Paper ref: TB (01/19) 026

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD PUBLIC MEETING MINUTES

Venue: Conference Room, Education Centre, Sandwell General Hospital

Date: 6th December 2018, 0930h – 1300h

Members Present:

Mr R Samuda, Chair	(RS)
Mr H Kang, Non-Executive Director	(HK)
Prof K Thomas, Non-Executive Director	(KT)
Mr M Hoare, Non-Executive Director	(MH)
Mrs M Perry, Non-Executive Director	(MP)
Mr T Lewis, Chief Executive	(TL)
Ms R Barlow, Chief Operating Officer	(RB)
Ms D McLannahan, Acting Director of Finance	(DMc)
Prof D Carruthers, Medical Director	(DC)
Mrs P Gardner, Chief Nurse	(PG)
Miss K Dhami, Director of Governance	(KD)
Mrs R Goodby, Director of People and OD	(RG)

In Attendance:

Mrs R Wilkin, Director of Communications	(RW)
Mr D Baker, Director of Partnership & Innovation	(DB)
Mrs C Rickards, Trust Convenor	(CR)
Ms C Dooley, Head of Corporate Governance	(CD)
Dr S Yusuf, Group Director of Imaging (for item 14)	(SY)

Minutes	**Reference**
1. Welcome, apologies and declaration of interests	**Verbal**
Apologies were received from Ms Dutton and Cllr Zaffar.	
2. Patient Story	**Presentation**

Mrs Gardner introduced the patient, Brian Hassell, providing his story to the meeting on a fractured neck of femur repair, who was hurt playing walking football at Aston Villa Football Club. The ambulance arrived within 20 minutes and the ambulance crew were excellent. After 30 minutes he was taken to x-ray and one of the porters grabbed his foot to move the trolley, which was very painful as the porter was not aware that his leg was the medical issue. Brian queried why don't staff label the area? Another point Brian made was that staff did not tell him anything material by only commenting "we can't say anything, but you will need to stay overnight".

Brian advised he went to operating theatre the next day and the anaesthetist asked him to have an epidural for faster recovery, noting additional drugs could be provided if required (rather than a general anaesthetic). The theatre staff went through the procedure in a lot of detail with him and it gave him complete confidence in the team. The operation went well and he returned to the ward with no complaints. Brian would have preferred to go to a hospital closer to home but overall he was very pleased with the care he received at Sandwell Hospital and his recovery has been really successful.

There has been a lack of continuation with physiotherapy services, given he lives in another area, and he commented this could be improved/be more seamless and successful for patients like him that treated out of their home area.

Professor Thomas referred to the comment Brian made about the nurses not making eye contact and asked if it needed to be a nurse, or if it could have been another member of staff to say hello and reassure him. Brian

reflected it could have been another member of staff who provided a friendly eye.

Mr Samuda asked Brian about the pain relief he took and Brian confirmed he does not like to take medication/drugs and had refused gas and air in the ambulance. Brian also advised he stopped taking all pain relief 3 days following return to home.

Mr Lewis asked about support to Brian's family during his stay. Brian advised that as they live a distance away his family did not visit on the first evening but they did visit the following day and he didn't think his family would have any criticism about the contact/support they received.

Mr Samuda thanked Brian, on behalf of the Trust Board members for providing his story/experience and we will take on board the comments and suggestions he had made from his experience.

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

A question was received about the Trust's procurement process, in relation to broken booking-in screens at Rowley Regis Hospital, as it has been 4-5 months since the initial question was raised and the response at that time was these were on order. Ms Barlow confirmed to look into this and find out the reason for the delay and this will be provided following the meeting.

Mr Lewis noted, from a previous meeting, that transport to hospice issues have been resolved as there is now a full fleet of transport vehicles in place.

A question was asked about oncology services and when this will come back to Sandwell Hospital. Mr Lewis advised that by 2020 it will have returned, as discussed previously at Trust Board through collaboration with Queen Elizabeth Hospital and with oversight monitoring of this via the Overview and Scrutiny Committee. Mr Lewis advised he will aim to provide a definitive answer on the return of chemotherapy services to the February Trust Board meeting.

ACTION: When will the booking-in screens be fixed at Rowley Regis Hospital
ACTION: Response on the return of chemotherapy services to Sandwell General Hospital

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

Mr Samuda advised he had attended the Schwartz round on D23 at City Hospital which focussed on a very complex/difficult MH patient and commended the team for their handling of this patient's care and for providing detailed information about this as part of the Schwartz round.

Mr Samuda also visited teams to look at early discharges and this would be covered in more detailed later on the agenda.

5a. Update from the Charitable Funds Committee 15th November 2018	**TB (12/18) 001 & 002**

In the absence of Cllr Zaffar, Mrs Wilkin highlighted the following points from the discussion at the Charitable Funds Committee held on 15th November 2018:

- We have received 1% of charity funding giving through payroll
- We have reached the second stage of funding for the Helpforce project
- The Midland Met campaign is progressing and the structure of the campaign was provided with the committee summary to the Trust Board.
- Figures on income and commitment for the remainder of the year were provided, and the balance of

£4.7m was noted.

Mr Samuda asked about the process timeframe for volunteers and Mrs Wilkin replied these can often be processed within 2 weeks.

5b. Update from the Public Health	**TB (12/18) 003 & 004**

Mr Lewis highlighted the following points from the discussion at the Public Health, Community Development and Equality Committee held on 15th November 2018:

- Volunteering – similar to the discussion at the Charitable Funds Committee.
- Most of the meeting was focussed on the fact that 17th December is the 200 day marker/countdown to smoke free sites. The committee acknowledged this will involve a lot of work to be successful and over the next 50 days we need to have tangible plans to ensure deliverability as it is everyone's job to make this successful.

Mr Kang asked if we are talking to other Trusts about successes in relation to becoming a smoke free Trust and Mr Lewis replied we are talking to lots of NHS and non-NHS organisations and progressing the shelter issues.

Mr Lewis advised there is lots of good work taking place on plans towards smoke free and the explicit directives will become clearer, including how we will enforce, over the next 50 days. Mr Lewis also noted the broader "exclusion zone" conversations will take place with Sandwell Council.

Miss Dhami referred to patient anxiety and personal needs to smoke (as a coping mechanism). Mrs Wilkin advised we will provide lots of advance notice to patients prior to admittance and can work with GPs closely for their support in advising patients in advance of attending the Trust.

5c. Update from the Digital Major Project Authority – 26 October 2018	**TB (12/18) 005 & 006**

Mrs Perry highlighted the following points from the discussion at the Digital MPA Committee held on 23rd November 2018:

- Continuation of stabilising existing systems.
- In-depth review of processes and IT team capacity and capability.
- Critical systems list and information on managing these systems and contracts.
- Developing a dashboard of what good performance looks like and how these can be measured.
- IT red risks (register).

Mr Samuda asked about "up-time" and "down-time" and Mrs Perry felt the positive discussion at the committee provided assurance that there is more confidence on this issue from the work described/being progressed.

5d. Update from the Quality and Safety Committee – 30 November 2018	**TB (12/18) 007 & 008**

Mr Samuda highlighted the following points from the discussion at the Quality and Safety Committee held on 23rd November 2018:

- Cancer standard improvement in Q2.
- Strategic BAF discussion.
- Internal audit review on the Safety Plan.
- Research and Development – which will be presented to Private Trust Board meeting later today.

- Care Home bed provision – a key feature related to discharge processes throughout winter.
- ED 4 hour target – there is more work to do on bed capacity and discussion will take place on this via the IQPR later on the Trust Board agenda.
- Sepsis and mortality progress report and quality plan discussion.

Ms Barlow noted the care home provision will be updated on the Strategic Board Assurance Framework at the next update/review, prior to the next report at the January Trust Board meeting.

Mr Lewis advised in terms of future agenda planning the January 2019 Quality and Safety Committee will have a discussion on the neonatal plan, including potential estate mitigations, and a report from the Coroner on a specific neglect case related to devices (in collaboration with other GP partners).

ACTION: Neonatal plan to January 2019 Quality and Safety Committee
ACTION: Coroner report on neglect to January 2019 Quality and Safety Committee

5e. Update from the Finance and Investment Committee – 30 November 2018	**TB (12/18) 009 & 010**

Mr Hoare highlighted the following points from the discussion at the Finance and Investment Committee held on 30th November 2018:

- The Production Plan was discussed at length for period 8 to period 12.
- Month 7 delivered on plan, as expected, which was a positive position.
- Contractual challenges we face in relation to patients attending for a single day for multiple conditions/services and receiving funding for these multiple activities.
- Grip and control on non-pay position.
- Pay position (noting there is a paper on the Trust Board agenda on this at today's meeting).
- We are on plan to deliver year-end control total, including CIP delivery in the final quarter.
- Confirmation that we are above the projected NHS Improvement plan on agency spend.

6. Chief Executive's Summary on Organisation Wide Issues	**TB (12/18) 011**

Mr Lewis noted the following highlights from his report:

- Good progress with GPs and other partners on integrated care with a simulation event planned for 12th December 2018.
- Basic life support training countdown towards 100% by January 2019 – it is likely this will be in the ninety percentile but considerable effort is taking place to ensure this is as high as possible.
- Waiting list size – active discussion is taking place with CCG colleagues on the position over the next 2-3 months.
- The first range of pioneer teams, under the weconnect programme, will be put in place and leads will have coaching from the team from Wrightington, Wigan and Leigh Trust, over the next 3 months. It is anticipated this activity will be a positive disruption in 2019/20 and updates on progress will continue to be provided.

Mr Kang queried the directorate budget changes set out in the report and Mr Lewis advised that previous directorate budget setting has required flex in-year as they were not set as robustly as required. For 2019/20 directorate budget setting we plan to scrutinise/challenge the planned budgets with the directorate teams directly with finance colleagues in January/February 2019, in advance of signing the budgets off, to provide further stability in advance of the coming financial year.

Mr Samuda referred to para 6.1 and the Wrightington, Wigan and Leigh Trust team input into the pioneer

weconnect teams and Mr Lewis commented that the Wigan team have provided evidence of their success and will transfer their expertise into our programme.

Mr Samuda asked for more information on the section on transitional care for adolescents and Mr Lewis replied that we expect a stocktake of detailed information (currently being compiled) by the end of Q4. Mr Lewis expects the Care Quality Commission will focus on standards of paediatric care in EDs in 2019/20.

Mrs Goodby referred to the high vacancy hotspots and the progress made to date. In Q4 Mrs Goodby and Mrs Gardner will review high nursing turnover across the Trust to further understand the position. Learning and Development committee will focus on the 87 medical/doctor vacancy position. Mr Lewis asked that we have a clearer position on progress/forward trajectory at the January Trust Board meeting.

ACTION: Vacancy hotspots forward trajectory/progress update to January Trust Board meeting.

7. Integrated Quality and Performance Report	**TB (12/18) 012**

Mr Baker provided highlights from the IQPR:

- Emergency Care – noted as an item for discussion later on the agenda.
- Cancer standards and RTT improvements were noted.
- Higher number of falls.
- 52 week breaches.
- Success on VTE.

Mrs Gardner referred to the falls data and a review will take place again on the correct identification of a fall guidance categorisation. A new Falls co-ordinator commences in January 2019 and their assessment work will be provided to the Quality and Safety Committee. Mr Lewis commented that an approach similar to the persistent reds process should take place on falls and an integrated view of quality and safety at ward level is essential for staff to provide prioritisation of focus.

Ms Barlow advised the 52 week breaches, prior to October 2018, have all been root caused. The two patients that have breached in this reporting month are due to administrative errors and these individual staff performance issues are being managed by the Deputy Chief Operating Officer.

Mr Lewis asked about the metric for possible 52 week breaches in relation to the first point it is registered and Ms Barlow advised this is first seen at 38 weeks and monitored thereon with a 10 week clearance time process also in place to provide assurance on accuracy. Mr Lewis asked for the over 38 week position to be reported via the IQPR.

Mr Kang asked about staff "giving up" if data continues to show deterioration (e.g. sickness absence) and Mr Lewis agreed that milestones that are moderately achievable should be set and monitored to encourage a path of improvement progression.

Mr Baker referred to stroke beds targets and Ms Barlow advised a detailed discussion took place on this at the Quality and Safety Committee and the admissions, pathway improvements, access to MRI and those patients aligned to mimic pathways are aligned to HOT clinics. These 3 high impact areas of work should improve performance. Mr Lewis asked if nationally stroke mimic patients are at 20% and we are in 40th percentile do our patients experience mimic status longer than in other areas? Ms Barlow acknowledged this comment and replied that this will be a focus for discussion at a stroke symposium and re-presented for discussion at January 2019 Quality and Safety Committee.

ACTION: Stroke symposium to take place and an update on this to January Quality and Safety Committee

8. Monthly Risk Register Report	TB (12/18) 013

Miss Dhami provided an overview of the report highlights:

- Estate risks will be discussed in detail at the Estate MPA on 7th December 2018.
- Informatics risks are being progressed via the Digital MPA.
- Midland Met risks have a timelines for review.
- New this month is the incidents (page 4 and 5) that are in web-holding awaiting action (over 21 days).

Mr Samuda and Professor Thomas both referred to the maternity risk (in relation to Unity) on page 3 and Ms Barlow referred that Badgernet, which is a specific maternity patient record system, which must be used, will be required to dovetail with Unity once it goes live, as both systems will be live/operational.

Mr Samuda referred to the security staff risks reported on page 4 and Ms Barlow advised this is in relation to current vacancies, sickness issues and there is an improvement trajectory for the short-term on this (via bank).

Mr Lewis referred to risk 3211 and noted he expects to move ENT to a 9-5 service in 2019/20 but more immediately some patients referred for triage for head and neck cancer will be a smooth process for these patients being cared for/treated by other Trusts (QE and Walsall).

9. Mortality: Big Six Delivery Milestones	TB (12/18) 014

Professor Carruthers provided a report on the focussed work on ensuring improvement for mortality status/data. Factors which impact on mortality data are palliative care recognition, accuracy of coding and around the requirement for improving documentation. Professor Carruthers advised the graphs at appendix 2 show the rises in SHMI data and the reasons behind the increases, such as the relaunch of the ambulatory care unit and patients coded as out-patients and a reduction on admissions. Mr Samuda asked about best practice in-line with SHMI data and Professor Carruthers reflected that Wolverhampton Trust are in a similar position re: ambulatory pathways.

Mr Lewis commented that our work should focus on improving amenable mortality deterioration and further improvement beyond "average" - the leadership team should be aspiring to be better than average.

Professor Carruthers advised the biggest changes for improvement are anticipated in:

- Patient flow.
- Managing sepsis.
- VITE safety checks.
- Fluid management

Sepsis improvement will be monitored closely through the quality plan over the next 3 months. VTE assessments improvement is essential and recent recruitment successes will support this.

The review of fractured neck of femur data will be provided at the end of February 2019. The work of medical examiners and learning from deaths work supports the improvement plan to produce actions and expected outcomes for individual groups to focus on.

Professor Thomas referred to the learning from deaths report and asked about how this will impact when we move to Midland Met. Professor Carruthers replied that data by specialty/site showing where/how deaths occur does allow a focus on specific areas (e.g. respiratory and gastroenterology). Reconfiguration plans prior

to Midland Met, particularly for respiratory and gastroenterology, with specialist staff moving sites is expected to positively impact improvement (data).

Mr Kang reflected on previous discussions about coding and the comments Professor Carruthers made comment about the improvement for coding and the need for good documentation. Professor Carruthers advised this item was a lengthy discussion at the November Clinical Leadership Executive meeting and documentation issues are live/ongoing with Unity go-live to improve the position on coding.

Mr Lewis summarised the 3 areas for focus are improved documentation, getting the basics right and the areas that are doing ok, make these really good. It was agreed the next iteration of this report should have direct interventions and timelines.

Mr Samuda asked about the hardest areas to improve and Professor Carruthers reflected on time/work pressures issues on sepsis screening and pressure on busy wards for nurses to correctly, timely documenting and turnover of staff also adds pressures. The continuing of learning is very important and specific disease group improvements are a focus.

Mrs Gardner referred to sepsis and the league tables for wards on improvement, with wards buddied for additional support. This now shows additional areas for focus.

ACTION: Next mortality improvement report due to March must set out a waterfall route to 95

10. 2018/19 Production Plan Assurance	**TB (12/18) 015**

Ms Barlow advised a detailed discussion took place on this at the November Finance and Investment Committee and highlighted the following points from her report:

- £1.2m target stands at £518k off-plan with confidence this can be closed down.
- Mitigation and assurance is provided in detail at table 1.
- One outstanding issue is to resolve capacity in clinical haematology and there is now a locum in place to address this.
- Annual leave reconciliation has taken place and one hot spot to focus on is in medicine.

Mr Lewis advised a discussion took place on waiting list size at the quarterly stocktake meeting with NHS Improvement and the Deputy Chief Operating Officer has been asked to profile a reconciled plan on this for Q1 of 2019/20.

11. 2019/20 Paybill: Pay Reduction Plan	**TB (12/18) 016**

Mrs Goodby advised the target position is £11.5m of improvement (£1m per month) required. Mrs Goodby highlighted the following from her report:

- There is a plan for meeting the challenge.
- The position on agency spend is above plan with pay on track, which balance out, and there is confidence to meet the pay challenge for clinical groups in 2019/20.
- Proposals for CIP were covered in detail at the Finance and Investment Committee and the impact for plans being put forward for next year.
- There is an outstanding action in the Medicine Group which requires clarification before this budget position line can be set out fully.
- We will encourage more substantive nurses to undertake additional/more bank shifts to provide assurance on quality of provision, noting the staff contracts for these are separate. It was confirmed that checks and balances are in place to ensure that nurses are not working more than a healthy

number of shifts.

Mr Kang referred to the need to avoid emergency agency spend and asked if this is now having an effect. Mrs Goodby advised this has improved significantly, with further work to do on rostering and quality control of systems. Mrs Gardner agreed with the point that ward managers must ensure good/correct rostering management, in immediate time, and some additional external support she has secured to support this improvement.

Mr Lewis summarised that the work required on establishments is to move from £327m to the required £322m pay position with data on the accurate/confirmed posts in place, which will be worked through/clearer through the budget setting process with Groups (previously described) in Q4. Budgets will be provided to the Trust Board for the February 2019 meeting.

ACTION: Number of substantive nurses registered with agencies.
ACTION: Directorate budgets to be provided to February 2019 Trust Board (January in draft)

12. Staff Wellbeing: Mental Health Evaluation	**TB (12/18) 017**

Mrs Goodby advised that the current sickness rate stands above 5%. The paper provided to the Trust Board provides examples of stress and sickness support management in relation to mental health to improve attendance.

Mrs Goodby advised it is proposed to use the Health and Safety Executive "it's a conversation" tool, which was discussed at JCNC and was supported, and to be used as part of our annual conversations with staff via Performance Development Reviews. Further work proposed is to be more explicit on actions and interventions for staff to proactively manage their own mental health with their line managers and how direct resources could improve working patterns.

Ms Samuda referred to the sickness policy and asked for more information on the D&V issue specifically and Mrs Goodby referred to work that Wolverhampton have undertaken to reintroduce the staff member, that is now well, to a non-patient facing role where there would be no infection control issues, noting this is recorded on ESR differently. Mrs Perry commented on the recording but this would not affect the actual absence and the requirement to backfill and pressure in the reality of the service area. Professor Thomas reflected on the 48 hour guidance to return to work following D&V and, in her own experience, the benefits of re-distribution of medical student's work during this period (to be non-patient facing).

Mr Hoare asked about the individual review conversations and the relationships between managers/staff where there are broken relationships that require rebuilding. Mrs Goodby advised that work to improve and repair relationships will take place through the accredited manager programme work.

Mrs Rickards advised the sickness policy is in review with Trade Unions currently and commented about the need for staff affected often requiring independent support other than HR. Mr Lewis agreed with this comment and noted we should go for the compulsory stress element proposal with an independent squad to test the actions in the paper. It was noted the next report should focus on if the actions are undertake, in relation to the number of people on long term sickness leave, is there a plausible route to the improvement statistic required (that is quantifiable).

Mr Kang referred to the NHS nature of continually expanding job descriptions/roles and there is a need for a retrospective educational piece on this. Mr Lewis noted Mr Kang's comments and reflected on reviewing cultural shifts and the long term duty of care to careers.

Mr Lewis advised if staff are absent with stress, and this is a real and diagnosed issue, there is still an

obligation for staff to be engaged with managers and to be actively progressing returning to work. Mrs Rickards referred to terms and conditions of work and in her role she knows that Trade Unions are continually aware and advised of staff confirming they want to be at work.

ACTION: Implement the HSE Conversation tool and provide future progress reports to the People and OD Committee and Trust Board

13. November 4 Hour Delivery: Lessons Learned	**TB (12/18) 018**

Ms Barlow referred to data dashboard (provided on screen in the conference room) of good and bad days of performance by shift scorecards.

Ms Barlow referred to the good days shown on the dashboard (24/25 November 2018) and the evidence shift by shift of the data collected where the system worked. Breaches are lower, or do not take place, on these days. Recruitment has improved (2 registrars on night duty at Sandwell General Hospital and there will also be 2 registrars on night duty at City Hospital from February 19). On a good shift nursing vacancies and sickness issues are negligible. Good assessments times elates to patients not waiting in large numbers.

Mr Lewis asked if there is hourly velocity data and Ms Barlow confirmed we do have hourly attendance rates and if attendance is 20-30 or over in a number of hours this is when the service is pressured. Mr Lewis advised the launch of the Single Point of Access needs to positively impact this issue.

Mrs Wilkin referred to 2 red columns and Ms Barlow advised they were "seen within the hour" and the SMART data to being reviewed on this to understand the issues. Mr Lewis commented the decision is also "discharged within the hour" not just seen within the hour.

Ms Barlow highlighted the position versus plan activity on good days (e.g. fewer patients than expected) and the specialties variance for some areas (not admitted more than expected) and not admitted above ward base against plan.

Ms Barlow referred to the early discharge project and operating bed occupancy currently at 97% with the improvement approach described within the paper focussed on the day before, where appropriate, morning and weekend discharges. There have been workshops with Matrons leading the teams on earlier and better planned discharges. We have pulled OPAU into this programme and all specialties on this approach before Christmas.

Mrs Goodby asked if paediatrics were included in the discharge work and Ms Barlow advised this is currently focussed on medicine and urgent care flow but this will roll out to paediatric care, particularly paediatric ED.

Ms Barlow's final comments were around the improvement that takes place Tuesday to Friday each week and the need to focus on improvement on Friday and then roll over into the weekends.

14. Imaging Sustainability	**TB (12/18) 019**

Ms Barlow introduced this report on the improvements required for enhanced imaging service sustainability. There has been a sustained underperformance and workshops have taken place with the Group and the Chief/Deputy Chief Operating Officers to focus on a single lens approach to direct improvement actions required. Ms Barlow specifically highlighted:

- Scanning capacity – now using Rowley Regis Hospital.
- Reporting shortfall and growth over last 2-3 years with enhanced/further forecasting data.

- A more strategic partnership on reporting.
- Options to go "off-framework" for procurement and wider markets (overseas) flexibility.
- Workforce planning for radiographers.
- Working with the Deanery on doctors in training and their experience of reporting.

Professor Thomas asked if there is a risk that outsourcing reporting will make the department less attractive and Dr Yusuf (who was in attendance for this item), replied that this is now standard practice and if there is balance that work is undertaken internally and out-sourced this provides assurance to staff.

Mrs Goodby referred to the imaging presentation at the Annual General Meeting in June 2018 and asked about future developments highlighted, at the meeting, on Artificial Intelligence. Dr Yusuf replied that Artificial Intelligence expertise to confirm "normal" and "abnormal" scans is not yet available at the Trust and this is a piece of collaborative work to bring this into the Trust in 2019/20.

Mr Lewis clarified the recommendation is on the outsourcing option, as the recommendation, on the cover sheet may be confusing/not clear. Ms Barlow agreed that that was the case.

AGREEMENT: The Trust Board approved the recommendations set out in the report towards a sustainable service model based on an outsourced partnership

15. Financial Performance and Q4 Exit Plan	**TB (12/18) 020**

Ms McLannahan provided an overview of the Financial Performance Report and Q4 Exit Plan.

- Revised plan for rest of the 2018/18 financial year and a route to achieve control total.
- Cash – ahead of plan and unlikely to borrow cash in 2018/19.
- There are £5m of uncommitted reserves and balance sheet flexibility (small and old provisions which can be released) and available annual leave accrual gives headroom of £2.3m to achieve control total (used £1.8m of £2.3m).

Mr Lewis congratulated the team on the Debt Improvement work reflected in the report.

16. Minutes of the previous meeting and action log	**TB (11/18) 021** **TB (11/18) 022**

The minutes of the Trust Board meeting held on 1st November 2018 were accepted as an accurate record.

In relation to the action log the following were noted:

- Medicine Listening into Action event is deferred to February 2019.
- Amend the "**we**learn" action to align to Miss Dhami not Mrs Goodby
- Our Brexit self-assessment has bene submitted and from February 2019 there will be an SRO Brexit exit group (in-line with Government guidance) which will report up to the Finance and Investment Committee.

17. Any other business	**Verbal**

No other items of business were received.

18. Date and time of next meeting	**Verbal**

Details of next meeting: The next Public Trust Board meeting will be held on Thursday 3rd January 2019 at

Rowley Regis Hospital.

Signed ……..

Print ……..

Date ……..