

TRUST BOARD – PUBLIC SESSION MINUTES

Venue: Meeting by WebEx.

Date: Wednesday 9th June 2021, 09:30-13:00

Members:

Sir David Nicholson (Chair)	(DN)	Ms F Mahmood, Chief People Officer	(FM)
Mr M Laverty, Non-Executive Director	(ML)	Ms K Dhami, Director of Governance	(KD)
Mr M Hoare, Non-Executive Director	(MH)		
Mr H Kang, Non-Executive Director	(HK)	In Attendance:	
Cllr W Zaffar Non-Executive Director	(WZ)	Mrs R Wilkin, Director of Communications	(RW)
Prof K Thomas, Non-Executive Director	(KT)	Ms H Hurst, Director of Midwifery	(HH)
Mr R Beeken, Interim Chief Executive	(RB)	Ms S Rudd, Assoc. Director of Corp Governance	(SR)
Dr D Carruthers, Medical Director	(DC)		
Mr L Kennedy, Chief Operating Officer	(LK)	Apologies:	
Ms M Roberts, Acting Chief Nurse	(MR)	Mrs L Writtle, Non-Executive Director	(LW)
Ms D McLannahan, Chief Financial Officer	(DMC)		

Minutes	Reference
1. Welcome, Apologies and Declarations of Interest	Verbal
<p>The Chair, Sir David Nicholson (DN), welcomed Board members and attendees to the meeting. Apologies were received from Lesley Writtle. No declarations of interest were made.</p>	
2. Patient Story	Verbal
<p>DN described the importance of starting off the meeting with the grounding effect had from listening to what really happened during the experiences of patients and staff.</p> <p>MR introduced a female patient, and her baby, who had come to provide the patient story. HH described how, in 2016, Better Births set out a clear vision for safe delivery and care to ensure their women, babies and families truly received the type of care they wanted. Continuity of carer built up the relationship of mutual respect and trust through all three phases of pregnancy between the woman and her family and the same midwife or two that they really got to know, who worked within a small team of around six midwives. Aligned to this was specialist obstetric care if required.</p> <p>The patient described being in slow labour for six days and that due to her anxiety, she had stated her preference to have the same midwife. She found it important to build a relationship with one person. She was referred to Serenity team, who dealt with her a very caring way.</p> <p>During her six days of labour, she had an experience going to triage that made her upset, so she was grateful to be able to contact Serenity to be able to avoid having to go back again. She spoke to her midwife, who was always to hand or would get back to her as soon as she could. They worked with her, listened to her, and respected her views. When she felt unable to go back home after going to Serenity on her sixth day of labour, they offered her the option of having Pethidine. She described going to one of the wards for this, where it took a long time for a nurse to respond to her pressing numerous times on the buzzer while she was screaming with pain. Another patient came to offer her a glass of water.</p> <p>After a painful internal examination, made worse by her anxiety and being in labour, she went to the</p>	

delivery suite, where all the staff were amazing and supportive. They were compassionate, caring, and attentive. She couldn't fault them, from the lady who administered the epidural to the delivery team.

Her baby was experienced breathing difficulties and she was moved to the M2 Ward for 13 days while her baby was in neonatal. She described the staff there as amazing. She felt indescribably upset about being separated from her baby but the caring staff made her stay a lot easier showing a lot of empathy. The doctors and consultants were helpful with answering her many questions. She described everyone as amazing, putting her at ease and caring for her baby.

The midwife came to see how she and her baby were getting on after the birth, visiting her at the M2 Ward. She appreciated the continued follow up care from the same midwife after she went home.

DN expressed his thanks to the mother. In the environment of changes going on with Maternity, he was pleased that she had benefitted from the continuity of carer. He asked how long she had pressed the buzzer. The patient related that this must have taken ages because she had gone from one and a half to four centimetres dilated. A patient came to ask if she was okay.

HH explained that work programmes were underway with the antenatal ward's matron and ward manager around care in the latent phase, advised by Serenity and a consultant midwife. It wasn't acceptable to have anyone left distressed and in pain. She apologised about the care during that time.

KT thanked the patient for coming to tell her story. She queried what it was about triage that had been so distressing for her. The patient related that this was on her third or fourth day of labour. She had called Serenity many times and had fantastic advice over the phone. She didn't meet the criteria to give birth at Serenity so she had to go to triage. They didn't seem caring or approachable. She was clearly anxious and scared which made her first internal examination very difficult. Their attitude, approach, and mannerisms in dealing with her were upsetting. She could see that a group of staff were laughing and having a conversation while they could see her crying in agony for 45 minutes.

RB thanked her for her candour and clarity. He queried what was being done to challenge any perceptions held by staff and women that providing normality in birthing was only at the Serenity unit. HH described the work being done in conjunction with Serenity to embed normality across the spectrum for all pregnancies. Serenity was a really highly thought of service across the country. Every woman deserved the best possible care personalised to their requirements. All the feedback received was being used to develop the service going forward.

DC queried whether information about her and her care had been transferred seamlessly as part of continuity of carer from one area to another or if she had to repeat things again. She reported that the handover of information meant there was no need to repeat herself. He asked if people were aware of her as an individual and how she might require different care. She said they did amongst people she was known to, like the midwife and M2 staff, but they didn't have the ability to recognise this in triage.

MR asked if she would be prepared to work with them further to capture her triage experience in order to make patient experience improvements. The patient agreed. DN recognised that the small things like being offered a glass of water could significantly affect someone's experience. Direct feedback from patients was really important.

3. Chair's Opening Comments

Verbal

DN explained that Toby Lewis had been unwell since the summer of 2020. He had now decided to take a role at the King's Fund in London, undertaking research and policy work on health inequalities and poverty. He had, with regret, tendered his resignation as Chief Executive. Richard Beeken remained the

Interim Chief Executive and the Trust would begin the recruitment process for a substantive Chief Executive in due course. They all wished Toby well for the future and thanked him for the enormous contribution that he'd made over the years to the organisation and the communities of Sandwell and West Birmingham. A note would be going out to staff.

As the new Chair, DN wanted to take the opportunity to have a fresh look at how the organisation was governed. The Board have commissioned a governance review to be undertaken by The Value Circle during June and July. He outlined the following areas of importance for the review:

1. The Trust strategy and objectives – were they clear and being utilised
2. Governance structures – how effective the meetings were, whether there was learning
3. Executive portfolios and alignment
4. Governance processes – quality, corporate in terms of risk, policy compliance, freedom to speak up, information governance
5. Line of sight from Ward to Board as well as linkages across the organisation
6. Evidence – view on level of staff and patient engagement, learning in the organisation
7. Risks – identified, escalated, tracked and managed
8. Any additional areas identified ahead of or during the assessment process.

A comprehensive view would be important as the driving force behind deciding how to set the organisation up for success post-COVID. He thanked everyone for the work they would be doing to help make this a reality over the next few months.

4. Draft Annual Report and Accounts 2020/21

TB (06/21) 001

RW introduced the draft annual report and accounts for the Board members' information ahead of the audit process. Delegated authority was requested to allow the Audit and Risk Management Committee (A&RMC) to receive the final audited accounts and annual report on behalf of the Trust at the meeting on 24th June, prior to submission ahead of the deadline of 29th June. Following this, final documents would be presented at the Annual General Meeting.

ML passed on feedback from LW, Chair of the A&RMC, that the external auditors had not reported any items of significance and were pleased with the quality of the work that had been done. They were expected to sign these off unless something unexpected were to occur.

ML suggested that the Board recognised that in a very difficult year, they had made a small but welcome surplus. The team should be commended for that result. He queried whether any colleagues who had passed away during 2019 had been recognised, and if not, whether they should be. RW reported that they were not specifically mentioned by name in the annual report but they were paid tribute to more broadly. She recommended that it was kept as a broad statement.

DN added that MR had organised an impressive and moving memorial event to recognise staff and their families who had been lost.

The Chair acknowledged the remarkable body of work and the financial stewardship of the organisation. He applauded the strengths of the organisation and the Executive Team in managing COVID and for running services so well during that period.

The Trust Board **APPROVED** the **DELEGATED** authority for final approval of the Annual Report and

Accounts to the Audit and Risk Management Committee.	
5. Questions from Members of the Public	Verbal
There had been no questions submitted by members of the public.	
UPDATES FROM BOARD COMMITTEES	
6. a) Receive the update from the Audit & Risk Management Committee held on 6th May 2021.	TB (06/21) 002
<p>ML reported that the Head of Internal Audit had given an opinion as part of the accounts process that was positive apart from the number of outstanding audit recommendations. Grant Thornton was happy with the accounts overall and were doing some work on value for money, to be reported in September.</p> <p>The Finance Team was congratulated overall for the good result in delivering a small surplus.</p>	
6. b) Receive the minutes from the Finance & Investment Committee held on 28th May 2021.	TB (06/21) 003
<p>MH added his thanks to the teams for their financial stewardship which was fed into the annual reports.</p> <p>MH reported the following highlights from the May Finance Committee meeting:</p> <ul style="list-style-type: none"> • The annual report showed significant improvement in the performance of the Procurement Team and function across the Trust, moving further up into the higher performance quartile for UK Trusts. He thanked Mike and his team for their work showing dedication and improvements. • The Month 1 Finance Report was still on plan. • Agency bank spend was discussed regarding its current trajectory and mitigation activities that would be put in place or further tightened in order to control costs coming out of COVID. • The transparency of the System's finances surrounding the Trust in order to understand the availability of the money for investment programmes across the region was being looked into by DMc. Support was requested in gaining greater clarity from the System. • MH had agreed to become the lead NED with the Procurement team. <p>RB reported that he and DMc were working on how to escalate concerns about making all of the System's finances transparent in terms of redesign and/or reallocation of funds, not just that in relation to secondary care. Where necessary, this would be raised at both the informal accountable officer meetings around the ICS table and with delegated authority at the ICS Board. They sought clarity for every constituent organisation.</p> <p>DMc reported that they would be proposing a more formal monthly meeting structure in the Finance community across the System with System monthly financial reporting, limited actions, and holding each other to account to raise and deal with issues and to ensure that actions moved them forward.</p> <p>LK commented on the need for a link between the clinical and operational delivery and the financial accounting and flow of System funds. This would help them to understand two things:</p> <ol style="list-style-type: none"> 1. What they were delivering and what the forecasts were like 2. How the funding flowed to different elements. 	

DMc added that the first step was the meeting they had set up with Chief Operating Officers across the System and Directors of Finance to ensure that the Elective Recovery Fund flowed appropriately so they could invest their costs carefully to ensure that they improved the waiting list position effectively.

The Chair queried to whom the Finance Group was accountable. DMc clarified that they were accountable to the ICS Partnership Board via the Interim ICS Finance Lead who was the Black Country and West Birmingham CCG CFO, who reported to the ICS Partnership Board on their behalf.

DN enquired about them having a Non-Executive Director lead. DMc reported that this hadn't been discussed but they would be happy to consider this.

RB announced the upcoming White Paper implementation guidance on Integrated Care Systems setting out new Non-Executive Director (NED) roles. The hope would be to have clear and unequivocal NED oversight and scrutiny of the strategic financial planning process in their ICS once that became clear.

DN commented that the whole point of this was that they were not trying to recreate a CCG in a different way. A whole series of organisations would work together in partnership to do the right things for patients and the population. He offered his support.

6. c) Receive the minutes from the **Quality & Safety Committee** held on 28th May 2021.

TB (06/21) 004

HK reported four key points of discussion from the Quality & Safety Committee:

1. **COVID-19 mortality:** The crude mortality rate for the second wave was lower than for the first wave. It was well within the control limits for the Trust compared to peer Trusts and on a national level. Processes were being put in place to address the total mortality shown by HSMR and SHMI for the Trust as a whole.
2. **Nursing staffing:** Over the next six months, it was felt that the Trust would have filled most of the nursing posts. This excluded Maternity and certain hotspot areas. The caveat to this was that international recruitment could be subject to the new COVID strain travel restrictions.
3. **Adult and Children Safeguarding:** The number of "looked after children" remained high in Sandwell. It was anticipated that this number would continue to rise given the impact of COVID. There was some degree of mitigation. Two full-time Band 6 roles had been secured with an anticipated start date of June to help cover the extra capacity.
4. **IQPR:** Two Never Events had been reported where a patient had unintentionally been given air rather than oxygen and an incorrect surgical procedure taken place in Ophthalmology. They were awaiting final reports for both incidents for presentation to the Committee in due course.

DN queried whether the Committee felt assured that the right things were being done to ensure safe nurse staffing. HK reported that there were too many variables involved including things outside the Trust's control, such as if there were a freeze on international recruitment. He suspected more contingency planning was required, which could mean adjusting bank rates or adopting agencies.

MR agreed that a piece of work was being done around bank and agency use, including rate adjustments across the STP when the collaboration was agreed. A national conversation would take place towards the end of the month regarding what would happen with international nurses. The Trust had a total of 90 nurses hired over the next six months. Six had arrived and 20 would arrive over the upcoming weeks. Recruitment efforts would continue with other areas identified where Band 5 nurses could be trained to support in the unlikely event of over-recruitment. Rostering and establishment were two big pieces of

ongoing work and their Allocate system would help them to have clearer information moving forward.

FM added that they were looking at their skill mix, creating an alternative plan using Associate Nurses to a greater extent. They had maximised the potential of their own students by offering places to them, as part of a local recruitment strategy. A weekly focus had been placed on engaging with the nursing team to support recruitment by differentiating themselves through the experience they offered.

LK queried whether they were working collaboratively with Wolverhampton regarding what they had embedded to avoid bank and agency spend. FM reported that they had signed a contract with them for their clinical fellowship programme, which meant that they managed that process end-to-end for the Trust. She had recently signed a memorandum of understanding within the ICS which supported mobility of the workforce across the ICS for those core generalist nursing roles.

In response to DN's query about whether the Q&S Committee continued to closely monitor the HSMR and SHMI levels, HK assured him that this was the case.

DN summarised that the Board would continue to look to the Q&S Committee to oversee appropriate mitigation actions around the safe nursing staff levels and general mortality rates.

6. d) Receive the update from the **Estates Major Projects Authority** held on 28th May 2021.

TB (06/21) 005

DN reported that they had had a good conversation at the Estates meeting which he summarised:

- The Midland Metropolitan University Hospital (MMUH) project was about more than just a hospital. It was also about the connection with the arts, the connection with the local community, and development in terms of the Commonwealth Games etc. It constituted a major investment in public services in that part of the world. It was a very positive story so getting their communications right would be vital.

RB commented that they needed to use Estate Major Projects Authority (EMPA) as the vehicle to provide Board assurance around the clinical redesign work, to ensure they were meeting best practice before the commissioning of the hospital, and also to get assurance on commissioning of the hospital itself as opposed to its construction. EMPA's agenda balance and scrutiny would be shifted accordingly.

DN pointed out that sometimes it was easier to describe failure than success. New hospitals were often designed around a set of operational policies, processes, and ways of working that were different from those currently in place. Moves failed because people were not sufficiently organised and prepared to make those changes. In this case they had the added complexity of aligning two hospitals into one. It was vital that the focus became as RB described.

MATTERS FOR APPROVAL OR DISCUSSION

7. **COVID-19: Overview including vaccination update**

TB (06/21) 006

RB described two points regarding the national and regional focus on post-COVID recovery or recovery of elective services whilst living with COVID.

- The COVID-19 report demonstrated that the Trust needed to be on its guard to prepare for the significant potential of a third wave of COVID associated with the incremental release of national lockdown measures. To that end, the Trust was contributing to the development of the System's third wave surge plan. This would be subtly different from that being drawn up elsewhere in the

Midlands region because there was vaccine hesitancy in some of the population they served and a unique set of socio-economic circumstances. This could lead to them being hit relatively harder.

- As national vaccinations became extended to cohorts 10 and above, the Trust was being asked at Ladywood & Perry Barr to take over the delivery of cohorts 10, 11, and 12 to start with. That included CQC registration, operational oversight, and clinical assurance. They would be working in partnership with the PCNs to do that, whilst the PCNs in that part of the city completed second doses on cohorts 1 to 9, who had already received their first vaccinations.

LK reported that following debrief sessions from their first two surges, they had amalgamated learnings to create a revised third surge plan, including deployment of geographical areas and staffing. Their surge plan had been signed off, ready for review and testing.

The final red-coded COVID area that they had in the organisation, which was their respiratory hub, now had plans in place to return it to non-COVID. COVID would be managed like other infectious diseases, through side rooms and isolated bays with trigger points in place and wards to be used as a contingency.

In response to HK's queries, LK described the early trigger warnings in place, beginning with a 10-day marker from a rise in community infection rate to admission increases, followed by a 7 to 10-day marker from hospital to ICU increases as well. The infectious disease team would review the number of patients in side rooms daily and their suitability to stay. Then a bay for isolation would be set up in the AMU. If these became full and COVID cases were still increasing, a ward area would be used. If all three were in action, this would trigger the surge plan to change wards from non-COVID to COVID. Their modelling had been based on the national suggestion of vaccine uptake and effectiveness to predict what they would see. Escalation trigger points went beyond the model.

WZ queried whether RB agreed that there was a less proactive vaccine approach by GPs particularly in West Birmingham with the exception of a few, which differed from elsewhere in the country, and if so, how this challenge was being fed back to the System. RB stated that he hadn't seen enough evidence to be able to comment on whether GP behaviour differed. NHS England had occasionally been too rigid in what modes of delivery they were prepared to accept and how many vaccinations they were permitting. They needed to be more proactive, nimble, and ready to act upon local communities' advice about what would work. WZ cited examples of great partnerships with community groups organising vaccinations.

MH queried what communication was planned with the community in the event of another wave so that people would be less afraid to come to hospital knowing that they would get a safe, normal service for standard procedures. LK outlined the patient journey they had shown on *BBC Midlands Today* during the last wave to reassure the public. The surge planning didn't reference communication for how non-COVID patients could continue to use the hospital but they would reflect on this and work on it with RW.

DN queried the latest staff vaccination figures. MR reported that this was just below 80%.

DN requested that RB took forward the issue of General Practice and vaccinations in West Birmingham to feed it back to the System and that communications to non-COVID patients be addressed.

He asked whether there had been an increase in hospital admissions. RB reported that COVID admissions had not risen. There had been a major increase in Emergency Department (ED) attendances in the Black Country and West Birmingham System that appeared to be due to two reasons:

1. People who could not easily access an appointment with their General Practitioner
2. People whose underlying conditions had deteriorated during the second wave who had delayed accessing healthcare potentially for too long.

At least three of the four acute Trusts in their System had had record days on Monday with regard to ED attendances. DN commented that ICSs had been set up to sort this out. He thanked LK and the team.

Action: RB to raise West Birmingham's General Practice vaccination approach with the System.

Action: LK to work with RW to ensure that communications reassured the community that non-COVID patients could continue to get safe standard hospital care in the event of another wave.

8. Planned Care and Recovery Report

TB (06/21) 007

LK outlined the three main areas of the Planned Care and Recovery report:

1. The trajectories they set as an organisation:

- Diagnostic performance had increased to 91% for May. By the end of June, they hoped to be back to delivering 99% of diagnostics within the six-week timeframe. The two areas of concern were Cystoscopy, which was a national issue, and Gastroscopy, which they were improving and which they expected to be back on track in June.
- The Trust would be back to delivering their 62-day standard for cancer by December 2021. They had done an internal breakdown by tumour site of how they would deliver against that. They were progressing well with cancer clearance times.
- As a System, they had a trajectory to deliver towards to reduce 104-day standard cancer waits down and to have less than 125 62-day waits by September. Internal plans were being worked up to deliver against that.

2. Their focus on the higher priority cases, reporting any issues around that trajectory for those patients and the focus on Ophthalmology. Any patients that required care within 28 days were categorised as P2.

- This was illustrated by a graph of the P2 backlog trajectory. By and large, they were on track to clear this by the end of June with the exception of Ophthalmology, which represented the highest proportion of P2s in the organisation and the System, due mainly to the complexity of the backlog. They were coming up with alternative options within the Trust and externally to try to accelerate clearance of Ophthalmic patients.

3. The Trust's position in nationally set activity recovery expectations and where they were in relationship to that.

- The national ask was to deliver 70% of their 2019/20 value of activity in April. Initial estimates showed that they would be between 78% and 80%, so above the national ask. This showed that they were re-establishing services and reducing backlog numbers.

ML requested further detail about the internal capacity and ISP support issues, how they intended to clear the Ophthalmology backlog, and when they hoped to be back on plan. LK described how they had mapped out where they were with high priority patients and the theatre provision given to them. The skill mix of theatre staffing was seen to require more training for theatre nurses in order to provide additional Ophthalmology theatre sessions. They were now providing extra theatre sessions each week, which was helping. They had brought in more resource to the booking team, who was being trained on the systems. They planned to book patients four to six weeks in advance. They still had over 400 slots available in June which would help to address the issue.

Due to the complexity of the Ophthalmology work they did, the independent sector was unable to

provide the more specialised services. He had flagged to the ICS Board the need for a solution across the System. They were in discussion with one or two ISPs around how the Trust could support them pre- and post-operatively to deliver more complex care.

ML queried whether slots were going unused. LK reported that they were utilising all their slots but they were trying to book more in advance to provide a better patient experience.

KT queried how they were supporting staff, including with annual leave, who were recovering from the second wave, catching up on work, and preparing for a third wave. LK described the difficult balance. They were encouraging staff to use their annual leave and any extra carried forward and providing any theatre staff coming out of ICUs and theatres with a down time period. The rotas were designed to allow for that. This could cause them to have to increase agency rates within theatre to enable them to run at the required levels. It was important not to push staff above and beyond what they were capable of.

9. Maternity Services Report

TB (06/21) 008

HH highlighted the following key areas outlined by MR for the Board's consideration:

Midwifery staffing:

- Midwifery staffing remained a national challenge. Safe staffing was imperative to provide a safe, quality service. The paper outlined programmes of work that were having an impact regarding recruitment and retention with support from education, HR, and incentivisation.
- In-patient staffing levels were shown for the last three months, managed in line with the Ockenden Report and Birthrate Plus requirements.

The CQC's unannounced visit in May:

- Their two-day CQC visit picked up on robust risk management, governance, and evidence-based care, to provide good quality and safety for patients.
- They noted good working relationships between medical staff and midwives.
- They acknowledged comprehensive plans put in place to address the challenges they had been working on since last summer. The improvement plan was included in the appendices.
- Phase 1 of the draft external review of staff had been scrutinised by Executives and shared with the Group. Phase 2 was about to begin with listening to hard-to-reach patients, followed by rolling out their Kinder Life improvements.

Equality, Diversity, and Inclusion (EDI) lead pilot:

- They were really pleased that the LMNS (Local Maternity and Neonatal System) had provided funding for a pilot to improve the knowledge and relationships and care to the diverse communities they served and their workforce, leading to improved outcomes. They hoped to translate this across their whole LMNS to improve care and outcomes across a wider spectrum.

ML queried where they were with the electronic rostering system that they had received external funding for. FM stated that the funding had been secured and the procurement process was imminent for a system to complement the job planning software. HH reported that all rosters were created electronically but not all staff had access to this so they wrote down on a shift-by-shift basis which staff were coming on that day. This would disappear once everyone had access with the new Allocate rostering system.

DN queried whether they expected Allocate to expose old practices and rigidities in the system that had

gone unnoticed. FM agreed that the current systems didn't support managers with the visibility they needed. She would be working with MR to ensure that they got the maximum benefits from the new system and to plan an engagement programme for the staff to use it. DN reinforced the need for staff engagement.

LK queried whether communication barriers between expectant mothers and midwives would be encompassed within the EDI role. HH described a good platform of information they already had in multiple languages but the EDI role would help to find out what the ladies truly wanted.

LK queried whether the BadgerNet app with its portal of information could be translated. HH added that for less digitally aware patients, they could also need paper versions. The EDI Lead was working on this.

HK commented on how he was struck by the patient story of individuals who didn't resonate to her needs. He queried how they would address the specific needs of pockets of individuals to create a culture of care. HH agreed that they should address individual matters with the individual member of staff rather than targeting all staff. Part of their improvement plan was to create a kinder culture. Three workshops were planned at the end of June and July for all staff to understand and improve the negative impact of language and attitudes amongst staff and showing care and compassion to patients.

HK queried what options they had for repeat offender staff who were unable to change their values and the ways they operated. HH stated that they would work with HR to support those colleagues to change.

MH queried whether they had a baseline on turnover to be able to measure retention improvements. HH described targeted work done with education for support workers and by the transformational midwife to support their hotspot of community midwifery. The baseline attrition rate was around 20%.

WZ welcomed the overdue EDI Lead role and asked for more detail about their action plans. He pointed out the differing needs between BAME communities that had been established for generations and those who had more recently arrived. He queried how their approach would tackle the diversity amongst the diverse groups. HH described the need for someone to focus specifically on EDI instead of business as usual. They were one of the few hospitals to have this post and were being approached to see how it worked. She offered to share their quarterly reports to LMNS or to meet up separately.

FM assured WZ that the EDI lead was being supported by clinical peers. An EDI team had commenced in April with additional EDI resources agreed in a January business case and funds from the ICS.

The Chair suggested that the difficulties staff were feeling should not be underestimated, with transformational changes to the way people worked being introduced through continuity of carer. He recommended regular communication to keep Maternity high on the priority list going forward.

The CQC's inspector had no major safety concerns but the concerns addressed by the action plan needed to be worked through vigorously. Underpinning everything was the maternity transformation plan. He asked that HH created a report that succinctly set out the following:

1. What they were trying to achieve
2. How they were doing it
3. What resources were being put against making it happen
4. What the expected outcomes would be.

This would help the Board to understand how all the elements fit together.

He agreed with WZ that the EDI Lead role was overdue. They didn't need a post to go out there to create a list of all the problems, as much of this was already known. What was needed was practical corrective

action, mobilising the whole of the workforce, and putting some simple things right. He recommended that they focused on the action that could be taken as a group. They noted the report and thanked HH.

Action: HH to present a succinct summary of the Maternity transformation plan, setting out what they were aiming to achieve and how, with what resources, and what the expected outcomes would be.

BREAK

10. Finance

TB (06/21) 009

- **Finance Report Month 1**

DMc introduced the paper and highlighted the following key points:

- The Board had received the HI plan in May for the first half of the financial year. Three elements of funding had been requested over and above last year's Q3 x 2 block allocation. Two of the three elements were now reflected in the plan. The third element was £787,000 for net inflation, with the option to access this through the System's risk share arrangement.
- The Trust remained comfortably on plan in Month 1, including from a capital cash point of view.
- In addition, at least £750,000 of Elective Recovery Fund (ERF) would be due to them in Month 1, with another slightly larger amount expected to be validated for Month 2. A System meeting was planned to join up the cost in careful ERF investment to improve the waiting list position.
- A drop in COVID costs was seen in Month 1 and slightly more in Month 2.
- There were plans to forecast a decreased agency and pay spend trajectory.
- There were plans to get back to budget for Medicine and Emergency Care.

LK asked the Board about their risk appetite under ERF. They had the potential to generate significant ERF by delivering over and above their 70% target rising in 5% increments. RB added that Board members needed to start thinking about preparedness to tackle risks through potentially unusual approaches, with H2 finances uncertain.

DN stated that the Board required guidance from the Executives regarding what they thought the balance of risk was. He identified three risk areas:

1. The tiredness of staff and their wellbeing, which was the biggest issue and hard to measure
2. The financial benefits
3. The clinical risk of getting patients treated, which was a priority.

LK agreed that the clinical risk lay with having patients overdue. He suggested that they had a unique opportunity at the moment to deliver above their previous baseline to attract additional income that could be invested sustainably in long term development plans and equipment that potentially could help staff longer term. The benchmark started slowly and would be moving towards the 2019/20 baseline, so now was the opportunity area. Not all solutions involved their staff but they were investigating impacts on the staff concerned.

RB assured the Board that the baseline recovery trajectory included carved out regular staff recovery time. The accelerated recovery they were considering, particularly but not exclusively Ophthalmology, would involve discussions with a wide range of clinical and non-clinical staff. Whatever plans were brought forward would be based on a proper assessment and staff's willingness to do so.

ML suggested a Board discussion on what it meant to be an "Anchor Institution": the use of local

suppliers, employing local people including from hard-to-reach communities, environmental impact, and community usage of the new hospital. DN agreed to schedule this on the agenda. He stated that it was one of the most distinctive things about their organisation and it linked with their strategic objectives.

DN thanked everyone for the work they put into what was a decent start to the year, in difficult circumstances, given the number of moving parts. He congratulated the team.

11. Chief Executive's Summary on Organisation Wide Issues

TB (06/21) 010

RB highlighted three things that he was involved with that he wanted to bring to the Board's attention:

1. They had had an informal **CQC visit** from Ted Baker, the Chief Inspector of Hospitals, and his regional team. This reinforced the need to concentrate more on delivery of the fundamentals of care. As a Board, this meant seeking assurance from the evidence that this was being done.
2. The **Sandwell Integrated Care Partnership (ICP)** – the role of the organisation as an “Anchor Institution” created a unique opportunity at Sandwell to host the ICP in governance and leadership terms to play a key role in defining how to improve population health and wellbeing in the Borough of Sandwell and how they wove the process and developed the strategy and plans to do that with other statutory and non-statutory organisations. A conversation was planned about whether they wished to potentially become the ICP Board for Sandwell as well as the host.
3. The **Ladywood & Perry Barr ICP** Board met yesterday. The Boards adopted their statement regarding the conditions of success and assurances sought associated with any potential or mandated shift from the Black Country and West Birmingham ICS locality into the Birmingham & Solihull ICS. These were going to NHS England that week as the first step in the process of potentially making that move, including the following assurances:
 - A commitment to subsidiarity and local decision making
 - The ICP would be content with the boundary shift and the move, should it happen
 - Transparency on the historic and prospective financial allocations to the ICP
 - A formal commitment that the underpinnings and assumptions contained in the Midland Metropolitan University Hospital business case were not changed as a result of the shift.

DN queried whether the alternative option had been considered of bringing the two ICSs together. RB and LK reported that this had not been part of any discussions that they had been involved in but that the question should be raised to assess the pros and cons.

11.1 Integrated Quality and Performance Report

TB (06/21) 011

The report was noted and DN suggested that it would be useful to review the IQPR, SBAF, and the strategic objectives to make them aligned and more consistent.

In response to DN's query, MR reported that a report was coming out on pressure areas within Community Services. They had done two thematic reviews that had gone to the Executive Quality Committee that week, which fit with the Fundamentals of Care programme she was working on. She confirmed for DN that the reviews would go the Quality & Safety Committee for oversight.

12. Strategic Board Assurance Framework

TB (06/21) 012

KD reported that the SBAF was aligned to the 2020 strategic vision in 2015. The risks were last updated in April 2019. Risks were assigned to an Executive Lead and to Board Committee Chairs' agendas so that Committees could be assured that controls were in place. It had been agreed that SBAF risks would come to the Board quarterly to ensure that risks were mitigated down.

The corporate strategic objectives were currently being defined and agreed and would create the framework for new, refined and refreshed risks moving forward.

RB reported that the Executive Team was discussing the wording of the risk regarding Unity. Its implementation had been successful but the evaluation of Unity and the optimisation of it as a system was yet to be complete.

13. CQC Inspection preparedness report

TB (06/21) 013

RB reported on the request that meaningful and robust evidence on quality improvement and assurance be gathered to back up their own self-assessments against each of the CQC domains and key lines of enquiry into their core services and so that it could be provided for CQC inspections. Section 3 of this month's CQC Inspection preparedness report defined how this would be done at a high level. RB committed to provide a paper on this subject for the next Board meeting that would set out the methodology they would follow, resources required to do it, and would provide practical illustrations of the kind of evidence they would need to gather or had already gathered.

The rest of their CQC preparation methodology, particularly the self-assessment approach and the internal inspection approach, was robust.

ML voiced concerns about the pace for their readiness for inspection and this being the last item on the agenda. He suggested an honest view at the next meeting about where they were in terms of the key lines of enquiry from the annual report and what they needed to do to move up from requiring improvement. RB reassured him that they were not being complacent. He acknowledged the need for hard evidence, and restated the intention to focus their plans on delivering the fundamentals of care.

LK referred to the benchmark data they had previously shown with 10 hospital ratio markers that strongly correlated to where they were from a CQC perspective. Focus on the five CQC domains was a high priority within their strategic objectives. From a practical perspective they had to demonstrate two things:

1. How they could assure themselves **quantitatively** around those key lines of enquiry that they had the data to show where they were and that they could articulate this quickly and easily
2. The softer, **qualitative** feel of the culture and how the staff felt, captured along with staff surveys and patient feedback.

He proposed that a combination of these two sides could be laid out in a table against the key lines of enquiry to provide a better insight into where they were.

MR added that data from the Perfect Ward rollout over the next two months could help. They were doing a lot of work around the patient experience and the Fundamentals of Care programme that would add to the robustness and provide greater assurance about the progress made.

KD described how they were collecting feedback about how staff and patients felt during in-house inspections conducted by peers from different areas. She suggested that they could repeat their self-assessments backed up by evidence that would be in the vault. The CQC's new strategy was to rely very

much on what patients in hospital and in the community were saying.

The Board noted the provision of a report to the next meeting.

UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS

14. Minutes of the previous meeting, action log, and attendance register

TB (06/21) 014

To approve the minutes of the meeting held on 6th May 2021 as a true/accurate record of discussions, and update on actions from previous meetings

TB (06/21) 015

TB (06/21) 016

The minutes of the previous meeting held on 6th May 2021 were reviewed and **APPROVED** as a true and accurate record of the meeting.

The action log was reviewed with the following updates made:

- *TB (06/21) 012 - DC to consider help from external sources and to outline an appropriate timetable for an improved trajectory.*
 - DC reported that they had had some early discussions with external auditors Grant Thornton.
- *TB (05/21) 019 - Present a resourced plan and overall approach for the Q&S action to create the CQC evidence repository, based on an inspection within one or six months.*
 - This was partially covered by the CQC Inspection Preparedness Report (see Item 13). A full discussion and specific report on evidence were planned for the following meeting.
- *TB (05/21) 019 - Invite the CQC inspector to a future Board meeting.*
 - KD reported that the CQC inspector was unable to attend this month but he hoped to be able to attend in July. **Closed.**

MATTERS FOR INFORMATION

15. Receive the minutes from the **Audit & Risk Management Committee** held on 4th February 2021.

TB (06/21) 017

Noted.

16. Receive the minutes from the **Finance & Investment Committee** held on 26th March 2021.

TB (06/21) 018

Noted.

17. Receive the minutes from the **Quality & Safety Committee** held on 30th April 2021.

TB (06/21) 019

Noted.

18. Application of the Trust Seal

TB (06/21) 020

Noted.

19. Any other business	Verbal
None discussed.	
20. Details of next meeting of the Public Trust Board:	
<ul style="list-style-type: none"> The next meeting will be held on Thursday, 1st July 2021 via WebEx meetings. 	

Signed

Print

Date