

TRUST BOARD – PUBLIC SESSION MINUTES

Venue: Meeting held via MS Teams

Date: Wednesday, 8th March 2023, 10:00 – 13:30

Voting Members:

Sir D Nicholson (Chair) (DN)
Mr M Laverty, Non-Executive Director (ML)
Cllr W Zaffar, Non-Executive Director (WZ)
Mrs L Writtle Non-Executive Director (LW)
Prof L Harper, Non-Executive Director (LH)
Mr R Beeken, Chief Executive (RBe)
Mr M Anderson, Chief Medical Officer (MA)
Ms M Roberts, Chief Nursing Officer (MR)
Ms D McLannahan, Chief Finance Officer (DM)

Patient/Family Story Presenters:

Mrs S McKernan, wife (SM)
Ms S McKernan, daughter (SMc)

Apologies:

Ms J Newens, Chief Operating Officer (JN)
Mrs R Hardy, Non-Executive Director (RH)
Mr D Conway, Associate Director of Corporate Governance/Company Secretary (DCo)

Non-Voting Members:

Mrs J Wass, Associate Non-Executive Director (JW)
Dr M Hallissey, Assoc. Non-Executive Director (MH)
Ms F Mahmood, Chief People Officer (FM)
Miss K Dhami, Chief Governance Officer (KD)
Mrs V Taylor, Assoc. Non-Executive Director (VT)
Mr D Fradgley, Managing Director, Core Organisation (DF)
Mr D Baker, Chief Strategy Officer (DB)
Mrs R Barlow, Managing Director, MMUH Programme Company (RBa)

In Attendance:

Ms H Hurst, Director of Midwifery (HH)
Mr M Sadler, Executive Director of IT & Digital (MS)
Ms C Agwu, Deputy Chief Medical Officer (CA)
Mr D Wade, Deputy Chief Operating Officer (DW)
Mrs C Dawo, Associate Director of Communications (CD)
Mr J Emery, Adult Safeguarding Lead (JE)
Ms S Harris, Senior Executive Assistant (SH)
Ms S Gutzmore, Service Manager – *joined at 10:16* (SG)
Mrs R Wilkin, Executive Director of Communications – *joined at 10:56* (RW)

Minutes	Reference
1. Welcome, Apologies and Declarations of Interest	Verbal
<p>The Chair opened the meeting at 10:00am and welcomed Board members and attendees to the meeting, particularly Sarah and Sheila McKernan, who would be presenting the Patient Story.</p> <p>Apologies had been received from Rachel Hardy, Dan Conway, and Jo Newens.</p> <p>There were no additional declarations of interest.</p>	
2. Staff/Patient/Service Story	Verbal
<p>The Chair emphasised the importance of the Staff/Patient Story to provide insights for the Board into what was really happening so they could learn from it. The Chair thanked the patient's wife and daughter for taking the time to report their perspectives and acknowledged that this was a story about how the Trust had failed one of their patients and his relatives.</p>	

MR introduced SM and SMC, who would be presenting what had happened to their husband and father. This experience fit well with the work the Trust had begun on the Fundamentals of Care (FoC) and work with the vulnerable adult population.

SMC related their story about her father Peter, who she described in detail. Peter had been admitted to City Hospital for 24 hours via his GP to rule out a stroke in 2020. The experience had been difficult from the start and Peter had been kept in for the weekend instead of overnight. The family had been given wrong information about his care throughout his stay and Peter's needs had been neglected. He had become dehydrated and developed the worst thrush the doctor had seen. SMC raised concerns about dementia patients without family there to be their voice. Peter had become unable to stand up as a result of his deterioration due to never being encouraged to walk during the days he was in hospital. Social workers were surprised at the rapid change in Peter and arranged for him to be sent home. He never regained the ability to stand and passed away four weeks later.

SM added that all the nights she had stayed up with Peter to keep his health from deteriorating before he went into hospital had been wasted because of his treatment there.

Comments and questions:

The Chair thanked SM and SMC for describing their experiences in such an impactful way.

SM suggested that music helped to calm down dementia patients but Peter had not had any stimulation.

MA added his thanks for articulating this story and apologised. MA commented that it was a shocking reminder of how quickly people could decondition over 3 or 4 days. The importance of carers, communication, nutrition and hydration were highlighted.

LW thanked the family and acknowledged that basic human rights had been ignored. LW assured the family that everyone was disgusted by what had happened and accountability would be addressed through an enquiry.

JW reiterated the intention to address accountability and suggested that more focus was needed for people at the end of their lives.

MR thanked the family and welcomed them to work with patient experience panels. MR reported that most of the staff involved had moved on and promised to respond formally to the complaint. Things had subsequently improved on the wards and FoC focused on the basics described. MR apologised and confirmed that she would meet with JE and the family afterwards.

SMC asserted that COVID had not been to blame for her father's lack of care.

The Chair thanked SM and SMC again for describing the catalogue of problems Peter had experienced. There was no excuse and the Board apologised. The Chair assured the family that the Board would pursue the experiences described and would follow up to explain what they had done about them. The FoC work would ensure that Peter's experience was not repeated. The family were welcomed to help the Trust in making improvements.

The Board reviewed the minutes from 11th January 2023 and **accepted** them as a true and accurate record of the meeting.

SH confirmed that the action log had been updated and all actions had been completed.

4. Chair’s opening comments

Verbal

The Chair commented that he had visited the Sickle Cell and Thalassaemia Centre at City Hospital. This unit had a great level of service that the relatives of patients had been impressed with and the Trust could be proud of.

The Chair had also visited that Primary Care Service that covered 55k people. The Chair reported that he felt inspired by all elements of this professional service, including engaged GPs. The Chair congratulated the staff and advised that lots of ideas on improvements had been put forward. Directors were encouraged to spend time with Primary Care to learn from their experiences after not scoring very well with the Care Quality Commission (CQC) inspection.

The Chair observed that it was International Women’s Day and people’s contributions should be celebrated. 70% to 80% of staff were women. The Chair read out a quote from the United Nations describing the celebration of differences and embracing equity. Misogyny everywhere should be fought.

5. Chief Executive’s Report

TB (03/23) 002

RBe highlighted the following main topics from his report:

1. NHS Delivery Plan for Recovery of Urgent and Emergency Care Services
 - The plan had an unapologetic focus on the 4-hour emergency access standard, which was a strong proxy indicator of patient safety and patient experience in the NHS.
 - There were three main elements to the National Recovery Plan:
 - i. Increase permanent bed capacity.
 - ii. Improve complex discharge capacity and throughput, in partnership with Local Authorities.
 - iii. Build on the winter planning resilience in community services, particularly around attendance and admission avoidance.
 - The Black Country System was bidding for ringfenced money for additional beds at Rowley Regis Hospital, Same Day Emergency Care expansion, and improved ambulance reception, handover facilities, and staffing.
 - The finances were not yet included in the Trust’s financial plan but it was likely that this money would only partially mitigate current run rate pressures as a result of urgent and emergency care contingency beds and improving patient safety at the front doors. There were over 200 Whole-Time Equivalents in the current run rate beyond the current budget, dedicated to periodic increased bed capacity pressures.

- RBe chaired the Urgent and Emergency Care Board for the Black Country System, which would manage the oversight of delivery against the National Plan.
- 2. Aston Medical School Quality Assurance Feedback
 - The feedback was largely positive regarding the training of doctors of the future.
 - MA had committed to taking the necessary actions through the People and OD Committee.
- 3. British Medical Association Industrial Action
 - The Trust would be entering an unprecedented continuous 72-hour industrial action at 6:59am on Monday by non-consultant grade doctors.

MA reported that the Junior Doctors were taking industrial action from Monday to Thursday morning. The Trust had the objectives to support the Junior Doctors in taking the action they wished to take and to keep the patients safe during the action. Day and night cover was being organised mainly through using consultants. Advanced life support training was being arranged alongside drop-in sessions to support with IT and patient records. Pharmacy, IT, ACP nursing staff, anaesthetists, and wellbeing leads were providing extra support. All areas had extra cover in place, such as in surgery wards, AMU and ED, and Maternity and Paediatrics. On the day of the strikes, there would be picket lines at both acute sites. Drinks would be offered and a tactical command centre would be running until midnight.

Comments and questions:

The Chair queried whether it was an issue locally to pay people for support during the strike or if it was nationally determined. MA confirmed that it was up to individual Trusts to negotiate this with HR as part of the acting down policy. Additional PAs were paid overnight and this was nearly consistent with the BMA rate.

The Board **noted** the report.

6. Questions from members of the public

Verbal

No questions had been raised by members of the public.

Governance, Risk & Regulatory

7. weAssure programme update

TB (03/23) 003

KD highlighted the following key points from the weAssure programme update:

- The Quality and Safety Committee had discussed the weAssure programme.
- A Well-Led Review was expected from the Care Quality Commission (CQC) before their next inspection.
- ML had queried where the Trust stood in preparation for the inspection and what had changed since the CQC's last visit. The Trust had an objective to be good or outstanding in everything that they did. The Fundamentals of Care Framework led by MR was the route to providing high quality care consistently for patients across all of the services. The Patient Story and complaints

illustrated that there was still work to be done. The weAssure programme arranged in-house inspections to highlight areas where they needed to focus.

- KD acknowledged that the Trust was not where it needed to be yet and they were still at 'requires improvement' in general. There were areas of very good services. The CQC were inspecting core services and this was impacting on their overall rating. The Trust needed to preserve its status at minimum, which would be supported through the Fundamentals of Care. Alongside the People Plan, this was the route to 'outstanding'.
- The paper provided assurance that all the services were being assessed, the data was being triangulated, and the core services would all have a rating by the end of May 2023. These ratings would be approved by Executives and presented to the Quality and Safety Committee. A workshop was planned in June to hear from the core services and the CQC, in order to agree on a self-assessment and the conversations that would form part of the Well Led Review interviews.
- Work had been commissioned on behalf of the Chair to prepare for the Well Led Review and to learn from previous experiences.

The Chair summarised that the self-assessments should be completed in May and worked through afterwards.

LW reported that the Quality and Safety Committee meeting had been helpful and it highlighted all the significant work that the Board did not always see. A Board Development session would be useful to understand the strategies and to more confidently judge where they stood. LW suggested that Non-Executive Directors should be asking staff and patients for their viewpoints in order to decide whether they felt assured that a difference was being experienced. LW added that the visit to Primary Care had a lot of learnings for the rest of the organisation regarding core strategies.

ML observed that their ambition was to retain 'requires improvement' to avoid getting any worse and queried whether a step change was a better goal. KD confirmed that they aspired to be good or outstanding in everything that they did but they needed to ensure that they retained 'requires improvement'.

ML queried whether this goal was realistic, who did the unannounced visits, whether the self-assessments had started yet, and if external checks were being done to validate these.

KD reported that her Associate Director, Ruth Spencer, was leading the in-house inspections with 100 impartial staff across the organisation. External staff from neighbouring Trusts would be introduced. The self-assessments for each core service had the toolkit aligned to the Fundamentals of Care, with subject matter experts, and the CQC's new lines of enquiry, to be conducted over six weeks.

ML suggested that the work needed to be stepped up to avoid a similar rating of 'requires improvement', which would be disappointing. KD advised that the self-assessment was capturing the good work that was happening to bridge the knowledge gap and to target efforts where necessary.

JW queried how the voices of the patients and families were being fed into the self-assessments. KD reported that the CQC had a quality statement that included user feedback and core services were expected to take this into account in their self-assessment process.

JW queried whether the areas that received the most complaints had feedback being fed into the self-assessment process. KD advised that self-assessments normally resulted in areas either underrating or overrating themselves. In-house inspectors had all the data about the complaints as well.

MR reported that the overall sign-off took into account the areas where she was aware of problems due to the Chief Nurse Quality and Safety Reviews over the last year. These needed to be taken into account alongside the Tendable [clinical audit] metrics and other data, like external visits from the Integrated Care Board (ICB). MR assured ML that some improvement had been seen, for example, the NHSE/I infection control visits that had gone from red to amber to green. There were a number of reasons for this, including the fact that the story was clear from Board to ward and from ward to Board, and the staff attitude change from defensive to proud of what they had sustained over the past year as part of patient experience in the Fundamentals of Care.

RBe summarised that the Trust was aiming for good or outstanding and it was too early for speculation regarding the results of self-assessments that would be reviewed at the workshop in June. The Board could then decide whether this information was sufficiently robust and three-dimensional to be an accurate reflection of the self-assessment of the quality and safety of their services.

The Board **noted** the self-assessment plan, the CQC improvement plan, and that there would be a Board workshop in June 2023 to explore the details further.

Our People

8. Board Level Metrics for People

TB (03/23) 004

FM highlighted the following main points from the Board Level Metrics for People:

- At least 8 data points suggested that turnover had been consistently improved over the last year and the 1% targeted reduction by the end of financial year had been achieved, based on the figures for March 2023.
- The Trust had been consistently failing to meet its sickness absence targets of 4.5%. Positive developments in the Trust's long-term sickness over the last few months had led to a reduction to 6%.

The Board **noted** the report.

9. People and Organisational Development Committee Assurance Report

TB (03/23) 005

LW observed the following key points from the last two meetings of the People and Organisational Development Committee (PODC):

- PODC had seen good development work happening in the background to support the People Plan, especially around retention and flex for the future innovations.
- The EDI plan had been signed off, following its presentation to Board last month. The capacity to deliver on that was now being found.
- The Staff Survey had been discussed in detail in February 2023 and it would be part of the Board's April Development Session. There had been significant improvement regarding

leadership and working with managers. Areas for improvement included people’s experiences in having appraisals, job satisfaction, pay and remuneration, and the need for work regarding safety and wellbeing.

- An interesting report had been presented by Estates. Staff feedback had been received about places to take breaks being poor. 30 projects across the Trust to improve facilities would be concluded by the end of March 2023.
- The MMUH portfolio work between RBa and LK had improved with POD. Slow developments around OD and Management of Change were being seen but these and the pace of recruitment were still high risk.
- The matters of concern involved capacity of the senior workforce to support both Business As Usual and Midland Metropolitan University Hospital (MMUH). RBa and her team were trying to resolve this challenge. The other concerns were about the level of improvement around sickness and waiting for an improvement plan for Freedom to Speak Up.
- Local Trusts were offering recruitment and retention premiums that were quite lucrative. It would be useful for the senior team to address this across the Black Country to avoid losing staff over a battle.

The Chair queried what needed to be done regarding the key risks, particularly regarding capacity.

RBa raised ML’s concerns about the Workforce workstream in the MMUH programme being rated as ‘red’ for a while. The Organisational Development (OD) and recruitment elements were slipping behind plan. RBa had commissioned a third-party review of this workstream and of leadership capacity. Their first draft would be available next week for results to be discussed with the Committee. The benefits of the Programme Company working differently could be applied to the Business As Usual Core Company to make some informed decisions with FM and RBe and the team in March 2023.

DF advised that the alignment between the Programme and Core Company was being dealt with to address the risk of progressing one at the expense of the other. Assurance for the next PODC meeting was being collected and the operational plan would also address the one workforce plan as a whole. Weekly Executive team meetings were reviewing this.

The Board **noted** the report that it took for assurance.

10. Charitable Funds Committee Assurance Report	TB (03/23) 006
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The Board **noted** the report.

11. Getting to True North	TB (03/23) 007
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RBe presented the following main points regarding the Getting to True North report:

- The Trust Strategy had been agreed a few months ago regarding Patients, People, and Population. They were in the process of agreeing strategic initiative frameworks that would help to deliver these strategic objectives. Fundamentals of Care would address the Patients objective; the Financial Strategy would be aligned to the Patients objective; and there were the People Plan, Digital Strategy, and Primary Care Strategy. The translation of this high-level

strategy and frameworks into clear plans and reflecting these incremental changes in the Board Level Metrics were being worked on.

- The Trust had committed to exploring the introduction of a Quality Improvement system following the Board's workshop on this last month. Evidence and best practice showed that this system needed to be based on True North goals, which were the next stage in organisational clarity and direction.
- The Executive Team had produced True North prioritised goals for the Board to adopt. The goals balanced the NHS Planning Framework and the detail of the strategic objectives plan.
- The figure in the paper aligned True North goals to the agreed strategic objectives, setting out the sponsoring strategic initiatives and illustrative breakthrough objectives. These objectives were focused areas of improvement and could only be defined by dedicated, intensive work, using A3 problem-solving methodology. This was proposed to be done with an improvement system partner if this approach was to be pursued.
- The other figure illustrated the dissemination journey of strategic objectives, True North goals, and breakthrough objectives, working through committees and Executive leadership structure, to provide assurance and measurement for improvement.
- The Trust had not provided a proper annual plan for some time because it had submitted plans for workforce, finances, and units of activity to deliver. The Trust would produce a clear narrative plan in addition to these, with True North goals included for the next stage of clarity.
- The True North plans had been created following debate at the Board workshop and based on good practice and advice from a successful NHS Chief Executive.

ML queried how the True North paper fit with the Fundamentals of Care and weAssure, the connection to the fundamental issues driving the budget, and the clarity of direction for staff.

DW commented that a session had been held with each of the clinical groups to socialise the True North work and to clarify metrics to progress key priorities. The clinical groups would welcome having greater direction regarding what was expected of them, which would cascade to front-line staff.

JW articulated that a short, clear narrative was expected to create an elevator pitch regarding how the People Plan, leadership development work, the Fundamentals of Care, and the Continuous Improvement methodology all linked together. This would help them to describe to the CQC what they had been doing. True North was about how progress was measured through metrics, which was the next level of development.

DF agreed that similar organisations on this route had dedicated time to simplifying the message. The clinical groups had quickly connected with the message and had started to own the measures against the objectives.

MH suggested that forcing numbers into the strategy instead of creating vision from the True North direction being sought was the issue. Aspirational goals were needed, rather than achieving the 65-week wait by April 2024, because that was the minimum they were required to do.

FM argued that the figure clearly explained what they were aiming to do. The People Plan aim was to go from bottom to top quartile staff satisfaction. The creative branding strategy to socialise this work

that had been promised to the Board in January 2023 had been put on hold because they did not wish to confuse messaging until it was agreed following feedback from the Non-Executive Directors.

DB outlined the strategy of doing the right work, doing the work right, and leading the right way. They now knew what the right work was to put in place but the fear was that they needed to be in learning mode rather than doing mode to do the work right instead of cheating. The strategy development was important. Leading the right way was about becoming coaches and problem framers to engage the 7,600 staff going up to 8,400 staff in solving issues at local level.

LW commented that the aim was connecting all the strategic work to create a story but this had only been accomplished in the graphics describing RBa's MMUH journey.

RBe responded that the language could be changed but the principles were established here. Focusing on specific goals took time and they would work on making this clearer. This issue with this paper was that it was trying to describe the next stage in the improvement journey of strategy development whilst also describing how it fit together. The request for an A4 articulation had been understood now.

JW suggested that a simplification of the figure in the paper would accomplish what the Board sought.

RBe advised that NHS organisations would be unable to achieve 18-week goals by 2024. Including objectives that were challenging but achievable in their annual plan that would be published by mid-April needed True North goals like the 65-week wait. Practical articulation would be the next stage of strategy development.

The Chair summarised that a short and simple narrative was still required, which needed to be connected to the here and now in the annual plan. Successes like 'Board to ward' on turning infection control 'green' needed to be connected to engage staff now with the Trust's intentions.

JW advised that asking everyone on the Management Board to be able to articulate the strategy in 30 to 60 seconds and the how they were supported by the strategic initiatives would highlight whether there was a consistent story. The narrative requested would describe what the Trust was doing and why.

Action: RBe to simplify the True North paper into an A4 diagram with practical articulation and present the annual plan.

BREAK

Our Population

12. Board Level Metrics for Population and MMUH

TB (03/23) 008

DF highlighted the following key points about Population and MMUH metrics:

- The occupied bed days required more impetus to respond, as further detail regarding the causes were identified. The two Places were responding to this.
- The length of stay data was being analysed following a lot of work on attendance and admission avoidance and on discharge performance. 7, 14, and 21-day metrics would be taken to the Integration Committee meeting for debate.

- The Trust’s ability to improve admission avoidance and community response was being hampered by their ability to recruit people. This was a national issue. There were risks that were materialising in the metrics and Winter Plan performance.

ML requested a simple bed reduction target tracking towards MMUH. DF agreed and reassured the Board that a working draft would be prepared prior to the next Board meeting.

Action: DF to present a working draft of a simple bed reduction target tracking towards MMUH.

13. Integration Committee Assurance Report

TB (03/23) 009

WZ reported the following key points from the Integration Committee Assurance Report:

- The tangible results of some of the interventions could be seen at Sandwell Place regarding attendance and admissions and length of stay reductions.
- Three citizen events had been organised across 3 of the 6 towns in partnership with Healthwatch.
- Ladywood and Perry Barr work was moving forward through co-designed interventions and GP work. 74 of the 76 GPs were signed up to work with the Trust.

The Chair noted that he and RBe had met with both the Chair and the Chief Executive of the Community Trust and of the ICB. RBe added that they had reinforced their service expectations at both meetings. There were plans to work together with the Community Trust to deliver the MMUH occupancy totaliser. The ICB Chair and Chief Executive in Birmingham had been advised to assure themselves as the Commissioner of Birmingham Community Trust that this was happening at sufficient pace with sufficient definitive change.

The Board **noted** the report for assurance.

14. MMUH Opening Committee Assurance Report

TB (03/23) 010

ML highlighted the following key points from the report:

- The overall programme was still rated as ‘red’ and the Workforce workstream had been ‘red’ for longest. This had been discussed to work out how to correct this because it was starting to impact on other aspects of the programme.
- Bed fit showed that they needed to reduce bed requirements by 33. A review of these statistics had been commissioned.
- £450m of benefits realisation were predicated on moving into MMUH and reducing the bed gap.
- Affordability had been rated as ‘amber’ and was being reviewed due to the System deficit and uncertainty.
- Construction would be discussed at the Private Board meeting.

The Chair queried the totaliser in relation to the 33 beds. ML advised that a totaliser was needed to add up all the bed reduction activity to ensure that the 33-bed reduction was delivered in time. The

information was currently fragmented. The Chair agreed that this was important, due to how it drove a lot of the benefits.

RBa advised that the third-party review would provide assurance on their internal modelling and reporting and designing a better way to triangulate the information that was both Place-based and MMUH right sizing. This product would be ready to use by the end of March 2023.

The Chair queried the plan B. RBa confirmed that there was a plan B and options around this.

The Board **noted** the report for assurance purposes.

15. Place-Based Partnership Update

TB (03/23) 011

DF highlighted the following key points from the report that had been restyled as requested:

- Areas of focus and early results were outlined in a more succinct fashion.
- A graphic showed how areas of opportunity and schemes fit together as part of the totaliser work. Ladywood and Perry Barr had committed to keep pace with what Sandwell was delivering.
- Urgent Community Response involved community teams working with a third sector organisation to pick up people who had fallen at home, who traditionally waited for ambulances for hours due to the pressures. Care was being provided following medical reviews in these patients' homes. 21 individuals were receiving care at home thanks to this initiative in January 2023, rather than admitting them.
- The beds plan figures required third party work with Programme Company for the totaliser. Only initiatives that were deliverable by January 2024 were being pursued, including Virtual Wards, Urgent Community Response, and opportunities through the Care Navigation Service.

RBe advised that the Board workshop in June with the CQC needed to include conversations through two lenses that he requested KD to remind them of:

1. They were more than a hospital. A lot of clinical and care best practice was being developed.
2. Well-Led improvements were related to being the host of the Place-based Partnership in Sandwell that was a significant contributor to a three-dimensional Well-Led assessment.

DF reported that CQC were overseeing adult social care and this would provide an opportunity to connect the two inspections.

The Chair suggested that the CQC were communicated with in writing prior to the June workshop.

The Board **noted** the report for assurance purposes.

Action: KD to ensure that the Place-based Partnership update is used as an aide memoire with the CQC at the June Board workshop regarding clinical and care best practice and Well-Led improvements.

Action: RBe to write to the CQC about improvements they were making by being more than a hospital and as host of the Sandwell Place-based Partnership.

16. MMUH Report

TB (03/23) 012

RBa highlighted the following areas of escalation from the report:

- The two points of escalation previously raised were being behind with the Workforce workstream and the right sizing of MMUH and Place, with third party assurance planned.
- The MMUH Programme Company had been set up, and evidence of success was now expected. This included the Benefits workstream report being led by PricewaterhouseCoopers.
- A Board development session in April 2023 would be dedicated to MMUH and would include Board activities, success factors, and benefits realisation.
- Progress of the UTC was outlined in the report.
- An engagement baseline had been established for MMUH and next steps were set out.

The Chair commented on the previous Medical Director of the Liverpool Hospital and the Chair, who reported that their new hospital's corridors had been full of patients the day after they opened. MMUH would have two A&E departments moving and the 33-bed gap was yet to be resolved.

RBa assured the Chair that there was team OD work to catch up on because they needed to work differently, which was a risk. There were also pathways to run in a timely way with an efficient length of stay transformation focused on the Frailty pathway enablers, Same Day Emergency Care, some Cardiology pathways, and Place-based rightsizing. A risk profile would be presented because some of this depended on the ICBs, so these risks would be differentiated by ICB. A plan B was also needed. Improvements needed to be significantly demonstrable before Christmas 2023 in order to be prepared for moving into the new hospital in Spring 2024.

ML clarified that his concerns related to how the commissioning period would come under pressure, so six months needed to be the bare minimum assigned for this, and for the moving in and operating in a fundamentally different way. Momentum needed to be maintained on the organisational development work to prepare the staff. The Workforce workstream was crucial to get right because otherwise it would have a negative impact on nearly everything else.

The Board **noted** the report.

Our Patients

17. Board Level Metrics for Patients

TB (03/23) 013

MA highlighted the following Board Level Metrics for Patients:

- Mortality rates remained stable. The focus was still on Sepsis and ED pathways. The ED's Safety Summit planned in mid-March would go ahead in April instead, due to the industrial action.
- The backlog of Serious Incident reviews had improved and themes were being addressed.
- Doctors in post had shown consistent improvement for the last six months.

The Board **noted** the report.

18. Quality and Safety Committee Assurance Report

TB (03/23) 014

MH advised that the way the CQC was managing their inspections was now understood and the way the CQC had changed needed to be clarified in how data was gathered and responded to. The Chair added that the same issues needed to be avoided across the Hospital.

The Chair queried whether the Black Country Pathology Service (BCPS) was a general problem. MA confirmed that this was the case, with turnaround times moving from 7 days to 4 weeks, but this was improving.

MA confirmed for the Chair that the BCPS was a responsive organisation and there were labelling changes on the Trust's side that could help to improve things. RBe advised that the Trust had a formal partnership with the BCPS and influences upon the services and assurances were as much up to the Trust as it was up to Royal Wolverhampton NHS Trust.

RBe confirmed for the Chair that the Chief Operating Officer was responsible for this relationship.

The Board **noted** the Assurance Report.

19. Finance, Investment and Performance Committee Assurance Report

TB (03/23) 015

ML summarised the Finance, Investment and Performance Committee (FIPC) meetings' key points:

- The 2023/24 planning discussions and positioning had been the focus of both FIPC meetings, including the underlying deficit, Cost Improvement Programme delivery, and unfunded posts.

The Chair noted that the External Auditor's Report and the External Health and Safety Plan had no assurance. ML advised that this was part of the Audit and Risk report.

The Board **noted** the Assurance Report.

20. Audit & Risk Management Committee Assurance Report

TB (03/23) 016

RBe acknowledged that management responses had not been proactively managed against the Audit Report in a timely manner and the responses that had been provided had not been sufficiently convincing. The Executive operating structure had been completely revised and the management responses to both internal and external audit reports were being managed through the Performance Management Group. RBe would attend the next Audit and Risk Committee to bring revised actions to provide the level of assurance expected by that Committee.

KD apologised that the Health and Safety Plan had not been in the best format to provide assurance but progress had been made and KD would present on major non-conformities in May 2023. There was no current breach of Health and Safety laws but there was a concern that this may be possible.

The Board **noted** the Assurance Report.

21. Finance Report Month 10

TB (03/23) 017

DM presented the following key points from the Finance Report:

- There had been no major changes from previous Board reports on the 2022/23 financial position.

- There was confidence in achieving a break-even position, subject to receiving the £10.1m from the System risk reserve. This was a good result compared to the £17.1m deficit plan. There were risks associated with the plan of carrying the non-recurrent impact into future years.
- The Trust was over budget by approximately 400 Whole-Time Equivalents.
- Capital spending was being tracked weekly by scheme. An over-commitment compared to the original budget was expected, despite a serious underspend year-to-date.
- There was £42m in cash at the end of Month 10.

The Chair congratulated DM and everyone involved for these results.

The report was **noted**.

22. Maternity Improvement Plan

TB (03/23) 018

MR advised that the Neonatal concerns both internally and through the network had led to the commissioning of a Neonatal service review. This would begin in April 2023. The terms of reference would be presented to the Quality and Safety Committee and an update would be presented to the Board in May 2023.

The Chair queried who would pay the bill attached to this commissioning. MR reported that this could be paid out of the Ockenden money.

HH reported that screening had been raised as an issue to the Quality and Safety Committee for the past few months. The target had been beaten regarding the required month deadline. Bookings were back on track and screening KPIs were being met. There was still work to be done within administration within the Maternity service.

Board **noted** the report and the Ockenden Framework Update.

23. Winter Plan Review

TB (03/23) 019

DW reminded the Board of the following three key focus areas that were largely community-based:

1. Reduction in admissions
2. Reduction in length of stay
3. Maintenance of elective activity.

DW reported on significant challenges in December 2022 that had been seen nationally. Higher attendances had converted into longer lengths of stay and pressure on ED services and emergency access standard performances. Key contributors to this increase had been flu, norovirus, and COVID, increased acuity across the medical wards, and the ability to effectively discharge patients from out-of-area and more complex discharges. The Trust had reacted by quickly increasing their acute bed base through temporary staffing to accommodate the extra demand and to decongest ED. This resulted in increasing the length of stay, making the Trust less efficient.

DW advised that Same Day Emergency Care (SDEC) had continued to increase in activity and discharge lounges had enabled discharges earlier in the day.

DF reported that they had achieved a rapid decompression of the complex discharges, including a turnaround of pathway 1 within 24 hours at one point. This had been exceptional performance and support had been received from Local Authority and on the Birmingham side out of City Hospital and into Birmingham City Council. Harvest View had been lost for a period due to the COVID outbreak. Outbreaks had been managed better subsequent to that, rather than losing the whole site. Recruitment challenges had affected Virtual Ward capacity.

RBe observed that the Trust had hypothesized rather than proven what had triggered the length of stay increase in December 2022 and queried why the bed gap delta that had been predicted for January 2023 had happened in December 2022.

DF advised that the flu had begun earlier than expected and had been more severe. More intensive interventions had been required. When the System was under stress, the focus became less on quality when the volume built quickly, which translated into longer lengths of stay. The combination meant that the Trust had not been able to manage the recruitment challenge that would have been overcome if it had been in isolation.

JW highlighted that the learning from the report would be useful, such as the workforce implications like the use of bank and agency over that period, and how sickness levels were impacted. The Chair agreed that this analysis would be helpful to decide on what assumptions to make prior to the next winter planning phase in order to mitigate some of the risks. Workforce was crucially important.

The Chair **noted** the report and requested a distillation of lessons to implement in the coming year.

The Chair observed that the National Recovery Plan described the implementation of a computerised system of flow management that had been successfully run at Maidstone and Tunbridge Wells NHS Trust. Wolverhampton Trust already had this system. The Chair queried how this would be adopted and why ambulance handover delays had been experienced in Wolverhampton but not in Tunbridge Wells. The Chair of the Maidstone and Tunbridge Wells NHS Trust had described having 11 separate SDECs in their Emergency Departments that had made a significant difference. They had wished that they had implemented the computerised system in adult social care as well.

RBe advised that this was a Patient Targeting List for urgent care patients and radio-frequency identification tracking for each patient. Some Trusts had implemented TeleTracking and other products were available. Suppliers were being investigated by the Trust and the System.

DF reported that the community bed base had been connected in Tunbridge Wells, which helped to reduce blocks beyond the hospital and aligned the quality metrics with the performance metrics. The Trust planned to look at this system in more detail.

The Chair observed that there was an expectation to deploy this before Winter and queried how this fit with MMUH, so this needed to be part of the next Winter Plan.

Action: DW to distil the lessons learnt to implement mitigations in 2023's Winter Plan, including a computerised flow management system.

For information

24. Board level metrics and IQPR exceptions

Reading Room

The report was **noted**.

25. Any Other Business

Verbal

There being no other business, the Chair thanked everyone for their contributions and closed the meeting

Details of next meeting of the Public Trust Board: **10th May 2023 at 10:00am**