TRUST BOARD – PUBLIC SESSION MINUTES

Venue: Meeting by WebEx. **Date:** Thursday 3rd December 2020, 09:30-12:45

Members:		**In Attendance:**	
Mr R Samuda, (Chair, Trust Chairman)	(RS)	Ms M Roberts, Acting Chief Operating Officer	(MR)
Mr M Laverty, Non-Executive Director	(ML)	Mrs R Wilkin, Director of Communications	(RW)
Mr H Kang, Non-Executive Director	(HK)	Ms S Rudd, Associate Director of Corp. Gov.	(SR)
Mr M Hoare, Non-Executive Director	(MH)	Mr D Baker, Director of Partnerships & Innovation	(DB)
Cllr W Zaffar, Non-Executive Director	(WZ)	Ms S Clare, [role unknown]	(SR)
Prof K Thomas, Non-Executive Director	(KT)	Mr I Gilligan, Freedom to Speak Up Guardian	(IG)
Mrs L Writtle, Non-Executive Director	(LW)	Ms C Hubbard, [role unknown]	(CH)
Dr D Carruthers, Medical Director & Acting Chief Executive	(DC)		
Ms D McLannahan, Chief Finance Officer	(DMc)	**Apologies:**	
Ms F Mahmood, Joint Acting Director of People & OD	(FM)	Mr T Lewis, Chief Executive	(TL)
Ms K Dhami, Director of Governance	(KD)	Mr L Kennedy, Chief Operating Officer	(LK)
Ms K French, Interim Chief Nurse	(KF)		

Minutes	**Reference**
1. Welcome, Apologies and Declarations of Interest	**Verbal**
RS welcomed Board members to the meeting. Apologies were noted from Mr T Lewis and Mr L Kennedy.	
2. Chair's Opening Comments	**Verbal**
RS made the following opening comments: He acknowledged the work of the Communications Team on arranging a virtual Staff Awards Ceremony. He noted the inclusion of the Diversity items on the agenda. He noted the slowing of community transmitted COVID-19 cases which was slowly decreasing the pressure on the hospital system. He observed that headline data may not be capturing the complexity of managing infection control in different streams or the difficulty of maintaining acute elective care while managing infection control and A&E presentations. NHSI had announced its intention to revisit the ICS Agenda with a focus on working across systems to support health and equality, improved outcomes and bringing back services in the context of the pandemic.	
3. Questions from Members of the Public	**Verbal**
No questions had been submitted by members of the public.	

4. Freedom to Speak Up	TB (12/20) 001

Claire Hubbard and Ian Gilligan joined the meeting.

KF invited CH to present to the Public Trust Board.

CH provided the following overview:

The Trust continued to monitor progress toward compliance with the National Guardian Office expectations. Support had been provided by [Rayfield Clark 0:07:48.3] and NHSEI.

There had been a clear indication that clinical groups were keen to learn and act on the feedback being received. As such, a governance structure had been proposed, which would include groups receiving a monthly update on the themes and trends (while protecting confidentiality) to ensure learning was disseminated. A quarterly paper would also be provided to Executive Quality Committee to support cross speciality learning. A biannual update would be provided to Trust Board which would be presented by one of the Freedom to Speak Up Guardians.

During Quarter 2 there had been an increase in Speak Up activity across all areas. This was likely a result of the higher profile that had been afforded to Freedom to Speak Up and the accessibility of Speak Up routes.

It was noted that closer links were being developed with Chaplaincy, staff networks, HR and OD. This had been beneficial in opening up other Speak Up routes.

The trends of Speak Up reporting had been consistent. Concerns had been flagged about non-transparent recruitment processes, disconnect between leadership behaviours and the organisational narrative, and the impact of HR processes on wellbeing.

The Trust had a two-year improvement plan. In year one, the focus has been on building the foundational processes relating to how to report, how to escalate and how to manage Freedom to Speak Up within the organisation. In Year 2, there would be an inclusive strategy development process.

In October, the Trust had aligned with the National Guardian Office's Speak Up Month. A number of colleagues across a number of levels had participated in Speak Up Month by making videos and sharing personal stories. Two books had been made available: The Fearless Organisation and Speak Up. The author of Speak Up had also provided slides about Speaking Truth to Power which had been used as a shared learning topic at QIHD in October.

CH introduced IG who provided some commentary around his lived experience of being a Speak Up Guardian

IG shared a presentation with the Trust Board. He had been with the Trust for 25 years. He was currently the Capital Equipment Manager as well as a Speak Up Guardian:

IG advised that the Freedom to Speak Up Guardian role had been advertised following failings at Staffordshire (and a subsequent report). Nine Guardians had been appointed across a spread of grades, role and experience. Six of the original nine remained in place. IG had taken on the role because he wanted to help people, and to seek fairness within the organisation.

Guardians could listen and offer advice and could provide direction for help. All information was held in confidence. It was less intimidating for people to approach Guardians than managers. People could share their concerns anonymously.

Moving forward, there would be recruitment of additional Guardians. This would help create more time to

work on complex cases. There was currently limited administrative support which was difficult given all Guardians had full time roles. Managers were supportive about providing Guardians time to undertake their duties.

IG noted that it had been positive to be invited to speak directly to the Board. Guardians would like to see more collaboration with other support structures (e.g. chaplaincy and quality and diversity networks).

Guardians always thanked people for speaking up, even if they could not always solve their problems. IG acknowledged the work of his fellow Guardians who were supportive and inspirational.

RS invited questions from the Trust Board.

- MH asked whether Guardians had seen any change in the sort of topics or conversations they were having with staff members about the issues that they were facing. IG advised that the trends of reporting had been around the same sorts of issues/themes on a recurring basis.
- MH asked if there was anything that the Trust could do as an organisation to help give Guardians the tool set and capability to really support and enhance the role. IG advised that Guardians did receive a lot of support from the National Guardian Office and could tap into the local networks for information and advice. Having a coordinator/administrator would be helpful given that Guardians were trying to undertake this role on top of their full-time jobs. MH noted his appreciation to IG and the team of Guardians.
- ML asked if there was anything IG wanted to ask of the Board to that may help Guardians do their job more effectively and to show staff that the Board was taking their issues seriously. He also asked whether IG could see any quick wins for the Trust. IG advised that having more Guardians would be helpful. They would be able to provide more support across the Trust as a whole. Guardians simply needed more time. CH advised that a lot of groundwork was required in addition to managing the caseload. The biggest gap filler would be the recruitment of a substantive Lead Guardian which would provide traction to move the agenda forward.
- WZ asked what interventions had been introduced in relation to recruitment processes, in terms of having a member of the ethnic minority community on the panel from the outset (rather than at the end of the process). It was reported that there was inconsistency in how representation from the ethnic minority community was involved in recruitment processes, partly as a result of availability/alignment with recruitment timeframes, and further exacerbated by the current COVID situation. This had been the subject of a number of complaints. The Recruitment Team had initiated a process whereby an independent review of recruitment processes had been undertaken. Where appropriate, Managers had been asked to refrain from issuing offers pending review/recommendations. This had resulted in valuable learnings that would be considered as part of the broader consistency checking and education work to be done. The Trust Board requested an update on recruitment processes at a future Board meeting.
- LW undertook to talk with the team about the [Cultural Ambassador Program]. She acknowledged the work of the Guardians noting they provided a good support mechanism for staff and for each other.
- RS asked what process was required to improve resourcing for the Freedom to Speak Up program/Guardians. KF advised that a job description for additional support had been drafted. She undertook to follow up with DM on how the request for resource was progressing.

RS requested that the thanks of the Trust Board be passed onto the Freedom to Speak Up Team and

undertook to ensure there was a regular report to Board on this item.

Action: The Trust Board requested an update on the inclusion of ethnic minority representatives in recruitment processes from the [People and Diversity Committee].

Action: Provide an update to Board on Freedom to Speak Up resource enhancement (administration support and additional Guardians).

UPDATES FROM BOARD COMMITTEES

5a. a) Receive the update from the **Quality and Safety Committee** held on 27th November 2020. b) Receive the update from the **Quality and Safety Committee** held on 30th October 2020.	**TB (12/20) 002** **TB (12/20) 003**

HK provided an update on the key points raised at the Quality and Safety Committee at the 27th November meeting.

The Terms of the Committee had been reviewed and updated.

The Committee had received a COVID19 update with reflections on vaccination, mortality, testing and community rates. There had been a discussion about how the Trust may be involved in the vaccination program.

There had been a discussion about the restoration and recovery program. The Trust was managing quite well in bringing some of the targets back on course.

Children's safeguard report was received.

There had been a discussion about the results endorsement. There was still work to be done in this regard to address the issues.

Positive highlights had been noted in relation to DMO1 target for radiology (good progress), maintaining safeguarding mandatory training at 95% and adding a cancer target section to the R&R Report.

RS invited questions on the report. None were forthcoming.

RS thanked HK for his report.

5b. a) Receive the update from the **Digital Major Projects Authority** held on 27th November 2020. b) Receive the minutes from the **Digital Major Projects Authority** held on 30th October 2020.	**TB (12/20) 004** **TB (12/20) 005**

MH provided an update on the key points raised during Digital Major Projects Authority meetings.

The DMPA was initiating more progressive and forward-thinking discussions rather than reflecting on issues and problems with performance.

The Committee had received a report on cyber security and a progress update on the rollout of Windows desktops.

Preparations for MMUH had been discussed. The Committee focus had been on ensuring the Trust was in a position to exploit the new build to ensure provision of the clinical support required from the hospital.

Service improvement had been discussed with a focus on taking the Informatics Team to the next level of maturity.

The Committee had recommended that delegated authority be given to approve the firewall contract.

RS acknowledged the progress that had been made in digital optimisation, noting the Trust's positive position relative to that of other Trusts in terms of protecting systems and using cloud services.

RS invited questions on the report. None were forthcoming.

5c. a) Receive the update from the **Finance and Investment Committee** held on 27th November 2020. b) Receive the minutes from the **Finance and Investment Committee** held on 28th August 2020.	**TB (12/20) 006** **TB (12/20) 007**

MH provided an update on the key points raised during Finance and Investment Committee meetings.

The Trust was not seeing the savings they might expect from the reduction in elective services.

The bank and agency spend had started to increase. There was work underway to identify where bank and agency was being used in support of COVID related activities to separate this out from normal usage.

The run rate required by the end of the financial period would be difficult to achieve and would impact the Trust's ability deliver 2021-22 and 2022-23 financial plans. The risks and objectives of those plans had been discussed by the Committee.

The Committee had reviewed the Acute Care Plan, including the current position, associated risks and the net effect.

The Trust was in a good cash position. The financial break-even position was backed by this cash position.

DM reported the release of new guidance and national publications. This was informing the financial context and framework for the next year. It was likely that a block contract would be agreed with the Commissioners and elective performance around an agreed activity plan would be considered. The systemwide allocation approach in the current year was likely to be taken in the next year, providing a strong indication that the Trust could break even in 2021, 2022 and 2023. There would also be extra funding in relation to restoration, recovery and COVID.

RS invited questions on the report. None were forthcoming.

5d. a) Receive the update from the **Estates Major Projects Authority** held on 27th November 2020.	**TB (12/20) 008**

RS reported on the meeting held by the Estates Major Projects Authority which had been convened to review and recommend the final cladding proposal. The Committee had reviewed the detail on the change of product that was proposed. The use of the new product had impacted the contingency budget. The team was engaged in reviewing value engineering opportunities to make savings in other areas.

RS invited questions on the report. None were forthcoming.

5e. a) Receive the update from the **Charitable Funds Committee** held on 12th November 2020. b) Receive the minutes from the **Charitable Funds Committee** held on 6th August	**TB (12/20) 009**

2020.	TB (12/20) 010

WZ provided an update on the key points raised during Charitable Funds Committee meeting.

The Trust Charity Annual Report and Accounts for 2019-20 had been attached to the Board papers for noting. The accounts were audited and unchanged.

The Committee had accepted the audit findings and accepted the reports and accounts on behalf of the Board as part of previously agreed governance processes.

The Committee had discussed and noted the draft charity income targets required to achieve the return on investment and targeted fundraising for the period up to 2025-2026.

Fundraising activity had been discussed. $107k had been received in financial donations. $134k had been received from NHS Charities Together package. The Committee had discussed and agreed prioritisation of the spend plan.

An update had been received on the progress of major grant that the Trust had previously supported.

Work was progressing well with partners on the Midland Metropolitan University Hospital Art Strategy.

RS acknowledged the support that had been provided for fundraising.

RW noted the support that had been provided through donations and advised that there were many projects and initiatives being considered. There were also future plans to support patients on the wards. The Midland Metropolitan appeal had been quite successful despite the difficult environment for businesses that would usually provide support. Consideration would be given around the right timing to re-engage with businesses.

MATTERS FOR APPROVAL OR DISCUSSION

6. COVID-19: Overview	**TB (12/20) 011**

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

Community rates had dropped and at the time of writing the paper, the rate for Sandwell had been 419/100,000. This was 266/100,000 at the time of meeting.

There had not been a consistent fall in admissions to ICU. There were around 225 patients with COVID in the organisation. There were 18 patients in ICU. Capacity in ICU was being well-managed. It was expected that as community cases continued to fall, there would be fall in admissions.

IPC guidance was being reviewed which suggested earlier swabbing after the first negative result. Discussions would be held with pathology around the capacity to take the additional swabs before updating local policies to comply with national guidance.

There had been some announcements about some success in trials for tocilizumab the immunosuppressant drug used in a lot of auto immune related diseases. It was still recommended that this only be used within clinical trials. Individual requests could be made based on some of the early data that had been released.

Patient Cohort Policy was being reviewed. The data for November would be re-analysed to identify whether there was a slightly older population of patients being admitted with COVID.

In relation to lateral flow testing, staff had been asked to test twice a week to try and pick-up asymptomatic infection. Over 5000 boxes of tests had been distributed to staff. There had been one

positive test so far.

Planning was underway for a vaccination program, but things were changing so quickly and all that could be reported was that the Trust was engaged and contributing to the discussions about the vaccination program within the STP. The Trust was preparing within the organisation for vaccination rollout for staff, patients and community.

There was continued focus on staff well-being. Staff would be encouraged to take annual leave and a proposal would be made for reducing leave balances.

There was consideration being given to restarting routine surgery, but the Trust would need to see COVID rates and admissions falling before this could be done.

RS invited questions on the report.

- RS asked what testing arrangements would be put into place for patients before being brought in for elective procedures. It was advised that other than reinstatement of the Green Ward protocols, there would be no additional testing arrangements.
- MH asked whether there was currently the same level of wellbeing support for staff as had been available during the first wave of COVID. He asked if the support was sufficient and effective. It was confirmed that the same levels of support existed, but the Trust was looking at expanding this further across the two sites to ensure availability for all staff would be in place until March 2022. This could include utilising Charitable funds to refurbish spaces for rest and relaxation, implementing stress assessments and enabling access to well-being support as required. There was currently access to specialist psychological support interventions to assist staff who had experienced trauma related to COVID. Take up had been quite low and work was required to encourage staff to utilise the services.
- RS noted that when lateral tests had been trialled, there had been concern about losing staff for a period if they tested positive. He asked what the actual impact had been. He also asked about staff ability to take leave. DC advised that of the 5000 tests that had been done, only one had tested positive so staff downtime had been minimal. FM advised that staff were encouraged to take leave where possible, but not all had been able to do this either as a result of service requirements or because restrictions did not enable staff to go away as they may normally do. Staff were becoming exhausted and significant amounts of annual leave had been accumulated. Given the pressures around Christmas, the Trust was being quite strict about new requests for leave. There were discussions underway with those who had current leave requests in to see whether they may be able to accommodate additional shifts. There would be reduction in service provision in some areas and proactively targeting staff from those areas to take leave and there was consideration being given to introducing an annual leave buy-back scheme.

7. COVID-19: Restoration and Recovery	**TB (12/20) 012**

MR provided the following update on Restoration and Recovery.

The Trust was currently at 85% for the production plan. Elective care had been stopped on 22 October 2020 which would impact the month of November. There were discussions between the Trust and NHSEI to align data reporting (weekly vs rolling position).

If community transmission remained at current levels and admissions did not increase, elective care would recommence on 21st December and the 4th January. Postponements would be reviewed fortnightly.

There had not been as much access to the independent sector as there had been in the first wave. There were continuing conversations around the new contract coming out on 1st January.

RTT compliance was at 72%, up from the previous month. This would be monitored in respect to elective care. Two-week wait time for skin and breast was contributing to this. There were conversations happening across the system about how UHB could be supported to continue to manage the two-week wait.

DMO1 trajectories were improving. There had been an increase of 3% in the month.

The STP was setting up a virtual elective hub. The initial focus areas would be Endoscopy and Ophthalmology.

Clinical prioritisation work was ongoing. P5 and P6 had patients had been reluctant to attend due to COVID or other reasons. But this was beginning to lessen with patients indicating now that they did want their surgeries.

52-week wait numbers were and were currently at 560 (ophthalmology being the specialty with the highest number).

There were a number of regional workshops being held in December to look at how the Trust could recover in relation to the Plan particularly for ENT and urology. Surgical teams were excited about being involved in these.

RS invited questions on the report.

- RS asked MR to say more about the vanguard process and the six-month secondment (noting this required STP sign off). MR advised that there had been discussions with the STP on the vanguard. It had not been registered within the STP. The next step was for the virtual elective care hub to be set up and the priorities being picked up around the STP for ophthalmology and endoscopy. Assurance was needed that conversations with the Royal Wolverhampton were complete and that everything had been done to reduce the ophthalmology backlog.
  As part of the elective care hub, a business case would be put together by a senior person familiar with elective care. This person would represent all Trusts in the STP on ophthalmology in the first instance and would then help determine the next steps for endoscopy.

8. Trust Risk Report	**TB (12/20) 013**

KF provided the Trust Risk Report.

The report had been reviewed by the Risk Management Committee which had asked groups to put forward red risks for the December RMC meeting. The number of COVID risks in relation to mitigation and recovery plans were being reviewed and would be updated/presented at the December RMC and CLE.

The report showed there were 13 risks being overseen by the Board. Since the last Trust Board actions had been completed for Risk 3109, 3110 and 214.

The Board noted the risks and the current position.

The Board noted that a high-level risk would be reviewed by RMC at the next meeting.

RS invited questions on the report.

- DC advised that the original COVID and restoration risks would be regularly reviewed and any additional risks relating to the second wave would be identified by the Risk Management

Committee/CLA.

9. Gender Balance - Women Empowering Women	**TB (12/20) 014**

Dr Sarb Clare joined the meeting.

SC advised that the inspiration of the work was not only about empowering women, but about empowering men too.

The NHS workforce was 77% female, but only 37% were within senior leadership roles. Women's Leaders Network within the NHS was striving for a 50:50 balance across the board. 150 extra women would be required across executive and non-executive roles to bring the ratio to 50:50.

There was clear evidence that gender balance and diversity at the top enabled delivery of high-quality care, financial success, strong management of resources.

Women were generally concerned about applying for senior roles because job plans were not aligned with their personal circumstances. There were role models in current positions who were not setting the pace for those women who were coming through the system. This was leading to gender and ethnicity pay gaps.

The Women Empowering Women campaign had been set up and a one-day national conference had been organised in the prior year. 110 women had attended across the UK. The conference had showcased role models, and had touched on dealing with sexism, prejudice and inappropriate behaviour as well as focussing on well-being.

47% of women had reported sexism and inappropriate language from colleagues within the NHS. 73% had received abuse from patients. 67% had felt they could not escalate these issues either because they did not know the pathway to do so, or out of concern about the impact on career progression/impact on their work life.

A Women's Clinicians Network had been set up to support women in their career progression. A workshop for CEA applications had been delivered. FEARLESS Workshop had been held which was about sexism and inappropriate behaviours in the workplace. This covered unconscious bias and provided strategies on dealing with behaviours.

Data showed that women were retiring early due to menopausal symptoms. An event would be held about this in the future.

Empowerment awards had been given to some individuals - both women and male allies.

PPE was generally designed for 5'9, Caucasian, 70kg males. Facemasks were a particular concern given they generally did not fit women well.

The use of language often demonstrated unconscious bias.

Role models were essential. Male allies were essential. Women needed to help other women (''lift as you climb''). Signposting where people can go for help was important. Promotion of caring and compassionate leadership style was also important.

RS invited questions on the presentation:

- KT congratulated SC on her presentation and on her MBE. Medical students were receiving bystander training to enable them to intervene in situations where inappropriate behaviour had been witnessed. SC advised that this was something that they were looking for from male allies.

She would be keen to see how this was delivered.

- FM noted that it had been inspiring to hear from SC acknowledging her bravery to talk about some of the challenges. She wanted to lend her support noting there were hard facts to support change. Women in the NHS earned 77p for every pound earned by men. Only a third of women were successful in achieving excellence awards at consultant level. A quarter of dignity at work cases were related to sexual, predatory behaviour experienced by women from men in the organisation.
- LK shared memories of occasions in the past where she had felt pressure to act in a different manner to succeed. She noted that her success had been the result of being herself and being genuine in her interactions. This was something she shared when she was mentoring other women.
- WZ noted that SC was a great advocate for equality. He asked whether the Trust had tapped into local and regional networks around gender equality and asked how they ensured positive role models were visible in the community to encourage the next generation to aspire to work at the Trust. SC advised that she was happy to link with local teams and welcomed any introduction WZ could provide. She indicated that those in privileged positions should use those positions to inspire and mobilise community/society.

RS thanked SC for her presentation and noted the role of the Communications Team in focussing attention on diversity initiatives within the Trust and across the wider system.

10. Fulfilling our Equality, Diversity and Inclusion Commitments	**TB (12/20) 015**

FM advised that the paper provided an update on EDI ambitions in the Trust. This remained an important focus for the organisation.

Appendix 1 contained the current action plan which outlined the organisation's objectives for the next six months and indicated how the Trust would maintain compliance with statutory duties. It also indicated the aspirational agenda which was focussed on recruitment and addressing staff experience of disadvantage. These issues were inhibiting the Trust's ability to be an inclusive employer.

The Trust was collaborating with the Employer's Network for Equality and Inclusion which would support a series of virtual focus groups with a sample size of 120 staff within the organisation. Senior Board members would be asked to participate not only in the discussion on the ambitions but would also help to assess progress on meeting ambitions.

The paper set out a number of challenges which were priority areas for focus:

- Recruitment challenges in clinical and non-clinical staff groups at Band 7 and above. Only 15% of BAME staff were identified within these leadership positions. This was not representative of the patient population that the Trust was serving (which had a local population of 50% from BAME groups).
- Among medical staff, 55% of leadership positions were filled by staff from BAME background (although there remained a gender imbalance).
- There appear to be no BAME staff employed by the Trust at Band 9 despite a significant number of opportunities to widen the pool of staff that could be attracted. This has been the case for almost a decade.
- There were issues with representation and the treatment of disabled staff within the organisation. Only 2.8% of staff were disabled with 19% of them having undeclared disabilities. The Trust had

conceded in a number of disability discrimination claims in recent years.

- The gender pay gap currently sat at 22.6% in the Trust. There were significant disparities in the nursing and midwifery, allied health professional and administration categories.

The action plan would drive significant improvement and would seek to bring people together in interactive dialogue. Many people were seeking to do work in this space but were doing so in silos, leading to fatigue. There would be further achievement by realigning some of the work being done within the organisation and coordinating this in a more cohesive manner.

The organisation had benchmarked against other Trusts and identified that the Trust was under-resourced in this area. There was a request in the paper for funding for additional resource to support delivery of work in this area. The Board was asked to recognise that the resourcing constraints would impact on project effectiveness.

RS invited questions on the presentation:

- MH noted his support for the additional funding request, acknowledging there was little point in having an ambitious plan without resourcing it. He acknowledged there was a lot on the action plan and requested some prioritisation work be done to identify key projects, to focus on and quick wins; and to indicate short-, medium- and longer-term expectations. He also noted that the work of SC should also be incorporated into the gender equality part of the action plan.
- WZ noted that he had been surprised that Stuart Young had not been replaced when he left the organisation. He noted the importance of supporting Chaplaincy given the Trust had paid for their training and they would be valuable in this area. He acknowledged that there was fatigue within the BAME network and advised that support was needed to help further develop their skills. He also noted his support for the additional resource request.
- KF noted the importance of strengthening equality, inclusion and diversity within the Trust. She noted the importance of defining what outputs were expected from the action plan (measurable outcomes).
- FM confirmed she could easily identify the top priorities for resolution: (1) staff experiencing disadvantage (2) staff not being represented appropriately (3) diversity in key posts across the organisation and (4) experience of disabled staff. She noted she would welcome discussion with people in [ID Committee] to help determine realistic goals.
- DM asked whether issues were about organisational retention challenges as opposed to being reflective of the wider workforce shortages across the NHS, noting that it may be that the Trust was looking for staff in a very competitive environment. FM advised that it had been demonstrated that recruitment at Band 7 and below and with medical posts was not problematic. A diverse pool of staff was being identified, but staff were limited in accelerating their career into more senior posts.
- FM requested a non-Executive sponsor for each of the networks and an executive to lead alongside each. She advised that she was leading the Inclusion and Leadership program for the Black Country focussing on Black Lives Matter and BAME staff experience. She had made a successful bid for funding from the People Board and was looking for opportunities to become involved in reverse mentoring.
- FM advised that the Trust was experiencing significant challenges in relation to equality and inclusion issues for patients. This would often come into the people space, but the Trust was not

skilled in supporting people with these challenges. The Chair noted this should be picked up through Patient Care.

Action: Prioritise the Equality, Diversity and Inclusion action plan to identify key projects on which to focus and any scope to achieve quick wins. Articulate short-, medium- and longer-term expectations.

11. Fully Staffed - Improving Retention in SWB	**TB (12/20) 016**

FM reported that due to the pandemic, the Trust had not been able to achieve a significant number of the actions they had outlined in the previous report. While stability had been maintained in relation to turnover levels, this was more reflective of the employment market. The report set out where the Trust was in relation to current and future staffing challenges.

RS invited questions on the report.

- RS noted that some trusts were very good at onboarding, providing a narrative about the organisation and outlining some of the distinctive about the work they were doing.
- KF agreed that onboarding should include information about the innovative nature of the Trust but should also speak to the care and compassion of the Trust. The Trust could provide buddies for new staff, and more could be done around progression and advancement planning. The opportunities were there to enable this level of interaction with staff entering the organisation, but the infrastructure and tools were needed to make it work.
- MH acknowledged the likely rise in unemployment in 2021 and asked whether there may be options to retrain people with transferrable skills and bring them into the NHS. FM advised that she had been in discussion with Health Education England about supporting people to retrain and adapt to help NHS meet some of their challenges. Given the urgency, the Trust was also looking at local channels in collaboration with charities and educational institutions to identify vulnerable groups that could be supported and engaged through retraining in advance of any announcement on a national program.
- HK noted that the proportion of people being lost to retirement was significant. He asked whether more could be done to re-attract people who may be willing to work for a longer period. FM advised that there were rigid rules around retirement in the Trust which was unusual. This made re-engagement unattractive. This could be addressed by changing these rules to make them more flexible. This would enable longer term use of that organisational knowledge to support and mentor new staff members.
- KT asked whether there had been any analysis of the reasons for people leaving. She asked if exit interviews were held, and whether there were any common reasons that could be tackled. FM advised that exit information was collected by mail, but the information received was not particularly informative as people did not generally respond. Generally, the information that was received indicated incompatible working relationships and management of expectations about development. Part of the onboarding process could involve checking in with new staff at 30, 60 and 90 days after commencement given that a third of commencers left the organisation within the first 12 months. This did not compare well with peer trusts.
- Going forward, exit feedback would be provided anonymously through digital means, which would likely improve the quality of data received.

12. Serious Incident Report	**TB (12/20) 017**

KF presented the Q2 Serious Incident data (1st July 2020 to 30th September 2020).

23 Serious incidents had been reported during the quarter:

- 8 serious incidents reported in Primary Care and Community Therapies
- 4 serious incidents reported in Women and Children's Health.
- 10 serious incidents reported in Medicine and Emergency Care.
- 8 serious incidents reported in Surgery.

Advanced incident investigation had been provided in August 2021 to improve the cohort of lead investigators for the serious incidents.

In response to the backlog in relation to falls and pressure ulcers, a review process had been implemented whereby a thematic review was conducted. This had been agreed with the CCG.

An overview was provided of the learning that had occurred as a result of serious incidents:

- Primary Care and Community Therapies had rolled out a number of training packages focussed on the management of pressure ulcers.
- Surgery had identified learning around the use of terms and abbreviations, had looked at actions in relation to swab counts prior to surgery and were developing a safety policy for invasive procedures and interventions.
- Medicine and Emergency Care had recognised core documentation to be a contributing factor to some of their serious incidents. They had commenced regular safety huddles.
- Women and Children's Health had identified communication to be a key contributing factor, especially when escalating concerns to senior members of staff. Work was being done around communicate in Maternity and Child Health. A more extensive action plan to review culture was being developed.

There was a Moderate Harm meeting on a weekly basis.

There was a multi-disciplinary approach to the sign off on Serious Incidents.

RS invited questions on the presentation.

- LK asked what the process was for disseminating learning from Serious Incidents across the Trust. KF advised that the groups and divisions shared learnings locally, but she was not certain that learnings were being captured across the organisation. She noted that focussing on themes rather than specific incidents may be a way to ensure shared learnings across the Trust. DC noted that cases and reports were discussed at EQC and the aim of this was to share and disseminate learning. He noted that now may be the time to utilise a single format for learnings with a coordinated approach.
- KD advised that Quality Improvement half days were a good vehicle for learning and discussion to happen on a multi-disciplinary basis. She noted that there could be a return to learning alerts that were issued after every incident which could include video interviews with those involved.
- MR advised that there had been feedback from staff that while there was a lot of communications material going out it was not reaching the front line. Operations Directors had been working

through how they should best communicate with staff.

- KF suggested that the organisation could benefit from a communication focused Schwartz round.

REGULAR MATTERS

13. Chief Executive's Summary on Organisation Wide Issues	**TB (12/20) 018**

DC provided an overview of the issues raised in the report.

The Trust would work with colleagues across the STP to achieve the best clinical set up for patients with persistent long-term problems from COVID.

DM was working to ensure that the Trust was ready for the Brexit transition period with regular weekly meetings focussed on organisational readiness, procurement, research development, estates, workforce etc.

The Star Awards had been well received.

The QIHD Poster competition was underway.

Q&S would continue to look at results endorsement.

Four Patient Safety Champions had been appointed.

- KT advised that she had reviewed the QIHD Posters and felt that overall, the quality had risen. This was an example of where the We Learn program was working well.
- RS asked about Unity Optimisation. DC advised that the report identified the clinical areas using Unity where processes could be improved. Good practice would be identified, and a suitable training program would be rolled out to optimise the use of Unity.

13.1 Integrated Quality and Performance Report	**TB (12/20) 019**

David Baker joined the meeting.

DB advised that there had been a discussion about a Never Event in the prior month (in advance of it being reported in the IQPR). This had been attributed to an ISP partner and had therefore not been reported in the IQPR.

Still birth rate had doubled in a month. The last significant rise had been during the COVID peak in May and June 2020. The Post Partum Haemorrhage rate had also risen, being at double the target rate of 4. The current data was not yet available to identify whether there had been any improvement.

The Trust HSMR was the worst in the region, but the team felt this related to coding issues rather than being linked to deaths. The team was seeking to monitor those things that would impact the HSMR. The team had built some lead measures that should help measure on a monthly basis on whether there was improvement.

Although the Trust had failed the 2WW target on cancer for the last two months, it remained stable at 90.1 (against a target of 93). This was considered to be a recovering position in the face of COVID rather than a worsening problem.

DMO1 performance for MRI, CT and Endoscopy ahead of the phase 3 letter, but behind overall.

RS invited questions on the report.

- RS asked if there was a routine comparison with other Trusts in relation to the neonatal and birth data. DB advised that the maternity group tracked this data and all cases were reviewed within 48 hours. The Q&S was tracking the data closely. There had been no neonatal deaths for the last three months.
- HK advised that he was the overseeing non-Executive Director. He confirmed that there had been extensive discussion about the rates of stillbirth and Post-Partum Haemorrhage at Q&S. The Committee had considered whether there had been any change of system or process rather than a statistical anomaly. More feedback would be sought about this at the next Q&S meeting.

13.2 Finance Report: Month 7 2020/21 and COVID Finance	**TB (12/20) 020**

DM provided an overview of the Finance Report.

The Trust was on plan at Month 7. The Trust had experienced cost pressures, particularly in relation to pay. The risk of achieving the overall finance plan was that insufficient savings would be made from the step down of elective work.

The Trust was part of a risk share agreement across the STP whereby if any organisation was ahead of plan, the benefit would be shared among those tracking behind plan. All organisations in the Black Country were either on plan or slightly ahead, with the exception of Royal Wolverhampton.

The Trust was on plan to achieve a £2.3m deficit subject to receiving £2m of relief funding in relation to decommissioning and running costs for Midland Metropolitan. This was under discussion with NHSI.

The biggest challenge at this time was decision making for new cost while there remained uncertainty about the Trust's ability to maintain the plan beyond March 2021. COVID had been a catalyst to reset the payment system within the NHS. The Trust was reviewing requests for new items of expenditure which would be a commitment against additional funding received in Months 7-12 for COVID and some growth and service development money. A risk-based approach was being taken.

Cash and capital was on track and on plan.

Simon Shepherd had been engaged as the Director of Operational Finance. He had previously been the Executive Director of Finance and the Rotherham Foundation Trust.

RS invited questions on the report.

- RS asked about the process for budget setting for the coming year. DM advised that transitioning from single sovereign organisations into system partners would be challenging. There had been a shift within NHSE&I toward monitoring and management of the system. There was a good structure set up on STP-wide basis to ensure plan alignment. Each organisation had a route to delivery of their plans. A proactive approach was being taken (rather than awaiting guidance) to determine the headline objectives.

13.3 NHS Regulatory Undertakings: Monthly status update on agency and four-hour standard	**TB (12/20) 021**

DC provided a brief overview of the monthly status update:

ED attendances and wave pressure remained high with the four-hour wait patient number stabilising at Sandwell but remaining under pressure at City. This was related to both the respiratory hub referrals and

ambulance diversions from neighbouring organisations in Birmingham.

Agency spend had risen (reflecting increased pressure on clinical services). There had been increased spend across all staff groups. The Trust continued to try and get bank rates in line with other organisations to enable use of bank staff over agency.

RS invited questions on the report.

- RS asked for an update on infection control undertakings. KF advised that there was an outbreak meeting held three times each week. NHSEI and the CCG were included in these meetings and were therefore across the current situation. There had also been a recent walk around done by NHSEI. Although there had not been a formal report, the feedback indicated that there had been improvement. A few issues had been identified such as dirty clothes and Estates work. This feedback had been picked up and was being addressed.

14. Application of the Trust Seal	**TB (12/20) 022**

The Trust Board noted the approved the affixation of the Trust seal on the items on the documents indicated in TB (12/20) 022.

UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS

15. Minutes of the previous meeting and action log To approve the minutes of the meeting held on 5th November 2020 as a true/accurate record of discussions, and update on actions from previous meetings	**TB (12/20) 023** **TB (12/20) 024**

The minutes of the previous meeting held on 5th November 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 (08/20) 010 Reach out to CCGs to investigate whether GPs are carrying out separate patient stratification work.*

  MR advised that she expected this would be taken to the January RMC Committee.

- *TB (09/20) 011 Reconcile Position FTE to budget and identify drivers for increase in Position FTE and vacant posts.*

  DM advised that this had been discussed at the last meeting.

- *TB (10/20) 007 Investigate the introduction of incentivisation into the eBike pilot scheme*

  RW reported that this remained ongoing. Additional funding had extended the project.

- *TB (10/20) 010 Find out if the Trust offers support to patients suffering potential psychological harm because of having to endure very long waiting times (cases currently in Ophthalmology).*

  DC reported that there was no further update. This remains a watching brief.

- *TB (11/20) 013 Produce a more detailed note for the Board in relation to the time commitment required by the part-time Freedom to Speak Up Guardians.*

  Discussed during agenda item 4.

MATTERS FOR INFORMATION	
16. Any other business	**Verbal**
LW reported that the Risk and Audit Committee meeting had been held. An item of note had been the changes at the National Audit Office which would result in increased focus on governance and performance. The Committee had noted that the Board had not viewed a revised strategic BAF since the previous October. A refreshed strategic BAF would be brought to the next Board meeting.	
17. Date of next meeting of the Public Trust Board:	**Verbal**
• The next meeting will be held on Thursday 7th January 2021 via WebEx Meetings.	

Signed …….

Print …….

Date …….