

TRUST BOARD PUBLIC MEETING MINUTES

Venue: Conference Room, Education Centre,
Sandwell General Hospital

Date: 2nd August 2018, 0930h – 1315h

Members Present:

Mr Richard Samuda, Chair (RS)
Ms Olwen Dutton, Vice Chair (OD)
Cllr Zaffar, Non-Executive Director (WZ)
Mr H Kang, Non-Executive Director (HK)
Prof K Thomas, Non-Executive Director (KT)
Mr M Hoare, Non-Executive Director (MH)
Mr T Lewis, Chief Executive (TL)
Prof D Carruthers, Medical Director (DC)
Ms R Barlow, Chief Operating Officer (RB)
Mrs P Gardner, Chief Nurse (PG)
Miss K Dhami, Director of Governance (KD)
Mrs R Goodby, Director of People & OD (RG)

In Attendance:

Mrs C Rickards (CR)
Mrs R Wilkin, Director of Communications (RW)
Mr D Baker, Director of Partnership & Innovation (item 15) (DB)
Mr J Doyle, Group Senior Finance Manager (Corporate) (JD)
Mr P North, Project Accountant (PN)

Board Support

Mrs E Quinn, Executive Assistant (EQ)

Minutes	Reference
1. Welcome, apologies and declaration of interests	Verbal
<p>Apologies were received from Mr Waite, Ms McLannahan and Mrs Perry.</p> <p>Declarations of Interests</p> <p>Mr Kang declared an interest following his recent appointment to the Council at the University of Birmingham.</p>	
<p>ACTION:</p> <p>Declaration of Interests register to be updated to reflect Mr Kang's new appointment.</p>	
2. Patient Story	Presentation
<p>Mrs Gardner introduced the son of a deceased patient to share his experience of the palliative care his mother had received during the latter stages of her life.</p> <p>The gentleman described the circumstances leading up to his mother's diagnosis of advanced lung disease. Due to her existing medical conditions, there was unfortunately no effective treatment available and she was therefore referred to the Palliative Care team.</p> <p>He thanked the staff in the palliative care team and district nursing team for the good work and care that had been demonstrated in caring for his mother, however, he highlighted the lack of communication and duplication between the different community and primary care teams, and described an occasion where his mother had three (unnecessary) separate visits from the different services in one day.</p> <p>Mr Lewis reminded the Board that they were due to meet with the District Nursing team later that day as part of the Private Trust Board agenda and would discuss the issue of duplication of effort with them. Mr Lewis was keen to establish through questions that although there was duplication between the teams, they were focussed on care. The</p>	

<p>gentleman agreed that the teams were focussed on care but felt there was a need for a more cohesive way of working. He also thanked Mr Lewis for his intervention to expedite some issues in his mother's care.</p> <p>On behalf of the Board, Mr Samuda Dutton thanked the gentleman for sharing his story, noting that further reflection would take place at the start of the private board when the meeting is joined by Group Directors.</p>	
<p>3. Questions from members of the public</p>	<p>Verbal</p>
<p>A local resident who volunteers at Rowley Regis Hospital asked the Board if they were aware of the confusing and disjointed check-in arrangements at Rowley Regis Hospital. He described a number of occasions where he had had to help and direct patients and visitors due to the various clinic check-in screens being out of order for past three to six months. Ms Barlow thanked him for his feedback and committed to do a 'walk round' of the outpatient areas at Rowley Regis Hospital, in order to feed back to the Operations team to help improve the patient/visitor experience.</p> <p>Mr Lewis reminded the Board that the September meeting would be held at the Rowley Regis Hospital site.</p>	
<p>ACTION:</p> <p>Review check-in arrangements at Rowley Regis Hospital to improve patient/visitor experience.</p>	
<p>4. Chair's opening comments</p>	<p>Verbal</p>
<p>Mr Samuda thanked Ms Dutton for chairing the July meeting in his absence.</p> <p>He reflected on the various events that had taken place across the Trust's sites to celebrate the 70th birthday of the NHS, together with the various celebrations of the Windrush event. He thanked in particular, Donna Mighty, Vice Chair of the BME Network, for her huge effort and contribution in organising the Trust's Windrush events. As part of these events, Mr Lewis highlighted the portraits that Ms Mighty had organised and that were now on display at a national exhibition at Brick Lane in London. They are to be brought back to the Trust in October and exhibited as part of the celebrations for Black History month.</p> <p>Mr Samuda reported on the Integrated Care System meetings that were taking place, with regular feedback to be routinely provided. He noted that the first formal Board meeting of that group is due on August 22nd.</p>	
<p>5a. Update from the Audit and Risk Management Committee meeting held on 18th July 2018 and receive minutes from the Audit and Risk Management Committee meeting held on 23rd May 2018</p>	<p>TB (08/18) 001 & 002</p>
<p>In Mrs Perry's absence, Ms Dhami highlighted that the Committee had focussed its attention on the following areas:</p> <ul style="list-style-type: none"> • Data Quality: the full data quality improvement plan is to be prepared/presented at the October committee meeting; • Strategic Board Assurance Framework: this was noted to form part of the Board agenda for discussion later in the meeting; • Whistleblowing policy is under review and will be relaunched as the 'Speak Up' policy. The expected timeline was noted to be August/September, with the Audit and Risk Management Committee to oversee the process; • Standing Orders: the July meeting was not quorate and therefore, the Committee was unable to approve the proposed minor amendments to the Trust's Standing Orders. The Committee therefore gave its recommendation for approval of the amendments and asked the Board for formal approval which was given. <p>The minutes from the meeting held on 23rd May 2018 were noted.</p>	
<p>AGREEMENT:</p> <p>The Board approved the proposed amendments to the Trust's Standing Orders procedures.</p>	
<p>5b. Update from the Major Projects Authority meeting held on 20th July 2018 and receive</p>	<p>TB (08/18) 003 & 004</p>

minutes from the Major Projects Authority meeting held on 15th June 2018	
<p>Mr Samuda reported on the matters that the Major Project Authority focussed its attention on, as follows:</p> <ul style="list-style-type: none"> • People Plan: the Committee received a set of proposed stretch metrics for year two of the people plan; • I.T. Infrastructure: there was an initial discussion around the future shape of the department, with the skills base within the team to be reviewed. This was noted to form part of the Private Board agenda for discussion to include cyber security; • Unity: 'go live' vs. 'no-go live' was discussed. This was noted to be on the Private Board agenda for discussion; • Midland Met: Termination of THC contract, which had proceeded on July 20th. <p>The minutes from the meeting held on 15th June 2018 were noted.</p>	
5c. Update from the Quality and Safety Committee held on 27th July and receive the minutes from the Quality and Safety Committee meeting held on 29th June 2018	TB (07/18) 005 & 006
<p>Ms Dutton highlighted that the Committee focussed its attention on the following areas:</p> <ul style="list-style-type: none"> • The patient story that had been heard earlier during the meeting; • Strategic Board Assurance Framework: good feedback received from the Executive on the challenge process; • IQPR and persistent reds: sustained and improved performance across many indicators for the month; • Specialty support to ED; • Results acknowledgement; • Quality Plan: initial focus around the six areas of sepsis, hospital acquired VTE, MI, stroke, fractured neck of femur and high risk abdominal surgical consent; • National In-patient Survey; • Complaints report / Purple Point. <p>Mr Samuda noted that the Board were to discuss the topics of ED and sepsis later in the meeting.</p> <p>Mr Lewis updated the Board that at the recent Clinical Leadership Executive (CLE) meeting, it had been discussed and agreed that the backlog in relation to results acknowledgement was expected to be cleared by the end of October. A report would therefore be taken to the Quality and Safety Committee in due course.</p> <p>The minutes from the meeting held on 29th June 2018 were noted.</p>	
5d. Update from the Finance & Investment Committee held on 27th July 2018 and receive the minutes from the Finance & Investment Committee on 29th June 2018	TB (07/18) 007 & 008
<p>Mr Hoare highlighted that the Committee had focussed its attention as follows:</p> <ul style="list-style-type: none"> • Financial performance: the Committee received the Quarter 1 financial performance overview and forecast for Quarter 2, with discussion around the forecast gap position of £2.7m. Significant work will be undertaken to mitigate these pressures; • VFM car parking: assurance was confirmed on the VFM review undertaken on car parking procurement for the City and Sandwell Hospital sites. The Committee agreed that work with the preferred supplier will be progressed, with confirmation of the associated cash bullet payment impact to the financial position to be provided to the August Committee. <p>The minutes from the meeting held on 29th June 2018 were noted, with Mrs Goodby's attendance added.</p>	
6. Chief Executive's Summary on Organisation Wide Issues	TB (08/18) 009
Mr Lewis noted his report and drew the attention of the Board to the following:	

Staff Engagement: considerable work has been done around emergency care and staff engagement. The topics are linked in that some of the areas where the Trust has weakest engagement historically have been in the acute care pathways, which are challenging by pressure of work and by staff turnover. A co-designed plan to improve emergency care will be discussed by the Board as part of the agenda. The engagement taskforce for **weconnect** has made more progress in the last month, and as the latest Your Voice survey goes out, there is a clear platform to October and the launch of our pioneer engagement projects, aligned to the Trust's partnership with Wrightington, Wigan and Leigh NHS Foundation Trust, who were noted to be generous hosts at every level during a recent peer visit by the senior management team. Reaching an overall engagement score of 4.0 would be distinctive in the sector but the Board agreed that this high ambition, over time, was the right emphasis.

Mr Kang asked if the Trust's ambition in terms of staff engagement was of the equivalent magnitude as that of Wrightington, Wigan and Leigh NHS FT. Mr Lewis confirmed that there was the equivalent magnitude of ambition, although the Trust would focus as well on driving down dissatisfaction amongst staff and driving up satisfaction.

Listening into Action: as outlined last month, the fifth of six planned Listening Into Action events, spread over fifteen months, took place this last week. Over 100 employees from all professions participated in both planning the next steps for change and evaluating success to date. An overwhelming sense of achievement was voiced by staff from all levels, in improving care documentation, multi professional team working and continuity of care through our COW model. Attention was drawn to the tabled summary of outputs from the event, where teams were asked to describe the current position for various themes as either 'not good enough', 'goodish', 'quite good' and 'good'. Teamwork was noted to be much improved, with the aim for all teams to get the position of 'quite good' by December 2018. I.T. was noted to be an issue and this is a known position by the Board.

Prof Thomas reflected on the LiA feedback and questioned if there was an issue in relation to Priory 4 ward. Mr Lewis commented that a review of the data sources has been undertaken. He felt most issues were more related to team dynamics, although it was noted that some SiNAP indicators for the area remained an issue. It was therefore to be decided what action should be taken in this respect.

Our partners and commissioners: he confirmed contractual agreements with both the Trust's main commissioning CCG and NHS England for specialised services. The former agreement should see the pattern of data challenges reduce sharply, with a shared future focus on Integrated Care System arrangements for 2019/20 and beyond.

The investment in neonatal services will provide an opportunity to reach BPAM standards. Issues remain with both the gynae cancer transfer and any ambition by commissioners to return oncology services to site. The latter would be a welcome development and the Trust has indicated that it will set out the basis for any available space by the end of August. Notwithstanding that, a service return was not expected until 2020, not least because a new physical space will need to be found at City Hospital, given the pressures on space within the BTC.

Ms Dutton queried if the Trust was committed to the living wage. Mr Lewis confirmed that the Trust was committed and undertook to provide an evaluation report in this respect in the next couple of months. Cllr Zaffar sought confirmation that the Trust had applied for living wage implementation. Mrs Goodby confirmed that this has not yet happened, but is something that is being worked through.

Cllr Zaffar highlighted Birmingham City Council's 'Clean Air Zone' proposal/consultation and questioned the Trust's position in this respect. Mr Lewis confirmed that the Trust would aim to make a positive submission by the deadline of 17th August 2018 and would look at cross boundary working with both Birmingham and Sandwell Councils.

Finally, the implementation of the revised nursing establishments, agreed by the public Board in April, and amended on advice with the incoming Chief Nurse in June, is taking place presently, and it is expected that all rotas will be fully compliant to those norms from August 20th onwards. Acuity re-evaluation will take place routinely, and the Trust continues to seek to test whether the "Shelford" tool, and other indices, adequately assesses frailty – an issue on which some staff have raised concern. The revised People page in next month's IQPR will migrate both staffing and recruitment to consideration within that document for future Boards.

ACTION:

- **Confirmation of Trust position/action in relation to living wage implementation to be provided at September Board;**

- **Consider submission to 'Clean Air Zone' consultation by deadline of 17th August.**

7. Reducing Sickness Absence and Improving Well Being

TB (08/18) 010

Mrs Goodby highlighted the steady but slow progress being made on reducing sickness absence in the Trust. She reported a 'blip' in June, which was anecdotally noted to be an effect of the hot weather and the football World Cup during that month. She reminded the Board that in May, it had scrutinised the data on mental health related absence and that she had committed to further explore the mental health absence hot spots within the Trust. The purpose of the paper was therefore to assure the Board of the action taken in relation to mental health.

She highlighted the increased focus for line managers on the use of the stress risk assessment, which is to be undertaken when any employee expresses that they feel overwhelmed, stressed, under pressure or are experiencing anxiety in the workplace. The purpose of the assessment is to work with the employee to identify the source of stressors, seek to minimise it, provide support, refer to occupational health if appropriate and sign post to well-being interventions to support the employee. The risk assessment is completed with the line manager and the employee, and is stored on the local personal file.

During June and July, a random pilot audit of 20 stress risk assessments had been carried out in the hot spot areas, the results of which are available confidentially on request. The pilot has shown that:

- The stress risk assessment is long and quite difficult to understand;
- There is a lack of simple guidance for managers in tackling a difficult conversation with colleagues;
- Personal stress and work place stress are sometimes differentiated, but often they are not;
- The risk assessments audited do not demonstrate the onus on an employee to take steps to manage their own stress triggers or patterns;
- The interventions to manage stress are limited, and do not demonstrate line manager knowledge of the wide range of interventions available for employees to access;
- Grief, dealing with serious illness or diagnosis, unhappiness with colleagues and relationships, work load and perceived fairness are key themes;
- Colleagues are using the Dignity at Work policy or investigations to deal with relationship or perception issues.

Mrs Goodby stressed the importance of working with managers to help them have the competence and confidence to deal with the various circumstances.

Mr Hoare highlighted the publicity around mental health awareness and asked if the Trust engaged in activity of this nature to support this. Mrs Goodby reported that the Trust takes part in national campaigns, and is about to launch the 'passport' initiative that has been developed by the Trust's Patient and Staff Disability and Long Term Conditions network, which would help staff to identify to colleagues any disabilities (visual or not) that they may have. It is anticipated that this will have a positive effect, given that the initiative has come directly from staff. Prof Thomas offered to make a short film about her own experience as a health professional with a mental health condition, to support staff to speak up on mental health issues.

Mr Lewis stressed the importance of the Trust being preventative, rather than reactive. The mental health absence data contained within the report is to be reconciled outside of the meeting, with an agreement to return to the November Board to review/confirm success or to highlight/identify any further improvements required in this respect.

ACTION:

- **Prof Thomas to produce a short film to support staff to speak up on mental health conditions;**
- **Mental health absence to be revisited at November Board to review/confirm success or identify further improvements including mandatory targeted stress assessments**

8. Strategic Board Assurance Framework: 2018/19

TB (08/18) 011

Miss Dhama reported on the steps taken to strengthen the purpose and profile of the Strategic Board Assurance Framework (SBAF), with the aim of it informing Board business. In particular, Board committees now have SBAF entries assigned to them and include this item first on their agenda. Feedback from NED Committee Chairs on the usefulness of this in shaping discussions was noted to be positive.

Miss Dhami highlighted an additional new stage in the process, whereby the Chair of the Audit Committee and Director of Governance met with all Executive Directors with SBAF entries aligned to them as a risk owner to challenge and confirm the controls and assurances being relied upon to prevent risks from materialising. At these meetings, which took place last month, previous action narratives and mitigation/gaps against each risk were reviewed and tested. Some of the assurances were noted to be less robust than others and it was therefore agreed that Committee chairs should scrutinise the updated SBAF at the next round of Committee meetings in August/September to provide assurance on accurate levels of reporting.

Mr Lewis stressed the importance of looking at how we are working and to make changes to how we work as a Board, drawing attention to some amendments to committee working.

The complete (updated) SBAF will be provided to the September Board meeting.

ACTION:

Updated SBAF to be provided at the September Board meeting.

9. Midland Met: Final Contractor Model Choice

TB (08/18) 012

Mr Lewis reported that the Board was being asked to indicate a preference between two remaining long term options, through which to complete the Midland Metropolitan Hospital. That preference will then carry forward into the Trust's discussions with Government, accepting that it is for Ministers, as funders in whole or in part, to determine the final course.

He highlighted that, under either remaining scenario, the likely completion date is 2022. It was noted to be possible that a slightly faster timeframe could be achieved under option C, and the executive contends that option C faces fewer hurdles to reaching contract signature and conclusion. The Trust would seek to contract to incentivise pace, alongside ensuring quality.

Whilst his paper focuses on long term options, Mr Lewis pointed out the three relevant pieces of context that should be made clear:

- i. On Friday July 20th the Trust and DHSC consensually terminated the contract of the Hospital Company (THC) Special Purpose Vehicle. The commercial terms of that agreement were noted to be covered in the private board circulation. However, the Trust and national stakeholders are now in a position to either re-tender the completion as a Private Finance project, or apply to complete work with public funding. There is no necessity under the latter scenario to yet determine the estates operating model and the Trust already has a mix of outsourced and internally operated services. Termination de-coupled the Trust's next steps from the demised contract.
- ii. Further to prior decisions made, it is expected on Monday 6th August to issue the ITT for the Early and Enabling Work Contract. The scope of that contract will evolve but it will provide some capability to mitigate the deterioration in the estate since January 15th, which has been estimated to carry a minimum cost of £15m.
- iii. Work continues to establish how reconfiguration is best accomplished in 2019 to sustain acute care safety until 2022. The long term completion preference would not per se alter the options considered, as the fundamental issue is the Trust's ability to maintain existing service and meet new service standards in the next four years.

Mr Lewis reminded the Board that since May, the Trust has worked alongside the IPA, DHSC, NHSI and HMT to evaluate the remaining options, including the VFM and the market appetite for this project. He highlighted that in 2015, three bidders were shortlisted, however, the field very rapidly narrowed to a single bidder with whom conclusion was reached. Since that time, Carillion's demise has further narrowed the market and some large 'players' have since indicated reduced appetite for either large scale hospital building, or operating as part of a wider financing consortium. As such, from initial circumstances in January, all parties have been urged to consider market appetite as a primary consideration.

Mr Lewis described the options faced by the Trust as set out in his report. He drew the Board's attention to the recommendation of the executive, which is to now proceed with option C (obtain funding from DHSC). Although Option

A offered the fastest route to a conclusion, it is considered that a construction direct award will offer the Trust a more secured route to delivery. The risk management advantages sought over 30 years will require consideration, but should be largely achieved through a future operating model decision. Accordingly, the risk transfer loss is offset by considerations of price, achievability, pace of delivery and speed of certainty.

Mr Samuda asked the Board to make a clear decision and acknowledged that there were an exceptional set of circumstances.

Ms Dutton asked Mr Lewis to re-clarify the specific advantage of Option C over Option B. Mr Lewis suggested that he felt that there were two: Achievability in the market and certainty of timetable.

Mr Kang asked about how the building would be operated. Mr Lewis confirmed that no decision was being sought on that matter but that a decision may be needed before contract close on a final contractor in order to achieve build and operating synergies.

Mr Lewis confirmed that he would now write to DHSC as the next stage to confirm the Board's decision. He expected a decision in weeks not days or months.

AGREEMENT:

The Board agreed to proceed with option C as recommended.

10. ED Improvement: August and September Plans

TB (08/18) 013

Ms Barlow updated the Board on the Trust's plans to improve ED performance, noting the work stream and engagement activities undertaken since the last Board meeting. She highlighted the forward look improvement approach along six identified themes that were noted to be summarised in appendix 1 of the report. She described the on-going work in relation to improving length of stay, sustained bed closures and recruitment, which was noted to be progressing well. This work is expected to produce more stability by September/October.

Ms Barlow reported that ultimately, the improvement approach will reduce four hour breaches in ED. A new shift by shift score card has been implemented which maps more specific indicators to the improvement theme plans, replacing previous scorecards to bring greater transparency and focus to improvement opportunities.

Following the proactive engagement of clinical expert advice from NHSI, the Trust has since received the report and accepted the recommendations made therein. Ms Barlow pointed out that a number of learning points have been included, although it was noted that a number of recommendations had already been in the process of being implemented by the Trust.

11. Trust Risk Register

TB (08/18) 014

Miss Dhami reported as follows:

- Risk no. 1603 (Trust's financial performance) – this risk was discussed at July RMC and CLE where it was agreed that it was appropriate to archive it and to create a new risk in view of the changes that have occurred. The newly created risk (3234) better reflects the Trust's current position and includes further mitigating actions for 2018/19;
- Risks 2642 (results acknowledgement) and 534 (tumour site MDTs) are to be reviewed by the Head of Risk Management with the Medical Director. The updated risk statements will be presented to the September Trust Board.

The August CLE will scrutinise those areas that either don't have a risk register or have a low number of risks.

12. Integrated Quality & Performance Report

TB (08/18) 015

Mr Baker reported that the Trust continues to perform across many indicators with improvement on short notice cancellations in the month. This was noted to be below target and ahead of trajectory by two months. The following areas were specifically highlighted:

- A maternal death occurred during the reporting period which is being investigated;

- HSMR Mortality indicator is an outlier at 123 which is outside statistical confidence limits. The Board is familiar with plans to address the accuracy of this figure, and change outcomes and in so doing move towards a figure closer to 95. This is to return to Board in September;
- Emergency care performance is 5% below trajectory at 81.28% versus 86.4%;
- Sustained and improved performance across many indicators for the month of June with 6 persistent reds now achieving the desired performance levels. Two of these have sustained performance for 3+ months and have therefore been removed from the persistent reds;
- In response to the Healthwatch enquiry about patients receiving less than 3 weeks' notice for Outpatient appointments, confirmation of <3 week offers at 18% having isolated urgent and fast track clinics. Further work continues to complete reviews of all clinics and understand the hotspot areas (5 specialties).

Mr Lewis stressed the importance of retaining focus on cancer waits to drive improvements, and noted the 104 day reporting regime change through him, and an ask on the Board to focus by tumour group on compliance, rather than permitting high volume cancers to obscure the reality for other patients.

Mrs Gardner pointed out that the reported maternal death had occurred outside of the Trust, however, the death is to be investigated between SWBH and two other Trusts, given that the patient was booked with SWBH.

12.1 Financial Performance – P03 and Quarter 2 forecast

TB (08/18) 016

Mr Doyle updated the Board that the Trust reported on plan for Quarter 1. The cash position was noted to be £9.1m above plan as at 30th June. This was attributable to reduced capital spend and working capital management. The Trust was cautiously optimistic that it would hit its control total.

He highlighted the work done by the finance and operational teams that suggests there could be a £2.7m variance from internal plans by the end of Quarter 2. Bonus STF received in July is expected to cash mitigate any I&E variance during Quarter 2. The identified key actions to mitigate I&E were reported as:

- Ensure plans to deliver production plan are in place, and that unfunded beds remain closed;
- Ensure compliance with assumptions contained within the safer staffing and effective rostering CIP (such as 3% sickness);
- Work quickly to gain further assurance on delivery of procurement and non-pay savings;
- Act quickly to mitigate / source funding for cost pressures outwith the budgets.

Prof Thomas sought clarity around whether the Trust had extended its payment terms and was of the particular opinion that the Trust should prioritise payments to local businesses. Mr Doyle clarified that the Trust's payment terms were monitored against national targets. Mr Kang reassured Prof Thomas that this was discussed regularly at the Finance and Investment Committee (FIC).

Mr Samuda expressed his concern about the slippage in non-pay. Mr Lewis reported that the FIC had not yet reached a satisfactory conclusion and expressed apologies in this respect. He pointed out that this was an issue with delivery, rather than a coding issue. He highlighted that this was an area of focus for the acting Director of Finance upon her return from leave in mid-August.

Mr Lewis sought assurance around the robustness of the production plan, given that during spring of 2017, it was performing well but then saw a deterioration of the position during the summer of 2017. He stressed the importance that this was not repeated. Ms Barlow reassured Mr Lewis that she had confidence in the processes in place to mitigate this happening and described how the Trust was able to catch up and deliver on the production plan.

Mr Samuda sought assurance around the controls on the reduction of agency spend. Mrs Goodby confirmed that this is monitored weekly by the CIP Board and described the increased grip and control measures in place. Daily data is reported on any areas that are booking agency above their establishment. This is only be approved by exception by the Chief Nurse or the Chief Operating Officer in her absence. Medical agency spend was noted to be RAG rated, with red rated areas to be targeted as hot spots. Mrs Goodby stressed the importance of the need to achieve a £0.5m step up in agency spend reduction for Quarter 2. Ms Barlow confirmed plans to completely switch off Allied Health Professional agency work by December 2018. Work was underway with the various specialties to ensure compliance of the plan.

13. Pathology Next Steps – Decisions and Delegation	TB (08/18) 017
<p>Mr Lewis updated the Board that the expected date for BCP to become operational remains in October. Paul Harrison, ex medical director of Dudley Group, was noted to have been appointed as clinical director of the service. The Board was invited to reconfirm the Trust joining the venture, and to agree signature of the project agreement.</p> <p>Mr Lewis highlighted that the Trust continues to discuss and seek to agree schedule 3/service level agreement for interim services, including the funding model for the IT connectivity through LIMS. It is proposed that this operational matter is delegated subject to compliance with the Trust’s Long Term Financial Model 2018-2020. The compliance beyond that in 2020 forms part of the Trust’s taper relief discussions around the collapse of Carillion as that will necessitate a second ESL being retained.</p> <p>Mr Lewis asked the Board to consider the three options around specialised pathology which are appraised in his paper. A financial terms summary for specialised pathology will be circulated in confidence to Board members. Against that backdrop and the appended papers, the narrow recommendation is for a BCP route based in Sandwell. The specialised pathology service would transfer to Black Country Pathology either in October 2018 or March 2019, subject to agreement of terms during August 2018. Mr Lewis committed to writing to those affected staff the following day, dependent upon the Board’s decision.</p> <p>The Board agreed to proceed as recommended, as follows:</p> <ul style="list-style-type: none"> • AGREE to proceed to sign the project agreement; • DELEGATE to the Chief Executive and Chief Operating Officer the approval of schedule 3; • ACCEPT a preference for specialised pathology in BCP at Sandwell if commercial terms can be agreed. <p>An update on the position is to be provided at the October Board.</p>	
<p>AGREEMENT: The Board agreed to proceed as recommended.</p>	
<p>ACTION: An update on the position is to be provided to the October Board.</p>	
14. Minutes of last meeting and action log (5th July 2018)	TB (08/18) 018 & 019
<p>The minutes of the meeting held on 5th July were agreed as an accurate record.</p> <p>Action Log - comments were made on the following actions:</p> <p>5th July 2018 – action 6: Professor Carruthers clarified that he had further looked into the data whereby 11 deferrals to revalidations had been made. He explained that this was attributable to delays with the completion of 360 appraisal due to various reasons / sickness absence etc. This will be undertaken within the next twelve months.</p> <p>The Board received and noted the attendance register log of the Board and its sub-committees. Ms Dutton commented that she had been noted as a member of the MPA committee which was not the case and asked that attendance log be updated to reflect this.</p> <p>All other due actions were noted to have either been discussed earlier as part of the meeting or to be discussed as part of the Private Board agenda.</p>	
<p>ACTION:</p> <ul style="list-style-type: none"> • Ms Dutton to be removed as a member from the MPA attendance register, as she has visiting rights without obligation 	

15. Any other business	Verbal
In relation to the work on Midland Met, Mr Lewis thanked the whole Board team for their contribution in either directly picking up displaced work or by providing support and resilience. On behalf of the Board, he gave specific thanks to Alan Kenny, Tony Waite, Daphne Lewsley, Rod Knight, Dave Hollywood and Austin Bell for their huge effort and achievement.	
16. Date and time of next meeting	Verbal
The next public Trust Board will be held on 6 th September 2018 at Rowley Regis Hospital.	

Signed

Print

Date