Paper ref:	TB (10/21) 016

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD – PUBLIC SESSION MINUTES

Venue: Meeting by MS Teams **Date:** Thursday 2nd September 2021, 09:30-13:00

Members:		**In Attendance:**	
Sir D Nicholson (Chair)	(DN)	Mrs R Wilkin, Director of Communications	(RW)
Mr R Beeken	(RBe)	Ms H Hurst Director of Midwifery	(HH)
Mr M Laverty, Non-Executive Director	(ML)	Mr D Baker, Director of Partnerships & Innovation	(DB)
Mr M Hoare, Non-Executive Director	(MH)		
Mr H Kang, Non-Executive Director	(HK)		
Cllr W Zaffar Non-Executive Director	(WZ)	**Guests:**	
Prof K Thomas, Non-Executive Director	(KT)	Aphra Muflihi (Midwife & EDI Lead) (Patient Story)	(AM)
Dr D Carruthers, Medical Director	(DC)	Sylvia Owusu-Nepaul (Midwife & EDI Lead) (Patient Story)	(SON)
Mr L Kennedy, Chief Operating Officer	(LK)		
Ms M Roberts, Acting Chief Nurse	(MR)		
Ms D McLannahan, Chief Finance Officer	(DMc)		
Ms F Mahmood, Chief People Officer	(FM)		
Ms K Dhami, Director of Governance	(KD)		
Mrs L Writtle Non-Executive Director	(LW)		

Minutes	Reference
1. Welcome, Apologies and Declarations of Interest	**Verbal**
The Chair welcomed Board members to the meeting. **Apologies:** There were no apologies	
2. Patient Story	**Verbal**
MR introduced the Patient Story which centred on the work of the Equality, Diversity and Inclusion (EDI) Midwifes – posts which had been developed in Maternity Services. HH explained that the aim of the new roles was to deal with the significant inequalities in maternity outcomes, which was observed across the country in vulnerable families and those with Black, Asian or Minority Ethic (BAME) backgrounds. It was noted that the posts spanned all nine, protected characteristics in the Equality Act. Midwives SON and AM highlighted the following key points: o Black women were five times more likely to suffer adverse outcomes during pregnancy and birth and Asian women were two to three times more at risk.	

- The roles involved both patient and staff engagement (interactive study sessions with staff, surveys etc, drop-in sessions, WhatsApp group etc.).
- Ensuring recruitment was a truly fair and inclusive process and that inductions included EDI education.
- 23% of women were late bookers for ante-natal care, raising the risk of poor maternity outcomes.
- A Third Sector, Pregnancy Referral Centre had been put in place, in partnership with voluntary organisations, community centres and pharmacies, to support women to directly access care. This initiative would be monitored and supported by the Trust.
- Partnerships were also helping women digitally access their maternity notes. The translation app and pictorial signs were also being utilised to address language difficulties.
- Pre-natal birth classes aimed at women with learning difficulties and poor English language skills were being well attended.
- A review of stillbirths had identified those postcode areas where women were most at risk.
- Communication and promotion of services within communities included participation in community fun days and local radio programmes.
- Peer support, and post-natal support groups had been established.
- The Trust acknowledged that it was operating in areas of high deprivation.
- The Maternity Liaison Network Steering Group had been established to act as a communication 'bridge' between the Trust and the community.
- Women were concerned that if they made a complaint, this would negatively affect their longer-term care.

RBe commended the important work that was taking place in this area.

HH reported that the work had been very well received by the LMNS which now planned to pilot an EDI lead in every organisation in the Black Country. It was noted that the Trust was leading the way in this area.

RBe commented that the Trust had formed Integrated Care Partnerships in Ladywood, Perry Barr and Sandwell – virtual, multi-agency organisations (housing/health etc). He suggested these could be used to broker more support.

DN thanked the team for its commitment to the important work in Midwifery with respect to EDI, and pledged further support from the Trust to enable future success in this area and in particular in relation to the move to MMUH.

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

DN commented that responding to COVID-19 continued to exert an enormous pressure on the Trust, the wider system and staff. He commended the Executive and staff for their continued hard work in rising to this extremely difficult challenge.

DN reported that he had visited the new hospital (MMUH) and had reflected on the huge opportunities it presented.

The Secretary of State had made his decision about ICS boundaries and some important negotiations were

pending, with Black Country ICS and the BSOL ICS around finance and hospital land.

DN stated that he viewed the Trust very much as an advocate for the local, diverse population and stated that the exercise also presented an opportunity for greater collaboration with neighbouring providers in relation to innovation and research.

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

None.

UPDATES FROM BOARD COMMITTEES

5a. Receive the update from the **Charitable Funds Committee** held on 5th August 2021.	**TB (09/21) 001**

WZ highlighted the following key decisions:

Work continued in relation to developing a proposal to become an independent charity. A recommendation to be taken to the Board, would be expected shortly.

The annual audited accounts would be received by the Committee in November 2021 for presentation to the Board in December. A decision had been taken between meetings to appoint Crowe UK as the external auditors, which had been ratified.

Fundraising had in some ways benefited because of COVID-19, but face-to-face fundraising and from events had been impacted by restrictions and the MMUH Appeal had suffered badly. It was hoped that the Appeal and events would recommence soon.

Work had progressed on strategy for MMUH involving partners and community, which was a positive.

5b. Receive the update from the **People & OD Committee** held on 27th August 2021.	**TB (09/21) 002**

ML reported that the following three topics were in focus:

- The MMUH workforce plans – There was now dedicated resource to enable good progress.
- Recruitment – The situation remained challenging but there were some positives on the horizon in terms of international nurse recruitment. Data capture was helping assess the situation.
- On behalf of the Board, the Workforce Race Equality Standards Report and the Workforce Disability Equality Standards Report were formally approved.

5c. Receive the update from the **Quality & Safety Committee** held on 27th August 2021.	**TB (09/21) 003**

HK reported the following key points from the meeting:

The Trust had been coping with one of the highest numbers of COVID-19 patients in the Midlands region (13%) and this continued to be a concern.

Staff were still being encouraged to get vaccinated – there remained a significant number of unvaccinated people within the organisation.

In terms of Planned Care and Recovery, Ophthalmology's lengthy waiting list remained one of the key

focus areas and risks for the Trust.

Safe staffing had been discussed along with nursing. Around 250 overseas nurses would be joining the Trust.

Getting enough qualified Radiology staff was an issue for the Trust and nationally.

The new metrics report had also been discussed.

RBe queried potential deficiencies in terms of quality assurance against the CQC domains. HK suggested that the Q & S Committee discuss the topic as a standing item going forward. RBe agreed this was a good idea.

5d. Receive the update from the **Estate and Major Projects Authority** held on 27th August 2021	**TB (09/21) 004**

HK reported the key points to note:

Modelling and the transformation of patient pathways had been discussed and good progress had been reported with external help with transformational design. The workforce modelling trajectory had been a focus of the conversation.

MMUH's opening date had also been discussed with a decision being made in the Autumn. Construction was progressing.

The Financial Report had been accepted by the Committee.

5e. Receive the update from the **Digital Major Projects Authority** held on 27th August 2021	**TB (09/21) 005**

MH highlighted the following points to note from the meeting:

The further optimisation of Unity had been discussed, focusing on re-maximising the investment that the Trust had made over the last 18 months to two years.

It was noted that whilst the Digital Committee would support and monitor this, it would also need to be led from a clinical perspective. DN commented that optimisation would be vital work. DC advised that a project plan was already in place and discussions had commenced.

It was acknowledged there would be a large and important role for the OD Committee to ensure that the cultural changes and the enhancements were maximised.

Creating a digital environment/experience at MMUH had also been discussed. It was noted that further investment in digital at the new hospital would be required to build on the foundation already in place.

LK raised the issue of the 2010 version of Microsoft Office 365 which was due to fall out of licence in October 2021. The Trust's Executive team were required to make a decision to switch to either an electronic version, or to purchase a higher-price newer version (£600k plus). This would involve a cultural change for staff.

The DMPA would continue to monitor progress in this area and report back to the Board.

MATTERS FOR APPROVAL /DISCUSSION	
6. COVID-19: Overview including vaccination update	**TB (09/21) 006**

LK introduced the paper which was taken as read with the following key points to note:

The local COVID-19 infection rate had firstly increased and then subsequently decreased, probably as a result of people not carrying out testing because of the easing of restrictions by the Government.

LK advised this would make it more difficult to use the community infection rate as a reliable predictor of hospital admissions going forward.

As previously mentioned, the Trust had one of the highest COVID-19 numbers per bed occupancy in the Midlands. The Trust's ICU position remained a concern as it had been operating at 100% for a number of weeks. Staffing challenges continued in this area.

There was a COVID-19 positive ward on each site and assessment areas had also been split to separate COVID-positive and negative patients. Accommodation remained a challenge. It was reiterated that the major overall risk around COVID-19 was staffing, which was very stretched.

RBe commented that the situation had been compounded by a high number of non-COVID-19 admissions than usual, with a higher acuity. Flexibility to plan for this type of volatility was very limited. The next Board meeting would discuss the system's approach to Winter planning and expected pressures.

ML queried vaccination and promotion of vaccination take-up amongst BAME colleagues. MR reported that vaccination was sitting at around 82% as a Trust and around 65% in terms of BAME colleagues (latest figures to be circulated later). This percentage correlated with the population vaccination rates of Sandwell and West Birmingham. Extra clinics and communications had been put in place but only a very gradual rise in vaccination rates had been observed. A new plan would be put in place with a booster programme planned for October 2021 and the schools programme was forthcoming.

HK queried how the Trust was addressing the themes behind lower BAME vaccination rates. MR advised that the pop-up clinics and work with community leaders were part of the response. Distrust of the vaccine – particularly Pfizer - was central to the hesitancy problem. RW reported that the top ten refusal reasons had been reviewed and formed the basis of activity.

HK observed that more aggressive messaging about vaccination from religious leaders had been helpful.

DN acknowledged that the vaccination programme had to face opposing voices by confronting people with the consequences and commended everyone's efforts.

7. Planned Care and Recovery Report	**TB (09/21) 007**

LK referred Board members to the July 2021 production/activity plan which had out-turned 91% compared to previous levels which was a positive - the national target was 95% however. In the year to date, the Trust had managed to achieve a substantial amount of income.

The Trauma and Orthopaedic ward had been forced to consolidate into the General Surgical ward due to staffing constraints. Major joint surgery had been halted because of the associated infection risk.

RTT remained static at 74% with concerns over contracts and SLAs with neighbouring organisations which was preventing the Trust from delivering on activity.

Monitoring of the P2 (high priority) backlog continued. There had been an increase in P2 patients but a reduction in the number of patients who had waited more than 28 days for attention. Ophthalmology had been the main contributor to the backlog, but it was expected that it would clear its P2 breaches by the end of October/early November 2021, thanks to insourcing and outsourcing arrangements.

Trajectories had been reprofiled and a focus would be on three areas guided by national advice:

- Patient initiated follow ups
- Advice and guidance
- Increased use of virtual consultations

In terms of overall waiting lists, the Friends and Family provider had been commissioned to help validate the entire RTT backlog. Mutual aid continued to be discussed.

In response to a query from RBe, LK reported that the location of 'cold and hot sites' was in its infancy and was unlikely to be enacted in the next few months.

LK reported that the Trust had turned a corner in Cancer waits which were back to normal. There was still a significant backlog in lower priority work however, overall there was an improving position.

KT queried the number of virtual consultations. LK reported that 60-70% of consultations were now taking place face-to-face.

8. Maternity Services Report	**TB (09/21) 008**

MR introduced the report which highlighted three key areas:

- The external report on the maternity service from Debbie Graham found corresponding themes to the internal feedback received to date. The main themes being behaviours, communication and culture.
- Following an unannounced CQC inspection on the 5th and 6th May 2021, the service had maintained its 'Good' rating. This was based on areas of good practice, but had also observed that the service and Trust were fully sighted and transparent on the issues and had a robust service improvement plan in place.
- Following the funding bid of £1.5m to support the immediate and essential action of the Ockenden Report, the Trust had been notified of the award, this has come in with a negative variance.

HH reported that 87 members of staff had been spoken to for the external report across all grades and disciplines. It was pleasing that most themes had already been captured by previous internal work.

HH commented that the unannounced inspection would have given the CQC a real snapshot of activity. The CQC inspectors had found some very good areas of practice – governance, improvement plans and the sourcing of Equality, Diversity and Inclusion (EDI) leads. They had been impressed that the group was holding the Directorate to account and was fully across all the issues in the service.

The Trust had submitted an Ockenden bid of just under £5m (£728k part year) but had actually received £427k approx. for 7/12ths of the year. A business case would now have to be worked out.

HH reported that the reports plus a supportive letter from the Medical Director and Chief Nurse had been shared with all staff with no negative feedback.

Workforce plans/recruitment would need to be refreshed in the wake of the Ockenden bid. HH commented there was now a good amount of rich data to move forward with the improvement plan.

RBe queried the nature of feedback and recruitment. HH advise there had been positive feedback from Debbie Graham in terms of staff who felt she had voiced their opinions and had valued that the report had been shared.

International recruitment and university student midwives would help with filling staffing vacancies. MR commented that retention would be key to staffing in Maternity. She reported that the Regional Chief Midwife had made an assurance visit in August 2021, which had been very positive.

ML queried how good results were celebrated from staff and urged the CQC to be made aware of the EDI work which could put the service into 'outstanding' territory and make recruitment and retention easier. HH commented that further celebrations would be discussed to mark the achievement.

LK stressed keeping track of activity in relation to actions to prepare for the CQC.

DN queried how feedback from staff was captured on a consistent basis. HH confirmed that staff forums were held on a monthly basis and monthly unit meetings would soon recommence. Walkabouts were continuing.

HH commended staff for their achievements whilst also being very busy coping with a high birth rate, which was supported by the Chair.

BREAK

9. Chief Executive's Report	**TB (09/21) 009**

RBe referred Board members to the paper, making the following key points to note:
An offer of employment had been extended to a candidate to lead the Integrated Care Partnership for the Borough of Sandwell as Director of Integration. Formalities to be completed.

NHS England had confirmed the advertising and recruitment process for the Chief Executive of the Integrated Care System.

RBe stated that he had two remaining concerns about the development of the ICS.

- There were many people employed in the Black Country Clinical Commissioning Group and it was still unclear if any of these staff would be transferring to the Integrated Care Partnership. This had been raised with system leadership.
- There was a danger of replicating a Trust Board structure with sub-committees at system level on top of the functional steering groups which would place an unserviceable demand on executive time. Governance arrangements would need to be achieved by consensus.

LK agreed that the sooner the governance was in place around the ICP the better. This would need to work together with the ICS to avoid duplication of work. RBe acknowledged this would be a priority.

ML queried what was happening in the Ladywood and Perry Barr ICP in term of progress. RBe commented this was uncertain, but there was a clarity of purpose. The ICP in question had not agreed the resources in the same way as Sandwell and the leadership time devoted to managing the programme of transformation was not the same. The Birmingham and Solihull ICS stance on place (as it was understood by the Trust) was also still unclear.

DN commented there was no doubt that there was a lot of work to be done in relation to how the ICS will operate in the Black Country. The Chair of the ICS was bringing together all the Chairs in the Black Country together to address issues.

DN commented that he was slightly more concerned about West Birmingham because the operating model was unclear. However, getting the delivery model on the Sandwell ICP would also be critical

because it was about changing the way the Trust would deliver services.

10. Finance Report: Month 4	**TB (09/21) 010**

DMc presented the Month 4 Finance Report and referred Board members to the paper, highlighting the following points:
The Trust was confident that it would achieve the breakeven plan in the first half of the financial year.

Confirmation had been received that the Trust would get just over £5m in elective recovery fund based on the Trust's planned care performance in Q1. From an ERF forecasting perspective, the Trust was not expecting to earn more than this because the trajectories had significantly increased and organisational challenges continued.

There was also headroom in the balance sheet position. DMc expressed the view that the Trust would need to use this headroom to manage risk in H2 covering the Winter period. Opportunities to spend on projects e.g. innovation, wellbeing etc., that would help during future years, was being reviewed.

H2 planning was ongoing despite limited information. However, a worst case scenario of 1.5% efficiency in H2 the better value quality care would cover this requirement.

Excluding MMUH, the Trust was £4.1m behind the capital plan year to date but was still forecasting to plan. NHSI/E would be seeking assurance in the coming months that this position was achievable, particularly as the system was seeking central PDC and CRL for other issues. Cash balances remained strong at £48.9m despite an increase in receivables and a decrease in payables in recent months. DMc commented that Better Payment Practice performance was tantalisingly close to the target of 95% (15 high-value invoices short).

DMc further expressed the view that as an organisation, the Trust ought to be very clear in terms of its financial governance and financial planning. The working assumption in terms of managing risk and uncertainty was that the Trust's envelope would not be reducing and where it was increasing, there needed to be clarity about what it was funding. This would also need to be reconciled with the MMUH business case. One of the biggest uncertainties would be what sort of efficiency requirements would be embedded and how could cost pressures be separated alongside the changes.

LK queried the risk of the capital plan. DMc suggested the biggest risk as a system was underspending against the capital resource envelope. Currently, the forecast was that it would all be spent.

ML queried whether there was a risk that the Trust would have to meet MMUH overspend from its own budgets and what the plan would be if an underspend was likely. DMc reported that the opportunities to access national monies and new funding for innovations had been identified during an executive awayday. These could potentially be utilised for MMUH as a flagship hospital. This was actively being pursued by Martin Sadler and his team.

DC queried the timeframe for knowledge of the plans for H2. DMc cautioned that it could be as late as the third week in September 2021. It was hoped that there would not be many changes.

In response to a query from ML, LK commented there was already a list of capital and revenue schemes ready if external funding became available which were in a priority order.

11. Board level metrics and IQPR exceptions	**TB (09/21) 011**

DB referred Board members to two papers – Bord level metrics and IQPR. The following points were

highlighted:

Board level metrics:

The metrics had been built around NHSE/I's 'making Data Count' group to utilise their best practice use of colour and formatting.

The metrics had undergone some changes since the Board had last seen them, reflecting input from the Executive team.

Seventeen of the metrics had been built and finalised, others were still in development. It had been discovered that some did not yet have targets – these would be taken to PMC to agree targets.

The data looked at trends, shifts and outside control limits. DB stated that the only metric that the Trust regularly passed was for E-Coli, the rest being either 'hit and miss', 'fail' or had no measurable target.

Referring Board members to a set of graphs, DB explained that the Hospital Standardised Mortality Rate (HSMR) graph had represented the three COVID-19 surge peaks.

The Summary Hospital-led Mortality Index (SHMI) had stayed within its control limits and was stable, although benchmarking with the rest of the country had revealed the Trust was sitting at 113th out of 123 Trusts. Latest data was encouraging but was not yet significant.

C. Difficile was 'hit and miss' but with a common cause variation (SWBH was 23rd out of 140 countrywide). E-Coli was the area where the Trust performed consistently better than target (SWBH was 40th out of 140). DB raised the idea that the Board may want to consider disinvesting in E-Coli to invest elsewhere. Safe staffing and nursing was still being built.

In terms of Patient Safety Incidents (with the exception of June 2021), the situation was within control limits. In relation to Serious Incidents, the graph showed a sharp (astronomical) spike in May 21, reflecting the acquired hospital infections and deaths. DB commented this was because they had been reported in one batch.

The Trust had been underperforming on Friends and Family and was now well below the mean and needed attention. Emergency Care 4-hour waits showed that the A&E performance had been falling over recent months but was doing better compared to the rest of the country and had improved its ranking. Cancer had improved and RTT was stable.

Emergency readmissions did not have a target. COVID-19 had heavily negatively impacted this area. Sickness graphs showed peaks through pandemic surges whilst staff turnover was running at around 10% on average.

IQPR

DB highlighted the mixed-sex accommodation, which was due to recommence reporting in June 2021, however the Trust had not yet reported on this topic.

DN stated that the topic had been discussed at the Quality & Safety Committee.

HK expressed the view that the Report's look and structure was easier to decipher and understand.

ML queried whether the Trust was measuring the same areas/domains as the CQC would be measuring. DB commented this was under consideration.

KD asked (on behalf of Lesley Writtle) whether safe staffing would be included in the report. DB confirmed

that it would – nurses' first and doctors later.

UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS	
12. Minutes of the previous meeting and action log and attendance register To approve the minutes of the meeting held on 1st July 2021 as a true/accurate record of discussions, and update on actions from previous meetings	**TB (09/21) 012** **TB (09/21) 013** **TB (09/21) 014**

The minutes of the previous meeting held on 1st July 2021 were reviewed and **APPROVED** as a true and accurate record of the meeting.

The action log was reviewed. It was noted that many actions had either been completed, were on the agenda or had been closed because they had been superseded by events. The following action was updated:

- TB (07/21) 002 - *Address P&OD concerns about the MMUH workforce workstream's resources with FM and Rachel Barlow.*
  - RBe reported that bolster workforce resourcing for MMUH had previously been agreed. A report would be taken to the Board workshop at the end of September 2021 detailing what had been done and achieved in Phase 1 and what Phase 2 would look like. **Completed.**

MATTERS FOR INFORMATION	
13. Receive the minutes from previous Board Committees	
a) Charitable Funds Committee	**TB (09/21) 015**
b) Quality & Safety Committee	**TB (09/21) 016**
c) People & OD Committee	**TB (09/21) 017**
d) Digital Major Projects Authority	**TB (09/21) 018**

Reports were noted.

17. Any other business	**Verbal**

None discussed.

20. Details of next meeting of the Public Trust Board:	**Verbal**

- The next meeting will be held on Thursday, 7th October 2021 via MS Teams.

Signed …….

Print …….

Date ……