TRUST BOARD – PUBLIC SESSION MINUTES

Venue: Meeting by WebEx. **Date:** Thursday 5th November 2020, 09:30-13:45

Members:		**In Attendance:**	
Mr R Samuda, Trust Chairman (Chair)	(RS)	Mrs R Wilkin, Director of Communications	(RW)
Mr M Hoare, Non-Executive Director	(MH)	Mrs R Barlow, Director of Systems and Transformation (Item 11)	(RBa)
Mr H Kang, Non-Executive Director	(HK)	Mr D Baker, Director of Partnerships & Innovation (Item 12.1 onwards)	(DB)
Cllr W Zaffar, Non-Executive Director	(WZ)	Mr S Roy, Group Director - Surgery	(SSR)
Prof K Thomas, Non-Executive Director	(KT)	Ms S Rudd, Assoc. Director of Corp Governance	(SR)
Mrs L Writtle, Non-Executive Director	(LW)		
Dr D Carruthers, Medical Director & Acting Chief Executive	(DC)	**Apologies:**	
Ms M Roberts, Acting Chief Operating Officer	(MR)	Mr T Lewis, Chief Executive	(TL)
Ms D McLannahan, Chief Finance Officer	(DMc)	Ms K Dhami, Director of Governance	(KD)
Ms F Mahmood, Acting Director of People & OD	(FM)	Mr L Kennedy, Associate Director of Corporate Governance	(RBi)
Ms K French, Interim Chief Nurse	(KF)	Mr M Laverty, Non-Executive Director	(ML)

Minutes	Reference
1. Welcome, Apologies and Declarations of Interest	**Verbal**
The Chair welcomed Board members to the meeting. **Apologies:** Toby Lewis, Kam Dhami, Liam Kennedy, Mick Laverty.	
2. Chair's Opening Comments	**Verbal**
The Chair, RS, noted that it was the second day of lockdown and acknowledged the significant pressure of the second surge on the Trust, which had been trying to maintain elective services, whilst responding to an increase in COVID-19 infections in the community. On behalf of the Board, he congratulated acute medicine consultant Sarb Clare for being awarded an MBE and also paid tribute to the Critical Care team for its collaborative work across the system. RS also commended all Trust staff for their efforts in responding to the new challenge in terms of optimising capacity and managing separate care streams. RS reported that Commissioners had made the important decision to merge the four CCGs. RS commented that it was good news for the Black Country and West Birmingham system that this had been so strongly supported. He expressed the view that this was an important next step for the development of the STP. RS thanked FM for co-ordinating a BAME Panel. Feedback would be brought back to the December Board. Clinical engagement ahead of the opening of MMUH in 2022 was making positive process and a paper on the Acute Care Model would be discussed later in the agenda. RS stated that health services would change so that the Trust was ready for opening. The future focus of the process had been a highly engaging and	

important process for staff.	
3. Questions from Members of the Public	**Verbal**
The following questions were received from members of the public *Q. How many beds would be occupied by COVID-19 Patients?* A. RS reported that the numbers of patients with COVID-19 had almost doubled in the past fortnight, to around 150 inpatients, and this was continuing to rise. RS commented that the numbers underlined why effective infection control measures and following the lockdown rules would be so important. Numbers of Critical care patients with COVID-19 had increased but the situation had been changing on a daily basis. The Trust had been doing its best to use capacity across the system. New treatments including drugs and oxygen application were having a positive impact. The Trust had also been trying hard to maintain the delivery of its other services, but this would need to be kept under review to maintain beds and staffing levels. RS commented that public commitment to the lockdown would be a crucial part of keeping the community safe.	
4. Patient story	**Verbal**
DC summarised that the Patient Story concerned a female whose father had been admitted to one of the Medical wards. There had been limited initial communication from the ward and when the family did get a call, it had been unclear as to what was happening. Nine days later, an update on the patient's condition had been given and a new treatment started for seven days. Family members were told that the patient had been refusing medication for seven days, but this had not been previously communicated. The patient had contacted the police to claim he was being mistreated. Frequent calls from the family to the ward were either not answered or communication with staff had not been allowed. Three days later, the family had been told the prognosis was poor and a clinical decision was taken to involve palliative care. The patient wanted to go home and became less communicative. When the daughter visited, she was concerned about her father's mouth care and had contacted PALS who offered help. The Palliative Care team had been helpful and supportive, but there had been a delay in paperwork from the wards which delayed the patient's discharge from hospital by 48 hours. There was no communication from the hospital when he reached home. When care nurses attended, they also found skin deterioration.	
UPDATES FROM BOARD COMMITTEES	
5b. a) Receive the update from the **Quality & Safety Committee** held on 30th October 2020. b) Receive the minutes from the **Quality & Safety Committee** held on 25th September 2020.	**TB (11/20) 001** **TB (11/20) 002**
HK confirmed that the Committee had met on 30th October and highlighted the following points to note: The COVID-19 situation had been discussed, noting the age range of patients and that the mortality rate	

had fallen to around 10% from 33% during the first surge, earlier in 2020. HK commented this probably reflected the age range and the more sophisticated treatments available.

In terms of the racial profile, around 29% of COVID-19 patients were of Asian heritage.

The recovery programme had been discussed with the big challenge being the reluctance of patients wanting to come into the hospital for treatment because of a perceived safety risk caused by the pandemic.

Positively, it was noted that Sepsis treatment within one hour had improved to around 80%.

It was noted that, in the minutes of the meeting, KT should be recorded as an attendee.

5c. a) Receive the update from the **Digital Major Projects Authority** held on 30th October 2020. b) Receive the minutes from the **Digital Major Projects Authority** held on 25th September 2020.	**TB (11/20) 003** **TB (11/20) 004**

MH reported that the Committee had discussed the Trust's strategy to move to the Cloud to support the data centre services at City and Sandwell hospitals. Good progress had been made and a strategy had been set to migrate services over the next 6-12 months. A partner had been selected to support the Trust with the move.

The application roadmap had been discussed and whether it would be supported in-house or by an external support company.

The roll-out of Windows 10 devices was expected to be completed by the end of November or start of December 2020.

Discussions were ongoing with Informatics and NHS Digital around cyber security and continuing protections from attacks. MH report that good progress had been made but there would be further work to do.

5d. a) Receive the update from the **People and Organisational Development Committee** held on 30th October 2020. b) Receive the minutes from the **People and Organisational Development Committee** held on 26th June 2020.	**TB (11/20) 005** **TB (11/20) 006**

RS reported that the Committee had spent a lot of time focusing on recruitment, filling nursing rosters and related pay pressures/rates.

Benefits from the introduction of the Trac system for tracking rosters had also been covered. This system would enable easier use and access to data concerning rostering.

A detailed discussion had taken place around health and wellbeing for staff. RS commented that the Trust had shown leadership in this area but efforts would continue and it had been agreed that a new hub would be introduced at Sandwell offering a duplicate service to the one at the Learning Works. Access to support services from specialist staff through the Mental Health Trust had been agreed.

Work had commenced on developing an action plan for the Trust to link with the National People Plan.

An update had been received on risks.

The HR team had won two awards for wellbeing and innovation initiatives which were a tribute to the

drive to make services for staff innovative and engaging and for the junior doctor energy pods.

RS expressed concern around management bandwidth, given the pressures of the second COVID-19 surge and the implementation of the MMUH programme. This had been identified as a risk.

5e. a) Receive the update from the **Estates Major Projects Authority** held on 30th October 2020. b) Receive the minutes from the **Estates Major Projects Authority** held on 28th August 2020.	**TB (11/20) 007** **TB (11/20) 008**

RS summarised that the key point was that the strategic partnership between the Trust and Engie around property, services and facilities had been progressing very well. The Trust had ambitions to meet its Net Zero Carbon emissions targets by using some of the SMART building technology. Engie was experienced in this area and worked with around 30 hospital sites.

The Trust's engagement with key partners such as Councils and Universities had been positive in relation to its urban regeneration activities around MMUH. Some of the spare land was being utilised in a bid for funds in the national round to establish a 'Midland Met' Learning Campus. This would have an important part to play in efforts to drive employment and upskilling. All this work contributes to our aimed position as an anchor institution trying to drive employment and develop skills

5f. a) Receive update from the **Finance and Investment Committee** held on 20th October 2020	**TB (11/20) 009**

MH reported that the extraordinary FIC meeting had been held on 20th October 2020, where the following items had been discussed:

A detailed review of the Trust's 19/20 outrun against the financial model had been covered, along with the challenges and decisions that would be required to keep on track.

Some implications of the remaining months of the year were being addressed through the Black Country system. MH reported that, in the background, were the continuing COVID-19 costs.

The taper relief for 20/21 still required resolution. Conversations were ongoing and DMc was keeping abreast of how these were progressing.

MH informed Board members that the Trust needed to ensure the exit from month 12 and the run rate required to ensure the desired activity level into the new financial year. This would be reviewed by the Committee in the coming months.

Also discussed had been the capacity of the Trust to deliver some of the CIP given the pressures posed by the COVID-19 surge.

MATTERS FOR APPROVAL OR DISCUSSION

6. COVID-19: Overview	**TB (11/20) 010**

DC reported that community rates had increased in Sandwell to 340 per 100,000 population – an increase from 24 per 100,000. Birmingham rates had reduced to 280 per 100,000.

The increase in Sandwell rates and the high rates in Birmingham had been reflected in the Trust's higher admission rates. The Trust had 160 [COVID-19] patients on the Medical wards and 18 in ITU with a seven-

day rolling average of 54 and a 23% bed occupancy. COVID and non-COVID routine surgical admissions had been reduced to free up ward capacity and nursing numbers/expertise.

The mean age of patients in the community and presenting at the hospital had been increasing.

The Trust had previously been in Tier 2 of lockdown but had moved to national lockdown, which would hopefully see a reduction in community rates. The Trust had made changes to improve patient flow because of a reduction in attendances through ED. 'Lilac' ward had been reduced in terms of capacity and infection control processes were in place with patients and all staff in clinical and non-clinical areas wearing masks (unless staff were alone in an office).

Staff sickness from COVID-19 both in infections and in contact as well as sickness for other reasons had been impacting medical capacity. The re-introduction of shielding may add an extra level of complexity, but it was likely that affected colleagues would not be currently working in the frontline.

Further changes in the bed base might be considered going forward both for capacity and the requirement for nursing expertise in ICU, NIV and Medical wards.

Treatment pathways were being closely followed with oxygen, VTE and prophylaxis, steroids and anti-virals.

New IPC guidance was being followed with daily outbreak meetings with NHSE and NHSI. Consultation had taken place with the CCG and NHSE/I around patient stream changes with patients in the non-COVID-19 stream turning out to be positive on their second swab with swabbing supportive of community-acquired infection.

The demographics of COVID-19 were being closely monitored in terms of both admissions and mortality in line with the data collection from the first wave.

Wellbeing support was an important part of COVID-19 response for management and this was a very active part of the Trust's activities. A question raised from Board member WZ, concerned patient communication with relatives and how this was done on the wards (video phone, regular phone calls from the ward and visiting only in difficult and specific circumstances).

HK had asked about a capacity balance between 'red', 'amber' and routine. DC reported that modelling had been done for predicted admissions and potential changes in staff needed to be considered in relation to the modelling.

There was a balance between routine work carrying on and which staff would be released if it were stopped. It would be likely that some Surgical wards would be converted to Medical leading to some routine work would be cancelled.

7. COVID-19: Restoration and recovery scorecard	**TB (11/20) 011**

MR reported that the Trust would be trying to maintain activity, but the situation was changing on a daily basis. She commented however, that the paper reflected an improving picture at a difficult time for staff.

RS queried comparative indicators in relation to Endoscopy across the STP. MR reported that the backlog of patients had been reducing. The private sector was being considered for Endoscopy capacity. Progress had been good in the last four weeks.

RS also queried the management of deferred patients in the COVID-19 crisis. MR reported that the patients had been contacted by letter and clinicians contact those that are still interested in being seen. One of the priorities would be to keep BMEC running so that Ophthalmology continued.

8. CQC update	TB (11/20) 012

KF referred Board members to the paper and reported that, whilst the CQC inspection programme had recommenced in September, this had been suspended until January 2021 because of growing numbers of COVID-19 admissions in increasing numbers of 'red' wards and areas.

However, a number of visits had already taken place which had delivered useful feedback.

In terms of engagement with the regulators, a WebEx meeting had taken place with the CQC and there was regular dialogue about work being done and inspections. The CQC had fed back some concerns and queries. KF reported that two of the issues raised concerned workforce in PCCT and Midwifery. A review was carried out with information forwarded to the CQC which they found satisfactory to the extent they had closed both enquiries.

RS queried the existence of triangulation or broader trends in relation to the CQC stance. KF reported that CQC had not forwarded its inspection programme or indicated if this would be done remotely.

KT noted that on one of the ward visits there had been a lack of staff knowledge of the Mental Capacity Act and deprivation of liberty and queried what the Trust was doing to enhance staff understanding. KF reported that the Trust was utilising its Adult Safeguarding Lead to do some work in this area and some online training was available in relation to the Act. Progress was being closely monitored.

HK queried the composition of the oversight group. KF reported that COVID-19 had delayed the group but it would be picked up again in the New Year.

9. Freedom to Speak Up - update	TB (11/20) 013

KF referred Board members to the paper which had been produced following the Freedom to Speak Up month throughout October 2020 and highlighted the following points to note:

Strengthening the role of the 'Freedom to Speak Up' Guardians would be explored. In a first for the Trust, a Lead role would be established for the first time. The post would require funding. An expression of interest advertisement had also been worked out with HR for further part-time Guardians.

In terms of the Review of Reporting assurance, monthly Guardian meetings were up and running and these would be aligned with the Engie expectations. Support for Guardians would also be reviewed.

KF reported there was an expectation that a Board self-assessment would be carried out against the NGO expectations for 2021/22.

A number of concerns had been raised during the Freedom to Speak Up month which was positive and these included:

- Disability discrimination
- Inequitable recruitment process
- Failure to follow management process
- Failure to follow HR process
- Concerns around safe staffing
- Fit and proper person

KF reported that these would be reviewed and a plan to address them would be put in place.

Next steps would be for a Guardian to attend at a Board meeting. Learning from other organisations, recruitment of the Lead and put in place regular review against the NGO expectations. The action plan would also be monitored.

KF expressed the view that, whilst there was still a lot of work to be done, there was now greater visibility of the Freedom to Speak Up purpose and the Trust was moving in the right direction.

FM queried whether there was a simpler way to signpost the different routes available for staff to be able to speak up in the organisation. KF suggested that this would be included in the governance reporting.

DC queried the time commitment required by the Guardians. KF responded that the Lead would be a full-time post and the part-time Guardians were fitting in the roles with their other jobs. RS asked for a more detailed note in terms of time and cost.

Action: KF to produce a more detailed note for the Board in relation to the time commitment required by the part-time Freedom to Speak Up Guardians.

10. Infection prevention control	**TB (11/20) 014**

KF reported that the paper outlined the situation in relation to infection prevention control following the NHSE/I visit on the 29th September 2020.

Some concerning issues had been found in some of the ward areas (e.g. dirty commodes, dusty bed frames, non-compliance of PPE, signage and broken hand-gel dispensers). Some immediate action had been put in place. Deputy Chief Nurse Sarah Carr-Cave had worked very closely with Estates facilities and senior nurse leaders to ensure a strong action approach moving forward.

'I am clean' stickers had been introduced to ensure that items had a record of being cleaned. A commode audit had been carried out. An extensive action plan had been drawn up to identify key Estates work.

The Trust was taking part in the regional (Midlands) Cleaning with Confidence campaign.

KF reported that AMU had found some issues which required immediate attention which had been done promptly. KF reported that a collaborative approach to fixing problems was warmly welcomed by staff.

HK queried whether a target date had been set for the report to be discussed by the Q&S Committee. KF offered to forward a report to the Committee every month.

RS queried feedback to the wards where concerns had been raised. KF reported that an NHSE/I revisit had been planned but was now uncertain. However, a daily outbreak meeting was being held with Public Health England and NHSE/I.

RS also queried the clarification of demarcation of cleaning responsibilities. KF reported that a clear plan had been put in place and reported that touchpoint cleaning had been increased using 100 extra agency staff to ensure environments were being cleaned appropriately.

In response to a query from HK, KF commented that all cleaning staff had to submit to a robust set of training criteria.

11. Acute Care Model MMUH - progress	**TB (11/20) 015**

RBa referred Board members to the paper and highlighted the following key points:

An engagement session had focused on social distancing and how clinicians could be seen face to face. Around 350 members of the Trust's clinical operational teams to discuss the future. The intention was not to change care following the move.

Feedback from the clinicians had been that the session had been positive and motivating.

Themes emerging were as follows:

- There would be transformation in the delivery of Acute Care in the Community.
- Diagnostics would be placed next to the most needed clinical services with Artificial Intelligence (AI) positively impacting decision timings.
- An extended hospital day from 8am – 8pm with senior decision makers would provide 7 day equitable services.
- The Advanced Clinical Practitioners workforce was being grown. The Trust had been working with Aston University as part of the Learning Campus development to explore partnering in terms of the curriculum. The Trust would be aspiring to be both the employer and the educational provider of choice.
- Standardisation. RBa commented that the Trust would need to learn from external industries which had successfully implemented standardisation.
- How to use the MMUH space for therapeutic care advances.

Next steps would be to review activity modelling for the beds and forecasting. Success measures would be reviewed and clinicians would be identifying the marks of success for clinical delivery over the next six weeks.

The affordable staffing model would be reviewed and services outside of MMUH – the development of the eye centre and refurbishment of the City site would be further considered.

RBa reported that, in terms of making time for the work, the Clinical Leadership Executive had agreed to establish monthly Trust wide MMUH development time, adjacent to QIHD to progress the acute care model and planning for MMUH. This would enable cross group working and protect clinical sessions.

KT queried costings. RBa reported that in the business case for MMUH there was a reduction in pay because benefits would be expected from the amalgamation of two Acute sites. However, the savings would not necessarily be in the clinical space. A piece of work would start in January to further explore the financial impact.

In response to a query from RS, RBa reported that the Trust had a very good working relationship with the ambulance service. Emergency planning preparedness and pathways were still to be worked out. MR reported that NHS 111 had been working closely with the ambulance service to put its pathways into place and a different model would go live on 20th November 2020.

RS queried the hyper acute stroke model stability. RBa confirmed this was settled however the change for the Stroke Service would be in the decoupling of the location of the hyper acute stroke unit with the rehabilitation unit.

Clinical pathways for cancer would not be impacted by the move.

RBa reported that MMUH would be tracked in the hospital through Unity. SMART buildings technology

would asset track through patient name bands their precise location.

Clinicians are able to do point of care testing from an iPad, including a cardiac echo. This was already being used.

RS queried how partner organisations were being engaged in the process. RBa reported that a paper about stakeholder engagement had been taken to EMPA. A communication engagement plan had been put in place with RW and was backed by resource. Consultation with the public and key stakeholders would begin within the next eight weeks.

REGULAR MATTERS

12. Chief Executive's Summary on Organisation Wide Issues	**TB (11/20) 016**

DC commented that some of the items in the report had already been discussed but highlighted the following points to note:

COVID-19

Changes in response to the COVID-19 crisis were ongoing.

Wellbeing

The Trust had recently received the results from the latest quarterly weConnect survey which had shown an improvement in the engagement score.

The Inclusion Day had been previously mentioned (Item 3) and there was more work to be done over the next 12 months to address inequalities and provide more opportunities for staff.

Vaccination

Flu vaccination had been progressing well, with around 100 staff members being vaccinated per week (approx. 3,700 overall so far). Consideration was also being given for the administration programme of a potential COVID-19 vaccine. Dates however were currently unclear.

Sharing learning

DC commented that it was pleasing to see there had been almost 100 submission for the QIHD poster competition and the voting and nomination process would take place into December.

The star of the week awards were continuing.

CQC preparation

CQC unannounced visits and self -assessment toolkit and drop-in sessions were ongoing.

Surgical Never Event

DC reported that, unfortunately, there had been a surgery-related event, complicated by the fact that the procedure had been carried out in one of the independent sector organisations that had been supporting the Trust, but had involved a Trust staff member.

KT queried the progress of flu vaccination. DC reported that numbers were as expected, with initial rapid uptake followed by a slowing down in activity. FM commented that the Trust was around 10% ahead of where it expected to be at this stage and progress had been pleasing. RS queried community vaccination rates. FM commented that rates were very good considering the circumstances.

SSR outlined the Never Event which had affected Orthopaedics and a procedure which had been done at

the Ramsay Hospital – an independent, private sector provider.

It concerned a male patient who had undergone knee replacement surgery. Nationally, around 90% of the implant components were cemented onto the bone. Sandwell had never used uncemented components, but Ramsay had kept a small stock of uncemented products and one of these products was used by mistake.

However, it was cemented onto the bone, although it was designed not to be cemented. The surgeon did not realise the error until the operation was over.

SSR reported that the patient had been kept informed about what had happened and what would happen next. Medical literature and company records had been reviewed which had revealed that it had happened once before with no harm or side effects to the patient. The patient had been followed up with checks undertaken at short-term and longer-term intervals and there appeared to have been no side effects. No further surgery was planned. The surgeon had also been supported.

The company had been alerted as it was difficult to tell the difference between the two types from the packaging. A bone expert had been nominated to be involved with the SI report and a site meeting would take place at the Ramsay Hospital. All the private sector organisations had been informed of the incident but fortunately, uncemented products were not used anywhere else. Surgical colleagues working in other areas and specialities where implanted components were used e.g. eye surgery, had also been alerted to the potential risk.

KT queried the role of the company representative who had opened the product. SSR confirmed that this would be investigated as this did not happen within the Trust.

12.1. Integrated Quality and Performance Report	**TB (11/20) 017**

DB referred Board members to the paper and highlighted the following points to note:

Improved performance in the treatment of Sepsis within one hour was welcomed.

The two-week wait for cancer had been missed for the first time in a long time.

KF updated on the MRSA cases. She reported that the cases were being investigated and would be discussed through the IPC Committee.

DB referred Board members to new information which had been included in the report concerning the recovery and restoration trajectories. DB commented that the second surge of COVID-19 would put some of these trajectories under huge pressure.

RS queried the medication error. DC reported that this was being reviewed as an SI by the moderate harm meeting. It concerned the omission of a prescription prior to a procedure rather than anything incorrect. This would be discussed at the next Q&S Committee.

LW queried the rise in pressure ulcer cases. KF reported there had been a backlog in root cause analysis for pressure ulcers. She reported that Sarah Carr-Cave had worked very closely with the tissue viability team to carry out a thematic review. KF reported that the Nutrition Steering Group had been revived to increase awareness about nutrition as a factor in the problem. The themes of the work would be brought to the Q&S Committee.

RS queried the 32 % C-section rate. DB stated that the rate was higher than it had been for 18 months. DC commented that C-sections were split into emergency and planned groups. Emergency cases were carefully and routinely monitored. The Trust was currently above its own target but below the Regional

level.

However, the high rate would be discussed at the Maternity Safety meeting.

12.2 Finance Report: Month 6 2020/21	**TB (11/20) 018**

DMc reported that agency costs were increasing which was a reflection of the pressure currently being experienced. Steps were being taken to mitigate the situation to ensure that controls were being kept as tight as possible.

An extraordinary FIC had been held on the 22nd October 2020 to approve the months 7-12 financial plan, In summary, looking forward to Winter and factoring in COVID-19, the Trust could afford £10m more in expenditure than pre-COVID-19 budgets for the same period.

The Trust had been experiencing a lot of staffing cost pressures, but collaboration was enabling the Trust to keep a tight grip on its decision making.

RS queried the taper relief. DMc commented that she was optimistic about taper relief because NHSI/E had been actively looking at the issue and had recognised that the £6.5m original plan had been approved, which was encouraging.

In terms of differing pay rates across the Black Country Trusts, DMc reported that this was one of the Trust's biggest risks entering the Winter period. The immediate focus for DMc and Black Country Finance colleagues to ensure they were all offering equitable rates of pay that recognised the current need.

FM reported that the STP took a collaborative approach to expenditure and comparable pay rates. Discussions were ongoing, but the situation was currently challenging.

12.3 Trust Risk Report	**TB (11/20) 019**

KF referred Board members to the paper and noted that the latest addition to the report indicated the overarching COVID-19 risks which had been reviewed by the RMC and the CLE. It would be updated at Tactical going forward.

KF reported that the Trust had been working with its internal auditors RSM to gain support around the Risk Register and risk management. They would be observing and working with groups and it was hoped that an interim report from RMS would be ready within the next month.

12.4 NHS Regulatory Undertakings: Monthly status update on agency and four-hour standard	**TB (11/20) 020**

DC reported that the main thing to note would be the continual pressures on ED and the waiting times – the four-hour targets in particular.

Maintaining the two streams in ED was a continuing pressure in terms of maintaining staffing levels and adapting to a changing situation day by day. DC commented that it was important to continue to support teams in ED.

Spending on agency had risen, reflecting the challenges on staffing and sickness rates.

UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS

13. Minutes of the previous meeting and action log	**TB (11/20) 021**

To approve the minutes of the meeting held on 1st October 2020 as a true/accurate record of discussions, and update on actions from previous meetings	**TB (11/20) 022**

The minutes of the previous meeting held on 1st October 2020 were reviewed.

The minutes were **APPROVED** as a true and accurate record of the meeting.

The action log was reviewed. It was noted that some actions had been closed. The following updates were made:

- *TB (08/20) 010 - Reach out to CCGs to investigate whether GPs are carrying out separate patient stratification work.*

  MR reported that PCCT had been working closely with Primary Care on risk stratification. The results would be reviewed at the Risk Management Committee (RMC) in November 2020 and a summary would be seen by the Board.

- TB (09/20) 011 - *Reconcile Position FTE to budget and identify drivers for increase in Position FTE and vacant posts.*

  DMC reported that the budget figures had been checked and the ESR and finance ledger were extremely close and well reconciled. There was an outstanding action to ensure that the positions report on Connect was used for the vacancy reports.

- *TB (10/20) 007 - Investigate the introduction of incentivisation into the eBike pilot scheme*
  Ongoing.
- *TB (10/20) 010 - Find out if the Trust offers support to patients suffering potential psychological harm because of having to endure very long waiting times (cases currently in Ophthalmology).*
  DC reported that this had been checked with the Ophthalmology team who felt that the psychological problems for patients waiting 52 plus weeks would be sorted when the surgery was carried out. Surgery for these patients was due for completion at the end of October 2020. A plan was being considered to provide psychological support for patients who suffered visible defects from their ocular disease caused by delayed treatment.

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

- None.

15. Date of next meeting of the Public Trust Board:	**Verbal**

- The next meeting will be held on Thursday 3rd December via WebEx.

Signed …….

Print …….

Date …….

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Public Trust Board Action Log: 5th November 2020

Action			Assigned To	Due Date	Status/Response
1.	TB (08/20) 010	Reach out to CCGs to investigate whether GPs are carrying out separate patient stratification work.	LK		(11/20) MR reported that PCCT had been working very closely with Primary Care on risk stratification. The results would be reviewed at the Risk Management Committee (RMC) in November 2020 and a summary would be seen by the Board.
2.	TB (09/20) 011	Reconcile Position FTE to budget and identify drivers for increase in Position FTE and vacant posts.	DMc		(11/20) Ensure that the positions report on Connect is used for the vacancy reports.
3.	TB (10/20) 007	Investigate the introduction of incentivisation into the eBike pilot scheme	RW		(11/20) Ongoing
4.	TB (10/20) 010	Find out if the Trust offers support to patients suffering	DC	Nov	(11/20) Ophthalmology

		potential psychological harm because of having to endure very long waiting times (cases currently in Ophthalmology).		2020	team felt that the psychological problems for patients waiting 52 plus weeks would be sorted when the surgery was carried out. Surgery for these patients was due for completion at the end of October 2020. A plan was being considered to provide psychological support for patients who suffered visible defects from their ocular disease caused by delayed treatment.
6.	TB (11/20) 013	Produce a more detailed note for the Board in relation to the time commitment required by the part-time Freedom to Speak Up Guardians.	KF	Dec 2020	