the local Councils in the wider regeneration project, which would likely have positive implications for the MMUH fundraising campaign. LK commented that improvements to the Sandwell site should not be forgotten in the focus on the new hospital.

WZ commented that it [the MMUH development] was an exciting programme. The Trust had been a catalyst for bringing partners together to produce a masterplan to shape an entire neighbourhood (West

Birmingham and Smethwick) around the new hospital. WZ updated the Board that the pop-up cycling lanes would be arriving at City hospital by the end of August, quickly followed by the e-scooter pilot. LK commented that better ancillary facilities for cyclists should be provided ideally.

The Committee had discussed the 12-month smoke-free status of the site, with around 30 per cent of smoking staff having either stopped or reduced their smoking habit and increasing numbers accessing stopping smoking services. The next challenge would be to encourage a reduction in vaping. The Trust needed to consider whether to continue to have the vaping company on site.

A paper on Engie and sustainability had been presented featuring the Trust's ambitious target to be net zero carbon by 2025. Formal sustainability initiatives would be focused on Sandwell. WZ was supportive of the Trust's ambitions, commenting that it needed to lead by example.

BREAK

MATTERS FOR APPROVAL OR DISCUSSION

6. COVID-19: Overview	TB (08/20) 009

DC presented the COVID-19 overview and made the following points:

There were currently low numbers of COVID-19 positive patients within the organisation with only one patient in Intensive Care.

Rapid swabbing was still very important for patients – particularly those that developed symptoms on the ward or entered the hospital through ED. Community transmission was being monitored to be aware of potential changes in the bed base. Nosocomial infection was also being carefully monitored.

The Trust's position in relation to availability of PPE supplies remained positive and there had been good compliance with surgical mask wearing in the clinical environment. A secure 'track and trace' system had been planned out for patient visitors.

Risk assessments had been achieved for 98% of Black and Minority Ethnic (BAME) colleagues and 90% of all staff overall, to ensure robust support and enable shielded colleagues to return to work.

The Clinical Reference Group (a co-working group across the STP) had begun looking at areas across the STP which would be suitable for collaboration.

In response to a query from HK, about early warning scenarios for localised lockdowns, DC responded that the Trust was in close contact with Public Health England. Swabbing would help alert the hospital to an outbreak.

In response to a query from ML, about the sufficiency of BAME risk assessments in making sure BAME colleagues were not disproportionately affected. DC explained that there was a 'track and trace' process in place within the organisation.

A series of recommendations based on the environment and the provision of PPE, enabled line managers to personalise protection for employees. HK queried the tracking of outcomes and DC responded that reviews of how staff might have acquired COVID-19 infection were carried out on patients and staff who tested positive. LK reported that a daily report was received on swabs and antibody test results for all staff members. It would be possible to analyse the results against the risk categories assigned to give a level of assurance that the assessments were protecting staff from infection. RRS suggested this be followed up but commented that work in this area so far, had been commendable.

KT raised the issue of obtaining reagents for the 2-hour [COVID-19]. DC reported there was a national shortage of reagent for the rapid test which was utilised for staff or patients who developed symptoms on the ward or 'red' stream patients through ED. Reagent supplies for some other tests were also low.

There were two available tests - 2 hours and 24 hours. Black Country pathology was on hand to process the latter. Patients could be moved based on clinical judgement whilst awaiting test results.

LK reported that he had raised the issue at a recent STP Restoration and Recovery meeting because compared to other Black Country Trusts, SWBH had fewer side rooms and therefore, there might be a case for extra allocation of reagent because of less opportunity to isolate COVID-19 queried patients. RS asked for the Board to be updated.

In response to a query from WZ,

Action: 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.

7. COVID-19: Restoration and recovery scorecard	**TB (08/20) 010**

LK referred board members to the paper and explained that it outlined the Trust's recovery progress.

The Trust's target standard was to be back to 100% of pre-COVID-19 activity levels by the end of August 2020, diagnostics standards by November 2020 and RTT compliance by March 2021.

LK stated that the 'Third Phase' letter had expected activity levels to be back to pre-COVID-19 levels by October 2020 and so the Trust was being more ambitious in its target. Constitutional standards adherence and backlogs had not yet been referred to. Therefore, LK recommended to the Board that the Trust stick to its timetable.

Good progress had been made in relation to the Trust's outpatient day case position. Outpatient numbers were already back to 100% activity in some areas.

Diagnostics were improving and had achieved 56% compliance in July, improving to 62% in recent days. A backlog of 12,000 diagnostics remained and two mobile MRI units were on site. The National CT mobile scanner had been secured for two months to help clear the backlog.

Higher than normal DNA (did not attend) rates were being experienced because of fear and anxiety among patients. Capacity had been a constraint and the Trust had submitted bids to the National team, predominantly focused on endoscopy diagnostics and ophthalmology vanguard diagnostic hub. Feedback had been that the Trust was unlikely to receive any funding from the national team for any of the initiatives.

A template had been created to highlight the risks per specialty to alert the STP board to potential patient harm and the investment required to mitigate those risks, to ensure a trail of communication. The risks around endoscopy and ophthalmology were the Trust's main areas of concern.

Risk stratification for each specialty had been completed which had created a risk tracker for each clinical group and each specialty had been asked to carry out a risk assessment including clinical prioritisation of patients, dating and harm reviews.

In response to a query from KT regarding reporting from the additional scanning facilities, LK stated there was ample reporting capacity

LK reported that lack of funding would require risk-based decision making as an organisation and at a

system level.

In response to a query from KF, LK stated that DNA cases were contacted individually to discuss their situation. DC commented that it was important to reinforce the message through the clinical teams that that clinicians needed to be reviewing the records and communicating with GPs and physicians.

RS queried whether GPs were carrying out separate patient stratification work. LK responded this was uncertain and PCN and GP prioritisation had not been visible, other than at YHP which was part of the Trust. He offered to ask CCG colleagues.

RS queried the staffing 'pinch points'. LK reported that theatre and endoscopy staffing were two areas were resources were limited. Options were available for mitigation such as external staffing, but this came with a funding requirement.

RS queried whether infection control requirements were causing delays. LK commented that National guidelines had the effect of halving endoscopy through-put for example, and ways to mitigate this had been found by holding 'super sessions'. Increased turnaround times had been slowing activity in theatres.

LK reported that the Trust had an agreement with the STP to get £4m capital for emergency care which would support point of care testing machines and training costs.

RS queried a monthly variable in cardiology shown in the report. LK reported there was an improving trend towards normal activity in this area.

Action: LK to reach out to CCGs to investigate whether GPs are carrying out separate patient stratification work.

8. COVID-19: Recovery risk report	TB (08/20) 011

LK reported that all but one of the surge risks had been closed out with ongoing monitoring of the risks in place. The one exception was Oxygen proning and weaning which still needed to be audited, although numbers of cases were small. Documentation would be important.

The impact assessment of psychological wellbeing also needed to be quantified. LK commented there were a lot of processes around the topic but audit and assessment of impact on staff would be required.

Reagents and medication supplies posed a risk. Some of the stockpiles of medication put in place for Brexit had been used to respond to the pandemic and these needed to be audited to ensure ample supplies for recovery.

LK commented that clinical harm to patients remained a large risk and clinical prioritisation and risk assessments were being worked on.

9. COVID-19: Psychological wellbeing scorecard	TB (08/20) 012

RG reported that the long-term impact of COVID-19 on the workforce and how it might manifest in increased absence rates was an ongoing focus and concern. During the peak of the pandemic, three levels of support had been established:

- Level 1 – REACT practitioners who are trained to have psychologically savvy conversations and raise issues across the workforce.
- Level 2 – A 30-strong team of Mental Health First Aiders had been recruited and trained in the first wave of an initiative which would eventually roll-out across the organisation. The March on Stress

organisation had been assisting.

- Level 3 – TriM practitioners had been trained to make therapeutic, psychological interventions for the most traumatised.

Other interventions included the appointment of a pastoral lead, Dr Mike Blaber, to support doctors and junior doctors. A report based on a before and after survey was due to be published.

A huge push had been given to the COVID-19 risk assessment with completion by staff reaching 93% so far and 100% was expected. A workplace stress risk assessment programme was in place (based on the HSE work stress risk assessment) and also, a clinical assessment based on a HADS score.

RG expressed concern that the Trust was doing too much at one time and employees could get confused and therefore, new launches and promotions would be paused until September. An occupational health restructure would also be implemented in September.

HK raised the issue of whether the enquiries might be too personal. RG responded that the idea of having the Mental Health First Aiders in each area was that employees could look outside of their department for help. There would also be an opportunity for employees to talk to a wellbeing adviser/facilitator at the wellbeing hub if they did not feel comfortable talking to colleagues. The overall aim was to reduce the stigma of talking about psychological wellbeing.

In response to a query from MH about funding, RG advised that discussions were ongoing about long-term funding. The March on Stress initiative and the Wellbeing Sanctuary had been charged to COVID-19. An application had been made to the Charity for funding for the Wellbeing Sanctuary, but if this was unsuccessful another source would be required.

ML queried what might be in place for the highest risk category of employees, given the planned August break in psychological wellbeing activity. RG reported that on-site counsellors were available and that there would be increased counselling support through Kaleidoscope among many other initiatives in line with enhanced COVID-19 support.

LW commented that the initiatives appeared to have been appreciated by staff. She expressed the view that it would take a long time for the Trust to become an organisation that saw a parity between mental and physical health. She suggested the Board members might need some development in this area in order to support senior managers in developing a new culture.

In response to a query from RS, RG commented that other Trusts were doing similar things but SWBH were ahead.

Action: Longer-term funding for the Wellbeing Sanctuary to be on the agenda for discussion by the next Finance Committee.

10. CQC Inspection: Preparation plan	**TB (08/20) 013**

KF reported the CQC's visit to the Trust was still expected but the timing of the inspection remained uncertain. Visits had been put on hold over the COVID-19 period and it was advised that the format of the process might change with limited on-site inspections.

KF reported that a current CQC action plan was already in place which identified the 'must dos' and 'should dos' from the previous inspection. There were 20 'amber' actions which were being actioned through the groups and divisions but preparation for the next inspection would be a focus for the Trust.

KT reported she had met with Claire Hubbard and Ruth Spencer of the Governance team who had been

giving consideration to assurance, learning and knowledge. A robust plan for the forthcoming inspection had been developed, including re-instigating the Trust's peer review (internal) visits which would start in September. Learning from other organisations that had been rated 'good' and also the CQC improvement teams. Part of this would be infection control.

In response to queries from ML about preparedness, KF expressed the view that there was still work for the Trust to do, but this was not onerous. KF commented that managers need to demonstrate swifter responsiveness in response to requests for change.

LW commented that embedding good practice in the Trust would be a cultural journey for the organisation that would take time. She commented that a Board development morning had helped in previous settings to bring the organisation to an understanding of what 'good' looked like. RS commented this was a good suggestion.

ML commented that the topic should be discussed at every Board meeting as there appeared to be a lot of work on the agenda to be carried out in a short period of time.

Action: DC to arrange a board development morning in September to discuss the CQC process and good practice.

11. Clinical Model in Midland Metropolitan University Hospital	**TB (08/20) 014**

RBa referred Board members to the paper and reported that the acute care model would be socialised in the Trust over the Summer period through departmental and pathway-based conversations.

Clinicians had helped to design the MMUH building and engagement activities would help staff adapt. Every specialty would be given the opportunity to refine the acute care model proposal with further clinical input. Although mainly an internal exercise, mental health and social service providers would also be consulted.

In parallel, a stakeholder and key relationship map was under review to inform engagement activities more broadly. The final version of the model would be written up for October 2020.

In response to a query from MH about the impact of COVID-19 on the structure of clinical pathways, RBa reported that the Trust's pandemic experience had been mimicked through Midland Met in a table top test exercise looking at flow and supplies. A similar exercise would be undertaken with clinicians in 2021. It had been discovered that the surge and recovery [at MMUH] would be different and the recovery would be a lot more efficient.

In response to a query from HK, about the joint vision with the community and alignment with the wider system, RBa responded that the numbers were being modelled and 'out', care where acute care would be delivered without walls in the community was a key part of the clinical strategy.

HK raised the increasing utilisation of virtual GP consultations and queried whether there would be any implications for Midland Met. RBa accepted that this would probably be the case. LK commented that internal and external flow were being considered and improvements to understanding were being made thanks to the impact of COVID-19 changes.

ML queried whether external experts/consultants/hospital designers were being appropriately utilised. RBa commented the Trust was obliged to follow specific standards attached to some aspects of care. NICE and other best practice guidance would also be considered. Other Trusts, which had opened new hospitals, were being consulted. RBA reported that the Trust was talking to Engie about evaluating the

model going forward and look at efficiencies as well as clinical outcomes.

ML expressed concern that the Trust might not be giving enough thought to the entirety of the project and how the different elements fitted together. Whilst individual items might be done well, the project would not aggregate effectively. ML expressed surprise that no big consultancies which were capable of this type of large-scale work had been involved. LK reported that the Trust had looked at different models such as in Northumbria.

DC commented that it would be important for any changes in care models and pathways to start happening immediately so that staff would not be coping with a sudden change as well as a new environment at MMUH. Embedding National guidance and linking in with the CQC in the quality and safety work.

12. Serious Incidents: Progress report	TB (08/20) 015

DC summarised the six-monthly Serious Incidents (SI) report and reported that changes were planned to try to improve the efficiency of the process.

The review of the reports took place at group and executive level in a collaborative approach to the issue which ensured that learnings from the actions that came out of the SIs were spread as widely as possible.

Diagnostic incidents and delays had been the top theme demonstrating the importance of results endorsements.

LW commented that the report was helpful but would like to see it more often (3 months). KF commented that the learning in the trust needed to be translated across the organisation.

KT questioned the efficacy of learning and also whether the Trust had enough lead SI investigators. DC commented that there were not enough lead investigators, but a recruitment and training programme was ongoing to fill gaps caused by recent retirements and movements of staff. Messaging of learnings was a challenge and would need to be audited to ensure dissemination of information had resulted in changed behaviour. The Executive Quality Committee (EQC) was being utilised to discuss cases and lessons to be learned.

In response to a query from RS, 'near misses' deserving of wider notification were identified by the IR report and regularly reviewed by the Safety Team with messages communicated through the group directorates and discussed by the EQC.

DC reported that a process had been put in place across the Black Country Trusts, where Never events were logged across the STP so that learnings can be shared more broadly. LK reported that the Theatre group had been focusing on the theatre element of near misses.

REGULAR MATTERS

13. Chief Executive's Summary on Organisation Wide Issues	TB (08/20) 016

DC referred Board members to the Report and highlighted two items for celebration:

- The Trust's medical training – The first cohort of medical students from Aston University was due to arrive in September, demonstrating the flexibility and adaptability of the Trust in helping to train local students. Both Birmingham and Aston-based students would have access to the same opportunities. Non-UK/non-EU students were also being accommodated.
- The Stop Smoking Campaign (Year 1 anniversary) – A review of the vaping literature would be

required and a continued push to reduce nicotine in products by working with local companies. Induction would train junior staff to offer nicotine replacement to patients for their hospital stays to prevent purchase of products offsite.

DC reported that the Trust had been examining government restrictions on travel to Spain and the implication for staff and the relaunch of the WEConnect survey and the Pioneer teams.

KT commented that the Trust remained a very attractive place for Foundation doctors to work because students had very good experiences. Medical students in 2020 had been allowed to graduate early because of COVID-19 and become interim Foundation doctors which had been a successful initiative.

14.1 Integrated Quality and Performance Report	**TB (08/20) 017**

DB introduced the IQPR and stated that the Recovery and Restoration Plan was paramount. There was a worsening RTT position and failing cancer performance in diagnosis and urgent referral.

Stillbirth rates had been discussed at length in the Quality and Safety Committee. The rate had dropped in July and was lower than the same time in 2019. However, the perinatal mortality rate remained quite high in July.

DB acknowledged progress on some of the persistent reds and on sickness which was just 0.3% shy of the position in 2019, which was a positive.

DB highlighted the one serious fall and two grade 4 pressure ulcers. KT reported that her understanding was that the fall related to a patient who had fallen twice at home. He was admitted to an ED side room with a fracture, but the fall assessment had been incomplete and the patient had fallen again, causing a subdural bleed. A full review was currently underway.

One of the pressure ulcers had been judged to be unavoidable and related to a deteriorating, palliative patient. The second pressure ulcer related to a wheelchair-bound patient on the District Nurse caseload and was currently being reviewed.

RS commented that it was pleasing to see progress on Mandatory Training. On stroke, DB commented that performance had been pretty good.

14.2 Finance Report: Month 3 2020/21	**TB (08/20) 018**

PS reported four key points:

- The Trust had achieved a breakeven position but COVID-19 costs had significantly increased owing to increased PPE costs, the requirement for surgical mask wearing within hospital settings and purchase of some re-useable PPE equipment which would be more sustainable in the longer-term.
- Trust support for Balfour Beatty's welfare facility (to help provide social distancing on the MMUH site) – It had been agreed with NHSM that the costs could be claimed in COVID-19 costs. Long-term costs beyond December 2020 were being reviewed. It appeared that unapproved capital costs in relation to COVID-19 related to the purchase of anaesthetic machines. PS advised that initially NHSI had advised that machines and monitors be sourced from loan stock, however, no machines had been received and that an order had been received (machines only). PS reported that it was expected that costs would be reimbursed by NHSM.
- The Trust's cash balances were very good at £54m at the end of June 2020, thanks to the timing of Commissioner payments and a push to settle standing debt. Prompt Payment Performance (PPP)had improved with 65% [of creditors] paid within 30 days against a target of over 90%. This

had been achieved with the introduction of two payment runs per week and three were being considered. Some more work was required in ordering and promptness of receipting, however, PS reported that some of the issues were thought to be COVID-19 related.

- Funding arrangements for August and September were a continuation of the interim scheme but the picture was currently unclear going forward. Planning and positions on funding approaches would be the focus once the Trust had better clarity of the situation.

PS advised that a questionnaire would be circulated to the Committees to gather feedback about the new format of the finance report and individual comments would also be welcomed.

RS queried whether PPP was out of line with what was expected. RS commented that there was an obligation to support local suppliers.

14.3 Trust Risk Report	**TB (08/20) 019**

KF presented the report and advised that 55 new risks had been added to the Risk Register, of which 15 were high level risks for the board to oversee. Four had been reviewed and had been updated in the paper.

Risk 2642 – Radiology results are not being acknowledged by individual clinicians:

DC commented this risk concerned results endorsement which had become two risks. The first being the process for individuals to endorse them and the second was about correcting some identified system issues to ensure appropriate work flows.

14.4 NHS Regulatory Undertakings: Monthly status update on agency and four-hour standard	**TB (08/20) 020**

DC commented that agency controls and spend had been mentioned earlier in the agenda (See item 5). There had been a slight reduction in performance at both sites which had been more marked at Sandwell, reflecting the increased activity. This was being closely tracked and monitored. A goal was to get one of the EDs operating without needing the [COVID-19] streaming process.

In response to a query from RS about ED performance, LK commented that discussions had suggested the utilisation of the aggregated wait target rather than the 4-hour target for the Winter period. LK expressed the view this would be the right thing to do because it delivered an overall picture of the department.

PS commented that agency spend for July was looking similar to June's figure. Special approval arrangements remained in place.

15. Application of the Trust Seal	**TB (08/20) 021**

RS noted that all matters related to the managed service supplier, Engie. RS acknowledged the extent of the work undertaken by the Estates Team.

The board **APPROVED** the application of the seal.

UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS

16. Minutes of the previous meeting and action log	**TB (08/20) 022**

To approve the minutes of the meeting held on 2nd July 2020 as a true/accurate record of discussions, and update on actions from previous meetings	**TB (08/20) 023**

The minutes of the previous meeting held on 2nd July 2020 were reviewed and the following amendments were made:

- Attendees List - Correct the typo Mr to Dr in relation to meeting attendee, Sally Bradberry.
- Item 10, SWBH Alcohol Services: Building on a firm foundation - …*progress would require the Trust to get different commissioners on board.* LW clarified this was Public Health. Follow up action added and carried out.
- Item 12, IQPR - Action to cross reference the safe staffing issue back to the People & OD Committee to be added. LW commented that staffing had not been very visible in the IQPR. KF agreed and advised this would be a work in progress.

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

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.*

  LK reported this action now applied to general transport. The plan was on track and expected to be delivered by November. To be kept on the action list.
- TB (05/19) 015 - Create single reporting template for pillar plan supporting 2020 vision.

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

  RS suggested the focus of the away day had now shifted to specifically discuss the CQC process.
- *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. Check required.

Action: DC to check the detail in relation to Action 3 on the log.

Action: The focus of the Board away day to be the CQC process.

Action: DC to check with DB on progress of the Board visit by the Stroke Team

MATTERS FOR INFORMATION

17. Any other business	**Verbal**

- None.

18. Date of next meeting of the Public Trust Board:	**Verbal**

- The next meeting will be held on Thursday 3rd September via WebEx.

Signed ………………………………………………………………………………………………….

Print ………………………………………………………………………………………………….

Date ………………………………………………………………………………………………….