

## BOARD OF DIRECTORS

Minutes of the Public Meeting of 24 January 2019  
Rooms 2 & 3, Education Centre, Birmingham Heartlands Hospital

### Present:

Rt Hon Jacqui Smith	Chair	(Chair)
Dr Dave Rosser	Chief Executive	(CEO)
Prof Simon Ball	Executive Medical Director	(EMD)
Mr Jonathan Brotherton	Executive Chief Operating Officer – HGS	(COO-HGS)
Mr Tim Jones	Executive Director of Workforce and Innovation	(EDWI)
Mr Mike Sexton	Executive Chief Financial Officer	(ECFO)
Ms Lisa Stalley-Green	Executive Chief Nurse	(ECN)
Ms Cherry West	Executive Chief Operating Officer – QE	(COO-QE)
Ms Jane Garvey	Non-Executive Director	(NED)
Prof Jon Glasby	Non-Executive Director	(NED)
Mrs Jackie Hendley	Non-Executive Director	(NED)
Ms Karen Kneller	Non-Executive Director	(NED)
Dr Catriona McMahon	Non-Executive Director	(NED)
Prof Michael Sheppard	Non-Executive Director	(NED)
Mr Jason Wouhra	Non-Executive Director	(NED)

### In attendance:

Ms Fiona Alexander	Director of Communications	(DComms)
Mr David Burbridge	Director of Corporate Affairs	(DCA)
Mr Mark Garrick	Director of Quality Development	(DQD)
Mr Andrew McKirgan	Director of Partnerships	(DoP)
Mr Julian Miller	Director of Finance	(DoF)
Mr Lawrence Tallon	Director of Corporate Strategy, Planning and Performance	(DCSPP)
Mrs Berit Reglar	Deputy Foundation Secretary – Minute Taker	
Mrs Angie Hudson	Corporate Affairs Officer	

### Consultants :

Prof Julian Bion	Freedom to Speak up Guardian/Intensive Care Medicine
Dr Matthew Armstrong	Liver Medicine
Major John Breeze	MOD Maxillofacial
Dr Emma Plunkett	Anaesthetics
Mr Jagadeevan Jagadeesan	Plastics
Dr Dan Strong	Emergency Medicine
Dr Ket Tai	Radiology
Dr Wykes	Senior Lecturer Neurosurgery
Manish Kalla	Consultant Cardiologist

**Observers:**

Tony Cannon	Governor
Derek Hoey	Associate Governor
David Treadwell	Associate Governor
Veronica Morgan	Associate Governor
Susan Hutchings	Associate Governor

**D19/01 WELCOME AND APOLOGIES FOR ABSENCE**

Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. Apologies were received from Kevin Bolger, Executive Director of Strategic Operations; Ms Mehrunnisa Lalani, Non-Executive Director; and Harry Reilly, Non-Executive Director.

**D19/02 QUORUM**

The Chair noted that:

- i) a quorum of the Board was present; and
- ii) the Directors had been given formal written notice of this meeting in accordance with the Trust's Standing Orders.

**D19/03 DECLARATIONS OF CONFLICT OF INTERESTS**

Declaration of conflicts: Nil

**D19/04 MINUTES OF THE BOARD OF DIRECTORS MEETING ON 25 OCTOBER 2018 and MINUTES of the COUNCIL of GOVERNORS & BOARD OF DIRECTORS JOINT MEETING on 6 DECEMBER 2018**

**Resolved:** The minutes of the Board of Directors meeting held on 25 October 2018 and minutes of the Council of Governors & Board of Directors joint meeting on 6 December 2018 were **APPROVED** as a true and accurate record subject to the following amendments:

**D18/151 (Nurse Staffing Bi-Annual Report):** The Board considered the report presented by the ECN. The Trust is reporting a good position related to staffing. All areas have planned staffing levels agreed with the Director of Nursing, and an escalation process to access temporary staffing. However, there are some wards where there is a higher vacancy level than is desirable, and work is underway to recruit and retain staff in these areas. At a National level there is concern about the number of graduates entering NHS professions and there is work underway to improve the supply of staff with the right qualifications and behaviours.

**D18/154 (Performance Indicator Report):** Replace "admissions" with "attendances". Delete "caused by...".

**D18/155 (Finance & Activity Report):** Replace 'HGS' with 'QEHB' in the context of underperforming day cases.

**D19/05 MATTERS ARISING FROM THE MINUTES**

There were no matters arising from the minutes of the meetings on 25 October 2018 or 6 December 2018.

**D19/06 CHAIR'S REPORT & EMERGING ISSUES**

The Chair reported that 'Stonewall' has mentioned the Trust in the top 100 of best employers in the country.

**D19/07 CLINICAL QUALITY MONITORING REPORT Q3**

The Board considered the report presented by the EMD. There are two outliers for CUSUM at the QEHB side, septicaemia and intra-cranial injury. The septicaemia cases have been investigated and no serious concerns have been flagged up. It appears that there has been a change in coding practice which led to a relative change in septicaemia reporting compared to other centres which the Trust will examine this in more detail. Intra-cranial cases are particularly complex and it has been previously reported to the Board that this will trigger a higher than expected mortality rate, which relates to the case mix from the major trauma centre. At the HGS site, pneumonia and acute bronchitis have triggered the alert. Both are still being investigated and more information on this will be brought back to the Board.

It was noted that the SHMI and HSMR data caused no reason for concern. In future, QEHB will be represented by a single dot in the graph.

Learning from deaths – this section of the report requires greater consistency and a new process will be put in place to ensure this, including the recruitment of a new Lead Medical Examiner for the Trust who will cross check the work of the other Examiners.

'Never Events' – one co-hort of incidents relates to the misplaced insertion of a naso-gastric tube. Investigations are ongoing since several incidents of this nature occurred at different sites. More detail on each of these incidents is included in Appendix A of the report. Since the report was written there has been another 'Never Event' concerning a seal which was left behind after a hysterectomy. The incident is still being investigated.

**Resolved: To ACCEPT the report.**

**D19/08 QUARTERLY PERFORMANCE REPORT**

The Board considered the report presented by the DQD. There are currently 25 investigations under way in relation to clinical staff. The coroner has recently ruled on the inquest into the suicide by a junior doctor at the QEHB site. It was found that this had been a very unfortunate and tragic incident which could not be attributed to the Trust. Staff involved in the discovery of the body have attended a debrief session and are being given support.

The incident related to the development of pneumothorax and pleural effusion has resulted in a regulation 28 order on the basis that the coroner felt the case should have been escalated earlier. It was agreed that the case was relatively

complex and detailed discussions had taken place which needed to be brought to the coroner's attention.

Good progress has been made with the introduction of quality indicators. Staff sessions have already been held at QEHB and Heartlands and additional sessions will follow at Good Hope and Solihull.

Performance screening has seen the introduction of tighter methodology.

Unannounced Governance visits:

NEDs who had attended the visits reported back. A more detailed action plan will also be produced and circulated.

Gastro – created 18 months ago and good progress made. Positive feedback from staff/great team spirit. Some issues with patient pathways. Actual agency rate higher than electronic record suggests. Other areas for consideration include use of clinic alongside ward. Ward looks tired but plans for a refurbishment are in place. Some clutter, but generally clean.

Geriatric – positive environment but ward looked unloved. Lack of TVs. One issue with a patient who claimed to have been lying in wet bed for at least an hour.

HDU – positive staff feedback. One issue raised around interpreting issue. No bathrooms/toilets on the ward but patients cannot leave beds. Staff/patient ratio? Busy ward in small space. Communication with patient excellent. Statistical data held not reflective of actual situation.

Endoscopy suite - re-developed from Ophthalmology theatre. Waiting to move to ACAD unit. Unit small and tired looking. Staff provided positive feedback. Discussions around junior staff and on call rota. 'Staff skillset at a glance' useful. Issues with capacity for training – insufficient workforce.

Maternity – busy ward. Strong team working and leadership. Estate review required: Inadequate storage facilities, phone issues, broken laptops on trolleys, etc.

**Resolved: To ACCEPT the report.**

**D19/09 PATIENT CARE QUALITY REPORT FOR Q3 TO INCLUDE INFECTION PREVENTION**

The Board considered the report presented by the ECN. A summary of the performance targets and care quality was provided. In addition, the following

Infection Prevention and Control – the Trust has seen another MRSA case which is attributable to the Trust. This gives the Trust a new combined score of 5. A score of 6 triggers a review by NHSI regardless of the size of the hospital. The Trust shared its improvement plan with NHSI to ensure nothing essential

had been missed and NHSI approved the plan.

Corporate leadership – by the end of March there will be a single Infection Prevention and Control Team and a single Safeguarding Team.

Complaints/patient experience - The Trust has appointed a single leader for patient experience. End of life care complaints have increased. Reasons identified include ineffective pain management and follow-up plans, inconsistent feedback/support to patients where necessary. A more detailed review of this will be conducted.

Care Quality Group - The Group has received an update on BUMP. The Trust is developing a strategy to encourage more women to opt for midwife led births in community units.

**Resolved: To ACCEPT the report.**

**D19/10 COMPLIANCE REPORT – Q3**

The Board considered the report presented by the DCA. It was noted that by the end of the month the mental health assessment unit will have been completed. 2 mental health administrators have been appointed which will assist in providing the Board with assurance around compliance with relevant legislation.

The CQC have been contacted regarding some accuracy issues in their inspection report. A further update to the Board will be provided.

The Trust has received one regulation 28 report to prevent future deaths under the Coroners (Investigations) Regulations 2013 as discussed under item D19/08.

Work is ongoing to embed the clinical governance framework at HGS. In addition, a wholesale review of NICE is being undertaken at HGS.

Trust compliance with external visits/peer reviews was discussed.

**Resolved: To ACCEPT the report.**

**D19/11 PERFORMANCE INDICATORS REPORT & 2018/19 ANNUAL PLAN UPDATE**

The Board considered the report presented by the DCSP. Performance in relation to A&E 4 hour wait, delayed transfer of care, RTT, cancelled operations, cancer targets and dementia was discussed. It was noted that the Trust remains under considerable pressure. The volume of patients in A&E has increased by over 6% compared with December 2017. Acuity of patients is also more severe with 12% more patients being admitted by ambulance and a 100% increase in ITU admissions. Work is undertaken to establish the underlying factors since the growth in acuity and volume is disproportionate to the usual 'market share'. However, it is certain that without the implementation of 'lessons learnt' from the winter in 2017, performance would have been

significantly worse.

The picture for electives is more positive. Waiting lists have only increased by 1% against a national average increase of 8% since 2017.

The Board discussed the relationship between elective and non-elective work and surgeries with different degrees of complexity. It was noted that if the mix of patients is significantly altered, theatre efficiency is negatively affected.

**Resolved: To ACCEPT the report.**

**D19/12 FINANCE & ACTIVITY PERFORMANCE UPDATE TO INCLUDE CAPITAL PROGRAMME UPDATE Q3 (Julian)**

The Board considered the report presented by the ECFO. Year to date, the Trust is reporting a deficit of £34.1m (including PSF) against a planned deficit of £31.2m, with the adverse variance as a result of lost PSF associated with A&E performance during quarter 2 and 3. This is a cash loss only and does not affect access to the remainder of PSF as overall performance against the financial plan is monitored against the pre PSF position. The Trust is likely to receive bonus PSF at year end which will offset the A&E loss. The pre PSF financial plan is likely to be achieved, although this will be reliant on some non-recurrent benefits. The cash position remains healthy with current balances above plan. Capital expenditure is on track save for the ACAD project where the expenditure in the year has been less than planned due to delays in getting the FBC approved resulting from the STP capital funding process. The Trust has had its 'Use of Resources' review and is awaiting the outcome.

**Resolved: To ACCEPT the report.**

**D19/13 RISK REPORT (including Board Assurance Framework)**

The Board considered the report presented by the DCA. The Board noted that the majority of strategic risks had been/would be discussed as part of public/public Board papers as per the agenda (above and below) save for the following:

SR5/18 – inability to recruit, control and retain adequate staffing: This was discussed in detail at the last Board meeting in October when the ECN provided an overview of the Trust strategy.

SR7/18 – Failure of IT systems to support clinical services and business: An update will be brought in the next quarterly report by the new EMD who has taken over responsibility for IT.

SR10/18 – Failure of commercial ventures: An update will be provided by the chair of the Investment Committee at the next meeting.

The Board discussed the unavailability of accredited apprenticeship courses and costs for the Trust due to backfilling staff vacancies. The subject was discussed at national level.

The Board discussed the corporate risk register and noted that progress had been made. 3 open risks are now shown as red, one of which is reported as 'off track'. The clinical areas have been allocated a risk lead each and work is ongoing to review and update their risk registers in line with the new policy on

risk management.

**Resolved:**

1. To **NOTE and APPROVE** the updates to the BAF.
2. To **APPROVE** the accepted strategic risk SR11/18 (Merger has adverse impact on Trust) and the new strategic risk SR13/18 (Failure to realise benefits of merger).
3. To **APPROVE** the Corporate Risk Register Report.

**D19/14 EU EXIT OPERATIONAL READINESS UPDATE**

The Board considered the report and memo presented by the chair and ECFO. The Board was advised that the main threat to the NHS caused by a no deal exit from the EU is the uncertainty around the supply chain of vital medicines, devices and clinical supplies. The Department of Health and Social Care (DHSC) has issued guidance which prohibits stock piling. Trusts have been advised that supplies sufficient for 6 weeks are held at national level but conversations with pharmaceutical companies contradict this. The Trust might be in a marginally better position due to its own warehouse. However, other trusts in the region lack this facility, making a rapid depletion of the Trust's own stock likely. In the event of an unmanaged exit from the EU, trusts may be forced to cancel complex surgeries due to the risk that post-operative medicines or equipment are not available. This would significantly affect waiting times. No guarantees can be given that medicines and medicinal equipment will be given priority over other supplies to be transported across the channel.

The Trust employs around 1,200 EU staff who might be swayed to return to their countries of origin or not apply for jobs in the UK as a result of a potentially hostile environment and the depreciation of the Sterling.

The Board carefully considered the government's position and agreed that the risks are potentially more significant than currently described in the public domain. Further updates will be brought to Board and Chief Exec meetings.

**Resolved: To ACCEPT the update.**

**D19/15 FREEDOM TO SPEAK UP GUARDIAN UPDATE**

The Board considered the report presented by Professor Bion. The history of the role of the Freedom to Speak Up Guardian (FTSUG) was explained. Sarah Favell, Antony Cobley and Dr Keogh, who had fulfilled the function until October 2018, were commended for their work. Since end of December 13 referrals have been made. The role of the FTSUG is not to investigate but to develop an open culture, ensure processes are in place which encourages staff to speak up safely and ensure appropriate signposting and escalation. The work to date has flagged up a lack of support in the disciplinary process and to middle management. The role of the National Guardian, Dr Henrietta Hughes, was explained. The Board discussed how difficult to reach staff groups could be engaged. It was noted that Prof. Bion had already met with Unison and meetings with other trade union reps are to follow. The list of confidential

contacts has been expanded. It was noted that junior doctors might require additional support. The ECFO agreed to meet with Prof. Bion to ensure issues which have come to his attention are triangulated and followed-up appropriately.

**Resolved: To ACCEPT the update.**

**D19/16 POLICIES FOR APPROVAL:**

The Board considered the report presented by the DCA.

**Resolved: To APPROVE the following policies:**

- 1. EMERGENCY PREPARDNESS POLICY**
- 2. HEARLTH & SAFTEY POLICY**

**D19/17 ANNUAL BUSINESS CYCLE 2019/20 BOARD OF DIRECTORS, CCQ & COG**

The Board considered the report presented by the DCA.

**Resolved: To APPROVE the annual business cycle for the Board of Directors, Clinical Quality Committee and Council of Governors.**

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Chair

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Date