

## TRUST BOARD – PUBLIC SESSION MINUTES

**Venue:** Conference Room, Education Centre,  
Sandwell General Hospital

**Date:** Thursday 5<sup>th</sup> December 2019, 09:30-13:00

**Members:**

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

**In Attendance:**

Mrs R Wilkin Director of Communications (RW)  
Mr D Baker Director of Partnerships & Innovation (DB)  
Mr M Sadler Acting Chief Informatics Officer (MS)

**Apologies:**

Ms Chris Rickards (CR)  
Mr A Kenny (AK)

Minutes	Reference
<b>1. Welcome, Apologies and Declarations of Interest</b>	<b>Verbal</b>
RS welcomed members and attendees to the meeting. Apologies were received from Chris Rickards and Alan Kenny.	
<b>2. Community Midwifery: Emerging Model</b>	<b>TB (12/19) 001</b>
RS invited PG to introduce the presentation on community midwifery. PG introduced the Community Midwifery Team, which included Helen Hurst, Nicki Tomkins and Terri Franklin. They outlined their work as follows:	
<ul style="list-style-type: none"> <li>• In 2016 Better Births was launched as a catalyst to transform maternity services and improve outcomes for women and babies. A focus was continuity of care antenatally and postnatally. The local idea was to form small ‘families’ of midwives who would look after women and improve the likelihood of women having care from their own midwives. The teams would be based in children’s centres and other community venues to allow women easy access to services without referrals from GPs or attending a hospital.</li> <li>• Early access clinics would be introduced into the community run by support workers. New referrals would be registered onto electronic patient records. This would ensure women were logged by the system early into their pregnancies and would enable women to be more involved in their own care.</li> </ul>	

- Welcome boards would be installed giving details of midwives, their contact numbers and clinics. Each pregnant woman would receive a 'Meet Your Midwife' leaflet containing similar details and the name of the midwife assigned specifically to them. These leaflets would be produced in several languages.
- 'Soft borders' would be introduced to help women who have specific needs to tailor their own care.
- Post-natal care would also be personalised similar to the Dorset model, where post-natal visits by midwives were integrated with other healthcare professionals. This support arrangement would help identify issues such as early mental health problems.
- Approximately 12 midwife teams could be created from the midwives of City & Sandwell with around 6-8 members of staff with a mix of the Band 6 Deputy, senior and junior Band 6 midwives and a rotating Band 5, plus two support workers. It was reported that Sandwell naturally split into 6 geographical areas. A very similar exercise was also in place for City to achieve standardisation. It would be important for the boundaries for each area to remain flexible. Women in Sandwell and City sometimes found access and contact with midwives difficult. Better visibility of maternity teams was desirable and this could be achieved by basing teams in maternity hubs in children's centres, GP surgeries or shops.
- A Band 6 midwife would lead each team and allocate activity and support patients and staff. Each team midwife and support worker would be paired with a 'buddy' to cover caseloads in the event of absence, sickness and annual leave. The Deputy would be required to adjust clinics in line with 'Better Births,' to achieve at least 70 per cent continuity of care. Newly qualified midwives would be supported in acquiring essential competencies. More experienced midwives would be given the opportunity to specialise. More support workers would free up midwifery time for high-risk patients. An important component of the Emerging Model would be for midwives to continue to feel valued, safe and supported. A leadership package would be introduced to create interest in the Deputy roles.
- The use of electronic diaries would aid efficiency and autonomy. Community hubs would also improve ease of communication between midwives and other health professionals and better relationships with women.
- MP asked if the ideas would help tackle late presentation issues. Helen noted the possibility that it could, and TL proposed that midwives should assess what ideas worked in this regard over the next two years. He emphasised that this was the key outcome metric.
- Information was being developed in as many languages as possible. A patient portal was being developed to deliver information, rather than through printed material.
- RB asked about maternal mental health. It was reported that mental health support for midwives was currently good. Relationships with GPs were also good.

The Board welcomed the innovation outlined by the team and anticipating its inclusion at scale in the 2020-2021 Annual Plan.

### 3. Questions from members of the Public

Verbal

Bill Hodgetts, Chair of Sandwell Cardiac Club, passed on thanks for high quality of care to the City Cardiac team and first responders, from a relative of a colleague who had collapsed and later died as a result of a

cardiac event in a supermarket. RS welcomed this feedback.	
<b>4. Chair's Opening Comments</b>	<b>Verbal</b>
<ul style="list-style-type: none"> <li>• RS reported that quality improvement half days were being scored to measure progress. Three teams had now reached others in being accredited to silver level.</li> <li>• Construction work on a new GP practice had been started at Sandwell General Hospital.</li> <li>• Work done on Public Health was beginning to pay dividends and had enabled the Trust to held up as an anchor institution in this area, presenting to Midlands NHS Chairs the following week.</li> </ul>	
<b>UPDATES FROM THE BOARD COMMITTEES</b>	
<b>5a.</b> a) Receive the update from the <b>Charitable Funds</b> Committee held on 14 <sup>th</sup> November 2019. b) Receive the minutes from the <b>Charitable Funds</b> Committee held on 15 <sup>th</sup> August 2019.	<b>TB (12/19) 002</b> <b>TB (12/19) 003</b>
<p>WZ reported the following points:</p> <ul style="list-style-type: none"> <li>○ The Charity's income was on target, however income figures included restricted grants which once removed, revealed cashflow vulnerability. The finance team and the Charity team were working to develop a wider cashflow position including key milestones which would be presented to the February meeting.</li> <li>○ Two grant applications had been successful. One was matched funding for a volunteering placement scheme to support internships. The second was funding from Homes England for a feasibility scheme focused on alternative accommodation uses for the Sandwell site.</li> <li>○ Procurement for an investment management company was underway with the specification reflecting the ethical investment strategy previously discussed by the Board.</li> </ul> <p>The minutes of the <b>Charitable Funds</b> Committee held on 15<sup>th</sup> August 2019 were received and approved.</p>	
<b>5b.</b> a) Receive the update from the <b>Finance and Investment</b> Committee held on 29 <sup>th</sup> November 2019. b) Receive the minutes from the <b>Finance and Investment</b> Committee held on 27 <sup>th</sup> September 2019.	<b>TB (12/19) 004</b> <b>TB (12/19) 005</b>
<p>MH reported the following key points:</p> <ul style="list-style-type: none"> <li>○ Month 7 on plan with the current forecast for 2020 the control total was on track</li> <li>○ The Committee was satisfied that risks were being controlled and mitigated as much as possible so that the control total could be achieved.</li> <li>○ The CIPs were discussed with a focus on pharmacy. Pharmacy analysis would be brought back (specifically on biosimilars) and this would be discussed at the next Committee meeting.</li> <li>○ The outturn position at 1920 and the effect that it would have on budgeting for 2021 needed to be monitored and risks mitigated.</li> </ul> <p>DM confirmed that the trust wanted to be a responsible organisation and there was a concentration on</p>	

prompt payment of old invoices to non-NHS creditors and local suppliers. The value of these had dropped from around £1.5m to under £100k which represented disputed invoices.

The minutes from the **Finance and Investment** Committee held on 27<sup>th</sup> September 2019 were received and approved.

<p><b>5c.</b> a) Receive the update from the <b>Quality and Safety</b> Committee held on 29<sup>th</sup> November 2019.</p> <p>b) Receive the minutes from the <b>Quality and Safety</b> Committee held on 25<sup>th</sup> October 2019.</p>	<p><b>TB (12/19) 006</b></p> <p><b>TB (12/19) 007</b></p>
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HK reported the following key points:

- The strategic board assurance framework was discussed in terms of achieving a better degree of assurance. There were three limited assurance areas, the local care market and possible failures, local vulnerable services provision and WeLearn programme implementation.
- The safety plan was discussed with regard to Unity implementation and data use. Spot checks would be carried out on problem areas.
- GIRFT activities were discussed. HK strongly recommended that Board members participate in a GIRFT activity, to learn about benchmarking processes.
- HK reported the respiratory configuration had gone well. This point was supported by RB and PG.
- Key concerns were - The thrombolysis within 60-minutes target had been missed for 3 out of the last 4 months, the 4-hour A&E target and sickness levels had increased by around half a per cent.

The minutes from the **Quality and Safety** Committee held on 25<sup>th</sup> October 2019 were received and approved.

<p><b>5d.</b> a) Receive the update from the <b>Digital Major Projects Authority</b> held on 29<sup>th</sup> November 2019.</p> <p>b) Receive the minutes from the <b>Digital Major Projects Authority</b> held on 25<sup>th</sup> October 2019.</p>	<p><b>TB (12/19) 008</b></p> <p><b>TB (12/19) 009</b></p>
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MP reported the following key points:

- The IT Risk Register was up to date and would continue to be monitored by the Committee on a monthly basis.
- Good progress had been made on infrastructure stability and the assurance level had been changed to 'adequate'.
- The digital strategy would be aligned to long-term plans and staff and stakeholders had been engaged. Benefits to patients would be a focus.
- Unity optimisation had been discussed.

RB reported that optimisation had been devolved to clinical groups and focus would move to identifying best practice. It was hoped staff would be optimised by March 2020. TL noted that of 34 reports available for optimisation, 29 were visible. Several thousand reported Unity incidents at launch had reduced to under 300. A data quality issues list was scrutinised weekly. Good progress was being made in identifying

and fixing problems.

The minutes from the **Digital Major Projects Authority** held on 25<sup>th</sup> October 2019 were agreed.

- 5e.** a) Receive the update from the **Public Health, Community Development and Equality** Committee held on 29<sup>th</sup> November 2019.
- b) Receive the minutes from the **Public Health, Community Development and Equality** Committee held on 26<sup>th</sup> July 2019.

**TB (12/19) 010**  
**TB (12/19) 011**

KT reported the following key points:

- Obesity was discussed in terms of developing an offering to staff, patients and in the community. Public Health Consultant Dr Tanith Palmer had given a presentation on activities being undertaken in this area and how they connected with the Mayoral obesity goals.
- The Trust's offering on obesity would be discussed at a later meeting.
- An SBAF item in relation to staff wellbeing and mental health was judged to be adequate.
- The Committee had discussed data on healthy life expectancy which showed the Sandwell and City areas was faring poorly in comparison to the rest of the Black Country.
- Regeneration of the sites and the locality was discussed with regard to how the Trust could contribute to helping to poverty relief.

RG reported the Board had agreed to implement the Health and Safety Executive's mandated risk assessment. This was being rolled out over the next 12 months in A&E, Maternity and in some community teams that reported high levels of anxiety, stress and depression as reasons on their ESR last year. Proactive mental health support to employees including line managers, would be offered through the occupational health team. RG reported that the reasons for the 18 per cent short term sickness levels were mostly respiratory. Employees could access the on-site, free and confidential counselling service or use a free to download app called Thrive. The Trust was also working with the Kaleidoscope organisation to provide back to work workshops. The Trust was also working closely with the Samaritans and Safe Line.

In responding to a question from ML about deprivation TL reported that NHS funding typically flowed according to a formula tiled either to age or deprivation. The concern was that the recent big growth in CCG funding may be reversed by deficits elsewhere.

RG reported that the Trust supplied overseas healthcare professionals to other Trusts in the Black Country. More than 300 overseas healthcare professionals were on the list and it was a flourishing project. Some funding had been attracted to the project.

The minutes from the **Public Health, Community Development and Equality** Committee held on 26th July 2019 were received and approved.

## **MATTERS FOR APPROVAL OR DISCUSSION**

### **6. Chief Executive's Summary on Organisation Wide Issues**

**TB (12/19) 012**

TL presented his report and drew attention to the following points, in advance of a focus on EC:

- The Trust's Living Wage accreditation was being considered for implemented across the STP.

Pleasingly the Trust continued to appear in the Top 50 most inclusive employers in the country.

- A single pay scale for clinical band 2 and 3 staff had been created and pay changes had been made effective October 1<sup>st</sup>. This reflected joint work with staffside.
- Undergraduate educational feedback had been positive. Work was being done on hard to fill roles. A conference in March was planned to address the issues.
- In November, the Trust had come close to delivering the volume of surgical care set out in the original plan. TL congratulated the surgical teams. CQC reports on two medical wards at City had been positive.

ML commented that local partners and alliances in addition to IBM ought to be front of mind in terms of tech and IT projects. TL reported the Trust was meeting with the University of Birmingham shortly and acknowledged the benefits of working with local expertise. TL reported that a meeting had taken place with NHS Digital regarding AI. He expressed the view that a purposeful approach was required.

- TL stated that he was optimistic there would be a long-term settlement for gynae-oncology by the end of February 2020.

RS asked about flu vaccinations. TL reported the Trust was in the 60s and it should be in the 80s [in terms of percentages]. The approach had been refreshed. TL expressed the view that resistance to vaccination had hardened in 2019, compared to the general uptake in the last five years.

Reaching 95% [for mandatory training] was expected for IQPR by the end of March 2020 and 85 by the end of January.

Discussion then focused on the four hour standard.

- TL reported there had been an external visit had been made to the A&E Department. Good progress had been made into implementing new ideas and changes.
- TL reported numbers of long-staying patients had been reduced but the focus over the next two months ought to be length of stay and discharge in the A&E Department. Quality decision making was key to progress.
- RB reported that Unity had been disruptive however, teams were getting used to the system and had implemented a lot of changes. She reported that processes around drugs TTA were being mapped, as gains from Unity had not yet been achieved.
- TL reported that automatic, speciality-specific lengths of stay and conditions-specific lengths of stay were being introduced into the Unity system.

RS noted that he had attended the external feedback and reported that feedback had indicated staff were open to process improvements.

## **7. Integrated Quality and Performance Feedback**

**TB (12/19) 013**

DB referred Board members to the new, simplified 'At a Glance' page. The following points were made:

- Fractured NOF wait standards had been achieved for 2 out of 3 months.
- Friends and Family responses in maternity and births increased from 6.1 per cent to 28.2 per cent.
- The open referrals had reduced and were reporting success.

- The falls were at the lowest point this year.

RB reported that thrombolysis for patients presenting with stroke had historically performed very well. However, whilst A&E admissions continued to be treated rapidly, a failure point was identified in the group of patients who were already in hospital with other conditions who then had a stroke. In October, 3 out of 6 patients breached the one-hour thrombolysis time. The stroke team were re-examining pathways. DC commented that in-patients now needed to be a focus in this area to accelerate treatment times.

- DB reported that whilst the diagnostics target was missed in October, it had been achieved in November.
- The RTT target had been missed in October. RB commented there was no systemic failure at specialty level in delivering at 18 weeks, but ophthalmology was experiencing a backlog and a plan was in place to clear it. The target was close to being achieved in November and was on track for December.
- RG reported that mandatory training had been a key focus at clinical group level. Trajectory plans were quality assured at Executive level to ensure they were realistic. She expressed confidence in March delivery.

**8. BREAK**

**9. Monthly Risk Register Report** **TB (12/19) 014**

KD introduced the monthly Risk Register Report. The following points were made:

- KD drew the Board’s attention to the January report and the annual low likelihood/high impact risks examination. Overall there was a target to mitigate ‘red risks’ by the end of January or March at the latest.
- Two new risks had been identified. The first was related to Midland Met contingency funding. TL reported that it was a red rated risk that this would be wholly consumed. He stated that this should not cause alarm, but it could not be mitigated before the end of 2020.
- The second new risk related to a standalone hard drive in ophthalmology that was storing patient diagnostic records/data. This posed a high risk if it failed. RB reported that mitigation would be in place within the month. KD commented this had been a long-standing risk.
- New Red Rated Risks needing further challenge by the Risk Management Committee included nurse staffing and infection on the neo-natal unit. DC expressed the view that both could be mitigated.
- Workforce at Midland Met and Cardiology Investigation requests were undergoing further review.
- RG commented that she felt that the recent closer links between the SBAF and the Risk Register had been helpful.

**10. Hearing and acting on the voices of our patients** **TB (12/19) 015**

PG introduced a joint paper on the sources of information the organisation received had been assessed. She made the following points:

- Social media input had been examined with a focus on how the Trust responded to Facebook and

Twitter commentary.

- Early resolution of problems was being dealt with at source, to avoid them turning into a formal complaint. Numbers of complaints and response times were improving.
- From April 2020, the 'Friends and Family' engagement question focus was changing from recommending the ward to recommending the service and assessment was changing from 'likelihood' to an assessment rating (good, bad etc.). Supplementary questions would also be able to be added.
- Response times for the SMS text messaging/interactive voice messaging service introduced in May 2019, had helped the Trust increase its response rates.
- Work was being done around the co-ordination of care. RW reported the Trust was working with the University of Birmingham on survey work with focus groups. The work would concentrate on long-term conditions particularly.
- RW reported there had been no increase in social media activity, but it appeared that social media was typically a way for people to rate services. Comments on social media were not classified as formal complaints.
- PG reported future priorities would be work on better communication and capture patient feedback. Most complaints centred on communication and delays in treatment.
- RW reported that all the Purple Point phones had been used but there had been a mixed approach to the service. There had been small numbers of patients giving feedback and different methodology to capture more feedback was required.
- WZ expressed the view that capturing feedback from different communities that were under-represented in the complaints system, ought to be a consideration.
- TL expressed the view that actions as a result of patient feedback was important and should be included in the Annual Report. The aim was to identify 50-100 changes made based on this loop.

#### 11. Strategic Board Assurance Framework: Route to Adequate

TB (12/19) 016

KD introduced a paper identifying future strategic priorities and risks. The following points were made:

- There were 19 BAF entries related to future vision and direction. 12 of the 19 were at a limited level of assurance and the requirement was for these to reach an 'adequate' rating.
- TL suggested that five of the entries would reach an adequate level of assurance by January. A few more would reach the same level by February but others would not.
- BAF 10 (relating to NHS payment methods preventing ICS working), and BAF 11 (relating to the labour supply) would be the subject of discussion at the People and OD Committee.
- ML commented that in terms of the labour supply [BAF 11], the Trust would have a competitive advantage with the opening of Midland Met. RW agreed and reported there was a nursing recruitment day on 18<sup>th</sup> January 2020 which would promote Midland Met, public health projects and staff wellbeing as attractions.
- HK reported that the Quality and Safety Committee had discussed the care home market which was fragile. He reported this would have a serious knock-on effect to the Trust if problems worsened. TL commented that an analysis of the Sandwell Care Home market had revealed that in terms of



Brexit effects, less than 3 per cent of staff were of continental European origin.

- TL expressed the view there was no rational reason why the Trust was not involved in the care home business either as a partner, funder or provider. He proposed the Trust consider its role over the next 6-9 months.
- TL further commented that October numbers showed a 5 per cent workforce vacancy rate, which was a success. However, he reported that roughly 8 per cent of employees were approaching retirement age – the largest number in 5 years.

## 12. Next Steps on the Midland Met

TB (12/19) 017

TL reported on Midland Met next steps and referred Board members to the paper. The following points were made:

- TL reported that the difficulties around discrepancies around capital and financial improvement trajectories had been resolved in writing with capital assistance by the Department of Health and Social Care. The BCWB STP had committed in 2023/2024 – after the opening of Midland Met - to make further cost efficiencies.
- It was expected that the contract with Balfour Beatty would be signed shortly. The Trust had signed a Memorandum of Understanding at the end of November in readiness
- RS acknowledged the work that had gone into the complex negotiations around funding and construction and thanked the whole team, including Mr Lewis.
- TL reported that building work was expected to restart before Christmas and ideally, the project would be completed before the Commonwealth Games in Birmingham in the Summer of 2022.
- TL proposed putting the contract to the Board before signing. RS agreed. In terms of risks, TL reported that it would be April before suppliers were locked in by the partner and designs had been worked through. The contract allowed for some risk share and return, as it was an open book contract. It did require the Trust to pay compensation events. There was an option to agree a guaranteed maximum price if both parties wished to do so. TL reported that the scheme did not face a risk from the UK General Election as it had always had support from all political parties and providing it stayed within the FBC agreed sum, no further Governmental agreements were required.
- WZ raised traffic and car parking issues and commented they needed to be improved - bus routes in particular. He had commissioned a piece of work on the Number 11 bus route. TL reported that efforts had been made to consult with the general public on this issue.
- TL reported that the capital programme was not reduced by the changes that had been made. He proposed that the Midland Met countdown could be discussed by the Board in February.
- ML commented that regeneration required a multi-partner approach with the Combined Authority, the two Councils and Homes England for example.

**Action:** TL to present the Midland Met construction contract to the Estates Major Projects Authority before signing.

**Action:** The Midland Met countdown to be included on the agenda of the February 2020 Board meeting.

<b>13. CQC Improvement Plan 2018 – Q4 ‘Stress Testing’</b>	<b>TB (12/19) 018</b>
<p>KD reported on the 115 must dos and should dos which emerged from the 2018 CQC inspection. The following points were made:</p> <ul style="list-style-type: none"> <li>• The list would be closed off in terms of implementation by 31<sup>st</sup> December 2019. Work would continue in January and February to ensure this was done.</li> <li>• The WeAssure programme would be staging a roundtable discussion with the relevant groups to discuss progress on the ‘must dos’ and ‘should dos’. Ward and department visits were already underway and the response had been good.</li> <li>• Feedback would be sent back through CLE and the Quality and Safety Committee. Audits and other testing in January and February would be necessary.</li> <li>• A meeting would take place on 19<sup>th</sup> December 2019 to discuss as a Board the 2020 readiness work we wanted to do. TL commented that the intention discussed with NHSI was for the Trust to potentially work with the Good Governance Institute in February and March (or another supplier), on elements linked to the key lines of enquiry. This would be discussed at the 19<sup>th</sup> December meeting.</li> <li>• ML welcomed the report and reminded the executive to look for other potential improvements outside the list of 115.</li> </ul>	
<b>14. Budgeting 2020-2021 and Financial Improvement Trajectory</b>	<b>TB (12/19) 019</b>
<p>DM reported on the budget and referred Board members to the paper. The following points were made:</p> <ul style="list-style-type: none"> <li>• There is a long-term plan to eradicate a deficit of £17.5 million embedded into the 2019/2020 budget. This sum also formed the basis of the 2021 plans and for the following 4 years.</li> <li>• The Trust would need to reach the deficit position to achieve the 2019 Control Total. The Control Total was expected to be reached.</li> <li>• A £6m variance to budget was expected, mainly driven by surgical services’ production plan delivery. November performance for surgical services was positive but this needed to be maintained over Q4. The variance could be remedied by committing the risk reserve in the 2019/2020 budget, but the preferred option was to set a budget which would repair the variance on a recurrent basis.</li> <li>• Budgets would need to be set at a net position of £17.5m on a recurrent basis.</li> <li>• DM reported that the plan was set on what was known at the time and it had not been possible until very recently to align the plans with the Financial Improvement Trajectory issued by NHS England. Progress had been made. DM reported there was a potential risk around the production plan for dermatology and rheumatology in relation to hard to fill roles.</li> <li>• ML raised the issue of an overspend in IT and informatics, taken from the later budget paper. DM confirmed the overspend against the capital plan but reported the £5.2m was offset by badged funding within the reconfiguration money for IT. TL reported there would be extra scrutiny of IT during budget setting as this had been the second year of overspend.</li> </ul>	
<b>15. Imaging Artificial Intelligence Research Project</b>	<b>TB (12/19) 020</b>

RB referred Board members to the paper detailing the AI research project which would be taken forward with partners. The following points were made:

- The Trust was partnering with IBM Watson on the project.
- AI was focused on 3-5 per cent of radiology studies which were misreported, starting with chest X-rays and chest CT scans.
- AI also promised some exciting future developments into conditions such as prostate imaging, and neuro-radiology – a hard to recruit sub-specialty. AI would act as a second reporter and get the right information to clinicians.

HK expressed the view that the introduction of AI would put the Trust at the leading edge of technology. RB confirmed that results of the research project would be measured and assessed. She further commented that AI was complementary to workforce design.

RG expressed the view that internet connection/WiFi on hospital sites was just as important as considering AI.

**MATTERS FOR INFORMATION/NOTING**

**16. Finance Report Month 7 2019/2020**

**TB (12/19) 021**

Noted.

**17. NHS Regulatory Undertakings: Monthly status update on agency and four-hour standard**

**TB (12/19) 022**

Noted.

**18. Briefing note on policy validation**

**TB (12/19) 023**

Noted. KD reported the new system would be in place in April.

**19. Application of Trust Seal**

**TB (12/19) 024**

This was approved.

**UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS**

**20. Minutes of the previous meeting and action log**

**TB (12/19) 025**

**To approve the minutes of the previous meeting held on 7<sup>th</sup> November 2019 as a true/accurate record of discussions and update on actions from previous meetings.**

**TB (12/19) 026**

It was proposed that the minutes of the previous meeting held on 7<sup>th</sup> November 2019 were a true/accurate record of discussions and update on actions from previous meetings.

Suggested amendments were as follows:

- Page 3, Item 5a, Point (a)
  - The word ‘Insensible’ to be changed to ‘not sensible’

- ‘...committees to try and get to an adequate assurance score’ to be changed to ‘...executive leads to ensure that action plans are in place to get an adequate assurance score (and then pass on to committees).

**APPROVED** subject to the amendments.

KD reported there was nothing to discuss from the action log.

**MATTERS FOR INFORMATION**

**21. Any other business**

**Verbal**

None.

**22. Date of next meeting of the Public Trust Board:**

**Verbal**

The next meeting will be held on Thursday 2<sup>nd</sup> January 2020, Meeting Room 2, Rowley Regis Hospital.

Signed .....

Print .....

Date .....