Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD - PUBLIC SESSION MEETING MINUTES

Venue: Conference Room, Trust Education Centre, Sandwell Hospital **Date**: 4th April 2019, 0900h – 13:15h

Members Present:

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

In attendance:

Mrs C Rickards	(CR)	Trust Convenor
Mrs R Wilkin	(RW)	Director of Communications
Mr D Baker	(DB)	Director of Partnership & Innovation

Board Support

Mrs S Bullock	(SBC)	Executive Assistant

1. Welcome, Apologies and Declarations of Interest	**Verbal**

Apologies: Apologies were noted from Harjinder Kang
No declarations of interest were reported.

2. Patient Story	**Verbal**

Mrs Gardner introduced Lynda, the daughter of a patient, who was present at the meeting to tell her story about her mum Alice, a 92-year-old lady who was admitted into the hospital on 28th December 2018. A summary is:

- Alice was admitted into ambulatory care by ambulance and spent the next 11.5 hours on a trolley in A&E. Lynda confirmed that she had been with her mother until 5.30am when she left the hospital after going through the patient details with the ward sister. Alice had not had anything to eat and only a sip of tea during the night and she was exhausted.

- Alice was in a ward with six other people. Another patient occupied the corner bed opposite to the right of her mum and was wailing. There were at least 21 people surrounding her. She was found a side-room where she could go with her family, the nurses then took out chairs for them. Lynda felt that it should not have got that far and that there was a duty of care to everyone in the ward not just this patient and her family.

- A bank nurse to sit with the other patient. The nurse sat solidly for 5 hours and was the object of some

distressing abuse for the duration. Other staff members did not assist her, and she did not have a break.

- On the Thursday, a consultant saw Alice. The intravenous fluids had been stopped and Lynda felt this had attributed to her mother's deterioration. On questioning why this was the case the consultant said she would look into this as she did not know why Alice had been taken off the fluids. Lynda was informed that her mother was too weak to move, however they did not confirm that there was nothing more that could be done for Alice. She was not given the option to take Alice home, this was distressing as Alice had not wished to die in hospital.

- Alice died on Saturday evening and Lynda informed a nurse, a doctor attended to certify the death at 11.00pm. They went into the dayroom and a nurse checked to see how they were doing. They did not see the doctor again.

The Chairman thanked Lynda for her attendance and added that she had been very brave in attending and telling her story. He apologised on behalf of the hospital for the events that took place. He confirmed that there was a lot to be learned from her experience. The Chairman confirmed that a review would take place and he would keep Lynda abreast of the improvements which would be implemented as a result of her experience with the hospital. The Chairman advised the Board that this matter would be discussed further at the Private Board meeting with Group Clinical Directors in attendance.

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

No questions were asked.

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

The Chairman noted that he had received correspondence about knife crime, seeking collaboration with key partners to the city and wanting the Trust to work closing with them and requested an update on initiatives the hospital had in place.

- Ms Barlow confirmed that in terms of patients arriving at A&E with such injuries they were added to a national database, which triangulated the police, council and hospitals around these injuries. They were also added to an alcohol database so alcohol related traumatic injury could be monitored. In terms of any active work there was nothing in place formally.

- Mr Lewis advised that they had quite active dialogue with the Community Safety Partnership and with Public Health England over the last couple of years. He also advised that an area to be explored would be the programme 'Red Thread' which was a specific knife gang related violence proposition which the Trust was currently not involved in.

- Ms Dutton questioned the potential of the duty to report gang related and knife crime and threats around that, particularly around young children and adults. Mr Lewis responded that currently anonymised data was reported to avoid discouraging people to come forward for treatment.

The West Birmingham question was raised by the Chairman and the following was discussed:

- The dialogue that the Trust's CCG, Sandwell and West Birmingham was at a critical stage and the

importance for the Trust was that the new hospital and its model very much relied on integrated care outside the hospital. Mr Lewis confirmed that there was a written down process which he could circulate to Board members which commences with GP engagement which was nearly concluded and then develops into a stakeholder survey. Once all of that is collated it then comes to a vote of GPs. Mr Lewis confirmed that the narrative across West Birmingham and Sandwell was to move towards capitated budgets in either April 2020 or April 2021. He confirmed that 60,000 of the patients in the west of Birmingham were not in the West Birmingham and Sandwell CCG, this was 60,000 out of roughly 260,000. He also confirmed that a significant amount of out of hospital spend was locked into a section 75 agreement that sat behind the Better Care Fund and could only be committed with the agreement of both CCG's and the local authority, so considering real patient impact and decision making it would be that pot rather than the 60,000 patients that they were focussing on. Mr Lewis noted that commissioning boundaries become very much less important with a capitated model because it moves away from a pathway model. Mr Zaffar questioned the consultation with patients and what the timescales with were. Mr Lewis advised that he could circulate the relevant documentation.

Action: Mr Lewis to circulate the document containing the written down process for the consultations surrounding the West Birmingham question.

UPDATES FROM THE BOARD COMMITTEES	
a) Ms Perry updated the Committee from the Digital Major Projects Authority meeting held on 29th March 2019. Ms Perry clarified the status of the informatics risk. Mr Lewis updated the group as to the position of the N3 replacement project. b) The minutes of the Digital Major Projects Authority meeting held on 22nd February 2019 were accepted as an accurate record.	**TB (04/19) 001** **TB (04/19) 002**
a) Mr Hoare updated the Committee from the Finance and Investment Committee held on 29th March 2019. Ms McLannahan clarified the VAT issue for the Board and confirmed that the debate was ongoing. b) The minutes of the Finance and Investment meeting held on 22nd February 2019 were accepted as an accurate record.	**TB (04/19) 003** **TB (04/19) 004**
a)Ms Dutton updated the Board from the Quality and Safety Committee held on 29th March 2019. Mr Carruthers updated the Committee with regards to the recruitment and role of medical examiners. b) The minutes of the Quality and Safety Committee held on 22nd February 2019 were accepted as an accurate record.	**TB (04/19) 005** **TB (04/19) 006**

Action: Miss Dhami to circulate the figures for the purple point language line breakdown.

Action: Ms Barlow to circulate optimisation paper to the Committee.

6. To examine all outstanding actions from the work of Board Committees in 2018/19	TB (04/19) 007

Miss Dhami went through the paper on behalf of Mr Samuda, which contained actions to date and the following comments were made:

- It would be helpful to strike through actions which had not met the due date on the tracker.
- Miss Dhami updated the Committee regarding Trust-wide policies which have lapsed. Policies would be reviewed over the next three months and progress reported at the Audit Committee.
- Mr Lewis updated the Committee regarding the specialist audit on infrastructure.
- Mr Lewis requested that the six points in the cover sheet be added to the Board's action list.

Action: Ms Dhami to ensure Board tracked the six key 18-19 outstanding deliverables through its action list

MATTERS FOR APPROVAL OR DISCUSSION

7. Chief Executive's Summary on Organisation Wide Issues	TB (04/19) 008

Mr Lewis summarised his paper and the following was noted:

1. The Trust continued to contribute to the STP plan. There had been objections to the STP infrastructure proposed budget, and the matter would be revisited on 15th April 2019.
2. The Trust had procured two strategic partners with regards to imaging, both of which house their data within the UK. Mr Lewis confirmed that he would report progress on a monthly basis.
3. Mr Lewis advised that Unity was the largest project for the hospital over the next 12 months. It was important that the play domain and QIHD activities were implemented after Easter.
4. Mr Lewis confirmed that the CQC report would be made public tomorrow, 5th April 2019. There was a need to focus on the 2% vacancy rate over the next 12 months.

Mr Laverty commented that the CQC had been frustrating and that there had been a lot of hard work since the inspectors' visit on the part of the hospital. He emphasised the need for everybody to fully utilise the time left prior to the next inspection to continue to work towards improvements. Mr Lewis confirmed:

a) An active engagement programme had been put in place with the CQC team to build a mutual understanding of obligations to avoid misunderstanding of role.
b) A group of people were being recruited to specifically manage the delivery of CQC improvement and engagement with the CQC.
c) Contemplation would be given, specifically in medicine, around how to lift basic standards and morale within some of the ward environments.

The Chairman requested an update on the progress on PDR and the mandatory training. TL confirmed that the PDR and mandatory training was well embedded within the Trust.

Mr Lewis updated the Committee with regards to the school nursing contract and the potential that gave the Trust to work with the Sandwell Children's Trust and the local Mental Health Trust. A 'rate my day' project had

be put in place for school nurses in Q1.

The Chairman queried the issue regarding neonatal cots and Mr Lewis confirmed that he would be working towards finding the best way to avoid any closures. He reminded the Board of a minor conflict of interest regarding this matter as the neonatal services were part of the local maternity system of which he was the STP Chair.

Mr Lewis confirmed that the Trust would provide financial support to staff for public transport use, including subsidy and cashflow management. He explained that the idea behind this incentive was the assumption that if staff paid for their parking on a daily basis, they may use public transport at least some of the time. He added that it would be fair to say that the changes to car parking were going to be inevitably if temporarily controversial, they were moving at least 100 staff compulsorily to a car park in New Square, whilst the staff concerned were not pleased with the decision, it was felt that the process of engaging the staff concerned was dealt with satisfactorily.

Mr Zaffar requested confirmation that the Trust did not have any non-compliant vehicles that would potentially enter the Birmingham clean air zone area in 2020. Mr Lewis assured the Committee that he would investigate and return next month with feedback, albeit he anticipated that the Trust still had work to do on this.

8. Monthly Risk Register Report	**TB (04/19) 009**

Miss Dhami noted the Risk Register Report and advised the Committee that appendix A comprised of an update of the 20 risks which the Board was particularly sighted on. Those had been refreshed by the relevant executive directors with more attention being paid to the mitigating actions and there was further work to be done.

There were 29 risks which were informatics related and they would be brought back to the Digital MPA meeting once they had been discussed at the Audit Risk Management Committee next week. Mr Sadler was looking into refreshing these risks. Although some of the items were issues as opposed to risks, so they need to have proper risk assessments carried out where they were felt to be risks.

Miss Dhami called out the incidents in web holding over the 21-day investigation allowance and the deadline that was set was to clear those by the end of March. She confirmed that had not been achieved because there were currently 82 over-due, as compared to over 1,500 at the start of the year. Mr Lewis advised that he would contact those responsible for the 82 overdue risks individually as he was frustrated that these had not been resolved despite promises from all concerned that they would be compliant. He also added that in addition to the 82 outstanding risks, there were around 330 further to be resolved and a pipeline for resolution needed to be put in place for all of the risks.

Ms Dutton added that it was crucial to report incidents so that feedback could be given, therefore creating a learning platform. She also clarified that there was an operational reason for carrying out the exercise and that it was not simply an exercise in administration.

Mr Laverty queried how the risks on the register map back to the 2020 vision, and how would they identify the things that would stop them from achieving the vision. Mr Lewis explained that the SBAF was entirely derived from the 2020 vision and so therefore the principal risk to non-delivery of the 2020 vision in the opinion of the Board was contained in the SBAF and was tracked. It was advised that there would be a workshop around how the SBAF works and how it interdigitates with the risk register. A process had been put together for April, May and June to box off anything that was in the document of the 2020 vision that they might not have been following through, which would be discussed at Board level to decide further action.

Four risks noted below were called out as having successful mitigating actions and could now be managed locally.

- DTOCs
- Unfunded beds.
- Ed consultant numbers
- ENT staffing.

Two risks were called out for refreshing for 19-20 as follows:

- CIP programme.
- Pay costs.

The Chairman queried the 18-week data validation and asked if this was still an outstanding risk. Ms Barlow drew attention to risk number four on the register and explained that the work to be completed was the open referrals and C state work which will be completed by the end of May. The training which took place over the last year had been completed.

9. Integrated Quality and Performance report	**TB (04/19) 010**

Mr Baker noted the most positive IQPR that they had for some time and pointed out the following:

- Emergency Care in February moved from 78% to 82% but they knew that in March it went up to 86%, which was ahead of the NHSI trajectory of 85.2% for April.
- The DMO1 target achieved for its second consecutive month.
- Cancer had hit its target for Q4.
- There were three specialities not hitting 92% but they were over 91% and should all hit 92% in March.
- MSA had dropped substantially and was expected to reach 0 from April.

There were 15 persistent reds left, having resolved eight of them. Five of those now have recovery dates and three were set to recover over the next two to three months. Six have a date by which will have a plan with a trajectory and the remaining four were under consideration as to whether they were outliers or not. Mr Baker noted the patients who were in bed for more than 21 days had increased to 130 from 100.

Ms Dutton agreed that the report was very positive, although she queried the worsening of cancellation and particularly theatre utilisation. Ms Barlow explained the trend on theatre cancellations over Q1 had been for different reasons, over January there were very significant critical care capacity issues which persisted into February. In February the Trust also had some cancellations which in her opinion could have been better managed in terms of escalation and grip. Ms Barlow confirmed that the number of cancellations had gone down for March and had closed out at 29. A paper would be presented at the Operation Management Committee in terms of an improvement trajectory. Ms Barlow assured the group that she was confident in reporting lack of patient harm due to cancellations.

Ms Barlow noted that focus was being changed on the persistent reds onto the production plan for the elective list and therefore the number of patients needing treatment per session became the indicator.

The Chairman queried c-sections and Mrs Gardner explained the figure being at over 25% and currently at 28%. Mr Lewis asked that a note was brought back to Quality and Safety committee on the emergency intervention rate.

Mr Zaffar requested an update on the progress with long term sickness. Ms Goodby reported that the target of 140 people on long term sick leave by March 2020 was broken down into different areas as follows:

- Reducing from December 2018 to March 2020 cancer, gastro and Gynae sickness from 60 to 50, and this was now at 51.
- Reducing from December 2018 to March 2020 MSK to 30 people which was down from 55 to 46.
- Mental health was down from 85 to 71 against an ambitious target of 45.
- Category 'Other' had increased from 237 to 240, up by 29.

Action: Mrs Gardner to report on the C-section intervention rate and show figures differentiating planned C-sections from unplanned.

10. Year-end forecast 2018/19 and month 11 report	**TB (04/19) 011**

Ms McLannahan noted the paper and highlighted the two main points as follows:

1. 18-19 financial year performance.
2. Does that performance put at risk the plan assumptions that were made for 19-20 with a variance to the revised plan that was developed mid 2018 financial year?

Ms McLannahan clarified that at month 11 they were on track to deliver the control total with some flexibility over and above that. That overachievement plus the potential to release greater than 12-month-old GRNI accruals, which totals £3.7m. The Trust subject to month 12 performance remains on-track to overdeliver by about £5m (best estimate based on last year's ratio) over and above the control total which would mean a headline deficit before PSF of £2.5m, giving the Trust a route to cover any future VAT liability should it fall due. Based on last year's PSF bonus ratio that would earn the Trust about £10m bonus PSF. The regime remains in place again this year. Ms McLannahan noted a potential bubble and explained that the paper made an assessment of the risks to the end point assumptions that were made when revising the plan in 18-19 versus the start-point assumptions that were required to deliver 19-20. Ms McLannahan noted where there may be a bubble was in non-pay where the Trust was £8m off the revised plan year to date and they expect that to continue in month 12.

The Chairman queried the surgical non-pay spend and Ms McLannahan confirmed that this was not stock but related to equipment replacement, this being none capitalised low value equipment worth less than £5,000.

Mr Hoare noted that this was good news for the Trust and meant that they could deliver their financial position for the ninth time in ten years. Equally encouragingly most of the groups would deliver their financial position.

11. CQC Improvement plan and well led action plan	**TB (04/19) 012**

Miss Dhami noted the paper and the following items were discussed:

- The CQC improvement plan was based on the headline feedback given by the CQC in September and the Trust's well-led self-review. It was called out that the use of resources did not appear in the paper but would be published with the CQC improvement plan.
- A number of items called out by the CQC inspection had been completed and they did not appear in the paper.
- Miss Dhami noted the need to identify a range of ways to sustain improvement already made by the Trust, Including:
  - Reinstate the in-house inspections.
  - Regular spot checks.

- Unannounced visits carried out by Mrs Gardner.

- Items where there appeared to be a mis-match between the CQC Inspectors and the Trust would be worked through between the two organisations. This makes the Trust's engagement with their assigned CQC team very important.

Ms Dutton commented that although she felt great progress had been made, she emphasised that alongside plans, policies and strategies, there was a requirement for action in human care in real terms in order to prevent anybody else having the unacceptable experience which the patient story highlighted earlier in the meeting. Mr Lewis agreed that the patient story highlighted a number of poor elements where plans and policies were not followed in real terms. A discussion followed about the need to monitor when the Trust gets it right with regards to human care in order to expose the real position of the patient experience.

Mr Laverty queried the resources for the CQC improvement plan in terms of ensuring a good result. Miss Dhami advised that more resource was being placed within this area and each group director had this as part of their portfolio. Miss Dhami confirmed that a senior manager would be recruited to act as a key-co-ordinator of targeted items. She confirmed that she was the overall Executive in charge, acting as co-ordinator and progressor of actions. Mr Lewis added that there was a need for the Trust to be able to view the data it provides to the CQC in the same way that the CQC would look at it, by seeing the data as through the eyes of a CQC inspector. Miss Dhami confirmed that they would run the CQC data quarterly.

Ms Goodby added that the Trust was measured against its own ambitious targets but consistently outperformed the national average, and there was a need for this to be voiced and maybe separated in how we report.

12. A good night's sleep: Work to tackle overnight bed move and noise	**TB (04/19) 013**

Mrs Gardner noted the paper and reflected on the patient story which was presented at the July 2018 Board. This was around the fact that the patient had no sleep from 3-5 nights and was very distressed by the experience.

Mrs Gardner advised that the deprivation of sleep had an impact on patients, and a noisy environment could have an impact on staff which may lead to mistakes being made.

The following was discussed:

- The quiet protocol which was adopted by Walsall Healthcare Trust.
- The sleep hygiene tool.
- The possibility of installing night lights.
- Ensuring base wards were full by 8.00pm and the empty beds were located on the ANU.
- Ensuring there were enough pillow, including blue pressure ulcer relief pillows.
- A sleep pack including ear-plug and eye masks on request.

Discussion ensued around the information sheets for staff and patients and Mrs Gardner clarified that laminated patient information sheets would be added next to each bed. She welcomed any further ideas on this subject. Ms Goodby requested that information surrounding fold away beds for visitors be included. Mrs Gardner confirmed that she was expecting to implement this in early June with an auditable process through to September/October.

Mr Laverty queried if the Trust had black out blinds and Mrs Gardner confirmed that the Trust did not have them. He also queried if the Trust was encouraging patients to stay awake during the day so that they slept

better at night. Mrs Gardner clarified that patients recovered from illness through sleep and that they benefitted from sleep during the day as well in this way. Although some distressed patients who slept all day and then were awake all night could be incentivised into changing their sleep pattern.

13. Operating and financial plan 2019/20	**TB (04/19) 014**

Mr Lewis noted the paper and the finance, contracts and activity chart.

The following items were called out:

- Four-hour trajectory in A&E which required the Trust to be at 85.2% in April needed to be achieved.
- The production plan against anticipated out-turn figures.
- The growth in activity risk.

Mr Laverty questioned the reliance of various directorates to support the delivery of the agreed plan and the component of the assumed 2% vacancy rate. Mr Lewis clarified that there was a specific focus in that PMO through the People and OD Committee on those production plan people. He advised that they will be reporting to the Board by directorate, the vacancy position. They may need to annotate that reporting to be clear where there may be a financial risk being created. Mr Lewis reported that some hires had been made in ENT but there was a high measure of risk on the production plan in ENT. Ophthalmology made hires but there is quite a high turnover there. The plan hinged quite significantly on Orthopaedics and Mr Lewis advised that there were not issues hiring within that sector.

Mr Laverty queried how the budget ties in with the 2020 vision. Mr Lewis gave an overview of the plans that were in place as a Trust to deliver each obligation.

The Chairman queried the non-pay figure. Mr Lewis explained that in terms of the £2m the decision was made on the feedback of the FIC. The £2m was layered from month 7 to month 12.

The Chairman queried the referral data. Mr Lewis explained the referral data being the Trust's own, and whether referrals were going to other providers. He confirmed that the Trust would construct visibility on their own referral data and report that against a planned number. The Trust's accurate referral position would be reportable by the end of the month.

Action: TL to present a list of investments reconciled to the plans.

14. Production plan phasing and scorecard	**TB (04/19) 015**

RB noted the paper. The following was discussed:

- The Trust out-turn position from 18-19 puts the Trust in a very strong position.
- The first part of the production plan for this year is based on the Trust's out-turn.
- The Trust has become very accurate in terms of forecasting.
- The Trust will ensure shorter waiting times and are already in a competitive position this year.
- For Q1 there were enough patients on the waiting lists to supply into the production plan.
- The Trust was confident with referral rates.

- RB advised confidence in the clinical groups' ownership of their production plan.
- The PMO has daily and weekly plans in terms of the activity being put through outpatients and theatres.

Prof. Thomas queried the ambitious increase in referrals and asked if the Trust was aiming for that to come from SWB CCG or the broader Black Country or Birmingham. Ms Barlow explained that the referral increase was visible in reality months ago which was part of the waiting times decrease element for this year. A majority of activity came from SWB, however the planned assumptions for referral increase were matched against the plans of commitment being made with local Primary Care Providers. Growth on the none SWBH CCGs were also expected in line with national growth.

The Chairman questioned investment in imaging. Ms Barlow explained that imaging had an internal and external enabler. Internally the pathway was through inpatients. She confirmed that the Trust had adequate investment and equipment to improve through-put through ED bed base including planned care. In terms of GP's, patients would be referred through diagnostics. The time to test will shorten and time to report will shorten so they will be offering the most competitive time to report to GP's.

The Chairman asked how the Trust was engaging with GP's. Ms Barlow explained that the primary care dashboard would enable the Trust to form the right conversations and influence the GP by speciality. Diagnostics imaging was the main attraction for the GP and that the Trust can do day case surgery within 10 days of seeing a consultant.

Action: Ms Barlow to verbally confirm that all the income was visible as a matter arising at the next Board.

15. Workforce and paybill phasing and scorecard	**TB (04/19) 016**

Ms Goodby noted the paper and the following points were made:

- A challenge next year was to avoid spending £11.4m.
- Last month recruitment trajectories were discussed, and the number of roles needed to offer and appoint to be able to achieve that from Q1.
- Last month the Board asked for an alignment between the production plan elements to make sure that the Trust was looking at the whole of the pay challenge.
- The paper described the alignment between the payable challenge in its entirety together with a fully staffed PMO.
- The additional pay spent to deliver the production plan was £6.18m.
- RG called out the 92 WTE with some nursing and ward-based staff to be added.

Ms Dutton questioned induction and the issue of losing people quickly and if this should be looked at. Ms Goodby confirmed that they would monitor against vacancies and that adding in turnover was a good idea.

Mr Laverty question if there were any measurements done regularly enough to make it worthwhile tracking on staff satisfaction or engagement. Ms Goodby confirmed that the we connect scores were currently at 3.8%, although the wish was to get to 4% and she would include the figures for directorates. The Chairman question if there was any data around time to hire. Ms Goodby confirmed that this was monitored through the People and OD Committee. Mr Lewis noted that the more relevant immediate measure would be how many jobs were either filled or at advert (or other) and other should always be zero.

Ms McLannahan questioned, from an affordability perspective, working towards full establishment would have to assume that the income targets and activity targets were also being met because any pay underspend could

generate an income under-recovery position.

UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS	
16. Minutes of the previous meeting, action log and attendance register	**TB (04/19) 017** **TB (04/19) 018**

Action: Ms Goodby to provide an up to date number of people employed by the Trust in April.

- **The Chairman questioned the minutes of the meeting held on 7th March 2019, what was meant by the action** *To provide a theoretical answer to the Board in relation to point 5 in the paper TB (03/19) 18 and to identify at what point would error lead to consequence for the employee.*
  The action was explained as being related to never events and what happens if clear protocol was not followed.
- A near miss culture should be added to the action log for the June Board.

The following amendment was noted:

- Item 12, fourth bullet point - delete the percentage signs.

The minutes of the meeting held on 7th March 2019 were approved as a true and accurate record.

Action Log update:

- *To circulate additional reconfiguration working papers to Trust Board members.*
  Aligned agreement on raspatory and acute medicine had not yet been resolved.
- *Stroke symposium to take place and an update on this to January Quality and Safety Committee.*
  The date arranged clashed with the National Stroke meeting so a date for June was being arranged.
- *Advise if the incident decision tree process was applied in the last three Never Events.*
  KD advised that the incident decision tree was not used for the Never Events. This would be implemented at the outset of an NESI investigation.

MATTERS FOR INFORMATION	
17. Any other business	**Verbal**

No other items were discussed.

18. Details of next meeting:

The next Public Trust Board meeting will be held on Thursday 2nd May 2019, 09:30-13:15 in Training Room 2, Rowley Regis Hospital, Moor Lane, Rowley Regis B65 8DA.

Signed ……

Print ……

Date ……