**Paper ref:** TB (05/20) 016

Sandwell and West Birmingham Hospitals NHS Trust

# TRUST BOARD – PUBLIC SESSION MINUTES

**Venue:** Meeting held remotely via WebEx **Date:** Thursday 2nd April 2020, 09:30-13:15

| **Members:** | | **In Attendance:** | |
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| Mr R Samuda (Chair) | (RS) | Mrs R Wilkin Director of Communications | (RW) |
| Mr M Laverty Non-Executive Director | (ML) | Mrs R Biran Associate Director of Governance | (RBi) |
| Mr M Hoare Non- Executive Director | (MH) | Mr D Baker Director of Partnerships & Innovation | (DB) |
| 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) | | |
| Mr L Kennedy Chief Operating Officer | (LK) | **Apologies:** | |
| Ms D McLannahan Chief Finance Officer | (DM) | Mr H Kang Non-Executive Director | (HK) |
| Mrs R Goodby Director of People & OD | (RG) | Mrs L Writtle Assoc. Non-Executive Director | (LW) |
| Miss K Dhami Director of Governance | (KD) | | |

| **Minutes** | **Reference** |
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| **1. Welcome, Apologies and Declarations of Interest** | **Verbal** |
| RS welcomed members and attendees to the meeting, held remotely via WebEx because of COVID-19 restrictions. RS commented that the meeting was being held at an unprecedented time for the NHS and that governance would be important to determine direction and to ensure the Trust's people were being looked after.<br>**Apologies:** Harjinder Kang and Lesley Writtle. | |
| **2. Patient Story** | **Verbal** |
| PG introduced a video of an autistic female patient whose children were autistic or suspected of being autistic. PG reported that it was World Autism Awareness Week from 30th March – 5th April 2020.<br>The video failed at this point and the Chair proceeded with the agenda. | |
| **3. Questions from members of the Public** | **Verbal** |
| RS stated that arrangements had been made for members of the public to join the meeting by dialling in, however, there had been no interest. | |
| **4. Chair's Opening Comments** | **Verbal** |
| RS commented that the health crisis had been an extraordinary test for NHS organisations. The focus on the Trust was to ensure its people were looked after.<br>RS commented that the situation presented frustrations given the progress made with MMUH and 6 | |

months of Unity, but that it was important for the Board to provide strong governance during this time.

RS further expressed the view that there would be benefits from the crisis management experience. In Primary Care for example, data had been shared that had been discussed for months and teleconferencing had already been taking place with patients.

RS acknowledged the efforts of the Committees who had kept meetings on schedule in difficult circumstances.

| **UPDATES FROM THE BOARD COMMITTEES** | |
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| **5a.** a) Receive the update from the **People & OD Committee** held on 27th March 2020.<br>b) Receive the minutes from the **People & OD Committee** held on 24th January 2020. | **TB (04/20) 001**<br>**TB (04/20) 002** |

KT reported that the assurance plan had been discussed and the Committee had concluded that full assurance could not be given because most of the Committee's data had been about quantity and not quality.

It had also been agreed, following a suggestion by TL, that a repository was needed for the collation of workforce guidance from national bodies.

KT reported that the mandatory training target of 95% had not been reached by the end of March target date. It had been decided that anyone who was not compliant by this date would not be able to get more than a two score on their PDR unless their training had been cancelled by the Trust. KT further reported that efforts had been made to translate face to face training to online alternatives.

It was also reported that SBAF items 11 and 12 were expected to reach 'adequate' assurance by the end of April.

In response to a query about mandatory training learnings from TL, RG commented that more virtual offerings would be considered in 2021 and the restructuring of safeguarding training was being considered to make it more manageable for clinicians. Weekly mandatory training reporting had been developed and had been successful and useful. Data access to reporting was now more sophisticated.

TL commented that there would be a lot of compulsory training of staff over the next three months, in response to the COVID-19 situation. The Trust, therefore, needed to consider the best way to organise and ensure compliance.

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| **5b.** a) Receive the update from the **Quality and Safety Committee** held on 27th March 2020.<br>b) Receive the minutes from the **Quality and Safety Committee** held on 28th February 2020. | **TB (04/20) 003**<br>**TB (04/20) 004** |

In the absence of HK, RS reported that, in addition to COVID-19 considerations (discussed later in the agenda), the Committee had discussed the practical actions of the welearn Programme (also discussed later).

A mortality update was discussed, specifically the impact of urinary tract infections, referral patterns, activity volumes and how to make the best use of shorter waiting lists.

DC commented that urinary tract infections were relevant to the CQC. A lot of work had been done to identify at risk patients. COVID-19 related deaths in relation to normal mortality rates was being observed.

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| **5c.** a) Receive the update from the **Digital Major Projects Authority** held on 27th March 2020.<br>b) Receive the minutes from the **Digital major Projects Authority** held on 28th February 2020. | **TB (04/20) 005**<br>**TB (04/20) 006** |

MP reported that the meeting had been brief with the main focus being on risk management arrangements. Infrastructure reporting was going well.

Unity optimisation had been discussed. MP reported there was now an established dashboard in place with the IT team receiving real-time information.

In response to a query from TL about Unity optimisation, LK reported that good progress had been made, although the Trust had been grappling with some teething issues with pathology and radiology processes. Big steps forward had been achieved, but there was still work to be done. Pharmacy had been heading in the right direction and there had been an increase in barcode scanning.

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| **5d.** a) Receive the update from the **Estate Major Projects Authority** held on 27th March 2020.<br>b) Receive the minutes from the **Estate Major Projects Authority** held on 10th December 2019. | **TB (04/20) 007**<br>**TB (04/20) 008** |

TL reported on Balfour Beatty, who were continuing to progress offsite work. TL stated that the Trust had been served with an event notice as per contractual entitlement. TL reported that the company was continuing to work closely with the Trust and acknowledged RB's efforts to progress work in this area.

TL reported that he had had a conversation with the Mayor about whether a conversation with Government might be worthwhile, in relation to whether the MMUH might constitute essential work following the first 12-week period. TL expressed the view there could be a delay consequence and possibly a cost consequence of the COVID-19 circumstances. TL stated that enquiries were ongoing with Balfour Beatty regarding supply chain and labour and their possible safety on site going forwards in the circumstances.

TL also reported that the estate staff transfer, in association with Engie, had been discussed. TL also suggested the development of a restart plan with Balfour Beatty and for it to be announced proactively by Trust governance.

**MATTERS FOR APPROVAL OR DISCUSSION**

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| **6. Chief Executive's Summary on Organisation Wide Issues** | **TB (04/20) 009** |

TL referred Board members to his paper and reported that a TeamTalk briefing had been held via WebEx, which had been highly effective, with around 90 participants.

TL drew Board members' attention to four main points in his Report as follows:

- Recognition of the BTC flood crisis – TL reported this had been relatively well managed.
- Overall financial sustainability – TL reiterated that it has proved impossible to date to get a clear rendering of the £105m/£110m of growth in funding between 2020 and 2023
- Chief Finance Officer – TL acknowledged DM's first Board meeting as Chief Finance Officer, a role which was more strategic compared to the previous role.
- The halving of vacancies in the Trust – TL commented that huge strides had been made in this area

and the challenge was to maintain the improving position in the COVID-19 environment.

In response to a query from KT, in relation to redeployment, TL commented that he had given a clear commitment that affected individuals would be paid the higher of the existing or equivalent salary of the new role.

Around 250 staff were being redeployed to Critical Care and moved onto wards. TL reported that a third group would be deployed in their wake, including medical students.

In response to a query from RG about the results of staff surveys, TL reported that most of the negative responses in relation to care had been delivered from staff in non-clinical functions. TL expressed the view that this would be the most important metric for continued tracking.

| **7. Integrated Quality and Performance Report** | **TB (04/20) 010** |
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DB referred the Board to three main issues:

- The Cancer 62-day standard has not delivered in January and February. It is was anticipated that the Trust would miss the target for Q4 delivery.
- Long term sickness cases had fallen below the reported target. DB reported that the Women's and Children's group sickness rates were down to around 4% which was positive.

It was reported that the Trust was the first organisation in the Black Country to see a downward trend in sickness rates due to COVID-19. The contribution from the HR function was acknowledged.

| **8. Monthly Risk Register Report** | **TB (04/20) 011** |
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KD reported that there were no new risks escalated from CLE.

One risk, on the Trust Board, had an overdue action and seven risks had an upcoming action deadline of the end of March 2020. These were still awaiting completion although assurance was provided to RMC in March.
TL queried whether the current risk rating represented the year end position. KD responded that updates were provided against the deadlines set for mitigating actions not against the target risk score.
TL requested that the current risks list be calibrated as to their position at the end of the financial year.

**Action:** KD to calibrate the risks list to indicate their position at the end of the financial year.

| **9.** | **BREAK** |
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| **10. COVID-19 Update** | **TB (04/20) 012** |
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TL introduced the COVID-19 report and explained that the paper set out how the Trust was approaching the surge plan.

TL reported that more acutely unwell patients were expected, although there had been fewer A&E attendances more generally. TL commented that it was important to note that despite there being fewer people in the department, there would be more patients than normal who were seriously ill, in resuscitation and likely to die.

TL explained that the surge plan was about the Trust's ability to accommodate such patients and isolate those who were definitely COVID-19 positive, had a COVID-19 test, or those who had tested negative for the virus, but clinicians were confident they had contracted it.

TL commented that, over time, separation would not be required because the vast majority of patients

would be COVID-19 positive.

Part of the surge plan would be to equip and protect staff. TL stated that an important consideration would be to avert internal (staff to staff) transmission, as well as patient to staff transmission. A big focus on cleaning would be extremely important because principally, hard surfaces such as door handles, tables and computer equipment etc. posed material transmission risks.

TL reported that the Trust now had 140 extra, dedicated beds for COVID-19 patients. These were split into 'Red' (clearly or questionably COVID-19) and 'Blue' (less likely-COVID-19). The same split had been carried out in theatres, diagnostic facilities and lifts. TL reported that sites had now been closed down to visitors, to protect patients and staff.

TL reported that outpatient activity had also been restricted and a lot of outpatient activity had already been carried out remotely. Outpatient activity was likely to be less in the next 3-6 weeks because increasingly, staff would likely be deployed to in-patient settings.

TL reported that there had been difficulties with staff testing, pathology testing and turnaround. All in-patients had been tested through a PHL laboratory at Heartlands. This laboratory had successfully reduced its turnaround times. An arrangement with Boots [The Chemist] had resulted in 500 staff being swabbed.

TL reported that the immediate focus must be on the surge plan and redeployment. Staff and training models had been identified to be transferred, based on staff absence of up to 30%, including staff off sick, self-isolating or on allowed annual leave. In the situation where absence exceeded 30%, annual leave would be cancelled.

TL reported that a 'super surge' plan effectively relied on the Trust's ability to grow further and manage more ventilated patients. TL reported the third peak of surge would be expected on 11th April 2020 (Easter weekend).

TL also reported that the Birmingham Nightingale Hospital would have a different remit to the London version. It would be 5/6ths less complex COVID-19 positive patients (post hospital admission) and 1/6th ventilated patients. TL reported that, initially, the understanding was that this hospital would be staffed by retirees and community-based healthcare workers with remote support from acute hospitals, however recently, this appeared to have changed to an onsite redeployment of hospital staff.

TL reported that the built model was on a ward-based 1:8 registered nurse basis. TL reported that a deteriorating ratio would be a risk worsened by staff absence/illness. TL expressed the view that the Trust needed to be very clear about the response to an inevitable level of staff absence.

In repose to queries from ML, TL reported that the Trust did not have enough PPE, but this was a changing situation. There had been challenges in relation to face masks used when close to positive, or suspected COVID-19 patients. The first challenge had been that there were different makes and types of face mask and staff needed to be fit tested to use the equipment. Fit testing was expected to improve. Visibility on supplies and the timing of supplies, however, was very uncertain.

TL reported that internal distribution of PPE had been deficient, although the situation had improved. TL reported that Dinah McLannahan had been given the responsibility for purchasing PPE and also for making sure staff could use it effectively.

A related issue had been the availability of scrubs which were not PPE but were essential. Onsite Laundry facilities would soon be available which would be helpful in supporting the concerns of uniformed staff.

In terms of staff testing, tests were only available in a narrow time window.

A calculation and decision would be made between 3 possible delivery models: Boots [The Chemist], Black Country Pathology or Northampton Digital Laboratory

TL reported that all testing would be made available to partner organisations. TL commented that staff testing per se, was not an easy way to get people back to work when the focus was on the non-antibody test. The Trust had been getting close to around 60% coming back to work and these figures needed to be maintained to stay in line with the curve.

DC commented that there was diminishing confidence amongst staff groups in the conflicting advice being given by specialist societies, Public Health England (PHE) and the World Health Organisation (WHO). DC reported that advice was confusing for staff as it was not the case that everyone in the same ward environment needed the same PPE.

In response to a query from RS, PG stated that stations had been located outside of key wards, loaded with appropriate PPE for ancillary staff i.e. hospital porters.

TL confirmed that testing had an accuracy rate of around 80%, depending on factors such as techniques used.

In response to a query from WZ, TL reported that hotels had been identified early as being important to the successful isolation of staff. The Trust had secured access to around 1,000 hotel rooms. TL reported that a letter about to be sent to staff would communicate an increasing insistence/strong encouragement that symptomatic staff be separated from their households. This would apply to all patient facing staff, including cleaners etc. TL stated that he did not think it was lawful for him to compel such action.

RG expressed the view that having inspected the hotels on offer, her view was that they presented good quality provision.

TL reported that he and RS had sent a supportive letter to staff who were on sick leave, stressing their importance to the Trust and therefore, it was hoped the hotel option would be welcomed.

In response to a query from KT, DC reported that there was an in-house Clinical Advisory Group whose remit was to look at a variety of information coming in from the specialty groups. A component of that was to investigate support for clinicians having to make difficult decisions. Support packages were also being devised for clinical staff who were at high risk of abnormal stress levels.

RS raised the issue of other surge pressure points and risks such as potential ventilator problems. LK reported that nationally and regionally, scaling up of the oxygen supply had been an issue, however, stress testing within the Trust had returned positive results. LK confirmed that the Trust was able to provide its surge plan and NIV beds with the required oxygen supply and to deliver the oxygen per minute rate required by the super surge plan. Heating elements had been introduced to avoid the 'Italian pipes' freezing problem caused by liquid oxygen. Risks remained around supply ventilators from national stock and the breakdown of ventilators over a sustained time period. LK reported these risks had not been fully mitigated.

LK reported that a Risk Review was ongoing. Staffing was the biggest risk although a reduction in absence had been observed recently. Training plans had been put in place through medical and nursing to expand the workforce in these areas. A Plan 'B' had also been put in place involving staff who would need more training, agency staffing and volunteers. LK reported that PPE was also a risk.

RS stressed the importance of clear channels of communication with staff. TL commented that it was important for the Board to accept that staff were being asked to make some uncomfortable changes they sometimes did not like. However, TL stated that a lot of work to support staff had been put in place such as a [grocery/essentials] 'pop-up' shop and accepting structured food donations etc. Gyms had been kept open and on-site coffee shops, both with the appropriate social distancing restrictions.

TL stated that the wellbeing offering was continuing, including psychological support. RG commented that the wellbeing offer was being targeted at staff with access to MyConnect. Vulnerable staff in 12 week

'shield' isolation would be receiving direct, wellbeing checks. Other support was being rolled out for staff.

TL identified the following potential uncomfortable areas for staff which had been implemented:

- Proactive Trust contact following a staff self-isolation period, encouraging a return to work.
- Rapid escalation of a process for individuals who did not return to work. This was a 7-day, two-stage stage process leading to a conduct hearing.
- In redeployment situations, the Trust would make all reasonable adjustments and stay within the law. A one-stage appeals process and documented arrangements had been put in place for people who refused to be redeployed.
- A letter had been sent to medical staff who had private practice indicating that notice had been given and they must cease on 1st May 2020, with a one-stage appeals process led by HK and DC.
- Employees had been banned from working for another body, including any agencies.

TL reported that donations of food to the hospitals etc, would be redirected to struggling local communities.

RS raised the issue of the relationship with Black Country partners. TL reported that there was now good visibility for plans for Dudley, Walsall and New Cross. TL acknowledged that the organisation disproportionately affected by the crisis had been UHB. A more structured interaction with UHB would be addressed in the following days. TL also stated that the Trust was providing PPE with patients being discharged into care homes, which was a weak spot area. Care homes had the potential to be one of the sources of a secondary surge.

TL suggested a Board (Chair/CEO/Medical Director) discussion about the newly formed Mental Health Trust - Walsall, Dudley and Black Country Partnership - would be useful. RS agreed.

LK reported that there had been a dramatic drop off in relation to routine emergency department presentations. LK expressed the view that the Trust needed to be giving some thought to the recovery phase. Cancer services had been actively kept open and were in the process of being moved to private providers to ensure continuance.

LK reported on the COVID-19 key numbers thus:

- There were currently 108 COVID-19 positive inpatients, of which 16 were in critical care.
- 107 samples of inpatients had been carried out.
- Overall numbers of positive tests stood at 333 – 315 patients and 18 staff members.
- The nationally recognised deposition had been 26, but 49 deaths had actually been submitted from the Trust. (There had been a lag in announcements).

TL asked RS to provide a Board oversight from a governance point of view. RS reported that the Board had been working hard on addressing forward risks.

MP commented that oversight of Board decision-making and risk management would be important where the Board was deviating from national guidance. TL reported that he would be happy to provide a summary of deviations which could be included in formal weekly meeting papers of 'Gold' command. It was agreed this could be shared with the Non-Executive body.

RS commented that it would be important to ensure the Board was satisfied that the Trust was supporting staff in the key clinical guidance area.

TL suggested a virtual meeting be scheduled in April to address the planning of the recovery phase. RS agreed.

**Action:** TL to provide a regular summary of deviations to Non-Executive members through the Gold command pack.

**Action:** A virtual meeting to be scheduled for April to discuss planning for the COVID-19 recovery phase. The Non-Executive Director body to be included.

| **11. 2020/21 Finance Plan** | **TB (04/20) 013** |
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DM introduced the Finance Report and reported that COVID-19 had impacted on all aspects of the Trust's work, including financial planning.

DM stated that the Trust was attempting to set budgets for 2020/21 as per previous plan papers, being an activity and income plan at full PbR prices and faithful to the MMUH approved FBC. Expenditure budgets would be set at rollover, less £18.5m of CIP.

DM reported that it had been acknowledged that this would not be what the Trust would be doing for the foreseeable future, however, at some stage, the Trust would need to get back on track with the figures.

DM reported that the Trust was working to agree an acceptable 2021 contract baseline position and then review any activity growth over and above that sum, including an assessment of the patient impact of not delivering the full activity plan. A multi-year settlement remained a plausible route to securing income consistent with Midland Met UH FBC assumptions.

DM reported that the impact of COVID-19 meant that the Trust was at a standstill position for the first 4 months of the financial year. The Trust would receive a block amount of income based on what the Centre could ascertain in the Trust's 19/20 returns, plus a small amount of growth for inflation. A monthly top-up had been offered, based on costs. DM stated that there was a separate process to report Covid-19 related expenditure and governance was in place.

The capital programme remained as per previous submissions. The draft plan submission had indicated no borrowing required to deliver the programme, but this was reliant on Commissioner income of some £10m higher than current offers. Therefore, DM proposed that a review of the capital programme, including funding sources, be brought back to the Board at an appropriate time.

In response to a query from MP, DM stated that the Trust's intention had been to avoid borrowing if possible, because it was an STP prioritisation process which was likely to be complex and lengthy. The borrowing process from the Department of Health and Social Care was also similarly lengthy.

TL commented that the Board had discussed the capital programme on three occasions, and all had concluded that it could not be slimmed down. TL added that it had also been concluded that rephasing was impossible because of the need to be ready for MMUH.

TL expressed the view that the Trust might need to start borrowing if the income gap with Commissioners could not be bridged. DM agreed.

In response to a query from MH, DM reported that there was no expectation that CIP be delivered in the first 4 months of the financial year. DM expressed the view that the next quarter should be spent on drafting detailed plans for a return to normal business. The initial plan was to break even in the first 4 months.

MP reported that the national guidance had been that all expenditure decisions in relation to COVID-19 should be suitably governed and subject to public, parliamentary and external audit scrutiny. DM reported that she was confident that the additional costs would be reimbursed, providing they fell within the guidelines about what would be covered. DM stated that the Trust was entirely consistent with what other Trusts were collecting.

TL requested that DM reaffirm the 2019/20 Control Total delivery for the Board and any other associated financial duties for year-end (payments code excepting).

DM identified the following three items:

- **The 19/20 Control Total:**

  DM reported that the Control Total was still expected to be achieved, subject to the satisfactory recovery of clearly evidenced, COVID-19 related costs. Two factors would be important, a satisfactory income and settlement with Commissioners and a gain from car parking. DM reported that an operating agreement had been signed before the end of the financial year with Q-Park, which enabled the Trust to transfer the car parking land into an investment property and recognise and income and expenditure gain of around £20.5m. An accounting treatment had been sought from PwC to support the Trust's position.

- **CRL:**

  DM reported that the CRL was set on a capital expenditure forecast of £97.5m, but by month 10 this was £95.7m, and therefore, the risks of overspend were minimal.

- **EFL:**

  No concerns.

| **12. welearn: Programme Update** | **TB (04/20) 014** |
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KD reported that the organisation-wide launch of learning GEMS had been rolled out, with welearn from excellence being formally introduced across the Trust in April 2020. These initiatives, together with the development of a learning pack, had been prioritised for delivery by the end of May because they were seen as core elements in providing the focus on learning.

The current challenges faced by the organisation in dealing with COVID-19 would inevitably impact on the time available to staff to devote to learning. The thinking behind the design of the welearn programme was to not place additional burden on colleagues but for the learning opportunities to emerge from the Trust's everyday business.

PG commented that she welcomed the paper and the continuance of the welearn programme.

ML asked whether staff who were self-isolating were able to complete mandatory training online. KD confirmed that this was possible and encouraged.

RS raised the issue of mental health and wellbeing. PG commented that there were learnings from Italy about how to support staff in the COVID-19 setting.

WZ expressed the view that it was important to support people whose first language was not English. PG reported that translation services were continuing. TL reported that translators/interpreters were the only Bank staff group in the Trust that had been offered a 75% minimum income guarantee, based on average earnings over the last six months. The focus was on getting interpreters in place in the 5-8 most common languages and this would soon be operational.

TL suggested that Non-Executive investigation and scrutiny of learning would be valuable. RS agreed.

| **13. Annual declaration against Workforce Standards** | **TB (04/20) 015** |
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RG reported that the Trust was required to assess against the NHSI Workforce Safeguards toolkit. The position would be included in the CEO's Annual governance statement.

Four key areas had been reviewed to ensure the Trust had a robust approach:

- Effective workforce planning
- Effective deployment of staff
- A clearly governed approach to "hard to fill" roles, including the development of new roles where appropriate
- A response to unplanned workforce challenges

RG reminded the Board that a combined workforce plan for 2020/21 had been signed off at the March Public Trust Board meeting.

RG reported that there was currently insufficient data information related to the quality of care delivered by shifts and the effects on patient outcomes.

RG reported that that the Trust was able to say progress had been made in most areas through its workforce assurance returns, but data quality had been identified as an area for improvement and would be worked on in the next 12 weeks. TL commented this would be important in a COVID-19 environment.

TL also expressed the strong view that it was very important that the Board had visibility of previous baseline documents and new guidance. TL commented that it would be essential to ensure staff were confident the Trust would revert to previous staffing ratios once the crisis was over. TL suggested a written declaration be issued to communicate this message.

LK suggested that forward strategy also needed to be considered such as skills mixing and the longer-term plan to refine patients, workforce skillsets and care environments. RG agreed.

| **14. Results endorsement** | **TB (04/20) 016** |
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DC reported on results endorsement and referred Board members to the paper which showed data at pre and post-Unity time points.

Improvements had been made in Pathology (80%) and Radiology (74%) for February, January and December.

DC reported that it was now possible to assess whether the Trust was meeting the three-day standard for inpatients and the three-week standard for outpatients and by specialty, so that focus areas could be identified.

DC commented that some good work had been done by teams to achieve this improved position. Monitoring of the position would be continued through March.

In response to a query from RS about the impact of COVID-19 on thee process, DC forecast that there would likely be a fall in the number of requested investigations particularly from outpatients. It was hoped the endorsements would not drop off and that improvements would continue.

LK commented that there was already an improvement programme in place for Pathology

**MATTERS FOR INFORMATION/NOTING**

| **15. Finance Report: Month 11 2019/20** | **TB (04/20) 017** |
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It was acknowledged that finance had been discussed earlier in the agenda.

TL commented that it was important for the Trust to pay its bills to help maintain liquidity in the economy. DM agreed and reported that she was satisfied the Trust was set up to pay suppliers promptly.

DM also reported that there had been guidance issued from Centre in relation to the possibility of having to pay suppliers on account or in advance. DM stated that the Trust was conscious of the estate supply team and the wider capital programme in this regard. DM assured the Board that the risks of paying early would be carefully considered.

| **16. NHS Regulatory Undertakings: Monthly status update on agency and four-hour standard** | **TB (04/20) 018** |
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TL queried whether there was clarity on the agency expenditure position.

RG reported that a process had been put in place pre COVID-19. RG reported that groups had submitted their predicted agency spend.

RG reported that medical agency spending had been reduced. Nursing spend was at an expected level of around £300k during February. RG suggested that agency spending be revisited in the COVID-19 environment to ensure costs did not spiral.

LK commented that because annual leave had been cancelled, future provision would need to be considered to cover leave that would be taken later in the year.

ML queried whether clearing the backlog of postponed operations would have an impact on agency spend. LK and TL agreed this would have an impact.

| **17. Application of the Trust Seal** | **TB (04/20) 019** |
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- Noted.

| **18. Register of interests: Board declarations** | **TB (04/20) 020** |
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- The Declaration of Interests (DoI) register enables all Trust Board Directors to be as open as possible and declare any actual or potential conflict of interest. An additional column had been added to the register to confirm that, where applicable, consideration had been given to the material interest.
- MH declared that he was no longer a director of CCL Group or Nobu Ltd. The register would be updated.

**UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS**

| **19. Minutes of the previous meeting and action log** | **TB (04/20) 021**<br>**TB (04/20) 022** |
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The minutes of the previous meeting, held on 5th March 2020 were reviewed and **APPROVED** as a true and accurate record of discussions.

The action log was reviewed with no updates.

**MATTERS FOR INFORMATION**

| **20. Any other business** | **Verbal** |
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TL extended thanks from the Executive team to Non-Executive members of the Board for their support during the COVID-19 crisis.

| **21. Date of next meeting of the Public Trust Board:** | **Verbal** |
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| • The next meeting will be held on Thursday 7th May 2020 remotely via WebEx meetings. | |

Signed …….

Print …….

Date …….