

TRUST BOARD PUBLIC MEETING MINUTES

Venue: Training Room 2, Rowley Regis Hospital,
Moor Lane, Rowley Regis B65 8DA

Date: 3rd January 2019, 0930h – 1330h

Members Present:

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

In Attendance:

Mrs C Rickards, Trust Convenor	(CR)
Mrs R Wilkin, Director of Communications	(RW)
Mr D Baker, Director of Partnership & Innovation	(DB)
Ms C Dooley, Head of Corporate Governance	(CD)

Board Support:

Mrs J Kalis (minute taker via audio recording)

Minutes	Reference
1. Welcome, apologies and declaration of interests	Verbal
Mr Samuda welcomed everyone to the meeting. There were no apologies received.	
2. Patient Story	Presentation
<p>Mrs Gardner introduced 29 year old Gemma (who was supported by Sadie a practitioner) the mother of four children, three children who are currently in the foster care system and a one year old who remains at home.</p> <p>Gemma described how, from the age of four, she grew up in the care system and her father also grew up in the care system. Gemma described going from the support and social connections available in the mum and baby unit to going on her own, with a new house, no furniture and starting from scratch. Gemma’s daughter (before her first birthday) was removed from her care due to the home conditions and Gemma’s mental health. Two other children were born to Gemma and Gemma’s mental health deteriorated, resulting in the three children being removed from her care.</p> <p>Gemma married and fell pregnant. At 20 weeks her baby was identified with a health issue and he was born in December 2017. The baby was born with one functioning kidney, is currently on antibiotics and has had an operation for hernias, but other than that the baby is doing well. Gemma described how she wanted to have as much support and advice this time round and get it right so that Social Services wouldn’t have anything to use in a case against her. Gemma undertook the ‘Changes Antenatal Program’, a Sure Start program and an early intervention program supporting children under four and their families. Sadie was the teacher. Gemma felt an instant connection and trust in Sadie. Sadie has supported Gemma by providing advice and support.</p>	

Gemma described Sadie's visits to the home and her help with finances, house cleaning and work. Sadie supported Gemma at meetings with Social Services and within six months Social Services had closed the case with no concerns. Mr Samuda thanked Gemma for her story and asked for questions from the Board members.

Dr Thomas asked if the support being received at the moment needed to continue or did Gemma think it would help in becoming more independent. Gemma replied that it was comforting to have Sadie around to help when feeling low and that it is nice to have someone when needed.

Mr Lewis questioned if enough was being done to help the staff to understand what the transition was like. Sadie was asked if she felt that the staff had enough knowledge about the care system. Sadie described the learning opportunities through staff experiences and the training through the local authority. Mr Lewis noted that the broader staff may not have the familiarity with the care systems.

Ms Goodby discussed the onus on the local government and the council to not just put a person in a house with no support system. Gemma was asked if, when given the house, there were any linkages and support to link her to someone like Sadie and to support her with the mental health issues. Sadie responded that, in Gemma's case, in the first stages there was no linkage as she was over 18 years of age. It was noted the vast majority of cases are picked up at a screening service undertaken at 22 weeks pregnant.

Mr Lewis discussed a briefing note on the Best Start benefits that would be of benefit to the Board.

Action: A briefing note on the Best Start benefits is to be provided to the Board.

3. Questions from Members of the Public

Verbal

A visitor described how she was treated in the diabetic clinic for foot health by Dr Lee. She was treated very well and had sent a letter to Mr Lewis on how pleased she was with the treatment. Mrs Weatherhog described how since the treatment she is required to wear special shoes for the rest of her life because of the foot health. Last January Mrs Weatherhog was told that the shoes she was wearing were not fit for purpose as they did not fit correctly and no shoes had been ordered for her. Mrs Weatherhog attended the September Board meeting. When the shoes arrived (in the middle of September) they were too big. There were no moulds taken and no shoes ordered. The shoes were delivered at the beginning of December, but only a pair of boots had been ordered and they were in a pale grey colour and unfit for purpose. The shoes that were unfit for purpose are now back at the workshop. Mrs Weatherhog has had to have another pair of shoes ordered and is now waiting for those shoes. Mrs Weatherhog discussed the amount of wasted resource to not provide the right treatment.

Mr Samuda thanked Mrs Weatherhog for updating the Board on the matter. Mr Samuda discussed moving very quickly to get a clear answer to the problem, but to also make sure that the organisation understands why this can happen.

Mr Lewis discussed the need to work on the assumption that there was a problem with this service model and if the arrangements (including the supplier and people) did not work then they need to be changed. Feedback is to be provided to the people who have been dealing with this matter.

Action: Ms Barlow to meet with Mrs Weatherhog and to organise a deeper dive into the foot health service

4. Chair's Opening Comments

Verbal

Mr Samuda was delighted to announce the appointment of Mr Nick Laverty as a new Non-Executive Director. The appointment was due to the departure of Olwen Dutton in May. Mr Laverty is the former Chief Executive of Advantage West Midlands, is a highly experienced public servant and is also the Chief Executive of Extra Care. Mr Laverty will join the Board in February.

To receive the update from the Estates Major Projects Authority meeting held on 7th December 2018 and minutes from October 2018

**TB (01/19) 001
TB (01/19) 002**

Mr Samuda reported on the key points, highlights and matters of concern from the Estates Major Projects Authority.

- The positive update from the good start made on the enabling work with the early work contract delivery and the final contract procurement process.
- Understanding the latest risks associated with the retained estate, which now requires remedy to 2022-23 and making decision around funding the red rated scheme within that.

One particular matter for concern is the speed at which things are happening. Whilst approval of the key support from government has been obtained to complete the project and start the final procurement, the process of making sure that all the related costs that must be met for the extended time of operating two sites has taken a little longer. There was concern on where that would impact on the final contract bidding process and the market response to that.

Mr Lewis discussed the link to the February RMC which needs to (and therefore the March Board) be able to conclude the red rated estate risks and make sure that the conversation had at this Committee has been migrated and reconciled into the Risk Register. Mr Lewis reminded the Board that approximately half of the untouched risk (risks not updated on an annualised basis) sat in estates. It is expected that the process undertaken in the Committee would conclude that process, but if estates don't deliver on that then the Board would need to be informed.

Ms Dhami reported that the estates risks have been agreed for funding and should be mitigated to their lowest levels in 2019. Mr Lewis replied that some of the red risks should be addressed, some by funding, some by not being red risks. There should not be unfunded red risks.

Action: Unfunded red risks are to be resolved by March Board meeting

5b. Update from the Audit and Risk Committee - 12th December 2018

**TB (01/19) 003
TB (01/19) 004**

(a) receive the update from the Audit and Risk Management Committee meeting held on 12th December 2018

Ms M Perry drew attention to the key points from the Audit and Risk Management Committee:

- The continuing development of the data quality improvement plan and resulting actions are progressing well with progress against kite marks and data quality risk register items to be discussed in more detail at the February 2019 committee meeting.
- Early sight of the Midland Metropolitan Hospital accounting treatments and judgements, with no disagreements from external audit colleagues on the major treatments.
- A good review of the governance pack took place and progress on key areas such as improving overseas debt position and salary overpayments work (which although has increased recently, this is due to improved identification processes).
- Lapsed policies review timetable and action plan discussed with a further update on progress

(to have all in date by 31st March 2019) to be received at the next meeting.

- The national reference cost data is submitted each year which is benchmarked by a national team. The Trust has been benchmarked at 98 which is excellent compared to other Trusts and the Trust is managing the reference costs/benchmark very well. The performance team will continue to review the averages to try to identify areas to drive efficiencies and savings.
- One off dilapidation and benefit of the valuation in relation to Midland Metropolitan Hospital.

(b) receive the minutes from the Audit and Risk Management Committee meeting held on 17th October 2018

The Board received the minutes from the Audit and Risk Management Committee meeting held on the 17th October 2018.

5c. Update from the People and OD Committee – 17th December 2018

TB (01/19) 005

TB (01/19) 006

(a) receive the update from the People and OD Committee meeting held on 17th December 2018

Mr Kang presented the key issues from the People and OD Committee meeting. It was noted that a lot of the matters from the Committee meeting were being addressed in the Board agenda.

- There was discussion on the concept of rostering and how well that is being done.
- The Performance Management process and having that linked into people's process and the development of the next leadership and talent pool.
- Getting to a vacancy of 2%, which is an incredible ask of the organisation and there will be light on how to get to that point.
- The relaunch of the Nurse Career Escalator to ensure people understand what they can do with in the Trust.
- The BAF rewrite which is to have proper scrutiny. It was noted there is a process that will be reported at the February Board meeting.

(b) receive the minutes from the People and OD Committee meeting held on 2nd October 2018

The Board received the minutes from the People and OD Committee meeting held on the 2nd October 2018.

5d. Update from the Digital Major Projects Authority – 14th December 2018

TB (01/19) 007

TB (01/19) 008

(a) receive the update from the Digital Major Projects Authority meeting held on 14th December 2018

Ms Perry presented the key issues from the Digital Major Projects Authority meeting.

- The main focus is the countdown to Unity and the need for the infrastructure to be stable before the Go-live takes place.
- There were a number of areas and the Trust is starting to see the beginning of a dashboard.
- Improved stability to Trust wide systems since October that has been reasonably well sustained.
- The need to resolve issues in regards to the timing of the N3 upgrade.
- The enhanced progress resolving basic training arrangements for Unity.

(b) receive the minutes from the Digital Major Projects Authority meeting held on 23rd November 2018

The Board received the minutes from the Digital Major Project Authority meeting held on the 23rd

November 2018.

5e. Update from the Quality and Safety Committee –21st December 2018

TB (01/19) 009

TB (01/19) 010

(a) receive the update from the Quality and Safety Committee held on 21st December 2018

Ms Dutton highlighted the following from the Quality and Safety Committee meeting. It was noted that a lot of the matters from the Committee meeting have been addressed in the Board agenda.

- The issues with the persistent reds and getting improvements into very long term issues.
- A look at the issues of Sepsis, with David Carruthers providing a presentation on how the Trust is going with the Sepsis ambitions.

Mr Lewis discussed the concept of excellence. Effectively, screening is achieved 59% of the time. There is a very important need for intervention over the first few weeks, as 59% of the time is not acceptable. Ms Gardner responded that there will be a meeting tomorrow, to put in place some of the issues discussed at the CLE meeting to review those patients where the screening is not documented as being done. Moving forward it is to become part of the regular ward activity to:

- review the patients who have been screened as positive to Sepsis;
- that the right things were done in a timely fashion; and
- that it feeds back directly into the teams.

(b) receive the minutes from the Quality and Safety Committee held on 30th November 2018

The minutes are to be amended to reflect the absence of Ms Dutton. The Board received the minutes from the Quality and Safety Committee held on the 30th November 2018.

5f. Update from the Finance and Investment Committee – 21st December 2018

TB (01/19) 011

TB (01/19) 012

(a) receive the update from the Finance and Investment Committee held on 21st December 2018

Mr Samuda highlighted the following from the Finance and Investment Committee meeting.

- Detailed review on the construct of the 2018-19 to 2019-20 waterfall chart.
- New national arrangements for NHS Supply Chain.
- Grip and Control opportunity on non-pay and Oracle Fusion benefits maximisation.
- Assurance on the production plan.

(b) receive the minutes from the Finance and Investment Committee held on 30th November 2018

The Board received the minutes from the Finance and Investment Committee held on the 30th November 2018.

6. Chief Executive's Summary on Organisation Wide Issues

TB (01/19) 013

Mr Lewis reported that Sandwell had passed the water test. It was noted that Sandwell having passed the water test enabled a number of developments to move forward between now and the Spring.

Mr Lewis confirmed that the Board is now allowed to publicly declare that "The Trust has been successfully awarded 16,000 patients worth of general practice contracts through winning the two APMS bids on offer in

Sandwell and the West of Birmingham". These are the first GP contracts and delivering them is only possible through the partnerships that the Trust has with Your Health and Urban Health.

It is expected that a letter would be received by 4th January and the Midland Metropolitan Hospital final contract advertisement would happen immediately.

Mr Lewis discussed the significant concern raised by any attempt to realign the service and patient flows within western Birmingham. There have been assurances from Councillor Hamilton, on behalf of the Health and Wellbeing Board, that the Birmingham City Council has no desire to redraw NHS commissioning boundaries in a way that would damage MidLand Metropolitan Hospital.

Cllr. Zaffar responded to the concerns of the Birmingham City Council matter and noted that the position expressed in the letter from Cllr Pocock is not the position of the Birmingham City Council.

Dr Thomas mentioned that some of the most highly rated nurses were not going to be put forward as they had not undertaken the mandatory training. It was asked if the Trust understood what the barriers were to people overcoming that. Mr Lewis responded on the steps needed to be undertaken to enable people to do the electronic training to complete the training.

Mr Lewis discussed paragraph 2.3 of his report and his keenness to see the Trust wrap it alongside parallel pieces of work which including;

- 1) Short notice of appointments.
- 2) Ensuring confidence that there will not be long follow up waiting time issues in the system, particularly for patients who are not on an RTT pathway.

7. Integrated Quality and Performance Report	TB (01/19) 014
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Mr Baker reported on the following key areas:

- Emergency care performance.
- Diagnostic performance report.
- Mortality performance report.
- There was good news around RTE, the VTE standard has recovered.
- There were two medication errors that caused patient harm

Mr Lewis asked if the Board was confident that the medication incidents were being reported into the governance channel and not on a separate spreadsheet. Ms Dhami gave that assurance.

Ms Dutton questioned expected patient falls and risk assessments on patients. Ms Gardner responded that it is being reviewed and a full summit will be held in January to see if there are any themes or trends.

Mr Lewis discussed the confusing friends and family report. It was noted that there would be a session next week which would conclude where the Trust was going with Friends and Family.

Ms Perry asked about theatre utilisation and if there were any specialities where you saw meeting the target of 85% as being difficulty. Ms Barlow responded that the Trust is on track, but the most challenging has been dermatology.

7.1 Financial Performance: PO8, 2019-19	TB (01/19) 015
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Ms McLannahan described the key elements of her report, which shows that the Trust remains on plan.

- There are no changes in messages around the drivers of the variance and the Trust remains on track with the revised plan despite the ongoing pressures in urgent care.
- In order to report on the plan, the Trust makes a year to date adjustment, the adjustment was about £600k smaller than the previous month which provided headroom to reach the control total as long as the Trust stays on track for months 9-12. The Trust needs to maintain the tight grips that it has.
- There were some assumptions around CQUIN and risky behaviour, as the Trust is are not able to keep to the same timescale as had been planned. A revised proposal is being developed to recover the income.

Mr Lewis congratulated the team on the reduction in over 60 days' payables.

Mr Kang commented on the agency spend and the out turn predicted and if there is confidence the figure won't increase. Ms Goodby responded that the agency forecast has some risks that would need to be mitigated against. Mr Lewis discussed the forecast and the performance improvements needed to achieve the forecast spend.

8. Monthly Risk Register

TB (01/19) 016

Miss Dhami provided the key information from the monthly risk register report.

- There were no new risks escalated this month.
- The refreshed EFT risk is to be added to the Register.
- 47 risks have been reviewed in 2018 as per the agreement.
- 29 risks still remain to be reviewed.
- There are 149 web holding incidents. 58 are overdue by 5 weeks.

Mr Samuda discussed the external review on oncology, in particular to the Trust's approach to incidents, that concluded that the Trust was outstandingly safe in its approach to incidents, but could improve the management around amber. Mr Lewis asked if there would be any difficulty in passing the re-review test on the 17th January. Ms Dhami responded that there were no anticipated difficulties expected when presenting to the external reviewers.

9. Directorate Level First Draft Budget Book 2019-20

TB (01/19) 017

Ms Mclannahan noted the first draft budget for the Directorate for 2019-20. A lot of the numbers in the budget are based on a number of assumptions that will be firmed up over the coming weeks and in some cases the next couple of months.

The budgets links the 2018-19 out turn to the 2019-20 position, but also applies some assumed changes. The exercise involves removing everything from 2018-19 that was non-recurrent and not expected to continue in 2019-20, either; non-recurrent income stopping, income under-performance continuing, non-delivery of recurrent CIP rolling over into 2019-20, cost pressures continuing, vacancies being recruited to, or new cost that the Trust can see occurring in 2019-20.

These assumptions combined have generated the first draft of Directorate level budgets, which currently sit £12m away from a 2018-19 rollover position. There are actions underway and identified to reduce the gap so that the Trust's efficiency ask in 2019-20 is limited to a small non-pay CIP and an activity and income growth strategy, assuming the same control total. The working assumption is that the Trust will be able to close the gap to £2.8m.

Mr Samuda questioned if the summary, on underpinning the £9m is around the quality of the rostering. Mr Lewis responded that the £9m is underpinned by the line by line removal of individuals and discussed the work being undertaken. It was noted the 2% vacancy will be established for, but not provided for financially.

10. Non-Pay Expenditure Reduction Plan 2019-20

TB (01/19) 018

The paper contained the first draft proposals in respect of the 2019-20 £4m non-pay CIP plan. The Board discussed:

- The under delivery and challenges faced during 2018-19 on non-pay CIP delivery.
- The scale of opportunity.
- The work required to develop deliverable plans and the resourcing required to achieve that.

Ms Mclannhan discussed the 2018-19 performance and highlighted:

- As of the end of November, the TPRS planned PYE of Non-pay schemes for 2018-19 stood at £12.742m (FYE £13.793m)
- The forecast delivery against the above stood at £8.322m (of the £28.155m forecast to deliver out of total plans of £34.6m)
- This paper assumes that any non-delivery in 2018-19 is made good through normalisation improvement.

There are 6 schemes identified in 2019-20 that could generate savings for Pharmacy.

- 1) Biosimilar and how the Trust gets a recurrent saving from that.
- 2) Outsourcing outpatients (part year effect (£50k) already included on TPRS for 2018- 19)
- 3) Model Hospital – plan to comply or explain why not BCH model on specials.
- 4) Managed service on fluids.
- 5) Bulk buying / procurement.
- 6) Patients own drugs (£75k included in TPRS tactical schemes) – over-delivered in 2018-19.

There was discussion on the current status proposal:

- Require 2018-19 schemes to deliver - £1m.
- Procurement new savings - £1.5m.
- Pharmacy – propose target £0.5m.
- Grip and Control £0.5m.
- CNST rebate £680k.
- Asset Lives 1819 surplus £300k.

11. Agency use reduction plan 2019-20

TB (01/19) 019

It is planned to end the financial year spending £15.2m on agency staff. During 2019/20 the current view of spend on agency staff is £11.9m, which represents Month 12 2018/19 x 12. In order to achieve this the Trust must maintain its grip and control and increase control on rostering planning, sickness management and vacancies.

The Board discussed:

- Assurance on the levels of agency spend via professional group, whether this is deliverables and aligns to other strategic plans that are in place.
- The assurance around rostering compliance highlighted at the People and OD committee in December.
- Additional reductions in agency spend that could be achieved in 2019/20.

It was noted Mr Lewis approved his first Thornbury shift in a year and a half. It was noted that this was

planned, it was agreed, it was in critical care and it should not happen again!	
12. Waiting list scale estimate for March 2019, June 2019 & March 2020	TB (01/19) 020
<p>Ms Barlow discussed the report, which covers:</p> <ul style="list-style-type: none"> • Understanding definitions of the waiting list size, referral to treatment time and clearance times. • Noting referral demand. • Noting forecast waiting list size and clearance times. The Trust has always come in or above recommended clearance times. • Note the state/ open referral underlying issue and anticipated negligible impact. • Referrals increased last year. • Waiting list averaged 35,000 on average month to month and there is currently 30,000 on the waiting list. • The need to consider the waiting list size in the context of the Trust's delivery of current care. It was noted that the Trust meets on 92% of the commitment to the referral to treatment 18-week target. • The Imaging sustainability plan aligns into this and the turnaround time. <p>Mr Hoare discussed Appendix 1 and whether it takes into account the open referrals clearance project. It was noted that the Trust needs to be in a place to reset the numbers within the next week. It was noted information has been requested to finalise the numbers so this can occur.</p> <p>Action: The commitment on the validation on open referrals is to be completed by the 31 March.</p>	
13. CQC Improvement Plan	TB (01/19) 021
<p>The key highlights from the paper were provided by Miss Dhami:</p> <ul style="list-style-type: none"> • The improvement plan is based on the headlines received from the CQC's in September and October. • Of the 48 headline findings the Trust has said that 13 have turned green and have been delivered. • 31 are amber and 4 are red. • The 4 reds all relate to the same issue (resuscitation trolleys) in four service areas. This includes making sure the Trust has appropriate resuscitation trolleys that are fitted, stocked and maintained. • The others are very specific to the areas. These have turned green and were attended to immediately. • The aim is to deliver the Improvement Plan in full by 31st March 2019. <p>Since the visits, the areas inspected have been responding to the headline findings shared with the Trust by the Inspectors. The Improvement Plan captures the current position with some actions already delivered and the rest in progress. During Q4 a variety of methods will be deployed to test if the specific issues identified by the CQC have been properly addressed. Ms Dhami the 31 amber items, with some being very red ambers and some about to be green and volunteered to bring a further analysis to the next Board meeting.</p> <p>Ms Perry discussed the 43 from the initial response and how many were recurrent. Miss Dhami responded that the MCA Dols have featured in the previous two inspections and the resuscitations trolleys are recurring themes. It was noted there clearly is a recurrent problem that the Trust is not fixing.</p> <p>Mr Kang discussed the way that the report has been written and that the things found are almost trivial and questioned the weighting on the issues. Miss Dhami responded that the CQC methodology does not weight very transparently and it is not made available to the Trust. It was noted Mr Lewis has a meeting scheduled with Amanda Stanford to discuss the matter.</p>	
14. Unity Go-live Criteria and Countdown	TB (01/19) 022

<p>Mr Lewis discussed the paper which reflects a small likelihood of going live in March.</p> <p>This is a render of two things:</p> <ol style="list-style-type: none"> 1) Technical readiness - the inability to have technical readiness by the end of January, with an additional 2-3 weeks required. 2) people readiness - the Trust is somewhat away from having the basic training lined up. The goal is to have basic training completed by the end of January. <p>Mr Lewis requested that the Board delegate the decision on an agreement on the revised go-live criteria to the next Digital MPA meeting. The Board noted the commercial agreement with Cerner for 2019 go-live. The Board recognised and considered the work to be done prior to any go-live decision or go-live.</p>	
<p>15. Well led Update</p>	<p>TB (01/19) 023</p>
<p>It was noted that, at its October meeting, the Board had confirmed the self-review scores which followed an informal development review in August 2018. The delivery plan arising created an important road-map for the next five months. The plan will be updated when the outcome of the CQC Well-led review is received by the Trust in early January 2019.</p> <p>The Board received the first report on progress made against the agreed delivery timescales and success measures. The report shows significant risk against deadlines and further work will take place in Q4 within the Executive Group to improve delivery by the end of February. A summary will be provided to the March Board meeting.</p> <p>By way of a reminder, a follow up self-review will be completed in April 2019 and subject to further discussion, an external review of the Trust's well-led position will be conducted in Q2 2019-20.</p>	
<p>16. Annual Equity Report</p>	<p>TB (01/19) 024</p>
<p>Ms Goodby reported on the highlights from the report:</p> <p>The Trust is required to report annually and publicly to ensure that it is meeting its equality requirements. There has been positive progress in the past 18 months on many indicators, with the Trust's key targets set out in the People Plan, and specifically the patient and staff pledges.</p> <p>There is a great deal of activity taking place across the Trust in relation to embedding equality and embracing diversity and human rights. Some of these have been highlighted within the report. The ongoing nature of the work is recognised and the Trust will continue to monitor and measure equality and quality based on the outcomes underpinned by the Workforce Race Equality Standard (WRES) and Equality Delivery.</p> <p>Before the recommendation seeking the approval to publish is put to the Board, a report around the comparative data will need to be provided. The comparative data is the data collected on patients. The data presented today has the raw numbers and not the comparative data.</p>	
<p>17. Never Event Investigation Report</p>	<p>TB (01/19) 025</p>
<p>David Carruthers provided a report on the two Never Events.</p>	

It was noted that the BMEC report would be provided to the Board next month. Discussion took place on the following:

- The immediate actions taken and the processes that were in place and followed.
- The broadening of learning across the organisation where wrong-side may take place.
- How to monitor the behaviour of the individuals involved.

A report was provided on a Never Event that occurred in critical care.

- The event happened on the 19 December, early morning in the Sandwell Critical Care.
- It was a 63 year old male, who arrived at 2am and presented with acute abdomen shock. He was admitted to ED and transferred to critical care.
- The critical care registrar wanted to insert a central line before the patient went to theatre at 5am. This is when the Never Event occurred.
- Standard procedure is for a different tray and checklist for each catheter, during the insertion two nurses were called away leading to confusion on the amount of wires/leads inserted.
- An x-ray was taken as a precaution, not part of the procedure.
- The doctor has been removed and is not working in the Trust. His statement identified it was a mistake. The doctor will be called to the investigations.
- There was a discussion on the monthly audits being undertaken to ensure procedures are being followed.
- All investigation statements have been completed, except for the patient.

Dr Thomas queried what induction is undertaken with people coming to work as locums and whether the Trust states that there are some behaviours that the Trust has zero tolerance for. Ms Goodby responded that working locums received the induction package which includes the responsibilities, who the line manager is and the expectations of you in the role. It was noted that the induction package excluded mentioning the specifics of behaviours as they are assumed.

There was discussion on the Stop Moment on the WHO checklist. From the audits undertaken, there are no instances where the Trust did not follow the two ticks.

18. Minutes of the previous meeting and action log	TB (01/19) 026 TB (01/19) 027
The minutes of the previous meeting were approved as an accurate record:	
19. Any other business	Verbal
No other items of business were discussed.	
20. Details of next meeting	Verbal
Details of next meeting: The next Public Trust Board meeting will be held on Thursday 7th February 2019 in the Anne Gibson Boardroom, City Hospital.	

Signed

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Date