

TRUST BOARD – PUBLIC SESSION MINUTES

Venue: Meeting by WebEx.

Date: Thursday 7th January 2021, 09:30-13:00

Members:

Mr R Samuda, Chairman (RS)
 Mr M Laverty, Non-Executive Director (ML)

 Mr M Hoare, Non-Executive Director (MH)
 Mr H Kang, Non-Executive Director (HK)
 Cllr W Zaffar, Non-Executive Director (WZ)

 Prof K Thomas, Non-Executive Director (KT)
 Mrs L Writtle, Non-Executive Director (LW)
 Dr D Carruthers, Medical Director & Acting Chief Executive (DC)
 Mr L Kennedy, Chief Operating Officer (LK)
 Ms M Roberts, Acting Chief Nurse (MR)
 Ms D McLannahan, Chief Finance Officer (DMc)
 Ms F Mahmood, Chief People Officer (FM)
 Ms K Dhami, Director of Governance (KD)

In Attendance:

Mrs R Wilkin, Director of Communications (RW)
 Mr D Baker, Director of Partnerships & Innovation (DB)
 Mr S Roy, Group Director – Surgery (Item 13) (SSR)
 Ms H Hurst, Director of Midwifery (Item 9) (HH)
 Ms S Rudd, Associate Director of Corporate Governance (SR)

Apologies:

Mr T Lewis, Chief Executive (TL)
 Mrs L Writtle, Non-Executive Director (LW)

Minutes	Reference
1. Welcome, Apologies and Declarations of Interest	Verbal
<p>The Chair welcomed Board members to the meeting. He thanked MR for stepping up to the Acting Chief Nurse role and congratulated FM on her substantive post.</p> <p>Apologies: Toby Lewis and Lesley Writtle.</p>	
2. Chair’s Opening Comments	Verbal
<p>The Chair, RS, reported there would be no Patient Story this month because of the [COVID-19] circumstances.</p> <p>He commented there had been a very significant and rapid acceleration in the community infection rate in recent weeks. The Trust had extremely busy in handling normal Winter pressures alongside new [COVID-19] patients. It would be vital for the public to follow the Tier 4 lockdown rules in order for the Trust to be able to deal with admissions.</p> <p>The next stage of vaccination across the Black Country (including the Sandwell site and one of the Trust’s GP practices) offered hope and would be discussed later in the agenda. RS commended the NHS response to the vaccination programme.</p> <p>Despite the pressures, it would be important that messaging stressed that patients could still attend hospital if they needed to.</p> <p>RS also stressed that, whilst staff had demonstrated an impressive level of commitment, there were serious concerns about the emotional strain on staff and the effect this might have on their ability to</p>	

function in a continuing, intense environment.

Collaboration across the STP would be important to drive the vaccination programme forward, treat COVID-19 patients, manage waiting lists and support staff.

The Chair had visited the MMUH site, where good progress continued, which had been encouraging.

The Ockenden Report was highlighted as an important piece of work which would segue with the Trust's own transformation work in Maternity Services.

3. Questions from Members of the Public

Verbal

The following questions were received from members of the public:

Q. How many of the Trust's Intensive Care beds are occupied by patients with COVID-19 and how many are occupied by patients with other serious conditions?

Q. What has been the percentage increase of COVID-19 admissions since the beginning of December 2020?

Q Does the Trust have plans to transfer patients to other hospitals in areas where the pressure on Intensive Care is not as high?

DC reported that these questions would be answered in his COVID-19 update (see below, Item 5)

UPDATES FROM BOARD COMMITTEES

4a. a) Receive the update from the **Audit and Risk Management Committee** held on 5th November 2020.

TB (01/21) 001

b) Receive the minutes from the **Audit and Risk management Committee** held on 22nd June 2020.

TB (01/21) 002

DMc updated the Board in LW's absence and made the following points to note:

New Terms of Reference for the Audit and Risk Committee had been discussed and these would be finalised at the next meeting.

The Strategic Board Assurance Framework and the Corporate Trust Risk Register had also been discussed (on the agenda).

An interesting discussion with internal auditors had focused on the value for money conclusion and the performance and governance review in support of it. It was expected that the review would suggest improvement recommendations.

A comprehensive counter fraud update had been delivered, with the Trust's submission having an overall 'green' rating which was an improvement on the previous 'amber/green' rating for the counter fraud self-assessment.

MATTERS FOR APPROVAL OR DISCUSSION

5. COVID-19: Overview

TB (01/21) 003

DC responded that the community infection rate had gone up considerably and had almost doubled since the end of 2020.

The number of patients on Medical wards with COVID-19 related disease was 287 (7/01/21), which

amounted to 41% occupancy of general beds within the organisation. The majority of the other beds were occupied by patients with non-COVID-19 related illness and these were being managed.

The increase in COVID-19 admission had been putting pressure on the system, with beds having to change, e.g., surgical wards to medical beds, as routine surgical activity was reduced.

There had been an increase in the number of patients requiring Intensive Care support (currently 36 patients) and the ITU bed base had been expanded. The stretch had been on trained ITU staff and the movement of trained 'reservist' staff in support. The ITU capacity would need to be further increased.

The Trust continued to work with partners across the Black Country and across the Midlands in relation to the ITU patient transfer process, however, this was often difficult, as many other organisations were in a similar position.

Co-working between respiratory and Intensive Care teams would be important to support those patients not requiring ventilation.

The increase of admissions since December 2020 was not known, however, the increase in bed use could be used as an indication. At the beginning of December 2020, there were 195 patients with COVID-19 which had risen to the current 287 number. ITU COVID-19 patients had increased from 23 to 36.

Clinical outcomes of patients admitted to hospital continued to be monitored and Waves 1 and 2 were being compared. The data was being linked to advances in drug and other therapies.

Staff were being tested regularly with Lateral Flow Testing. The Trust was fortunate to have a low number of COVID-19 positive staff, however, those who were identified as positive, were often pre-symptomatic which reduced the risk of them becoming a risk to patients and colleagues. Positive tests were following up with formal PCR swabbing and LAMP saliva weekly testing would be commenced later in January 2021.

The Education and Conference area had been converted into a vaccination hub.

Staff contribution to the Nightingale Hospital was still being discussed.

LK confirmed that, in terms of the bed stock position, there were 18 core beds with the option to open-up 32 as part of surge capacity. This could rise even further with demand.

HK extended gratitude to staff for going through a very difficult time. He queried current COVID-19 patient type. DC commented there had been a slight increase in the mean age of patients who had been admitted. However, treatment options remained the same.

There was a perception there had been a recent increase in younger patients being admitted in extreme, respiratory distress.

There had been no supply problems in relation to oxygen or Dexamethasone. The anti-viral drug Remdesivir was still being used where indicated.

Suitable patients were being identified for earlier vaccination as well as staff groups.

HK reported that he had received positive feedback about how the consultants and staff had communicated with communities throughout the resurgence. He also paid tribute to the efficiency and responsiveness of end-of-life, bereavement and funeral services.

ML queried the strength of the wellbeing offering to staff and assessment of outcomes. FM reported that the Trust had a very extensive wellbeing offer which had been Nationally recognised as being best practice. This included packages of tailored, mental health support to staff members and physical health advice. Meeting annual leave commitments would be challenging and this was being worked on. Risk

assessments would be revisited.

The Wellbeing Sanctuary concept had been replicated and additional 'pop-up' facilities were being considered.

In terms of assessment, FM explained that a Psychological Scorecard had been developed to help the Trust evaluate the effectiveness of the mental health support offer. This would be triangulated with the impact on physical health.

DC added that staff risk assessments were being utilised to prioritise staff for vaccination.

6. Planned Care Update

TB (01/21) 004

LK referred Board members to the paper, explaining that it did not reflect recent changes in response to the COVID-19 surge. He warned that there would be significant difficulties and challenges to Planned Services in the months ahead.

Metrics had been moving positively forward throughout October and November 2020, although not at the desired pace.

RTT had been moving in the right direction, with the exception of Dermatology (primarily due to staffing issues and an increase in cancer patients) and Oral Surgery which had been struggling.

Elective and Day Case surgery had been recovering but non-emergency and elective cancer work had been stood down because of the resurgence. There would be an impact on long wait times going forward.

In terms of DM01, diagnostics had been increasing month on month with 83% compliance for November 2020, and a figure of 85% submitted for December 2020.

Phase 3 National targets required 100% compliance for CT, MRI and Endoscopy. The Trust fell slightly short of targets for all three areas; however, it was an improving picture.

The areas of concern were:

- Cystoscopy (42%)
- Urodynamics (62%)
- Flexi sigmoidoscopy (70%)

LK commented that these were challenging areas but were moving in the right direction. He also acknowledged that Ultrasound was an additional area with a large backlog. Pressures on sub-specialisms and the staff delivering them, had been the cause of the problem.

The financial Production Plan had been tracking well, but LK warned that going into January 2021, there would be a significant reduction in the Trust's activity levels [because of the resurgence] which had not yet been quantified.

Ophthalmology had the bulk of the long wait patients, but long waits were starting to be observed in other areas. Patients in line for more routine treatment would see longer waits. Other Trusts regionally and Nationally were experiencing similar issues.

The Trust had been conducting harm reviews of all patients who had been waiting 52 weeks.

Concerns had been flagged around cancer care. There had been a significant increase in referrals for Breast and Dermatology, primarily from neighbouring STPs. Discussions had been taking place to bring these to a halt as the Trust had no capacity to support other systems.

There was a huge risk in relation to ISP capacity and discussions were taking place to ensure the Trust's cancer services continued. MR added there was an Alliance Hub which could be utilised for cancer surgeries if required.

KT queried the amount of non-COVID-19 work and whether it was higher or lower than normal. LK commented there was no data currently available, but the perception was that non-COVID-19 work was normal.

Action: LK to collate data on non-COVID-19 work and to determine whether this was at a higher or lower level than in previous years.

7. COVID-19: Risks and mitigation

TB (01/21) 005

KD referred Board members to the paper which detailed COVID-19 surge risks, recovery risks and any new risks which would need formulating for inclusion in the Risk Register.

There were currently 66 risks on the Register with controls and mitigation plans in place. The Risk Management Committee would be taking an overview of the list at its next meeting.

Surge risks:

The majority of surge risks had been progressed and mitigated to the extent they were being managed and handled tolerably.

The wellbeing of employees would likely remain a 'Red' risk for some time. Oxygen and proning also remained a risk.

Surge risks needed to be reviewed to determine if they needed to be revisited. Recovery would also need to be considered.

New risks for Q4 would include a new risk around vaccination, requiring an assessment. Staffing arrangements/levels and rates of pay would also be reviewed for risks.

Infection prevention control at the Trust had been rated 'Red' by NHSE/I and therefore, this would require a risk entry.

KD summarised that, whilst a lot of work had been done, the Trust was moving into a new phase and the Risk Register needed to reflect this. In June 2020, it had also been agreed that the internal auditors, RSM, would review the risk management of COVID-19.

MR commented that each of the Groups were currently working through the assurance document on staffing that had been received from the Chief Nurse, which would help the Trust assess the risk.

HK queried the 'Red' status of PPE. DMc commented that the status reflected the need to closely monitor the situation, however, stocks of PPE were extremely good and of high quality. MR commented there had been an impressive improvement in PPE compliance.

LK flagged that the risk of delay to patient care was difficult to quantify and was currently unknown.

RS and KD confirmed that the Board would receive updates on the risk situation each month.

8. COVID-19: Vaccination Hospital Hub

TB (01/21) 006

MR referred Board members to the paper which outlined vaccination progress, with the following points to note:

The Vaccine Hub had been established in the Education Centre and had commenced activity on the 29th December 2020 with the first delivery of 979 vaccines. Staff (at high risk or who worked in high-risk areas) had been vaccinated first because it had been too late notice to get in touch with patients over the age of 80 years. It had also enabled staff to work out the vaccine administration method.

The first 300 patients over the age of 80 had been vaccinated in the week to date, working closely with PCNs to identify suitable candidates.

A project team had been established to plan the service, comprising Nursing, Pharmacy and Operations.

The focus of vaccination was now on patients being discharged from the hospital, out-patients, patients over the age of 80 registered with the partnership, care home staff and hospital staff in very high-risk areas. National guidance would be followed in offering the vaccine to other groups.

The original target was to vaccinate 330 staff per day, but this had increased to up to 500 per day. Extra vaccine deliveries meant that weekend clinics were possible. Modelling was currently being finalised.

The Trust would be adopting a partnership approach with West Birmingham to vaccinate staff and the local population. A vaccine Q&A session would be held on 12th January 2021 to help promote assurance.

The Pfizer vaccine continued to be used on site; however, the next stage was being investigated.

HK queried the change to the dose regimen and the communication of this information to patients. MR stated that the 12-week regime would be used generally. DC commented that it would be important to have consistency and clear messaging to avoid confusion. He expressed the view that vaccinating as many people as possible was the best approach on balance, to try to reduce the infection risk.

HK also queried the involvement of community pharmacies. MR stated that alternatives/options were being investigated to sustain the administration of more than 3000 vaccines per week. DC commented that Health Education England had been supportive of medical students and retirees being involved in the administration of the vaccine and the assessment of patients, post-vaccination, to ease the burden on nursing staff. KT stated that each student could give 4 hours per week and they were eager to contribute.

ML queried whether the staff vaccination numbers could be tracked. MR reported that data would be collated.

LK stated that it was important for the mass vaccination centres to be operating efficiently to achieve the impact required.

HK commented that there had been concern expressed by the West Birmingham constituency that vaccines had not been sufficiently available. He stated that faith groups had offered their facilities to assist the process.

9. Ockenden Review of Maternity Services

TB (01/21) 007

DC explained to Board members that the Ockenden Report had been carried out following a review of Maternity Services at Shrewsbury and Telford. It had been published in early December 2020.

The Trust had been asked to consider its local actions for learning and to submit a report at the end of December 2020, detailing the immediate and essential actions for the organisation. This had linked in with other existing development work in the Trust's Maternity Services department.

HH presented an overview of the Report's findings, recommendations and assurance, with the following points to note:

HH stated that, two years ago, there had been 23 cases escalated for review from Shrewsbury and Telford

which had prompted the Ockenden Report. It had grown into a review of 1,862 cases of harms to both mothers and babies ranging from stillbirths and neo-natal deaths to maternal deaths and also included encephalopathy of the Newborn – a condition accompanied by ongoing aspects of care throughout life (Grades 2&3).

Following the report, 12 clinical priorities had been released, capturing all seven of the immediate and essential actions. The Secretary of State [for Health] had asked all services to benchmark themselves against the actions and implement the Report's recommendations.

There would be an increased responsibility from the LMS and a need for the family to have a greater voice.

In six-months' time, a safety review into the Maternity Services in East Kent would also be released and Part two of the Ockenden Report would be published. Therefore, HH commented that there would be a spotlight on Maternity Services in the next twelve months.

In summary the Report identified:

- Institutionalised failings from Board to floor
- Inconsistencies in governance processes (in investigations and learning and implementation)
- A lack of oversight by the Trust Board
- Midwifery and Obstetric issues – a lack of compassion and kindness to families, particularly those suffering bereavement. There were no bereavement practices in place.
- A lack of risk assessment around the place of birth
- Clear issues of the management of complex cases – a lack of consultant oversight and presence
- A lack of concern about deteriorating mothers and fetal wellbeing.
- A lack of implementation of NICE guidance and benchmarking
- An extremely low caesarean rate
- A lack of oversight on maternal deaths

HH expressed the view that the report made for difficult reading for NHS staff, particularly those working in Maternity Services and welcomed the benchmarking exercise which would improve and enhance safety, communication and team working.

HH stated that a Maternity assessment and assurance report on behalf of the Trust Board had been required to be produced within three days of the Report's release.

HH further reported that the Trust's Maternity processes had grown and developed over the last 18 months but there was still further work to do.

An update on Maternity Services at every Board meeting was now an NHSE/I requirement of the Trust. A quality assurance framework would be coming out of LMS. Three principles of the surveillance tool would be:

- Strengthening Trust oversight
- Strengthening quality oversight at LMS level
- Strengthening oversight at a regional level by the Chief Midwifery Officer and Regional Medical director

HH stated that progress would require investment. Stage Two would involve the completion of a workforce paper to review requirements. This would be presented to Board in February 2021.

RS thanked HK for volunteering to be the supporting Non-Executive Director of the Maternity Services work, to meet one of the Report's recommendations. HK stated that the first meeting of the oversight team would shortly take place and would begin the implementation of a more formal governance structure.

KT queried the efficacy of the Trust's LMS. HH commented that it was clear from the Ockenden Report that its role would change from being an overseeing body, to holding Trusts accountable for the quality and safety of their Maternity Services, reporting upwards to National Board level.

HH commented that Safety Champion meetings had been held by the Trust for around two years and had been valuable. Some further resource however, would be required to implement the clinical recommendations.

There was a deficit of around 3000 midwives nationally, with a good number of vacancies in the Midlands area. Work to increase the number of student midwife places was ongoing. The Trust's deficit of 12 midwives against the birth rate was quite low compared to other Trusts in the region.

HH reported that the paper of proposed actions would be fed into the LMS on 12th January 2021 and would be reported upwards. Evidence would be required by the end of February 2021.

Progress on the action list would be updated at each Board meeting going forward.

BREAK

10. Infection prevention and control

- a. Response to NHSE/I visit findings
- b. IPC Board Assurance framework

TB (01/21) 008

TB (01/21) 009

MR referred Board members to the paper which summarised the findings identified during an infection prevention visit by NHSE/I on the 23rd November 2020 and outlined the actions undertaken in response to the feedback and recommendations in a report from NHSI's Associate Director of Infection Control.

The Trust's infection control rating had been at 'Amber' level following a similar visit in October 2019; however, this had been escalated to a 'Red' RAG rating following September and November 2020 visits.

MR clarified that the NHSE/I team had only visited a handful of areas in the organisation. Issues identified included, dirty commodes, inconsistency in PPE usage and frequency of cleaning schedules.

In response, the Trust had drawn up an action plan and the introduction of a weekly infection control meeting had been recently increased to a daily infection control visit by the Deputy Chief Nurse and the Infection Control team. PPE compliance had hugely improved (as mentioned above).

In relation to cleaning, domestic services had been increased on-site and efforts had been made to make all staff aware of the cleaning required – particularly when ward use was changing - because terminology could be confusing. Increasing the number of housekeepers in ward areas had been discussed.

The infection control action plan was discussed and updated at each of the weekly infection control meetings and the daily outbreak meetings. The issue had also been raised at the Ward Managers' meeting.

MR stated that she would be shortly meeting with NHSE/I infection control to discuss progress and next

steps.

ML queried how the outcome from the inspection fed into the CQC process, and also queried whether there were hotspot/particular problem areas. KD commented that the CQC would likely know about the issues and stated they would focus on the areas identified in their own inspection. Therefore, it would be important that the identified problem wards be targeted for correction as part of the overall effort. MR reported that the regular internal inspections would monitor and pick-up problems. MR would also be joining the inspections on a regular basis.

Extra wards would need support from extra healthcare assistants and housekeepers because of the increase in ward space and demands on staff.

LK commented that it would be important to get the basics right to improve first impressions.

KT queried the masterclass offered by the Associate Director of Infection Prevention Control. MR reported this would be taken up but participation would be staggered over a couple of sessions.

RS queried shared facilities such as lifts, toilets etc. MR reported that Estates had been engaged and extra cleaning support would be helpful. Extra resource had been given to the infection control team. MR expressed confidence that the situation would improve and confirmed that NHSE/I had been happy with progress so far.

RS queried the use of technology in infection control. MR stated that there were mixed views in relation to tech.

ML queried how quickly the 'Red' status could be lowered. MR stated that a further inspection would be required and the timing of this was currently uncertain.

DC commented that a visit by the Health and Safety Executive (HSE) had identified a lot of good practice but had also picked up some areas/offices (clinical and non-clinical) that required more work - notices in relation to who was allowed in the office and infection control behaviours in the rooms and pathway access allowing social distancing.

HSE had issued a Notices of Contravention which the Trust had to respond to in a report demonstrating that the issues had been addressed with accompanying photographic evidence.

RS queried patient compliance. MR stated that more work was required to ensure that patients wearing masks in all areas.

REGULAR MATTERS

11. Chief Executive's Summary on Organisation Wide Issues

TB (01/21) 010

DC referred Board members to his report, noting that many of the issues had already been discussed, but highlighted the following:

Visiting

The decision not to open-up visiting to relatives over the festive season had been made before Christmas because of the increasing infection rate. There had been no complaints raised by staff or relatives.

Brexit

A deal had been reached. Regular preparation meetings would continue but less frequently, to deal with issues related to the UK's changing status with the EU.

11.1. Integrated Quality and Performance Report	TB (01/21) 011
<p>DB referred Board members to the paper. There were no exceptions during the month. He made noted the following points:</p> <p>Patients who had been waiting 100 weeks would be a concern if they dropped out of the system because of the length of time involved.</p> <p>HSMR was incredibly high. Coding issues were believed to be behind the rise and whilst progress had been made it would be some time before a reduction would be seen (April/May 2022). Updates would be reported to the Q&S Committee.</p> <p>KT queried whether flu vaccinations were being offered to staff along with the COVID-19 vaccinations. DC responded that the advice was to not give the COVID-19 vaccine within five days of the flu vaccine, but he acknowledged that there may be an opportunity to promote flu vaccination in the process.</p> <p>RS queried the Sepsis information. DB stated that more screening had been taking place and more cases of Sepsis had been identified. MH also queried the correlation between Sepsis and COVID-19 and insight from other Trusts. DC stated there was no comparative data with other Trusts.</p> <p>ML queried the impact of the Infection Control visit. MR reported that an Infection Control dashboard was currently being developed and should be in place in February 2021.</p> <p>DB stated that the GIRFT report for the first wave of COVID-19 had been received and would be reviewed for coding improvements.</p>	
11.2 Finance Report: Month 08 2020/21 and Planning Update 21/22	TB (01/21) 012
<p>DMc highlighted two aspects to the month's Finance Report.</p> <p>From a Month 8 reporting perspective, the Trust had been comfortably on Plan despite facing operational cost pressures. Spending would be required to respond to the COVID-19 surge whilst keeping control on expenditure.</p> <p>A system review meeting had taken place in December 2020 with NHSE/I, where it was clear that there was an expectation that the Black Country STP would do better in relation to its Deficit Plan position.</p> <p>Month 9 results were being prepared carefully in addition to forecast work to the end of 2021 including the impact of COVID-19.</p> <p>The planning process for 2021/22 was uncertain: however, the financial improvement trajectories published pre-COVID-19 would return. This would reflect a pre-FRM deficit of £24.8m and therefore, this should be the Trust's target, not forgetting that there would be a significant reduction through to 22/23 driven by MMUH taper relief.</p> <p>It was known that NHSE/I would be making adjustments nationally, for the impact of COVID-19 and non-CIP delivery, in 2021. There would also be an attempt to determine the impact on run rates. DMc expressed the view that it appeared that the Trust was being anchored back to pre-COVID-19 run rates which the Trust was well prepared for.</p> <p>All planning excluded any additional monies which might be received because of COVID-19 or Restoration and Recovery. A full first draft of the plan would be taken to FIC at the end of January 2021.</p> <p>The system was taking an expenditure plan approach because setting an activity plan was too difficult in the circumstances. COVID-19 had accelerated the demise of PVR. DMc assured the Board that the</p>	

expenditure plan would be covered by all sources of income.

LK queried whether there was clarity about organisation and system funding. DMC stated that the system allocation had not been published for 2022. Information from NHSE/I had suggested there would be an anchoring back to 19/20. System allocations would be based on what systems received in 20/21. The Black Country system had planned for a £27m deficit but it was likely to be a lot smaller.

DMC summarised that the Trust and the wider system were trying to mitigate the risk of not getting enough funding by working together as much as possible.

RS queried whether there was a risk around capital. DMC reported that cash to fund the capital programme should not be a problem, however, it was dependent on achieving and maintaining a breakeven position. The risk was that the STP would be given a control total to spend on capital (around £90m). The Trust's spending plans would need around £25m of the £90m pot.

RS queried the impact of the creep on pay rates and annual leave. DMC expressed the view that pay rates would return to pre-COVID-19 levels at an appropriate time. Staff would be asked to book all annual leave by the end of March 2021. Financial provision for annual leave may be assisted by an allowance from Centre. The situation would be assessed.

11.3 Trust Risk Register Report

TB (01/21) 013

KD referred Board members to the paper which updated them on the current 13 'Red' rated risks for which they had oversight. All had been considered by the Risk Management Committee and the CLE.

Risk 3110 (IT technical infrastructure)

- For noting. Good progress had been made in terms of mitigating the risk. Progress had been reported to the DMPA and the Digital Committee.
- The risk had moved from a current 'Red' to an 'Amber' rating which was a positive.

Risk 3109 (IT service provision)

- Good progress had been made under the leadership of Martin Sadler, and it was suggested it be removed from oversight by the Board but remain with the CLE and DMPA for monitoring. KD reported this was supported by LK as the responsible executive.

KD reported that clinical groups and directorates currently managed 43 other 'Red' risks which would be brought to the Board in February 2021 for a periodic review.

Rachel Barlow had been reviewing and refreshing the MMUH risks on the Register. These would be viewed by RMC, CLE and the Board to ensure oversight.

Risk management training would be continuing for managers through an online tool.

It was proposed that the Board development session of the 12th February 2021 would include a refresher on risk management and the SBAF, facilitated by the Good Governance Institute (GGI).

MH stated that he was happy to endorse the removal of Risk 3109 from Board oversight and commended the progress made.

11.4 NHS Regulatory Undertakings: Monthly status update on agency and four-hour standard

TB (01/21) 014

DC reported that agency costs had risen in October 2020 because of an increased requirement for bank

and agency staff. This was caused by pressure on the workforce, an increased number of beds being opened and a need for staff in specialist areas. In addition, pay rates had been modified.

ED four-hour performance was slightly down. The current pressure was huge with the influx of admissions and the requirement to maintain two treatment streams and increase the 'Red' capacity.

There had been some steady improvement in the Radiology Report but performance was still slightly below target.

RS queried whether the ED pattern was reflected elsewhere in the STP. DC reported that all Trusts were facing the same pressures and tried to support each other to avoid patients having to wait too long or in corridors, incurring an infection control risk.

MR reported that West Midlands Ambulance Service (WMAS) would have a co-ordinator on site seven days a week.

12. Strategic Board Assurance Framework

TB (01/21) 015

KD reported that the paper took stock of the current SBAF, and also looked forward. KD reminded the Board that 19 strategic risks had previously been identified.

KD stated that the CQC had trouble understanding the Trust's SBAF when it visited in 2018. Time had been spent with the current local inspectors to reach a better understanding and the subject would be revisited before the CQC's next visit.

An 'Adequate' assurance level had been the target for the control mechanisms to achieve against each individual SBAF, however, many of the risks could only deliver 'Limited' assurance when they were reviewed in 2020.

KD commented that 'Red' SBAFs often related to performance when they should reflect the strength of the controls.

In terms of the future, KD commented that the Trust could stick with the existing SBAF and update it however, the organisation had moved on and the organisation was in a different place. She suggested that new, key, strategic themes and objectives could be identified and highlighted a list in the paper.

Internal audit had also reviewed the SBAF and had made some recommendations. It had also published a report on the handling of risks in the organisation which had given a 'reasonable' level of assurance. There was a six-month plan to get the Trust to a 'substantial' level of assurance.

ML queried the monitoring role of the SBAF for the 2020 vision. He suggested that an SBAF around finances should be added. He also proposed that CQC expectations ought to be considered because getting the rating raised was important and further suggested the system be simplified. KD agreed. ML commented that he would welcome an update on CQC preparation at the Board development session.

DMc reported that finance SBAF 9 needed to be returned to the interim BAF.

LK stated that patient experience or outcomes had not been mentioned from an SBAF perspective and suggested they ought to be represented.

13. Surgical Never Event Briefing

TB (01/21) 016

DC reported that, unfortunately, there was a Never Event to report in Ophthalmology which had become known at the end of December 2020 but had happened in August 2020. It related to a retained trocar but was unusual, because all the correct processes and identification had been done, but the equipment had

been retained.

SSR reported that the case concerned a 62-year-old female who had surgery under a local block for a macular hole.

Three 4mm long trocars had been used in the surgery and at the end of the procedure, all three trocars were removed by tiny forceps, but only two made it to the equipment table. It was assumed that one had been dropped between the operating and equipment tables as it could not be found. An x-ray was taken of the patient on the table which had been reviewed by the consultant. No foreign body was identified in the eye.

The findings had been documented in Medisoft, not in Unity which was why part of the document was not visible to all.

The patient was kept on the ward overnight which was standard procedure and was discharged the next day. The standard follow up was three weeks, three months and six months.

At the six months check, the patient described feeling an earlier 'foreign body sensation' and when she bathed her eye the trocar had fallen out, and she had brought it to clinic. It was assumed that the trocar had not been in the eye but had been under the eyelid.

SSR stated that the patient had not suffered any adverse effects and had been informed of what had happened.

On review of the original x-ray taken in theatre, under magnification, the trocar could be seen. Unfortunately, it had been concealed by the suture lines. Radiology was also investigating.

SSR reported that a full investigation would take place to document the learnings.

HK queried what happened when a piece of equipment went missing. SSR explained that larger pieces were searched for, however, some pieces were so small that they would be impossible to find.

RS queried the resolution used. SSR explained that Radiology had used a high resolution.

In terms of timeline, the update would come to the March 2021 Board meeting.

UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS

14. Minutes of the previous meeting and action log

TB (01/21) 017

To approve the minutes of the meeting held on 3rd December 2020 as a true/accurate record of discussions, and update on actions from previous meetings

TB (01/21) 018

The minutes of the previous meeting held on 3rd December 2020 were reviewed.

The minutes were **APPROVED** as a true and accurate record of the meeting.

The action log was reviewed. It was noted that some actions had been closed. The following updates were made:

- *TB (08/20) 010 - Reach out to CCGs to investigate whether GPs are carrying out separate patient stratification work.*
Ongoing. The topic to be discussed at the next meeting of the RMC.
- *TB (09/20) 011 - Reconcile Position FTE to budget and identify drivers for increase in Position FTE and vacant posts.*

Completed.

- *TB (10/20) 007 - Investigate the introduction of incentivisation into the eBike pilot scheme.*
Ongoing. RW reported that six people had signed up for the scheme which was slightly more than capacity.
- *TB (10/20) 010 - Find out if the Trust offers support to patients suffering potential psychological harm because of having to endure very long waiting times (cases currently in Ophthalmology).*
DC reported that Ophthalmology was looking at a longer-term plan which had not yet received. DC to follow-up.
- *TB (12/20) 001 - Provide an update to Board on Freedom to Speak Up resource enhancement (administration support and additional Guardians)*
DMc reported this still needed to be reviewed.

Action: DC to follow up with Ophthalmology in relation to the production of a longer-term plan to support patients who may suffer from potential psychological harm because enduring a long wait for treatment.

MATTERS FOR INFORMATION

15. Any other business	Verbal
<ul style="list-style-type: none"> • None discussed. 	
16. Details of next meeting of the Public Trust Board:	Verbal
<ul style="list-style-type: none"> • The next meeting will be held on Thursday 4th February 2021 via WebEx meetings. 	

Signed

Print

Date