TRUST BOARD – PUBLIC SESSION MINUTES

Venue: Meeting by WebEx. **Date:** Thursday 4th March 2021, 09:30-13:00

Members:		**In Attendance:**	
Mr R Samuda (Chair, Trust Chairman)	(RS)	Mrs R Wilkin, Director of Communications	(RW)
Mr M Laverty, Non-Executive Director	(ML)	Mr D Baker, Director of Partnerships & Innov.	(DB)
Mr M Hoare, Non-Executive Director	(MH)	Ms H Hurst, Director of Midwifery	(HH)
Mr H Kang, Non-Executive Director	(HK)	Ms S Rudd, Assoc. Director of Corp Governance	(SR)
Cllr W Zaffar Non-Executive Director	(WZ)		
Mrs L Writtle, Non-Executive Director	(LW)		
Mr R Beeken, Interim Chief Executive	(RB)		
Dr D Carruthers, Medical Director & Acting Chief Executive	(DC)		
Mr L Kennedy, Chief Operating Officer	(LK)		
Ms M Roberts, Acting Chief Nurse	(MR)	**Apologies:**	
Ms D McLannahan, Chief Finance Officer	(DMc)	Mr T Lewis, Chief Executive	(TL)
Ms F Mahmood, Chief People Officer	(FM)		
Ms K Dhami, Director of Governance	(KD)		
Prof K Thomas, Non-Executive Director	(KT)		

Minutes	**Reference**
1. Welcome, Apologies and Declarations of Interest	**Verbal**

The Chair welcomed Board members to the meeting. There were no new declarations of interest.

The Board held a minute's silence to mark the one-year anniversary since the first loss to COVID-19 in the local community.

Apologies: Toby Lewis.

2. Staff Story	**Verbal**

MR introduced the staff story from Jo Thomas (JT), a member of staff in the Medicine and Emergency Care Directorate and a former Matron on the Stroke Unit when COVID-19 began. She had contracted the virus in Wave 1.

JT explained that she had worked with SWBH for ten years. On 13th March 2020, she had helped her team prepare for the pandemic following presentation of the first cases at SWBH. After a couple of weeks, the Stroke and Neurology Unit was asked to convert an area into a six-bedded treatment bay, which was done with the help of volunteers. No PPE had been utilised in the exercise.

JT reported that, in the days following, she had begun to feel very ill with shortage of breath and high temperature. She was admitted to A&E after her condition worsened and she became critically ill. JT reported that she had felt scared and lonely. Following drugs and oxygen therapy she recovered enough to

return home. However, long-COVID-19 set in although she was rehabilitated back to work over the coming months.

Based on patient safety; however, she could not return to the Stroke and Neurology ward. Following discussions, she became the Medicine and Emergency Care Patient Safety specialist and is starting to gradually return to the hospital site.

RS acknowledged her considerable contribution to the stroke service.

FM queried how the Trust could have further supported her. JT reported that support from the Trust had been outstanding, but she had felt guilt at leaving colleagues to cope with the workload. She had sought counselling from the Trust which had taken around 8 weeks to organise – easier and earlier access would have been helpful.

MH queried whether JT had accessed the wellbeing services. JT acknowledged that her obesity had contributed to the severity of the illness. Since then, she had lost some weight.

DC queried the co-ordination of services. JT observed that physical aspects were the focus of the long COVID-19 clinic rather than psychological aspects. She agreed that the issue should be looked at more holistically.

WZ queried the importance for her to return to SWBH albeit in a different role. JT commented that it had been pivotal to her mental health to continue to be involved with the Trust.

RS thanked JT for sharing her story and for her continuing work.

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

RS referenced the Chair succession announcement. RS advised that he had completed three terms as Chair and the Trust would now be welcoming Sir David Nicholson in the role from May 2021.

RS commented that Sir David was a passionate NHS supporter, who had a depth of experience at all levels (both strategic and operational). He had been involved in the original approval of the MMUH business case and would now get to see the project opened.

It was further commented that Sir David offered the Trust experience and insight and would help the organisation support others in the STP and had a range of relationships that would be helpful for SWBH. He was hugely supportive of the Trust's approach to integrated care.

Racism training for a range of senior executives had been arranged at an STP level. RS commented that greater innovation in the approach to this issue was required rather than reliance on a set of processes.

RS had attended Professor Sir Michael Marmot's session as part of the Leadership Academy. The Professor was the seminal influencer on health inequalities. Following the publications of two reports in 2010 and 2020, his team had undertaken further work on the impact of the COVID-19 period in this area.

RS commented that the work validated a lot of the work that the Trust was doing in terms of Integrated Care and raised awareness of the wider, key determinants of health within the Trust's clinical, nursing and operational leaders.

RS reported that he had also been supporting RB on the ongoing work to address the new collaboration.

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

The following questions were received from members of the public:

Q. (From journalist George Makin) What is the present number of COVID-19 patients being treated by the Trust and how many are currently in Intensive Care compared to the beginning of January 2021.

A. DC reported that the total number of COVID-19 positive patients in the organisation was currently between 140 and 150. There were 12 COVID-19 patients in the Intensive Care Unit. These figures were a considerable reduction compared to the peak, when there were around 400 patients and ITUs were operating at 200% of baseline capacity which was no longer the case.

Q. The Chief Executive's report makes reference to the vaccination rate among BAME populations. Could the Chief Executive say what percentage of people in the BAME communities had taken up the vaccine and what percentage is in the general population? Please can he expand on the types of myths, perceptions and misinformation about vaccination that are influencing people's choices about not having the vaccine.

A. RB reported that, as an organisation, SWBH had vaccinated around 70% of its staff in total but was concerned that less than 70% of BAME (Black, Asian, Minority Ethnic) colleagues had been vaccinated. This trend had been reflected across the West Midlands system.

The Trust had been focusing on two main myths and rumours:

- That the Government was about to instruct the NHS to mandate vaccination of all frontline staff and make it part of a contractual obligation. RB reported there was no current plan for this to happen. No request had been received and it would not be a voluntary decision the Trust would make.
- The impact the vaccine may or may not have and the science and evidence of efficacy for pregnant women or those planning to become pregnant. RB reported there was a significant amount of fact gathering taking place as an organisation. There was also considerable communications activity planned, using high-profile senior clinicians from BAME communities as key opinion formers. This work was being co-ordinated across the Black Country and West Birmingham region.

RB agreed that there was concern that the vaccination rate in BAME communities was far too low and needed to improve.

UPDATES FROM BOARD COMMITTEES	
5a. a) Receive the update from the **Audit & Risk Management Committee** held on 4th February 2021. b) Receive the minutes from the **Audit & Risk Management Committee** held on 5th November 2020.	**TB (03/21) 001** **TB (03/21) 002**

LW reported there had been a technical glitch in the recording of the meeting which had affected the minutes. These were being amended as a result.

LW highlighted four areas:

- The Committee formally adopted a set of Terms of Reference and these were now in place.
- Risk management was a focus – a position that had been reflected in the recent Board development session. The framework for risk was being reviewed along with the BAF and development work to deliver a strong risk management approach. One element was in challenging the 'Supporting Ulysses' system to ensure it was fit for purpose.
- IT security and protection tools had been a focus to ensure the improvement plan was delivered.

The aim was to be fully compliant by June 2021.

- In terms of external audit, the process this year had been a lot simpler than previously. One area requiring more work was the accrual of annual leave and its financial impact.

LW reported that the National Audit Office had this year introduced in its assessment criteria, considerations of value for money, well-led initiatives, the strength and resilience of the Trust's BAF, the organisation and its strategies.

5b. a) Receive the update from the **Charitable Funds Committee** held on 11th February 2021. b) Receive the minutes from the Charitable Funds Committee held on 12th November 2020.	**TB (03/21) 003** **TB (03/21) 004**

WZ reported the following highlights:

- The charity's investments had been performing very well.
- There had been an increase in donations during the COVID-19 period from people keen to support the Trust's charitable efforts.
- Spend plans for NHS Charities Together had been agreed. The fundraising of Sir Captain Tom Moore had been very much appreciated.
- An investment into business development and fundraising for the charity of around £96k had been agreed for the next financial year. A return of around £4 per £1 invested would be expected, which was in line with most similarly sized charities.
- Three new projects had been supported with investment.

WZ reported that there had been some concerns around the MMUH fundraising campaign because of the challenges posed by pandemic restrictions. WZ reported that, as a result, the campaign was currently below income target but expressed confidence this could soon be recovered.

RS reported that staff lost to COVID-19 would be remembered and celebrated in the MMUH design.

5c. a) Receive the update from the People and Organisational Development Committee held on 26th February 2021. b) Receive the minutes from the People and Organisational Development Committee held on 30th October 2020.	**TB (03/21) 005** **TB (03/21) 006**

ML reported that recruitment and retention had been the focus of discussions. It was noted that the time to hire had reduce, which was pleasing. Sustained recruitment would be discussed again at the next meeting.

The psychological health of the workforce had also been discussed and the support being offered by the trust. FM would review current offerings for the next meeting.

The Armed Forces covenant had been signed which was a positive and the Trust had been successful in its bid to create an integrated rostering system. ML commented that rapid implementation of this would be beneficial.

5d. a) Receive the update from the **Quality & Safety Committee** held on 26th February 2021. b) Receive the minutes from the **Quality & Safety Committee** held on 29th January 2021.	**TB (03/21) 007** **TB (03/21) 008**

HK reported that most of the items to highlight had already been tabled on the meeting's agenda.

The Gold update on COVID-19 had been discussed. There was still a high infection rate in the community and potential interventions had been a topic.

The vaccination programme was progressing at pace. The Tipton Hub had been discussed along with the reopening of the Sandwell Hub for second jabs.

The Committee had acknowledged that the recovery of Planned Care needed to step up in March 2021. Another topic was safe staffing ratios. HK commented that some of the ratios were not where they should be because of the pandemic response.

Three specific risks were reviewed in the SBAF (vulnerable services, reduction in amenable mortality and research goals).

Metrics in relation to Maternity Services had been a topic (discussed later in the agenda).

HK commented that the sickness rate had been 7% for the month of January 2021 which was one of the highest in the country. It compared to around 5.7% for the Trust in September 2020. This issue required careful monitoring.

RS commented that the Trust's recovery was taking longer because of the higher level of infection in the community.

5e. a) Receive the update from the **Digital Major Projects Authority** held on 26th February 2021. b) Receive the minutes of the **Digital Major Projects Authority** held on 29th January 2021	**TB (03/21) 009** **TB (03/21) 010**

MH reported that the implementation and adoption of the N365 project had been discussed. Martin Sadler would be bringing back further information on user profiling to the next meeting along with the interaction of the training component.

The informatics plan for the year ahead had also been discussed now that the systems and services had been stabilised across the estate. The interdependencies of the actions would be reviewed at a future meeting to assess how they would address the Trust's strategy and forward view.

MH highlighted that the DMPA had sought delegated authority for the CEO to sign the Alfresco contract which had been reviewed at Digital Committee. LK reminded the Board that Alfresco provided a service that enabled the Trust to view previously scanned patient medical records through a web-based portal.

MH assured the Chair that the matter had been given proper deliberation. The Board unanimously **APPROVED** the delegated authority.

MH further reported that, whilst there had been good network stability throughout the estate for the last 12 months, there had recently been a Virgin Lines outage for around four hours. However, this had not affected clinical services.

MS would return with a diagnosis and an action plan which would be reported to the Board for the next meeting. LK clarified that the outage had affected just one of the two lines.

5f.	a) Receive the update from the **Estates Major Projects Authority** held on 26th February 2021. b) Receive the minutes of the **Estates Major Projects Authority** held on 8th January 2021.	**TB (03/21) 011** **TB (03/21) 012**

RS reported that progress on the [MMUH] build had been discussed. There had been some slippage in January due to COVID-19, but some time had been recovered in February. There were 700 approx. operatives on the site (main build) plus 100 other technical staff.

The hospital move scenarios had been prepared for decision by the end of Q1. This would require review of contractor handover timings and the intersection with key holiday periods (including Winter periods) and the Commonwealth Games event.

The existing financial envelope and the original business case for MMUH would be revisited over Q1 and Q2.

The hard facilities contract would commence on 5th April 2021, and RS reported that the safe services transition and governance arrangements had been discussed. Good progress had been made on filling key posts.

The closure of SBAF 6 (relating to the viability of the main contractor) had been agreed. The contingency had been signed off and would be taken to Private Board.

MATTERS FOR APPROVAL OR DISCUSSION

6. COVID-19: Overview including vaccination update	**TB (03/21) 013**

RB commented that the Black Country and West Birmingham system – particularly the Borough of Sandwell – had a very much higher COVID-19 community incidence rate relative to the England/UK average.

Although the rate had been reducing, it was not doing so at the same speed as the rest of the country. The reason for this was that Sandwell had more people in category 8 and 9 jobs (food production/clothing manufacturing etc) which meant they worked in riskier environments with respect to contracting COVID-19. Therefore, the Sandwell site had been experiencing more pressure.

LK added that the COVID-19 numbers were constantly shifting and there were now 142 COVID-19 positive in-patients (previously mentioned) compared to around 200 at the time of writing the paper. Whilst this was positively down, LK expressed the view that easing of lockdown measures meant the Trust had to be mindful of the risk of more cases.

Measures had been out in place in contact wards to try to reduce the nosocomial infection rates, primarily on the Sandwell site.

A trajectory plan had been put in place to move 'red' wards to 'amber' and it was hoped the last would be converted in the next few weeks to leave just one 'red' COVID-19 area on each site. LK reported that tracking had been following the model. which was a positive.

Consolidation of the Gastroenterology service on the Sandwell site (paused during COVID-19) was

continuing and it was hoped that plans would be completed by 7th April 2021.

LAMP testing rather than the Lateral Flow method had been used for staff testing. This had been accepted as a more accurate measure and was rolling out to high priority staff areas.

RS queried the LAMP testing in terms of accuracy and speed. MR responded that the saliva test was more accurate.

WZ commented that it had been pleasing to see numbers reducing and reported that a lot of work was being employed in improving the uptake of vaccination in BAME communities.

7. Planned Care and Recovery Report	**TB (03/21) 014**

LK referred Board members to the paper and stated there had been a deterioration in Planned Care in January 2021 because of the demands on resource by the COVID-19 response.

The Trust's RTT position was 77% but some challenging areas remained (oral surgery, dermatology). Oral surgery required regional input because University Hospital Birmingham (UHB) had pulled the service and the Trust was reliant on UHB and other Black Country providers for support in recovery.

A positive recovery trajectory for Dermatology had been submitted. It was expected that long waits for Dermatology services would be back on track swiftly.

Routine referrals were down, but cancer referrals were almost on a par with the monthly average. One issue was that GPs had reported that presentations to them had reduced.

Long waits (52 weeks) were a considerable concern for the Trust and numbers of cases had grown between May and December 2020. At the time of the meeting, there were more than 1400 52-week waits. The Trust's position was comparable with other organisations however, and was due to the impact of COVID-19.

A restoration plan was being worked on, based on clinical prioritisation. Around 90% of patients on the lists had been prioritised. The current focus was on 'P2' patients needing surgery within one month. All organisations across the Black Country were taking a similar approach. Utilisation of private providers was also being taken into consideration.

It was reported that clear service recovery trajectories for all specialty areas should be in place by the end of March 2021 however, LK estimated that recovery to the pre-COVID position would probably take a year.

The Trust was currently going through a Harm Review process. Harm Reviews would be recorded on the electronic patient record system (Unity) from 16th March 2021, to ensure patient plan follow-through.

RS queried the link between recovery trajectories and staff wellbeing/annual leave take up. He also queried the link between imaging capacity against target and wider risk. LK responded that the Black Country region had been one of the areas hardest hit by COVID-19 and therefore, there would likely be a slower return to full recovery.

The first official step towards recovery and restoration would be taken on 22nd March 2021, although the redeployment of staff back into the theatre environment had commenced as part of a two-week transition period.

In terms of imaging, LK commented that urgent and cancer imaging services had never been stood down and therefore, the catch-up period had been minimised.

RB commented that realistic trajectories and staff recovery time would need to be built into the models for restoration of services in the Trust on an ongoing basis. He requested that the Board commit to this

aim in public session, to strongly signal the Trust's position in the face of the exacting national demands expected.

LK commented that there was an aligned position across the system that the Trust would need to build in recovery time to plans. ML commented that prioritising staff wellbeing would have a positive impact on staff retention.

MH expressed concern about the Trust's ability to get back to the [pre-COVID-19] run rate of services. LK reported that timings were currently uncertain, but highlighted the plan to have 'green' non-COVID-19 areas for post-operative recovery. Testing of patients would continue pre-surgery.

LK commented that restoration and recovery would lead to a different set of costs which would need to be worked through, but he further commented that the recovery would also present opportunities for positive change.

8. Safe nurse staffing through the COVID-19 pandemic	**TB (03/21) 015**

MR referred Board members to the paper which outlined the staffing position through COVID-19, primarily through December 2020 and January 2021.

Staffing ratios through January 2021 had moved downwards to around one in ten and in some cases one in twelve, mainly due to staff being redeployed to Critical Care. Even in Critical Care, staffing had moved from one to one, to one to two or three. MR commented that a similar situation had been reflected nationally.

There had been a high level of sickness amongst nursing staff and recruitment had ground to a standstill.

A safer staffing acuity report had been undertaken daily for assurance. Through January 2021, both AMUs had a high level of acuity of patients. Walk arounds had taken place to ensure acuity levels were a proper reflection of what was happening at ward level. There was more work to be done however, in relation to acuity systems.

Monitoring included Safer Staffing meetings held twice per day, chaired by a senior nurse and with representatives from each group attending. Redeployment decisions were made at these meetings and plans put in place to mitigate shortfalls.

Support had been received from a cohort of 18 military staff who would shortly be leaving the Trust. MR extended thanks to this team for its help and also acknowledged the contribution of third year, student volunteers (medical, paramedic and nursing).

HR staff had been working on international recruitment across the STP.

Quality Impact Assessments had been made on acute wards, community nursing, paediatric wards, maternity services and ITU to ensure the right level of staffing. These had been shared with staff for learning.

Wards requiring monitoring had also been identified and would be added to the Safer Staffing Report.

ML queried the level of assurance indicated by the report. MR reported that the Trust had a minimum of two Registered General Nurses on each ward and a range of mitigations were in place, however, MR commented that the situation remained extremely challenging, and decisions were being taken on a daily basis.

RB commented that, without the inclusion of incident analysis in the Report, the Board could not really get close to complete assurance. MR agreed and reported that she had spoken to nursing directors about how to include this information in the future.

LK commented there was an additional HCA deployment on the wards and these would be useful to include in the Report.

In response to a query from RS, MR reported that the tool used to measure acuity was utilised along with professional judgement and ward visits in a double-checking exercise.

Action: HCA information to be added to the Safer Staffing Report.

BREAK

9. Maternity Services Report	**TB (03/21) 016**

HH thanked MR, DC and KD for their help in preparing the paper which updated the Board in a number of important areas in relation to safety in Maternity and Neonatal Services.

HH explained that it had been prepared in the wake of the Ockenden Report, which had provided a clear direction for improvements in Maternity Services.

The key areas were as follows:

Birth data

- Risk and governance
- Workforce
- Local maternity and neonatal systems
- Clinical negligence scheme for Trusts
- Saving babies lives

HH reported that the birth rate had fallen, following a trend seen regionally and nationally. The caesarean section rate was currently 29.7% which was in line with the national target rate of 30%.

There would be an expected fluctuation in stillbirth rates over a projected two-year period.

The Trust's Perinatal Review was undertaken with the inclusion of external voices and parents' views and questions were included in the review of cases.

Cases had been referred to HSIB and the Trust was known for its referral rate and the lessons learned from the reviews. The quarterly report from HSIB would be brought to the Board in April 2021 for noting.

HH commented that lessons learned focused on communication around inductions, delays in transfer to the delivery suite and explanation of timely caesarean decision-making.

HH expressed pride in Ward Managers and Matrons who had undertaken a piece of work to understand the experience of patients/women. This piece of work had commenced in November 2020, working closely with the Maternity Voices Partnership. It was integral to the Trust improving its services. Maternity Services was now working with the corporate teams and wider teams to improve response rate.

Mandatory training had been maintained, although the 100 club (excluding professional training) had dipped. The Trust's midwives had managed to maintain 90% compliance in K2 training (fetal monitoring and crisis management) throughout COVID-19. Obstetricians' K2 training had improved from a rate of 60% to 100%.

The workforce had been badly hit by COVID-19. HH reported that Birthrate Plus had conducted a review of models of service delivery and been commissioned to return to the Trust to provide further insights.

Staffing was being monitored. Daily staffing review meetings currently took place to ensure flexibility and

fluidity.

There was a high level of vacancies across the entire Directorate at 35.66% but the Trust had been supporting with a recruitment campaign to build resources. The Trust would be employing all its student midwives when they qualified this year.

Confirm and challenge meetings had proved to be valuable in managing sickness rates and in monitoring the health and wellbeing of staff, supporting staff to return to work as soon as possible.

Staffing gaps were being filled with locum cover.

HH expressed pride in the level of continuity of care/carers that was being delivered to the Trust's diverse community (67% on average). It was acknowledged there was still work to do although the service had been nationally recognised for the work undertaken so far.

Compliance with the Clinical Negligence Scheme for Trusts (CNST) Incentive Scheme for Maternity Safety Actions currently predicted that the Trust would fall short and there would be three areas of focus. The Trust was 100% compliant with the maternity data set thanks to Informatics support.

HH explained that Saving Babies Lives had been introduced to reduce stillbirths and neonatal deaths. The Trust was fully compliant in most areas, with the exception of CO monitoring which was currently suspended because of the pandemic due to safety. However, this would shortly be resumed with staff wearing appropriate PPE.

HH expressed pride that the Trust had been recognised for its speedy response to monthly reporting.

MR reported that very positive feedback had been received by the Regional Chief Nurse. She would be spending more time with the teams to review action plans in March 2021.

RB queried whether the Report would focus on Neonatal Services and the National Neonatal Transformation Plan which was likely to become a Board issue. HH reported that this would be added to a future report.

LW queried the vacancies rate. HH commented there was a total of 426 people in the Directorate with a 10-15% vacancy rate. The highest vacancy rate was in Community Midwifery which coincided with the highest rate of [COVID-19] shielded patients.

MH queried late presentation rates of patients. HH explained that late attendances were still being observed, but the establishment of Early Bird Clinics had been working extremely well. The issue was multi-factoral.

RS thanked HH and the team for their work in this area. MR commented that whilst progress had been made there was still a lot of work to do.

10. CQC inspection preparation: ward self-assessment programme	**TB (03/21) 017**

KD reminded the Board that the CQC would not be continuing with big provider inspections and would instead focus on data submitted by Trusts and the views from patients and the public about the care they receive. CQC spot checks however would be expected.

KD referred Board members to the paper outlining the self-assessment programme. The toolkit to support the programme had been launched in the Summer of 2020 and had been circulated to wards following consultation, at the end of 2020.

The deadline of the end of February 2021 had not been enforced because of the COVID-19 pressures, however, KD reported that the response had already been positive. KD stated that the self-assessment

process could not be relied on alone and instead needed to be part of a validation process.

In-house inspections were likely to recommence in May 2021. These would review data and ward improvement plans.

KD commented that progress had been slow in the circumstances, but the aim was that all wards would have engaged with the self-assessment process by 31st March 2021. Progress would be checked on a weekly basis.

ML expressed concern that the Trust might run out of time because of the quantity of work to be done and queried the level of priority being given to the CQC inspection process. He expressed concern that another 'requires improvement' rating would affect the Trust's ability to recruit staff, reflect badly on the opening of MMUH and potentially impact influencing ability with the STP.

RB opined that the Trust had a great opportunity [post COVID-19] to unapologetically focus on the fundamentals of care, backing the work up with assessment and assurance. ML agreed, but stated that organisations that understood their key development areas and tactical problems tended to do better.

LW queried whether the QI methodology was being included. KD confirmed this was the case. She also queried the involvement of the Non-Executive Directors (NEDs) in visiting parts of the organisation. KD commented that the organisation was keen to re-introduce inspection visits to wards by NEDs when safety allowed.

KD commented that a positive of the CQC's new approach was that the Trust could target those areas where the rating needed to change. It would be important however, for the Trust to understand the patients and public viewpoint.

11. Complaints Report Q3 2020/21	**TB (03/21) 018**

KD referred the Board to the paper which was taken as read. She highlighted the following points to note:

There was a backlog in the response rate to complaints in terms of hitting the target of 30 working days, with the rate falling to 20%.

There were a number of reasons for the delays, including the move to a national response system back in April 2020 and a pause in responses because of operational pressures.

It was reported that other Trusts had continued their pauses which caused problems if another Trust was involved in responding to a complaint.

KD acknowledged that responding to complaints was still not a priority for clinicians who continued to be under pressure from the pandemic.

KD also reported that an additional quality assurance step had been added in Q2 and Q3 which had exacerbated the situation. Efforts were being made to clear the backlog as quickly as possible. The Trust was keeping in contact with the complainants and was apologising for the delay.

RS queried interaction with other Trusts. KD reported that performance varied among elsewhere in this area.

MR commented that currently, the Trust's complaint responses were generally not of high quality. Better management of complaints would be discussed with the groups at triumvirate meetings.

REGULAR MATTERS

12. Chief Executive's Summary on Organisation Wide Issues	TB (03/21) 019

RB introduced his report and highlighted the following key points:

COVID-19

RB reported that the landscape was still dominated by COVID-19 with the particular demographics of the local area contributing to the pressures on the Trust, relative to others.

Whilst infection rates were starting to decline, COVID-19 would remain in the background of future plans and required resilience and careful planning.

The regulatory and statutory environment in which the Trust worked was starting to change and a different financial and contracting regime was also expected, which hopeful would facilitate more flexibility over the allocation of resources to better meet population need.

Staff Recovery

It was noted that the Trust and the Board was broadly supportive of building staff wellbeing and recovery into the recovery and restoration plans.

Integrated Care Partnerships

RB commented that partnerships had demonstrated great intent and positive engagement. However, there was now a clear need in each of the partnerships for some discreet and dedicated leadership and some resource to drive practical change where there was crossover in the co-ordination of care.

Health and Care White Paper

In terms of the provider collaboratives element of the White Paper, RB commented that organisational form change, or joint leadership between organisations, would be a distraction from the key tasks (strategic and tactically) faced during the COVID-19 recovery. He suggested that the Trust ought to more overtly lead across the functional integration work across the Black Country and West Birmingham system.

RB expressed the view there were questions to be asked in relation to the subject matter of the Paper relating to leadership, dual accountability, the autonomy of integrated partnerships and the response to the ICS boundaries issue.

RS suggested NED expertise could contribute to collaboration efforts.

13.1 Integrated Quality & Performance Report	TB (03/21) 020

DB highlighted the following from the IQPR:

There had been six cancelled patients during the month, breaching the 28-day guarantee (five in Dermatology and one in Ophthalmology). DB reported that the Ophthalmology case was not actually a breach because it should have been validated out.

In relation to four of the Dermatology patients, two had now been treated and two had been scheduled for treatment in the coming days. None of the four had suffered any harm.

The fifth Dermatology patient had been seen in day surgery on 18th December 2020 and had been transferred to Queen Elizabeth Hospital. They had sadly since died of an unrelated cause.

DB corrected the paper, clarifying that because of a five-month reporting delay, HSMR did not encompass a full 12 months of COVID-19 operating as indicated (only up to September). He warned that the HSMR

would likely continue to rise in the short-term until COVID-19 rates settled.

DC commented that work was being undertaken to better understand the data behind the HSMR and coding. For assurance, he highlighted the role of Medical Examiners who were now reviewing 90% of all deaths in the organisation to identify where there might have been problems with care.

Quality improvement work was also being undertaken in high mortality rate areas (e.g. sepsis/pneumonia/UTI).

In response to a query from RS, DB explained that historically, the Trust had used 'Persistent Reds' to identify priority areas. The introduction of public view may help enhance the Trust's focus. A baseline paper had been drafted ready for discussion next month at relevant committees.

RB reflected that the NHS was trying to move away from measuring performance using a 'traffic light' system towards longitudinal measurement for improvement against a smaller set of metrics.

LK reported that ED performance had recovered in February 2021 from a challenging January 2021 position and had landed in the upper quartile of ED performance (78%) nationally and March's performance was likely to be in excess of 80%.

13.2 Finance Report: Month 10 2020/21	**TB (03/21) 021**

DMc reported that the Trust had revised its 2021 forecast at Month 10 following a review of costs to date and forecast against the Month 7-12 block envelope. This had been fed into the STP risk share agreement along with other's revisions, and the Trust received a share of the collective benefit, revising the forecast to an £800k deficit for the year.

There was further upside not yet confirmed in relation to non-NHS income, but DMc explained that under the risk share agreement, the Trust could only achieve a surplus if there are no system partners in deficit.

The most likely scenario for the year was a breakeven position.

The key issues and risk areas would be:

- The removal of COVID-19 related cost where possible or the identification of a funding source if this was not possible. The main risk was pay and wte over establishment against budget. The Trust had its highest ever pay bill in January 2021 (£32.8m), which was not unexpected given the operational pressures. A detailed COVID-19 costs removal/management plan would be put in place.
- Confirmation of Q1 21/22 block value
- 21/22 planning guidance
- Cost pressure/service development review (planned via CLE in March and April)

The Trust had received PDC block payments and the capital plan was expected to deliver a slight underspend which will contribute to the STP's capital control total.

In terms of cash, the Trust would expect to return to opening balance levels which was the national NHS expectation. The Trust would also be holding cash to pay the MMUH invoice. This would support the breakeven position.

DMc reported that it was almost certain that the block would roll over for the first six months of 21/22 although this was still in discussion. 21/22 planning guidance was awaited.

Strategic finance issues had been reviewed by FIC through the course of the year, but a strategic finance update would be ready by the end of April 2021.

LK queried the identification of COVID-19 costs as it was questionable whether the Trust would ever be able to revert to 'normal' baselines in some areas. DMc confirmed there would be national funding to assist in restoration and recovery but the Trust's access to this was currently uncertain.

13.3 Trust Risk Register Report	**TB (03/21) 022**

KD referred Board members to two risks which had been considered mitigated at Committee stage. It was proposed they be removed from Board oversight:

- **Risk 3021** - MMUH Procurement
- **Risk 3212** - BMEC standalone images on PAC

KD reported that a new, positive risk had been put forward for Board oversight (use of FFP3 masks on amber wards) which was currently against national guidance. De-escalation triggers had been put in place for when the Trust changed its position.

Early in the pandemic concerns had been raised as to whether there was adequate oxygen supply, given the increase in requirements. KD reported that this risk had not materialised as the usage had not risen above 60%. It was proposed the risk be removed from Board oversight.

UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS

14. Minutes of the previous meeting and action log To approve the minutes of the meeting held on 4th February 2021 as a true/accurate record of discussions, and update on actions from previous meetings	**TB (03/21) 023** **TB (03/21) 024**

The minutes of the previous meeting held on 4th February 2021 were reviewed.

- Item 11.3 – The wording *'The advance cash payment was expected to stop because the Trust's cash balances had been very strong'* to be changed to *'The advance cash payment was expected to be stopped in March for all.'*

The minutes were **APPROVED** as a true and accurate record of the meeting, subject to the amendment.

The action log was reviewed with the following updates made:

- *TB (08/20) 010 - Reach out to CCGs to investigate whether GPs are carrying out separate patient stratification work.*
  - LK reported that this action related to the reduction in referrals and whether GPs were keeping a separate stratification of their patients.
  - Following contact with YHP GPs and investigation of other Primary Care providers through the CCG, LK reported that it did not appear that registers were being kept for the wider demographic, but GPs had been monitoring those patients who had been discharged from hospital with long COVID-19 type conditions.
  - It was agreed that LK contact the CCG via PCN about the overall approach to stratification of patients.
- *TB (12/20) 001 - The Trust Board requested an update on the inclusion of ethnic minority representatives in recruitment processes from the [People and Diversity Committee].*
  - FM reported that the Trust continued to require BAME staff for representation on recruitment

panels. Training had been procured and guidance provided for managers. **Completed.**

- *TB (12/20) 001 - Provide an update to Board on Freedom to Speak Up resource enhancement (administration support and additional Guardians)*
  - DMc reported that she still needed to discuss the funding source with Claire Hubbard and KD.
- *TB (12/20) 001 - Prioritise the Equality, Diversity and Inclusion action plan to identify key projects on which to focus and any scope to achieve quick wins. Articulate short-, medium- and longer-term expectations.*
  - FM reported that following work with trade unions, capacity issues had been rectified. It was expected that attendance would improve.

Action: LK to work with the CCG to discover the overall approach to stratification of patients.

Action: DMc to organise a meeting with Claire Hubbard and KD to finalise the funding source for the Freedom to Speak Up resource enhancement.

MATTERS FOR INFORMATION

15. Any other business	**Verbal**

Never Events

DC reported there had been two Never Events related to the incorrect use of air rather than oxygen for patient therapy. No harm had come to either patient because the errors were noticed rapidly – one in the Intensive Care Unit at City and the other at Sandwell's Admissions Unit.

There had been a patient safety alert and recommendations issued in relation to this problem in 2016 and actions were taken including covering the air outlet when there was no need for medical air. In areas where there was a high use of nebulisers, there was an additional, removable flap installed to alert staff it was an air not an oxygen outlet.

Immediate actions had been taken in the Intensive Care Unit – the outflow taps were removed from all bed spaces where they were not actively being used for nebulised therapy and the same had been done through the AMUs and ward areas.

Messaging about the risk continued to staff in ward areas through the safety team.

RS queried whether it had happened in any other places. DC reported that this information was unknown, but as far as he was aware it was the first time it had happened in the Trust since the alert five years previously. DC explained that the highest risk lay in areas which utilised a lot of nebulised therapy (admission areas, respiratory hubs and intensive care etc).

DC reported that due to the similarity of the two events, the investigations would be combined into one. Progress would be reported to the next Quality and Safety Committee meeting.

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

- The next meeting will be held on Thursday, 1st April 2021 via WebEx meetings.

Signed ……

Print ……

Date ……