Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD – PUBLIC SESSION MINUTES

Venue: Meeting via MS Teams. **Date:** Wednesday 2nd February 2022, 09:30-12:00

Members:

Sir D Nicholson (Chair)	(DN)
Mr M Laverty, Non-Executive Director	(ML)
Mr M Hoare, Non-Executive Director	(MH)
Cllr W Zaffar, Non-Executive Director	(WZ)
Prof K Thomas, Non-Executive Director	(KT)
Mrs R Hardy, Non-Executive Director	(RH)
Mrs L Writtle Non-Executive Director	(LW)
Mr R Beeken, Chief Executive	(RBe)
Dr D Carruthers, Medical Director	(DC)
Mr L Kennedy, Chief Operating Officer	(LK)
Ms M Roberts, Chief Nurse	(MR)
Ms D McLannahan, Chief Finance Officer	(DMc)
Ms F Mahmood, Chief People Officer	(FM)
Ms K Dhami, Director of Governance	(KD)

In Attendance:

Mr D Fradgley, Director of Integration (Interim)	(DF)
Ms V Taylor, Assoc. Non-Executive Director	(VT)
Mrs J Wass, Assoc. Non-Executive Director	(JW)
Dr M Hallissey, Assoc. Non-Executive Director	(MH)
Mrs R Wilkin, Director of Communications	(RW)
Mr D Baker, Director of Partnerships & Innovation	(DB)
Ms H Hurst, Director of Midwifery	(HH)
Mr D Conway, Assoc. Director of Corporate Governance	(DCo)

Guests:

Claire Westwood & Freya Smith, Sandwell Children's Therapy Service (Item 2 only)	CW/FS

Minutes	Reference
1. Welcome, Apologies and Declarations of Interest	**Verbal**
Chair DN welcomed Board Members to the meeting. **Apologies:** There were no apologies or declarations of interest.	
2. Service/Young Person's Story	**Verbal**
MR welcomed Claire Westwood and Freya Smith of Sandwell Children's Therapy Service who presented to the Board on their work with Sandwell Youth Offending Team and the Violence Reduction Unit, to improve speech, language and communication skills of young offenders. It was noted that the pair had won national awards for their work, which was the only such service operating regionally. The following points were highlighted among others: o Vocabulary difficulties at age 5 were associated with poor literacy, mental health and employment outcomes at the age of 34. o Early intervention in schools was key. Approx. 60% of young offenders have speech, language or communication needs. o 88% of long-term unemployed young men have been found to have speech, language and communication needs. o 21 out of 34 care experience children (in a North Yorkshire study) had communication needs and	

only 2 out of the 21 had previously met with a speech and language therapist.

CW stated there were very high speech and language needs in the youth justice space and for vulnerable young people in Sandwell.

In Sandwell there were now services in a range of different settings including some mainstream Secondary schools, the Pupil Referral Unit (Sandwell Community School), some independent SEMH, the AP Taskforce and the West Midlands Violence Reduction Unit and the Youth Offending Team.

DN thanked CW and FS for their presentation and commented that the service spoke to one of the overall objectives of the organisation which was to improve life chances. He commended the level of innovation demonstrated by the service.

RBe queried whether the Trust's community, which suffered high rates of deprivation, translated into high demand for the service. CW advised that half of the area's children started nursery school with below expected language skills for their age and this had a huge impact on paediatric services down the line.

MH queried funding and what more could be done to have a bigger impact on the health and wellbeing of the local population. CW commented that more capacity would enable a higher level of intervention.

3. Minutes of the previous meeting, action log and attendance	**TB (02/22) 001** **TB (02/22) 002** **TB (02/22) 003**

The minutes of the meeting held on 5th January 2022 were reviewed and **APPROVED**.

The action log was reviewed. It was noted that actions had either been completed or were not yet due.

4. Chair's opening comments	**Verbal**

No comments.

5. Chief Executive's Report	**TB (02/22) 004**

RBe referred Board members to the report and highlighted two key themes as follows:

1. How the Executive team will drive agreed strategic outcomes.
    - RBe proposed this would be done by establishing a series of delivery programmes underpinned by enabling strategies. The intention was to develop programme plans of sufficient depth and breadth to provide a structure for the Board's sub-committees to gain robust assurance on delivery of strategy.
    - RBe referred Board members to a list of priorities for 2022/23 which were aligned to the pre-MMUH opening priorities within the Trust strategy document. He recommended them to the Trust Board.
2. The transfer of the West Birmingham place from the Black Country and West Birmingham ICS to the Birmingham and Solihull ICS (BSOL).
    - There had been a deferral in the implementation to form ICSs as statutory bodies until 1st July 2022. However, there had been an expectation that the West Birmingham transfer would occur on 1st April 2022. Correspondence relating to this from NHS England had not yet been received and NHSE's regional team had indicated that it might not arrive for a

proposed April transfer and thus it was possible the transfer would not happen until 1st July 2022.

- RBe reminded the Board that three key tests had been previously put in place to gauge assurance for the Board around the transfer. Formal written assurance was not yet available.
- RBe suggested that the Board consider writing to the two ICS Chief Executives (through the Board Chair) to assert that the assurances had not yet been met but to offer to work collaboratively to deliver them.

ML queried how the 11 key strategic delivery programmes mapped against the three 'Ps' and the five enablers. RBe responded that this would be addressed in the Trust strategy discussion (Item 7).

KT queried whether the Trust would be working with GPs. RBe advised that DF was working with Birmingham Community Trust on a more formal alliance with Ladywood and Perry Barr General Practitioners who had expressed a desire to work more closely with the Trust going forward.

6. Questions from members of the public	**Verbal**

No questions were received from members of the public.

WELL LED

7. Trust strategy	**TB (02/22) 005**

DB advised that the paper had been reviewed by the Private Board and CLE, with amendments made in response to comments. A research-enabling programme had been introduced following suggestions from the CLE. DB commented that where Trusts had got good research, they had good outcomes and the Trust wanted the decision-making around research to happen deeper in the organisation.

DC commented that education was a key theme both in the people and patients' elements including development of staff and it was important that the Trust's interactions with academic institutions, Health Education England (HEE) and training and teaching within the organisation, were reflected in the document.

JV added that whilst it was true that research-intensive hospitals tended to have better patient outcomes, there was also a strong link to people, because good people wanted to work in research intensive organisations.

LW queried next steps for the strategy document in terms of communication with the wider organisation. RBe stated that conversations with around 700 staff (10%) had already taken place with respect to the early drafts of the document. Thus far, it had been well received. Discussions with Clinical Groups had also taken place

The next step would be to engage the wider ICSs and their statutory and voluntary sector organisations.

The Board **APPROVED** the document including the amendments. DN commented that it would be helpful for future meetings to have a document which would set out accountability structures including the strands of work and the sub-committees to ensure clarity. He added that a communication strategy (internal and external) would also be useful.

8. Our Patients: Dashboard	**TB (02/22) 006**

The paper was taken as read.

HSMR (Hospital Standardised Mortality Rate)

DC commented there had been some improvement in the HSMR, particularly with respect to the mortality improvement work. It was hoped that the benefit would be more visible over the coming months.

He reminded the Board that the data in the paper was retrospective (six months ago). There had also been improvement around Sepsis.

Nursing – Safe staffing

In terms of nursing vacancies, MR reported there were around 180 current vacancies across all areas.

ML queried progress on eRostering. MR reported that the two companies that could present an end to end solution had presented to Clinical colleagues. Next steps would be the purchase of one of the systems. The implementation plan would be presented to the People & OD Committee (POD) at the end of February 2022 and the Trust was in the process of procurement.

Care

MR commented that Perfect Ward metrics were now included for the first time. It was hoped the information would encourage wards to get inspections done. Only the Neo-natal Unit was yet to join.

The Patient Experience Leads were now in post and an action plan for the next 12 months would be reviewed by the Quality and Safety Committee at the end of the month.

62-day (urgent GP referral to treatment)

DN queried the reason behind 62 day (urgent GP referral to treatment). LK reported that some patients were reluctant to be admitted to hospital for operations in the December/Christmas period and choose to postpone which elongated their treatment pathways.

Emergency Care 4-hour waits

LK reported there had been an increase in the of numbers Mental Health waits that were exceeding 12 hours from DTAs – particularly at the City site – due to logistics around finding beds. This was having an impact on other ED breaches. The Trust was working hard with Mental Health colleagues, agencies and West Midlands Police to find a solution.

DN queried the performance against the Better Value Quality Care (BVQC) Plan. DMc confirmed that the trust had not delivered against the plan in 21/22 because of pandemic pressures however, delivery this year was in line with the Trust's national efficiency requirements. DMc reported that the intent was to write off the under-delivery when the budgets were set for 2022/23, subject to securing a satisfactory envelope, however, some risk would remain.

9. Receive the update from the **Quality and Safety Committee** held on 26th January 2022	**TB (02/22) 007**

DN queried the level of assurance that was currently being delivered from the sub-committees to the Board. RBe acknowledged there was currently no system in place to offer assurance, but offered to lead a piece of work with the Executive team, working with the sub-committees to introduce such a system.

KT confirmed that in relation to the data loss event, the Committee had not been assured that if it were to happen again then the same consequences would not occur. She further reported that there had been no sense that there was an IT solution in place that would prevent it. KT commented that whilst there were

mitigations in place, there was no 'hard stop'.

LK reported that the Trust was working on a set of actions against this risk on the Register, which should mean that it was unlikely to happen again. An update would be available for the next Board meeting.

Action: RBe to work with the Executive team and sub-committees on formulating a system to clearly indicate the level of assurance by March 2022.

10. Receive the update from the **Finance and Investment Committee** held on 28th January 2022	**TB (02/22) 008**

The paper was taken as read. MH reported that the components of the paper had been reviewed and the overall view had been that the Committee felt reasonably assured but there were a number of factors which would require monitoring to keep on track in the final quarter of the financial year.

MMUH instructions had been approved.

DN queried the challenge to delivering a Cost Improvement Programme. MH commented this was a long-standing battle. The Trust struggled with meeting non-recurrent/one-off savings longer-term. Pinpointing which actions were having a material effect had also been difficult. Understanding the effectiveness of the CIP performance had been a challenge.

LK commented that it had been particularly difficult, given the pressures of the last two years to get teams to deliver savings and there had been a reliance on 'work arounds'. However, it was hoped this situation would improve going forward.

DMc reported the Trust had performed well at a high level. The Trust's two major challenges were delivery of an activity plan using existing resources and cutting bank and agency costs. DN acknowledged that the financial performance of the Trust had been very good in recent years, especially in the circumstances.

11. Receive the update from the **MMUH Committee** held on 28th January 2022	**TB (02/22) 009**

ML reported that the overall programme status was 'red' which clearly indicated that the Committee felt there was a low level of assurance.

A major reset in relation to construction was ongoing and was being led by the national [New Hospitals] team and therefore, ML cautioned there would be associated risks until this process was concluded in terms of the outcome and timings.

The Acute Care models were causing some concern as the timings were currently towards 14 months, but any further slippage would leave just the minimum 12-month timeframe which would be risky and problematic. The final proposal was due to be presented to the March 2022 Board.

Terms of Reference would require review to ensure clarity of priorities. ML advised that providing discussions went well, then it was expected that the project would move back to 'amber'.

12. COVID19: Overview	**TB (02/22) 010**

LK referred Board meetings to the paper which was in three parts:

<u>Overview</u>

LK reported that the Trust had observed a significant increase in the COVID-19 position in late December 2021 and early January 2022, which had steadily declined during the last two weeks as a result of lower

community infection rates.

The Trust had reached a peak of 220 inpatients in early January 2022, which was one of the highest COVID rates per bed occupancy in the country, however, this had reduced to a number of around 130 COVID positive patients currently.

LK commented that whilst there had been an increase in COVID positive patients, the virus had not been the primary reason for hospitalisation admission in the majority of cases. There had been no significant increase in admissions because of COVID. LK reported there were no current concerns and a fall in cases had been indicated in the modelling.

IPC regulation changes

MR reported there had been several changes in the national guidance on IPC in relation to COVID issues since the last Board meeting. All guidance had been implemented and extra PCR testing had been added for staff returning to work. A private company had been utilised to accelerate processing, which had greatly helped the staffing situation.

The Trust had also pioneered the drive for the national position to change for inpatients from 14 days to 10 days post-positive PCR result, for step down. This had now been formally communicated and implemented across both sites.

There had been a deviation from the national guidance in relation to mask wearing. FFP3 masks were still being used but this was being reviewed weekly through the Strategic Board. HEPA filters were now in place across the Sandwell site and also in 'red' areas on the City site. A ventilation assessment was being carried out at Rowley. Ventilation had been a problem during the latest COVID wave.

Two 'green' wards had been combined (trauma and orthopaedics and general surgery) because of the impact on capacity and other issues during the last month. MR reported this had been working well and precautions were in place and were being monitored on a daily basis.

DN commended staff performance in the face of some very difficult challenges. He extended thanks on behalf of the Board for the work involved.

Vaccination as a condition of deployment (VCOD) regulations

FM explained that the Trust had received notice that the Government was continuing to consult on mandatory vaccination and previous dates for vaccination had been rescinded.

FM reported that efforts were continuing to vaccinate all its staff and validate those who had been vaccinated. The position had substantially improved and currently, 89% of staff were fully vaccinated. The number of staff who were not confirmed as fully vaccinated had reduced from 1,491 to 988 - 568 (57%) of these were not vaccinated and did not intend to be so by the timeframe set out by the Government.

However, the reasons for rejection had been documented for all of these staff with the most common reasons being hesitancy about the safety of the vaccine and conflicts with personal and religious beliefs. There was a category – 65 staff (7%) – who had received a single dose of the vaccine and had confirmed they will have the second dose within the necessary timeframe. 335 staff (34%) have claimed they are vaccinated but the COVID pass had yet to be received and verification had not been possible.

Only 2% of staff were claiming medical exemption which had been verified and appropriately validated.

RBe acknowledged the significant efforts to implement the vaccination programme against a backdrop of having more unvaccinated staff as a percentage of the workforce, relative to other organisations. The manning of the Workforce Hub was also noted. The work of line managers was commended.

LK advised that a service-by-service assessment was being looked at to better understand the potential impact of VCOD. This was a positive for the organisation. LW suggested that the hotspots be identified which could prove difficult operationally if the mandatory status was imposed.

13. Finance report: Month 9	**TB (02/22) 011**

The paper was taken as read. DMc highlighted the changed position in relation to H2 which was panning out slightly better than expected. The two main drivers for this situation were underspends of the £4.9m set aside for 20 schemes to support Winter planning.

In addition, it had been assumed that the Trust would have to access the system's Risk Reserve, but the size of the pot had grown considerably, mainly because of the underwriting of costs in support and effective recovery.

DMc stated that the non-recurrent upside would be invested mainly in wellbeing and non-recurrent initiatives and procurement support for the Trusts 2022/23 Planned Care and Elective Recovery Programme, to ensure a fully triangulated plan between internal capacity, insourcing opportunities and outsourcing for additional capacity.

The current focus was to set a robust plan for 2022/23. Access to the envelope had been confirmed and the draft share issued. This was being worked on to ensure it was both fair and would cover the anticipated expenditure position.

ML queried capital spending and whether there was confidence in achieving the capital target. DMc expressed confidence about IT and equipment. Some slippage was more likely with respect to Estates. The Estates team expected to spend around £6.5m of its total allocation (around £1m short of its current forecast). This could be a risk but there would be significant budget coming to the NHS for digital investment, some of which would be available to the Trust and would assist budgeting next year.

14. Maternity Improvement Plan	**TB (02/22) 012**

The paper was taken as read. MR highlighted the following key points to note:

Recruitment work was ongoing, particularly around Community Midwifery and looking at referrals to assess safe staffing. This would be completed by the end of February 2022.

Work was being conducted across the community to encourage early booking with the objective of reducing the risk of stillbirths.

HH added that the deployment of nurses to Maternity had been successful, particularly the Gynaecology nurses during the Omicron surge. This work would continue.

The teams had commenced a 'Task and Finish' Group in relation to the Workforce Review in Community, which was a much-needed piece of work.

RBe commented that the Community Midwifery team's establishment was not sufficient to meet demand and therefore, he expressed the view that the Workforce Review would be welcomed by staff who would have an opportunity to have their concerns about workload listened to.

The Board **APPROVED** the Ockenden Oversight Framework presented in the paper.

17. Our People: Dashboard	**TB (02/22) 013**

DN introduced the paper which was taken as read. The following observations were made by Board members:

20/21 People Pulse staff engagement score

RBe commented that staff were exhausted following two years of working in extraordinary circumstances. He queried response rates to staff surveys, making the point that the Pulse check survey would be more important than ever.

RW reported that the current Pulse survey had recently closed and results were awaited. The survey was quarterly and had been nationally mandated to take place in January 2022, despite concerns being raised by the Trust over timing. A drop in the response rate was expected.

RW advised that it was increasingly challenging to encourage people to participate in surveys even though they were short in length. The next survey was due out in April 2022, but the validity would be questioned with a low sample size.

MH queried if feedback was forwarded to teams. RW confirmed that weekly updates of response rates were sent to Directorates.

FM commented that the People & OD (POD) Committee had been conducting a cultural 'deep dive' to bring together areas where intense focus was required. The key priorities for the coming year included getting traction for some of the Trust's EDI priorities, supporting the Freedom to Speak Up campaign and wellbeing.

LW added that the Trust's POD Committee should look more imaginatively at how it connects with staff, taking inspiration from other organisations which had success.

Our population

20. Our Population: Dashboard	**TB (02/22) 014**

The paper was taken as read. DF highlighted that progress had been made on place-based partnerships especially in relation to governance and delivering assurance. More partners had been signed up.

Work on long-term outcomes framework however, had been slower than expected owing to Omicron pressures. Work was ongoing to get back on track.

In relation to outputs, there had been some good work in relation to Discharge to Assess (DTA). There had been a 100% improvement in length of stay delays. These would be reported from March 2022.

It had been agreed that the transformation measures would be scrutinised by the Integration Committee.

Governance

21. Use of Trust Seal	**TB (02/22) 015**

DCo advised that in the last month the Trust Seal had been used (legal signing of documents and contracts) and this required approval from the Board. The Board **APPROVED** the fixation of the Trust's Seal.

For information only

17. Board level metrics and IQPR exceptions	**TB (02/22) 016**
Noted.	
18. Placed-Based Partnerships Report	**TB (02/22) 017**
RBe queried progress on the immediate national priority to reduce the number of patients in Acute Hospitals who do not meet the criteria to reside i.e. 'medically optimised' patients who need a support package to get home. RBe advised that there was pressure to reduce medically fit numbers by 30%. DF had been working on the issue with place-based hospital partners and across the Black Country. DF reported that there had been some patients who had been waiting in excess of 30 days because their discharge was complex. Average length of stay on complex discharge waits had been up to 11 days at its worst. This had been caused by a lack of capacity in care home beds and the package of care sector. The partners, with support from the Local Authority had reduced the longest length of stay to 15 days and the average length of stay had fallen to 6 days – equal to a 100% reduction in delays. Live data dashboards now made information more visible for teams. DF commented that maturity of Place correlated with more success in this area.	
19. Any other business	**Verbal**
None discussed.	
25. Details of next meeting of the Public Trust Board:	**Verbal**
• The next meeting to be held on Wednesday 2nd March 2022.	
Close	

Signed ……

Print ……

Date ……