Sandwell and West Birmingham Hospitals NHS
NHS Trust

# TRUST BOARD – PUBLIC SESSION MINUTES

**Venue:** Meeting by WebEx. **Date:** Thursday 7th October 2021, 09:30-13:00

| **Members:** | | **In Attendance:** | |
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| Sir D Nicholson (Chair) | (DN) | Mrs R Wilkin, Director of Communications | (RW) |
| Mr M Hoare, Non-Executive Director | (MH) | Mr D Conway, Company Secretary | (DCo) |
| Cllr W Zaffar Non-Executive Director | (WZ) | Mr D Fradgley, Interim Director of Integration | (DF) |
| Prof K Thomas, Non-Executive Director | (KT) | Ms H Hurst Director of Midwifery | (HH) |
| Ms M Roberts, Chief Nurse | (MR) | Ms R Barlow, Director of System Transformation | (RBa) |
| Ms D McLannahan, Chief Finance Officer | (DMc) | Dr C Agwu, Deputy Medical Director | (CA) |
| Ms F Mahmood, Chief People Officer | (FM) | | |
| Mr M Laverty, Non-Executive Director | (ML) | **Guests:** | |
| Mr R Beeken, Chief Executive | (RBe) | Kelly [Surname unknown] Paediatric Keyworker (Patient Story) | |
| Mr L Kennedy, Chief Operating Officer | (LK) | | |
| Mr D Baker, Director of Partnerships & Innovation | (DB) | **Apologies:** | |
| Ms K Dhami, Director of Governance | (KD) | Mrs L Writtle Non-Executive Director | (LW) |
| | | Dr D Carruthers, Medical Director | (DC) |
| | | Mr H Kang, Non-Executive Director | (HK) |

| **Minutes** | **Reference** |
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| **1. Welcome, Apologies and Declarations of Interest** | **Verbal** |
| Chair DN welcomed Board Members. He also welcomed the Trust's newly appointed Company Secretary, Dan Conway to the meeting and Dr Chizo Agwu as the representative for the absent Dr David Carruthers.<br>**Apologies:** Apologies were received from Lesley Writtle, David Carruthers and Harjinder Kang | |
| **2. Patient Story** | **Verbal** |
| A Paediatric Keyworker introduced the patient story which concerned the transition process from Children's to Adult Services. It was acknowledged that a smooth transition process could mean improved longer-term health outcomes or vice versa. It was noted that transition had been embedded into NICE guidelines.<br>Transition planning for patients commenced from the age of 14-years-old.<br>It was noted that every young person should have a named worker for transition. Young people and their families should also have an opportunity to meet adult practitioners of the relevant services and be given further opportunities to engage, once transferred.<br>A new national policy was expected for transition led by the National Transition Team, which had been established for a couple of years.<br>The Trust utilised many transitional pathways. Complex needs patients often experienced many transitions | |

involving topics such as education and financial matters.

The father of one patient explained the process, facilitated by a Trust co-ordinator, to transition his 18-year-old son, named Raad, who had a very rare health condition. Rad had recently transferred from the Children's Hospital to the City Hospital for longer-term care.

The Paediatric Keyworker explained that Respiratory and Cardiology teams were key to Raad's care along with the Community Nursing Team, Ophthalmology and Audiology services.

She further commented that it was typical for young people with high needs to have extremely limited contact with their GPs because care was often managed by specialist consultants or a Community Paediatrician. In adulthood however, GPs suddenly had a more significant role but there was little preparation for this shift. Nationally, improvements were being explored.

In answer to direct questions from Board members, Rad expressed satisfaction with his health service workers. It was confirmed that a transition plan was in place for him.

CA observed that Raad's condition was so rare, it was unlikely that anyone in the Adult Services team would have previously dealt with his type of needs and stressed that this highlighted the importance of the co-ordinator in ensuring his care was personalised.

DN thanked Rad and his father for their contribution.

| **3. Chair's Opening Comments** | **Verbal** |
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Chair DN commented that the Trust had confirmed Richard Beeken into the post of Chief Executive and Mel Roberts had been confirmed as Chief Nurse.

DN further commented that the agenda of the meeting would focus on the three main objectives of the Trust's strategy – Patients, People and Population.

DN had attended the Trust's Leadership Conference in September 2021, which he reported had been an impressive event.

He further commented that teamwork between NHS Managers and Clinical Leaders had the potential to help get the NHS get into a stronger position going forward by improving services for patients, making the Trust a great place to work and by supporting the local population.

| **4. Questions from Members of the Public** | **Verbal** |
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None.

**UPDATES FROM BOARD COMMITTEE CHAIRS**

| **5a.** Receive the update from the **Audit & Risk Management Committee** held on 2nd September 2021. | **TB (10/21) 001** |
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ML reported that the Committee had discussed financial issues that had occurred at University Hospital Leicester to identify any lessons that could be learned by SWBH. Pleasingly, the external auditor had expressed the view that the problems were unlikely to be repeated at the Trust because financial processes were generally strong. Some small improvements had been identified and work to address these had been agreed by the Committee.

The Annual Audit Findings Report had been reviewed, including the Value for Money component. ML

advised that the Committee was happy to recommend this be signed off by the Board, subject to approving some outstanding management responses.

Counter Fraud had been discussed but it was noted that this had received a 'green' rating, indicating there were no particular concerns.

Outstanding actions from previous audits were reviewed. These had reduced from 73 to 43. It was reported that the Committee Chair would require Executive Directors with outstanding actions to attend the November 2021 meeting to explain the situation if they were not cleared.

| **5b.** Receive the update from the **Finance & Investment Committee** held on 24th September 2021. | **TB (10/21) 002** |
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MH reported that the Committee had highlighted the following three points for the Board's attention:

- The Capital Plan was currently behind schedule. This would be revised and brought back to the next Committee meeting (November) before updating the Board.
- H2 Planning had been discussed. The Trust believed it could get back to a cash-backed, breakeven position.
- The Long Term Financial Model had been discussed. This was being viewed through the new medium-term cost model in order to be consistent with the Trust's messaging and planning.

Areas of concern were the continual spend on temporary staff – both bank and agency - in the COVID-19 environment and the impact of the continuing energy cost issues.

DN queried the spend. MH reported it had spiked in the previous month to around £1.9m for the month, caused by the pandemic response, staff sickness rates and 280 nursing vacancies. It was likely to be a long-term issue. Bank rates were increasing, driven by the market and a greater demand for staff.

MR reported that a tranche of Band 5 nurse recruits due to start over the coming months would help to reduce the reliance on bank staff.

MH and MR reported there were currently no standardised local market rates in place.

| **5c.** Receive the update from the **Quality & Safety Committee** held on 24th September 2021. | **TB (10/21) 003** |
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KT reported that in relation to Safeguarding, the organisation had strengthened the reporting structure to the Board with the introduction of a new Safeguarding Board sitting from October 2021. This would help to introduce appropriate external representation from Birmingham and Sandwell.

The weAsure programme continued. All the Boards and clinical teams were experiencing unannounced inspections. Clinical teams were also undertaking self-assessments which would shortly be tested for progress and the Evidence Vault would be available to all staff through Connect.

There were still some wards outstanding and these were being checked for compliance.

Once triangulation of the data was complete, the Chief Nurse and Medical Director would sign off the self-ratings.

A benchmarking exercise against the Independent Hospital Food Review checklist had identified that SWBH was compliant in 18 out of 24. KT referred Board members to the six non-compliant domains in the paper.

The Dietetics Service presented a significant risk because of a shortage of Dieticians. A business case was pending approval to improve the position and remove the ten clinical risks currently present in the Service.

KT confirmed that the Committee had been happy with the reporting arrangements and the weAssure programme. Outstanding concerns were being addressed with a plan of action.

It was noted that other relevant items would be further discussed later in the meeting agenda.

| **5d.** Receive the update from the **Estate Major Projects Authority** held on 24th September 2021 | **TB (10/21) 004** |
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MH reported that the Committee had discussed defining the clinical and workforce models in the new Midland Metropolitan University Hospital [MMUH] arrangement and how current services would be moved over the next 12 months.

The Financial report had also been a focus for the Committee and had been accepted including the contingency update.

An additional topic had been the Learning Campus and Birmingham Midland Eye Centre (BMEC) development alignment with the population strategic objective. The Learning Campus was at the design stage and there had been very good stakeholder engagement, which was a positive.

The MMUH date (to be discussed later in the agenda).

**Our Patients: To be good or outstanding in everything that we do**

| **6. Nosocomial Infection (hospital-acquired COVID-19)** | **TB (10/21) 005** |
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CA referred Board members to the paper which outlined the experience of the Trust in relation to Nosocomial (hospital acquired) Infection, with a focus on COVID-19. The findings focused on Wave 2 (September 2020 to April 2021). The following points were highlighted.

In Wave 2, community infection rates had been very high, mirrored by the high rate of hospital admissions – around 4,000 patients were admitted during the period (four times more than Wave 1).

Eleven per cent of all COVID-19 positive patients had acquired the infection in hospital (probable or definite). CA reported this was a similar per cent to published, national data.

The Trust's mortality rate improved in Wave 2 compared to Wave 1 (16% compared to 31%). Analysis of Wave 3 had indicated this improved further to 6-7%.

The proportion of COVID-19 related deaths following infection in hospital was around 14.9%. However, CA stated that it was very difficult to be sure if it was the effects of the acquired COVID-19, or patients' underlying conditions that had caused the deaths.

Patients who had died were mostly aged over 65 years and had multiple co-morbidities. The highest risk conditions were hypertension, diabetes and kidney disease. More positively, the rates of hospital acquired COVID-19 among immune-suppressed patients were low, suggesting efforts to protect them had succeeded.

More than 50% of outbreaks [of nosocomial infection] occurred at Sandwell and 23% at City. The control response had included enhancing PPE guidance above national recommendation and ventilation had been improved. The introduction of rapid Point of Care testing in February 2021 had helped the Trust stream patients more appropriately.

The Trust's outcomes continued to be reviewed to enable learnings to be understood, shared and actions implemented to achieve future improvements.

In response to a question from KT in relation to the new hospital arrangements, it was confirmed that there would be mechanical ventilation at MMUH.

LK reported that the Trust had now secured a welcome additional, two analysers for Point of Care tests. For context, LK commented that given the history of very high infection rates in the local area and the huge numbers of COVID-19 positive patients, the Trust's performance nationally had compared very favourably.

In terms of ventilation on the wards, MR reported that a risk assessment had been carried out. She further reported that the Trust had been visited by the Regional Chief Nurse for Infection Control to discuss hospital acquired COVID-19 and the actions that were being taken in response to outbreaks.

Following monitoring, the Trust had been assessed at making satisfactory progress. It was noted that during every outbreak, staff had been tested in each area, with very few staff testing positive. It was reported that around 85% of staff were currently vaccinated.

DN observed that whilst it was sad that patients had acquired COVID-19 in hospital, the Trust had been one of the most pressurised in the country and agreed that rates should be viewed accordingly. However, it would be important that learnings were implemented going forward. Point of Care testing and ventilation would take priority.

| **7. Chef Executive's Report** | **TB (10/21) 006** |
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RBe introduced his Chief Executive's report which he explained focused on feedback from the Integrated Care System (ICS) Board meeting held on 30th September 2021.

However the following specific points were highlighted:

- Health and Wellbeing Boards refresh across the West Midlands
- The development of and appointments to, the Integrated Care Board, prior to the ICS becoming a statutory organisation on 1st April 2022
- Winter resilience planning
- Place based partnership governance and accountability arrangements – the timeline for agreeing the approach to "place" in the Black Country

WZ queried whether April 2022 was an achievable timeline for the system to be up and running and also questioned the potential impact on services.

RBe expressed great confidence that an operating model would be in place well in advance of the planned date, however, he expressed some concern that the system might be too exacting in terms of the statutory obligations and responsibilities to the ICS Board it imposed. He advised that the only element which could potentially impact populations (positive or negative) was the boundary alteration associated with the ICS changes. However, RBe expressed further confidence that protections were in place.

In response to a query from LK in relation to the maturity of the governance structures, RBe commented that it was not clear whether the ICS leadership team yet had a standardised view of what a place-based partnership and its governance would look like.

| **8. Acute/Provider collaboration** | **TB (10/21) 007** |
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RBe introduced the paper by advising that place-based partnership development had been mandated along with provider collaboration. However, priorities for the Trust in this context would need to be decided.

DB commented that fundamentally the choice was either to use the Board to deliver SWBH's strategic objectives or was the Board a vehicle for the ICS to deliver the same. He referred Board members to the recommendations in the paper which included:

- Seeking clarity around the end point for acute collaboration in the future ICS operating model
- Influencing the selection of the priorities in Phase 2, so that further work was aligned to the Trust's strategic objectives and outcomes.

ML expressed the view that the operating environment currently appeared to be very confusing. RBe explained that most of the issues could be fixed by considering place as opposed to system. The focus would be on Trust priorities to shift the dial in relation to the ward-level metrics.

DMc agreed that the project was so big, there was a risk of not making progress because of lack of clarity on the direction of travel for the organisation. She expressed the view that ensuring progress was measurable would be important.

Clinical engagement would be key and could be one of the hardest things to get right. DMc suggested that a standard definition be identified across the Black Country.

RBe suggested that the Trust propose that the current form of collaboration should be retained, focusing on integrating services or workforce for the benefit of patient care.

DN stated that he agreed with ML that the Board needed to focus on the purpose of its contribution to different forums to ensure the Trust secured the best outcomes for its own populations. Key areas of collaboration would include Fragile Services, service improvement and standardisation and enhancing the staff offer.

**BREAK**

| **9. weAssure Programme Update** | **TB (10/21) 008** |
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KD updated the Board on the work that was currently underway across the Trust to provide assurance at all levels on the quality and safety of the Trust's services. It would also support any future CQC inspection process.

It was reported that desire previously expressed by the Board, for the Quality and Safety (Q&S) Committee to have greater visibility of this work had been fulfilled and KD reported that a very detailed paper had been reviewed at the Q&S Committee's September 2021 meeting.

Progress was being made through several workstreams, to enable the Trust to form a view of standards through self-rating.

Engagement with Clinical Services remained mostly positive, despite the pressures on the system. Requests for data capture and recording had been done sensitively and extra resource would be provided/recruited.

Many staff had volunteered to carry out in-house inspections, which was a positive. In-house inspections enabled the Trust to build a picture of the wards and also helped build confidence amongst staff to be able to talk and promote the services delivered and to express any concerns.

First visits had been made to 29 out of 57 identified clinical areas. Some 'Red' rated areas would be visited as soon as it was possible to do so. Clinical groups had been included in the process and themes and trends were being fed back to the Clinical Leadership Team.

Ward visits were focused especially on the five domains (including safety and Well-led for every ward).

The self-assessment programme of clinical areas followed the key lines of enquiry and was aimed at identifying any areas where there were gaps.

The Evidence Vault – containing the ward results - would be available for everyone to see through Connect.

KD suggested that progress and learning be better publicised through communications. The timing of the CQC inspection remained uncertain, but engagement meetings would soon take place.

KD reminded the Board that a CQC inspection of the Well-led programme would look at leadership capacity and capability, clarity of vision and strategy and the culture of the organisation amongst others.

In response to queries from ML, KD acknowledged that based on in-house inspections and self-assessment that had been carried out so far, the Trust overall was still at the 'requires improvement' stage, although there were some areas of 'good'. MR expressed the view that an important feature on wards was consistency of delivery which was a challenge and the implementation of the fundamentals of care.

DB suggested inviting the CQC into areas that were already inspection-ready. KD reported that this idea had been suggested to inspectors.

CA reported that in terms of culture, areas had improved where safety huddles had taken place. This had the effect of empowering staff to speak up and raise concerns. However, unstable staffing levels posed a threat to improvement progress.

In summary, DN commented that the Board had been previously critical of core progress in this area, but it was now clear that the Trust had more of a comprehensive approach to activity and oversight. He commented that it would be important for the work be led by the Chief Medical Officer and the Chief Nurse.

| **10. COVID-19: Overview, including vaccination update** | **TB (10/21) 009** |
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MR reported that the community COVID-19 infection rate had reduced over the past few weeks, whilst testing had risen to over 14,000 people.

The number of COVID-19 in-patients in the Trust's hospitals had also fallen. Current 'Red' wards were being reviewed to assess whether they could be re-classified as 'Amber'. The extra Point of Care analysers (previously discussed) would cover the majority of admissions to the Trust.

LAMP testing continued. August had seen a decline and there was more work to do to encourage uptake.

The vaccination programme also continued. The latest national data positioned the Trust at 85% overall, with the BAME workforce sitting at 70% and 77% on the two sites.

The COVID-19 booster programme, along with the flu vaccination programme had recently commenced at City and Sandwell hospitals. Vaccines would also be provided for Sandwell 12-15-year-olds in a programme due to commence on 8th October 2021. This would cover 19 Sandwell schools in partnership with Public Health and the CCG.

Staff that visited care homes were being reviewed to ensure they were vaccinated. Those refusing to have

the jab would be further spoken to, with redeployment options considered.

ML queried how the 85% figure compared to other Trusts and also asked about the mandating of vaccines for staff. MR reported that the Trust vaccination percentage was low for the region. First vaccines continued to be offered. The Trust had participated in the conversation over the national vaccine mandate. MR expressed the view that a mandate would present challenges across the country.

FM reported that many care homes were insisting that their own staff and Trust staff visiting their homes were vaccinated. The Trust was currently in the process of scoping how many people would be involved. MR reported that a shift of staff away from care homes work to other types of work had been observed.

| **11. Planned Care update** | **TB (10/21) 010** |
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LK updated the Board on Planned Care and highlighted the following points to note:
The Trust's P2 position had been improving, along with the number of P2 breached patients (over 28 days since listing) which had significantly reduced recently.

Interventions had been introduced into Ophthalmology to reduce the backlog and the Trust was currently at the top of the leader board for its reduction in P2 breaches, which was a positive. It was hoped that the Ophthalmology backlogs could be cleared by the end of November 2021.

The Trust's activity in August 2021 had been restored to 88% of its previous performance. The Trust was looking to deliver over 90% of its prime activity in September 2021 and 100% going forward.

Orthopaedic in-patients elective work however, had been stepped down because of an increase in staffing issues and COVID-19 numbers. It was reported that this would recommence at the end of October 2021, mindful there were large Orthopaedic backlogs that needed to be tackled. The Trust had been working with two outsourced providers to that end.

The RTT performance had been gradually improving, but LK reported that a return to previous levels (92%) was not likely to happen until the middle of 2022.

MR raised the issue of Harm Reviews which were now available on Unity. She suggested audits be carried out to identify trends/learnings and to include in the report going forward for assurance. LK agreed this would be a good idea.

KT queried communications with patients in relation to waiting lists. LK reported that every patient waiting over 52 weeks had been contacted. The Friends and family provider would be carrying out a complete wait list evaluation. This would be a 3-6 month project because of the volume.

In relation to what would be expected for the second half of the year (H2), national guidance had stipulated that 104-week waits ought to be eliminated, however, the Trust had already cleared its cases but would be required to support Wolverhampton [NHS Trust] in its similar efforts.

It was also expected that the Trust would maintain an overall, stable, waitlist position. LK commented that this was achievable given the activity recovery position.

There had been an incentive for Elective Recovery Funding (ERF) in the first half of the year, but how to achieve this had been changed and therefore, the Trust would have to achieve more than 89% of its previous year's (19/20) clock stops on pathways (patients receiving definitive treatments).

| **Our people: To cultivate and sustain happy, productive and engaged staff** | |
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| **12. Maternity Improvement Plan** | **TB (10/21) 011** |

MR outlined there were the key areas for discussion:

- The active/current improvement plan and position
- Current risks which were impacting on the service
- The culture programme

MR also raised the reporting frequency and content of this paper required by the Board.

HH reported that the Trust, Directorate and staff had been doing well in terms of delivering on its improvement plan and was on the right trajectory to improve Maternity Services.

HH further reported that 122 out of 141 actions had been completed. There was a significant delay with respect to four actions at the time of reporting, but some progress had been made to reduce this number to two.

A key risk was the midwifery workforce, which was mirrored nationally. The Royal College of Midwives (RCM) had escalated its concerns in relation to this issue at the TUC Conference on 4th October 2021. There was a deficit of nearly 2,000 midwives across the country.

NHS Digital had reported that for the first time, they had observed 200 midwives leave the profession within a two-month period. The Trust currently had 23 midwifery vacancies and a recruitment Open Day would be held on 9th October 2021, supported by Aston Villa Football Club.

HH reported there were additional concerns about ultra-sonography capability, which again was aligned with a national shortage. The Directorate was working with the Imaging Group to address the shortfall, including supporting midwives to undertake courses in ultra-sonography.

Maternity Services had just finished its first tranche of culture workshops and there were further ongoing plans. HH expressed the view that there had been a tangible, positive change in the department.

In terms of the report presented to Board, HH advised that standardisation of information presented to Board regionally was in progress, based on the Ockenden Report information for Boards recommendations.

In response to a query from LK about staffing strategy, HH further commented that more funding would be forthcoming to increase midwifery places in universities, however it was acknowledged that this was a longer-term fix. Alternative workforce was being looked at i.e. introducing Band 5 nurses onto the ante-natal/transitional/post-operative wards.

LK stated there were several different workforces that could deliver sonography services given the right training. HH agreed, however expressed the view that this issue was potentially more difficult to fix than the midwifery workforce challenge.

DMc raised the issue of the Trust's Ockenden Report response and queried whether the agreed actions could be completed given the funding offered had been less than requested. HH acknowledged the negative variance that the organisation would need to address to deliver the aspects of safe care required. The Group was currently working through next steps.

In relation to the workforce challenges, FM queried whether there was a place for alternative models of midwifery or other collaboration. HH reported that Equality, Diversity and Inclusion (EDI) Leads were carrying out a lot of work to investigate areas where community partners could play a part.

DB queried whether there were lessons learned that could be shared with other specialties. HH suggested the progress in relation to cultural change and patient experience would be useful more widely.

DN requested that this topic be kept on the Board agenda for visibility and discussion going forward.

**Our population: To work seamlessly with our partners to improve lives**

| **13. MMUH Target Opening Date** | **TB (10/21) 012** |
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RBe introduced the topic by stating that delivery of the completed MMUH continued to be the Trust's biggest priority as a lever for it to be able to deliver the three strategic objectives in terms of patient care, the attraction and retention of staff and the delivery of the community care model.

It had been expected that a date could be announced for the opening of MMUH full clinical services at this meeting, but there was further work to do with the construction partners Balfour Beatty to review its programme for completion of the building.

Production work had progressed well despite the pandemic and productivity had been high. However, inevitably, the circumstances of the past 18 months had negatively impacted the project in terms of supply chains for materials, sub-contracting workforce shortages and law changes affecting the external cladding of the building.

RBe announced to the Board that it was increasingly unlikely that MMUH would be opened in 2022. The national, New Hospitals Programme Director had been engaged, who had confirmed that a full review would take place so that a clear opening date would be reported to the December 2021 Trust Board meeting.

DN commented that it was frustrating not to make the original finishing date, but acknowledged the challenges posed by unprecedented times. He commented that the priority however, would be to get the transfer of services right.

RBa emphasised that the transformation of services continued, despite the delay in the delivery of the new hospital building.

The Board **NOTED** the delay in the opening date decision.

| **14. Place-based Partnership** | **TB (10/21) 013** |
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RBe introduced Darren Fradgley (DF), SWBH's Interim Executive Director of Integration who would be the key link to the place-based partnership for the Trust and West Birmingham. The national guidance for place-based partnerships in the ICS had been published.

DF highlighted three key points to note:

- The role of the host (SWBH) – It would be critically important to treat the partners as equals but also lead by example. The host would become the co-ordinator of the transformation and the very credible governance vehicle for oversight.
- A consensus-based structure could be the quickest way to build trust and confidence and high governance standards.
- The ICS had not been clear about the operating model – the scope of 'place'. There would be a lot of work required before the decision was required by the final quarter of the financial year.

Getting 'place' right would produce a better flow of services and achieve better outcomes. A sustainable model for the future would also be important.

DB queried authority and responsibility. Darren advised that the authority remained with the organisations

around the table.

LK commented that whilst he agreed with the consensus approach, there was a significant lack of governance which was a challenge.

DMc queried how the Trust could get the balance right for Sandwell and West Birmingham and the partners and how to effectively manage the contracts and budgets. DF commented this was an intuitive journey rather than a mere planning exercise.

ML expressed the views that the options on offer were currently unclear and suggested that the Board receive an overview to be able to make an informed decision. DF agreed there were a lot of moving parts and would work to create good channels of communication with the Board.

KT re-iterated that a further explanation of the project would be helpful.

| **Governance/Assurance** | |
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| **15. Finance Report: Month 5** | **TB (10/21) 014** |

DMc reported that the money was looking fine for the rest of the year now that the H2 settlement had been released.

The cost run-rate had remained stable and the Trust had some financial headroom through balance sheet flexibility. Elective recovery Funding (ERF) would be available (£5.4m) and the Trust also expected to have some access to system-wide capacity money.

Efficiency had been confirmed at 1.1% plus a targeted efficiency requirement. The Better Value Quality Care delivery plans for 2021/22 was expected to be slightly more than sufficient to cover this requirement.

Co-funding had been reduced by £700k, which DMc stated should be fine based on current activity and run-rates. The Trust was at a constant run-rate of around £1m per month, which was attributed to COVID-19.

ERF would continue into H2, but (as previously explained) the rules had changed and it would be important to estimate earnings over the next few weeks.

The Trust was in a risk share with system partners and some pressures were likely to emerge by the end of Month 6 in Walsall of around £1m in relation to Urgent Care. The same pressures were being observed by West Midlands Ambulance Service.

Overall however, DMc reported that the system expected to break even and the pressures were being funded by system-wide contingency.

Income in summary was not a risk for H2, however, energy contracts were being closely watched in the environment of rising prices.

A detailed review would be carried out of all the capital schemes and a reforecast would be produced for Month 6.

Cash balances remains strong and work was ongoing with the Payables Team to try to get Better Payment Practice over 95%.

| **16. Board level metrics and IQPR exceptions** | **TB (10/21) 015** |
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DB reported that development of the Board level metrics continued. There were some more coming

through the process and were awaiting sign-off.

Each metric would require an improvement plan. Some would need to be prioritised in the short-term.

There had been an improvement in two week waits for cancer and for breast cancer treatment in particular.

Non-completion of the risk mitigations within date continued to climb.

The ED had generally recovered quite well in comparison to other Trusts, but its performance had recently fallen slightly because of an increase in the timings between the decision to admit to actually admitting.

LK commented that from a cancer perspective, the issues in relation to two-week waits had been rectified which would have an impact on the longer wait times going forward. The target was to clear the 62-waits in cancer by December 2021.

LK acknowledged that the Trust's ED had dropped four places in the national position rankings, but he commented that the department had been dealing with a huge number of COVID-19 patients from August through September 2021 which had required the effective operation of four ED departments. The team had been working very hard to improve flow and had been dealing with multiple pressures.

KD commented that it was disappointing there had been a lack of progress with respect to risk mitigation, given the work that had been done with the Directorates. The situation would be monitored and reviewed every month at the Risk Management Committee.

| **17. Minutes of the previous meeting and action log and attendance register**<br>To approve the minutes of the meeting held on 2nd September 2021 as a true/accurate record of discussions, and update on actions from previous meetings | **TB (10/21) 016**<br>**TB (10/21) 017**<br>**TB (10/21) 018** |
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The minutes of the previous meeting held on 2nd September 2021 were reviewed and **APPROVED** as a true and accurate record of the meeting.

There were no actions to review.

**MATTERS FOR INFORMATION**

| **18. Receive the minutes from previous Board Committees**<br>**a) Audit & Risk Management Committee**<br>**b) Finance & Investment Committee**<br>**c) Quality & Safety Committee** | **TB (09/21) 019**<br>**TB (10/21) 020**<br>**TB (10/21) 021** |
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Reports were received and noted.

| **19. MRI Service – Chair's action** | **TB (10/21) 022** |
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LK reported this matter concerned a proposal for the continuance of an additional mobile MRI from Alliance Medical.

There had been a 20% increase in demand for MRI services. The new machine would work alongside the Trust's other MRI machines and the InHealth contract, to eradicate the wait time by March 2022.

LK reported that the machines were in high demand, but Alliance Medical had granted the Trust the

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| opportunity to extend its use for a period. A 12-month contract would cost £842k.<br><br>LK confirmed this would be maintaining a fifth machine which was already in place and would not be adding a sixth. However, Alliance Medical would require a year contract. DMc stated that she would be fully supportive of maintaining current capacity (although it had not been budgeted) providing run-rates were as expected.<br><br>The Board **APPROVED** the proposal. |

| **17. Any other business** | **Verbal** |
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| None discussed. | |

| **20. Details of next meeting of the Public Trust Board:** | **Verbal** |
|---|---|
| • The next meeting will be held on Thursday, 4th November 2021 via MS Teams. | |

Signed …….

Print …….

Date …….

Sandwell and West Birmingham Hospitals NHS
NHS Trust

# Public Trust Board Action Log: 7th October 2021

| Action | | | Assigned To | Due Date | Status/Response |
|---|---|---|---|---|---|
| 1. | | No actions. | | | |