Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD PUBLIC MEETING MINUTES

Venue: Conference Rooms 1& 2, Aston Business School, Aston University

Date: 1st November 2018, 0930h – 1300h

Members Present:

Mr R Samuda, Chair	(RS)
Ms O Dutton, Non-Executive Director	(OD)
Prof K Thomas, Non-Executive Director	(KT)
Mr M Hoare, Non-Executive Director	(MH)
Cllr W Zaffar, Non-Executive Director	(WZ)
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)

In Attendance:

Mrs B Downing, Deputy Director – Learning & OD	(BD)
Mrs R Wilkin, Director of Communications	(RW)
Mr D Baker, Director of Partnership & Innovation	(DB)
Ms C Dooley, Head of Corporate Governance	(CD)

Minutes	**Reference**
1. Welcome, apologies and declaration of interests	**Verbal**

Apologies were received from Mr Kang, Mrs Perry, Mrs Goodby and Mrs Rickards.

Ms McLannahan advised she is a member of the Black Country Living Museum audit committee and the Sandwell Leisure Trust, and these declarations should be added to the register of interests.

2. Patient Story	**Presentation**

Mrs Gardner introduced Ms O'Dwyer to the meeting.

Ms O'Dwyer advised that it was necessary for her to have to a hysterectomy. The surgery took longer than she had expected it to take, advising she arrived in theatre at 9.30 am and she awoke in recovery later that day, following the surgery, at4.30 pm.

The surgeon had encountered a large cyst during the procedure and the surgery was much more complex than originally anticipated. Ms O'Dwyer asked to speak to the surgeon, who she knew given Ms O'Dwyer is a Nurse at the Trust, once she was transferred to the ward, to which she was advised it would be the following day before this could happen.

Ms O'Dwyer said she saw a steady stream of people arrive from ICU during her care and a lot of them looked really vulnerable and scared, even knowing, as a nurse they would be cared for the uncertainty factor makes people more anxious and she wanted to flag what could make it easier for people who don't know or understand the full facts of their condition and she offered if volunteers could help by "being there" for patients to be kind, talk and make difficult circumstances easier so that people feel well looked after before they receive their detailed clinical outcome/information.

Ms Dutton noted she had also been a patient at City Hospital previously and agreed with Ms O'Dwyer's comments that people just want to know (information), even if it is negative and often casual words can have an impact for people who are vulnerable. Also, being told "I can't tell you" can make the situation worse by leaving patients in limbo. Ms O'Dwyer felt initially it would have been better to say something but later staff explained to her that they were not allowed to do this.

Professor Carruthers felt the key thing is keeping people fully informed and making sure they receive the correct information. It is essential that the right staff member to patient contact takes place with timely and accurate information.

Mr Lewis agreed with Ms O'Dwyer's suggestion about volunteers being able to talk to people waiting for information so they are not left alone. Mr Lewis also commented that as a board we are often generous to staff, as it is not difficult to say the right thing to patients, it is not ok for communication to be left to chance or delayed for more than a day.

Professor Thomas reflected on other similar situations and asked if there could be a sign on notes describing what the patient can be told by staff to be reassuring until the lead clinician (consultant/surgeon) is available. Mr Lewis endorsed this and made it clear that any 'unexpectedly lengthened' procedure should have this applied as standard.

Mr Samuda thanked Ms O'Dwyer for her story and reiterated the proposal to use volunteers to support patients whilst waiting for clinical information/feedback.

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

No questions were received.

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

Mr Samuda referred to the Star (staff) Awards evening/dinner on 12th October which was a brilliant event. He offered thanks to the organising team and sponsors for their considerable efforts in ensuring a successful, enjoyable and rewarding evening.

The Secretary of State for Health visited Midland Met and was very supportive of our model to provide acute services on one site, and since the visit we have provided further information to him about I-Cares and the current work on plans for integrated services with partners.

Mr Lewis commented that we need to set out further how things will be different once Midland Met opens, e.g. the therapeutic model and we need to ensure the organisation, partners and patients know the new clinical model story by clearly setting out what will be different and how it will be different.

5a. Update from the Audit and Risk Management Committee – 17 October 2018	TB (11/18) 001 & 002

Miss Dhami provided highlights from the discussions at the Audit and Risk Management Committee on 17th October 2018:

- Data quality and kite marks (board assurance that data is reliable). Executives will spend more time on kite marks with internal audit colleagues. There are no concerns about the data presented to the Trust Board, this process is to provide further assurance of quality.
- Internal Audit Reviews completed were reviewed - it was noted we had slipped on some overdue recommendations and Executive Directors will address/clear these over the next week.
- The overseas visitors team is now in place to recoup funds from overseas patients and this is starting to improve the position already, particularly around systems for ensuring payment for treatment in advance.
- There were positive outcomes from the audit reviews on Cost Improvement Programmes and Consistency of Care.
- Policies that are overdue for review will be monitored by committee going forward.
- Assurance that cyber security is discussed in advance of each Public Trust Board meeting was noted.

Mr Lewis asked for clarity on the Midland Met accounting judgements and Ms McLannahan confirmed it was bringing in the donated asset of Midland Met construction costs onto our books. There are future year judgements on the write-down of the value, and our OBC assumes the highest rate of impairment in 2022-23. This is transparent and understood but will only be judged by auditors when it happens.

Ms Dutton asked if there is any impact to PFI/PF2 being scrapped from the Government announcement made during the previous week and Mr Lewis said as it stands there are no plans to scrap our PFI already in place (i.e. Birmingham Treatment Centre) but if that changes he would advise the Board.

Mr Samuda asked for the target date for policies to all be in date and Miss Dhami replied that all will be reviewed by 31st March 2019 and a process will be put in place to ensure we do not have the same number requiring review (delayed) in future. She reiterated that the delays had been part of a managed programme of review not an oversight.

Professor Carruthers asked about the clinician role in relation to managing overseas debt/patients and Miss Dhami replied that ideally we do not want to put clinicians in this position (talking about money) but we do need them to get involved to tell the team about the totality of the care required (e.g. if several procedures are required etc.) for this group of patients. Miss Dhami noted we already have an arrangement in place with Modality (primary care service provider) so overseas patients do not get into the system (not referred to the Trust). Cllr Zaffar noted at the committee there was a lengthy discussion about this and we need to understand that frontline staff need to have confidence to do this work and these conversations can often be very challenging with certain patients which can put them off doing this work again.

5b. Update from the Digital Major Projects Authority Committee - 26 October 2018	TB (11/18) 003

Mr Samuda presented brief highlights of discussions at the Digital MPA Committee meeting on 26th October 2018:

- IT infrastructure improvement is the number one risk to Trust.
- The committee spent a lot of time considering all elements of improvement workplans and it was reported that in some areas the remedial works required are more extensive than we originally thought.
- A clear forward plan will be discussed in the Private Trust Board meeting later today with timelines and milestones to be confirmed and agreed.

- We will undertake an external expert review assessment in Q4 of 2018/19 on the remedial works undertaken to provide assurance on results and best practice.

5c. Update from the Estate Major Project Authority – 26 October 2018	**TB (11/18) 004 & 005**

Mr Samuda presented brief highlights from the discussions at the Estate MPA Committee meeting on 26th October 2018:

- Early and enabling works contract progress.
- Feedback from first market test/response for the full procurement process with potential contractors – including pricing packages and to include hard facilities management services required.

He noted that the next Estate MPA would consider delay estate risks associated with Midland Met opening in 2022.

5d. Update from the Quality and Safety Committee – 26 October 2018	**TB (11/18) 006 & 007**

Ms Dutton presented highlights from the discussions at the Quality and Safety Committee meeting on 26th October 2018:

- A number of items are on the Trust Board agenda for discussion today.
- The IQPR was not complete (due to IT incident issues), but highlights were received.
- The paediatric ophthalmology risk on the Board Assurance Framework has been resolved.
- Detailed discussions took place on VTE and stroke services.
- Mortality and learning from deaths – the 3 additional medical examiners in post are positively impacting progress.
- The latest complaints report was reviewed, which also includes compliments.

Mr Lewis noted that the stroke position is in the Trust Board and committee again and asked for an update from Ms Barlow. Ms Barlow advised a 2 year trend analysis for stroke admissions (timing from arrival to ward) has taken place. Admissions vary month to month with the increase in August 2018 reported as an exception and a plan for dealing with exceptions is required. Managing length of stay is a priority, noting patients that are "mimic" need to be identified early. Work with the Imaging Group on rapid diagnostics is taking place to reduce length of stay and "mimics" could be put onto a different pathway/ward aligned to HOT clinic work. In summary there has not been an increase in activity but we do need to have a plan for exceptions/peaks and to ensure that bed usage is corrected over the next month. Mr Lewis commented that some patients must require hyper-acute stroke beds and they are not getting access to these, we need to understand the exact number and how this target is being missed which should be discussed at the Quality and Safety Committee in November 2018, he noted the numbers are quite small and this is within our grasp to resolve the issue.

5e. Update from the Finance and Investment Committee – 26 October 2018	**TB (11/18) 008 & 009**

Mr Hoare provided the highlights from the discussions at the Finance and Investment Committee held on 26th October 2018:

- Month 6 position (on plan).
- Areas of focus to address shortfalls in income.
- Agency spend is running above plan.
- The Black Country Procurement lead's work is starting to impact but further work is needed and this will be reported back to the committee.
- Shortfall of £6m aligned to CIP plan targets.

- The capital plan is being rephrased and additional work to address IT funding shortfall is required.
- CCG data challenges will be presented back to the committee.

Mr Lewis commented on the forward income required (£5.2m more patient care in latter 6 months of the financial year) and advised we are confident to deliver half of this with plans for other half is work in progress and will be monitored (assurance of deliverability) through the Finance and Investment Committee.

6. Chief Executive's Summary on Organisation Wide Issues	**TB (11/18) 010**

Mr Lewis presented the following highlights from his report:

- **We**connect – the national staff survey is out for completion and the **we**connect survey is also out for completion within targeted/specific areas across the Trust. The 3 priorities anticipated for staff feedback, in advance of results are expected to be IT stability, flexible working opportunities and improved communication, and there is a paper on this issue later on the agenda for the Trust Board meeting today.
- We are two thirds through the financial year and sepsis improvement is still our priority – there is solid commitment through Executive Directors (Medical Director and Chief Nurse) to see the performance metrics improve.
- 2019/20 contract with CCG – we need the plan to deliver this / CCG commitment
- He reminded the Board of extant delegation to him and the Chair to finalise the NHS Improvement undertakings process. This is mandatory for Trusts rated as "requires improvement".

Ms Dutton referred to paragraph 2.4 and queried if the employer base is reflected in all tiers? Mr Lewis replied that the Trust Board gender balance is comparable to others but across the Trust the data shows 78% female and 22% male gender. Comparator pay issues are discussed through the Public Health, Community Development and Equality Committee. BME representation at a senior level remains unrepresentative and through the People Plan we have set metrics for improvement.

Mr Samuda queried the current ENT position and Mr Lewis replied that this issue is recorded on the Trust Risk Register, noting we cannot sustain the current ENT service. We are clarifying our offer and will then work with regulators on a peer assistance approach across the Black Country. We also need to reconcile routine airway management issues if ENT is not provided on-site.

Cllr Zaffar asked about our response to the British Lung Foundation consultation on air pollution and Mr Lewis confirmed a written response was not provided but we have a video this month on the intranet to raise the profile of this and we are working with other Trusts (as part of the M5 corridor hotspots) and working with Councillors from both councils on this also given it is a cross borough challenge.

Mr Hoare queried recruitment challenges in relation to the Brexit impact. Mr Lewis noted reference to this is included on the Trust Risk Register and we do not fully know how many EU employees we have. We do not yet have overseas recruitment plan (other than for nurses) and are exploring this option for other disciplines (e.g. stenography) and we will provide further information on this to future Trust Board meetings.

Mr Lewis then proposed that the Trust should pay settlement and pre-settlement costs for EU applicants to remain currently on our staff. This proposal was endorsed by the Board.

Mr Samuda asked for an update on the top areas of focus/issues for sepsis improvement. Mrs Gardner advised there are currently too many systems running and we must ensure there is only one used by all staff, which has now been discussed at a series of meetings and to communicated staff. Professor Carruthers commented that negative screening is not ignored as this is equally important and to ensure appropriate interventions are put in place.

Mr Lewis commented this is a priority issue for communicating and resolving with all of our junior doctors.

Mr Lewis advised that Research and Development work will be presented to the December Private Trust Board meeting.

ACTION: Brexit – recruitment plans for specialist expertise.
ACTION: Brexit – ensure this issue is included on the Strategic Board Assurance Framework
ACTION: R&D report/presentation to December 2018 Private Board Meeting
ACTION: Future R&D board development session proposed with primary care colleagues (led by Prof Lasserson)

7. Integrated Quality and Performance Report	**TB (11/18) 011**

Mr Baker provided an overview of the highlights from the latest IQPR report as follows:

- A detailed mortality discussion is planned for November Quality and Safety Committee
- Emergency Care performance.
- A detailed VTE discussed took place and October Quality and Safety Committee and it is anticipated we will hit target by January 2019.
- The diagnostics target was missed in October 2018 and a recovery plan has is being produced.
- The neutropenic sepsis target was missed due to a small number of complex cases.
- Work to ensure only stroke and cardiology patients are on the dedicated wards continues.
- Fractured neck of femur has returned as a persistent red as we are not meeting the target due to specific clinical issues which have all been root caused and discussed at Quality and Safety Committee.

Mr Lewis asked when we will hit the target in relation to diagnostics and when sustainability for this will be provided to the Trust Board. Ms Barlow advised she is working close with the Imaging Group Director of Operations on the plan, which includes a significant amount of extra capacity. There is a GIRFT event on this issue next week and two workshops planned with staff in November and a report will be provided to the December 2018 Trust Board.

Mr Samuda asked about mandatory training improvement and Ms Downing reported we are now at 91% and there are some rapid improvement areas that will be a focus to get this improved quickly over next 6 weeks. Mr Lewis asked that from January 2019 we need to know how many staff are 100% compliant and how many are not.

Professor Thomas asked if there is any particular group of staff that could be identified to be more compliant and Mr Baker replied that the data is reported across all staff groups and there was no single group to call out specifically.

Mr Samuda queried the theatre utilisation under performance and Ms Barlow replied that cancellations have been reduced in-line with WHO guidelines. There are some at specialty level that are underperforming (due to patient complexities) and there is a focus on a number of theatre sessions not being used during a month. Ms Barlow also noted focussed effort is required on specialised recruitment in this Group.

Ms Barlow referred to the early morning discharge data and the NHS Improvement winter review looked at this in detail this week and there is an offer of dedicated/specialist management experience on this which we will take up/progress.

ACTION: Diagnostics Improvement Plan to be provided to December Trust Board Meeting.
ACTION: In January 2019 we need to know how many staff are 100% compliant with mandatory training and how many are not.
ACTION: Specialist expertise to review early morning discharge data.

7.1 Financial Performance: Month 6 Report and Forecast Scenarios	**TB (11/18) 012**

Ms McLannahan provided the following highlights from the Month 6 Financial Performance Report:

- Month 6 headlines were provided in the Finance and Investment Committee update summary.
- Cash perspective – we are ahead of plan at month 6 with the main driver slippage on the core capital programme. A loan will now not be required in year.

In relation to the forward look/forecast scenarios on a recurrent/non-recurrent basis and the achievement of control total headlines:

- We will meet our control total if we can maintain pay and non-pay at current and improve our income
- This will use at least £12m of non-recurrent measures which we need to repair
- The 2019-20 financial challenge outwith that is £20m and a margin solution will be applied for the first time as part of our two year 8% CIP approach

In summary Ms McLannahan advised we have undertaken more work than the expectation already on the forward look. Whilst 2018/19 looks positive it is on a non-recurrent basis and our focus should be on making this recurrent. Income plans are in progress and there are plans to improve the pay position with a detailed forensic review with groups/finance team to enable a smaller Cost Improvement Plan in 2019/20 based on improved pay (with vacancies resolved) and this will be a main item for discussion at the November Finance and Investment Committee meeting. There is a coherent route to half of the improvement required and a plan will be provided on other half at the November Finance and Investment Committee meeting.

Ms McLannahan advised there are new tariff arrangements and the finance team will need to work these through early in new calendar year.

8. Monthly Risk Register Report	**TB (11/18) 013**

Miss Dhami advised that some risks have been revised with the 4 informatics risks and the 2 Midland Met risks currently being reviewed. Risks not receiving attention in the last 12 months and post mitigated red risks have been discussed in detail at the Risk Management Committee and Clinical Leadership Executive. The discipline required to close these risks, or to request that further investigation is required has been provided back to risk owners to provide an update back to the next Risk Management Committee meeting. The following were highlighted:

- Cyber security will remain red but is reviewed monthly ahead of each Trust Board Meeting.
- IT infrastructure risks will be discussed at the Private Trust Board later today.
- A focus is required on the various Brexit implication risks (e.g. financial, staffing, supplies) is required and will come to the February 2019 Trust Board.
- Midland Met risk is amber noting there has been a good market response to procurement.
- Risk assessments in various aspects of ENT is being undertaken and will be reviewed.
- MDT technology – it is anticipated we will resolve this issue over next few weeks

9. Update on our CQC Annual Review	TB (11/18) 014

Miss Dhami referred to the 3 elements of our annual CQC review:

- Use of resources review
- Core services inspection
- Well-led review

We expect the final report in the new year and our comments will be provided on this once it is received. This is our opportunity to take stock of all elements. CQC did not call out any immediate patient safety concerns. There is some mismatch from CQC assessment and ours generally in some areas and it is difficult to anticipate their single assessment view at this point. We anticipate that some but not all RI core services may move from requires improvement to good. Group Directors have been asked to undertake their own Well Led review and this will be discussed at the November Clinical Leadership Executive and improvement plans required from this review/discussion.

Mr Samuda asked about improvements made at Rowley Regis Hospital since the 2017 CQC assessment and Miss Dhami responded that the biggest difference/improvement is the well-led position and the multidisciplinary work which has taken place at Rowley on personalised care improvement with the relationships between other hospital wards also improved.

Mr Lewis commented on discrepancy of views with the initial CQC summary overview received from the panel and in some areas he felt views had already been formed prior to evidence/interview. Mr Lewis and the Chair are progressing these with escalation to the senior CQC independent assessor.

Professor Thomas asked about the effect on Executives and staff who lead and manage the organisation and commented she is always impressed by the constant and consistent work of Trust, aligned to her own personal experience of CQC reviews and shared concerns about frustration at mismatched views.

Miss Dhami summarised the next steps are to provide the last few data requests (to be submitted tomorrow) and the panel experts are now producing their reports.

10. Freedom to Speak Up	TB (11/18) 015

Miss Dhami advised the report is provided in 3 sections:

- The Freedom to Speak Up Guardians report.
- The national focus on guidance/guidelines for self-review against freedom to speak up culture, which had been emailed to Trust Board members and responses are to be provided on this by 9th November 2018.
- The review of the Freedom to Speak Up Policy.

Miss Dhami had circulated a Board self-assessment, which will be paralleled by a response from our Guardians. These together will return to the January Trust Board for final agreement.

The Freedom to Speak Up Guardian activity data shows we are average nationally in terms of staff approaching our guardians on concerns. We have involved the Guardians in a lot of embedding (e.g. attending Leadership Conference, promotional videos and posters). It is important that sharing information anonymously on the detrimental after effects of speaking up is addressed. Bullying and harassment is followed up/discussed through the People and OD Committee and Mrs Perry is the Non-Executive Director lead for Speak Up and a report will be provided to the audit committee on activity annually.

Mr Samuda asked how long we have been at full strength for the group of Speak Up Guardians and Miss Dhami advised since 2016 we have had 9 Guardians in place who meet regularly together and provide reports for recording nationally and for local review.

Ms McLannahan asked if there may be a requirement/strategy for more across the Trust and Miss Dhami noted that any staff member can speak to a number of people (e.g. their manager, other manager, union representative, Director/Chief Executive) about any concerns to ensure it is dealt with properly and improvements as a result are made.

Professor Thomas asked about mechanisms for patients to Speak Up about concerns and Miss Dhami advised there are many routes for patients to raise concerns (to staff, to the complaints team, via Purple Point, in writing etc).

In relation to the Freedom to Speak Up Policy, Mr Lewis and Ms Dutton both provided comments on the highly positive language which needs to be used to ensure staff feel supported to Speak Up. The Policy should ensure staff know the ways to Speak Up and this is shown early in the document with easy flowcharts/diagrams to depict this.

Mr Samuda asked about the speaking up relationship to PDR conversations and Ms Downing talked about the relationships and conversations that take place so that people feel able to speak up and the Accredited Manager Programme is looking at how to have/manage/coach difficult conversations.

ACTION: Freedom to Speak Up self-assessment final version to be provided to January 2019 Trust Board meeting.

11. Winter Readiness Assessment and Requested Plan B	**TB (11/18) 016**

Ms Barlow advised the October A&E performance data had not been validated as on 12th October an IT incident occurred which continued for several days and this had affected performance. A deterioration in target performance across sites during this period (at c70%) was a grave concern .

Ms Barlow advised the position had improved over 4 of the last 6 days and performance had been recorded at around 80-85%.

There had been a 12 hour DTA breach and a table top review of this will take place on 6th November but it was noted that no harm came to this patient.

The main challenges are to ensure stable urgent care performance throughout winter. There are transition and succession planning issues for the leadership team of the Medicine/ED Group and additional capacity is required including to fill the Deputy Chief Operating Officer post. We have doubled the registrars overnight in ED and are ensuring 2 are on night duty at Sandwell Hospital from this month and this is replicated at City Hospital in January 2019. Extensive work continues to ensure effective rostering, managing unsocial hours impact for doctors, working with neighbouring Trusts and addressing IT impacts. All of this work described was set out to the NHS England winter planning assessment team at a review workshop yesterday.

Mr Samuda asked with the exception of IT what are the main (data) concerns and Ms Barlow replied that we are not re-setting the plan and we need to ensure it is delivered, there are a number of factors that contribute to this with consistency being vitally important and leadership coaching.

Mr Lewis commented on the importance of transfer to wards/clinical teams, discharge will have a major impact and a route map for this needs to be designed and delivered.

There is work to do on with individuals (skill and will) in ED and new staff require positive on-boarding to ensure we have consistency in 80% range in November 2018.

Ms Barlow confirmed at the December Trust Board we will focus on November performance/position heading further into winter for assurance that our plan is working and will provide more detail by ward, which will be a main item for discussion.

Ms Barlow asked for comments on the Plan B proposal and Mr Lewis asked how we plan to de-escalate from this position if it is required. Ms Barlow replied it will be a RAG rated system which is already in place for ED teams.

ACTION: November four hour performance to be reviewed at December Trust Board meeting.

12. Internal Communications Plan: Face to face communications	**TB (11/18) 017**

Mrs Wilkin provided a summary of the context on internal communications challenges as follows:

- Many of our staff are not digital day by day
- Speak Up Days take place and one of the top comments people reported was in relation to better communication lines with their managers
- We need to ensure we communicate face to face as well as through other routes

An action plan has been developed which include:

- The **my**connect App.
- The **we**connect programme has now commenced.
- Every manager will be required to complete a survey and this will be followed up with testing so that staff can express how successful they feel face to face communication is, with particular focus for night workers.

The work we need to do focusses on:

- Ensuring one to one meetings take place.
- Supporting managers to hold a team meeting.
- Using the Accredited Manager Programme support for line managers.
- The People and OD Committee to monitor the actions set out in the report to measure progress.

Mr Samuda asked about visibility of managers and how we make sure all staff know who they report to and seek support (1:1) from. Mrs Wilkin commented that contact is more limited with a line manager who has a large team of staff and expectations need to be realistic but visibility within the team does help with positive comments received about approachability and respect for managers who are visible.

Ms Dutton commented that 1:1s with managers do not have to be a formal structured interview but through the definition there should be a focus more on the style/conversation and wanting to know what is happening locally is really important for staff (not just wider Trust-wide communication briefs). From earlier comments about Brexit, some staff members will require accessibility to talk to someone about individual/personal issues and both staff and managers need to feel confident about these conversations.

Mr Lewis commented that by March 2019, through the **we**connect programme face to face communication will be improved and it is not acceptable for teams not to have group meetings with their managers, with the practicalities to improve this being worked through and changed in January and February 2019. Mr Lewis asked if the PDR paperwork for 2019/20 could include a section on undertaking and participating in team meetings and Ms Downing confirm this could be included.

ACTION: Include questions on undertaking and participating in team meetings in the 2019/20 PDR paperwork.

14. Localisation and Reconfiguration of Local Services	**TB (11/18) 018**

Mr Lewis commented that he would take the paper as read and asked for comments from Trust Board members, noting the next phase for this work will be to work with the CCG on the actions set out.

Mr Samuda referred to the care home 140 beds and Mr Lewis advised the Trust and Sandwell Council are working together on this in terms of an 80 bed facility which the Trust will provide clinical support to and will be run by the Council. The other emerging proposition is to move (by 2020) existing functions from Leasowes to Rowley and turn Leasowes into the other 60 bed facility required, noting these are not intermediate care beds.

Mrs Gardner asked about the relocation of D19 and Mr Lewis advised that children and young people services are rated less well at City with consultants looking after both paediatric and neonatal patients and we will progress work on combining the paediatric resource of D19 and ED into a paediatric assessment unit with this proposal option being clearer over the next 4 weeks.

Ms Dutton asked about sharing proposals/plans with the CCG and Mr Lewis agreed that acute care reconfiguration documents will be discussed collaboratively with the CCG. Mr Lewis noted we need to agree the reconfiguration options for geriatric and respiratory medicine. We still need to fully understand the team to care for patients on the other site if a service is moved from the current location or whether the patient will be required to move location. Ms Dutton commented that standards must not reduce if care location is moved and Mr Lewis agreed on the requirement for robust design/deliverability of the service model is fit for purpose.

Ms Barlow commented that the Midland Met delay means we are risk assessing our workforce and queried if there are any GP/primary care risks anticipated. Mr Lewis noted that the Urgent Care Centre staffing proposal cannot be credibly wholly GP based and that a revised proposal is needed by spring 2019, so we can manage lead times to 2022 and risk of unplanned implementation sooner.

ACTION: Mr Lewis to circulate additional reconfiguration working papers to Trust Board members.

15. Minutes of the previous meeting and action log	**TB (11/18) 019** **TB (11/18) 020**

The minutes of the Trust Board meeting held on 4th October 2018 were accepted as an accurate record.

Additional actions agreed from the action log:

- **To provide the Non-Executive Directors with details of GIRFT events.**
- **To provide the Non-Executive Directors with a weconnect briefing note from the Chief Executive.**
- **To provide a Well-led action plan to Directors to ensure these are progressed.**

16. Any other business	**Verbal**

Mr Roy, Group Director for Surgery attended the meeting to provide information on a never event reported last week at BMEC in relation to wrong site patient treatment, noting a full investigation will be undertaken.

A patient with macular degeneration in both eyes had already received treatment for her left eye and when she attended for treatment to her right side (injections) she indicated the treatment was for her left eye and therefore the wrong side (site) was marked.

The left eye did also require treatment but not for another 10 weeks therefore there was no harm to patient and the procedure was undertaken earlier than planned.

Mr Roy advised it is anticipated the investigation may conclude that this was human error despite processes to prevent such.

Mr Lewis asked if we can be certain that this had occurred to this one patient only and not others on the list. Mr Roy replied this patient was the last on the clinic list for the day and from an early review the clinician could not recall if exact processes had been fully followed that day. Mr Samuda expressed grave dissatisfaction about this.

Mrs Gardner noted that support is offered for the staff concerned to ensure their anxiety and worries are known and managed.

Professor Thomas commented that the duty of candour/honesty by doctor was good but it is the third of these incidents that have occurred and queried if there would be any merit in a "right eye clinic" or "left eye clinic" or "both eyes clinic" to reduce risk. Mr Roy agreed this is the third incident and from the investigation which will take place processes for this and all cases will be more robust, taking consideration of Professor Thomas' suggestion. The counter idea is that this will reduce vigilance.

Mr Lewis noted he and Ms Dutton will be required to sign off the never event and the requirement to ensure a no human error plan / process is in place as soon as possible.

Mr Lewis noted that the Trust Board had previously been advised of a legacy never event from 2016-17, identified in 2018 via another hospital. In this case uniquely from the Never Events at the Trust harm may have resulted. A lessons learned review will come to the Quality and Safety Committee in Q4.

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

Details of next meeting: The next Public Trust Board meeting will be held on Thursday 6th December 2018 in the Conference Room, Education Centre, Sandwell General Hospital.

Signed ……..

Print ……..

Date ……..