

## BOARD OF DIRECTORS

Minutes of the Meeting held in private on  
23 April 2020  
In Trust HQ, QEHB and by Vidyo Conference

### Present:

Rt Hon Jacqui Smith	Chair	(Chair)
Dr Dave Rosser	Chief Executive	(CEO)
Prof Simon Ball	Chief Medical Officer	(CMO)
Mr Kevin Bolger	Chief Workforce & International Officer	(CWIO)
Mr Jonathan Brotherton	Chief Operating Officer	(COO)
Mr Tim Jones	Chief Innovation Officer	(CIO)
Mr Julian Miller	Chief Financial Officer	(CFO)
Mr Mike Sexton	Deputy Chief Executive	(DCEO)
Ms Cherry West	Chief Transformation Officer	(CTO)
Ms Jane Garvey	Non-Executive Director	(NED)
Prof Jon Glasby	Non-Executive Director	(NED)
Mrs Karen Kneller	Non-Executive Director	(NED)
Ms Mehrunnisa Lalani	Non-Executive Director	(NED)
Dr Catriona McMahon	Non-Executive Director	(NED)
Mr Harry Reilly	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	Chief Legal Officer	(CLO)
Mr Mark Garrick	Director of Quality Development	(DSQD)
Mr Andrew McKirgan	Chief Officer for Out of Hospital Services	(COOHS)
Mrs Angie Hudson	Corporate Affairs Officer	

### D20/54 WELCOME AND APOLOGIES FOR ABSENCE

Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting.

This meeting was due to be held in public however, due to the current situation regarding Covid-19 the meeting was being held via video conference.

The CMO would be leaving the meeting to attend the Birmingham Health and Well Being Board Enquiry looking at the impact of Covid-19 on BAME patients and staff. The Trust had undertaken a significant amount of work on the subject.

The following joined the meeting as observers:

James Moody and Emma Mathers from the CQC as part of the CQC regular programme of work.

Stan Baldwin, Public Governor - Solihull & Meriden and Liz Parry, Public Governor – Sutton Coldfield.

**D20/55 QUORUM**

The Chair noted that:

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

**D20/56 DECLARATIONS OF CONFLICT OF INTERESTS**

There were no conflicts of interests declared.

**D20/57 MINUTES OF THE PREVIOUS MEETING HELD ON 23 JANUARY 2020.**

The Board considered the minutes of the meeting held in public on 23 January 2020.

**Resolved: The minutes of the meeting held in public on 23 January 2020 were APPROVED as a true and accurate record of the meeting.**

**D20/58 MATTERS ARISING & ACTION LIST**

None

**D20/59 CHAIRS REPORT & EMERGING ISSUES**

The Chair report was combined with next item.

**D20/60 COVID-19 MAJOR INCIDENT REPORT (INC NHS NIGHTINGALE HOSPITAL BIRMINGHAM)**

The Chair reported that NEDs had been kept up to date via weekly telephone conference meetings as well as the daily briefings sent by email. The Governors had also received daily briefings by email.

The CEO reported that there was still a lot of work being undertaken around Covid-19 operations including daily emergency meetings with the executive team and several daily conference calls into different team meetings. The situation was now in 'stable crisis' mode. The number of admissions had started to level out with the exception of ITU. National data for the length of ITU stays for patients was 15 days rather than the previous estimate of 10 days.

The Trust was now exploring how it could move to phase two which included bringing some of those services, which had been put on hold at the start of the pandemic, back on line.

The West Midlands region had handled the crisis very well and the amount of work that had been undertaken by UHB should not be underestimated . This had been one of the single most significant reason behind how the region had handled the crisis so well.

NHS Nightingale Birmingham had been officially opened last week by HRH Duke of Cambridge and was now in a position where it could, if required, admit patients. The fact it was not being used at the present time was a success story and an indicator of the amount of work being undertaken regionally. Decisions around how the facility could be used were starting to take place and would be supported regionally. The CEO was not the only decision maker in how it would be used going forward. The licence with the NEC was being extended on a monthly basis at the present time.

The CWIO and CN gave an update on staff and well being work being undertaken.

The CWIO reported that there were currently 2699 staff off with Covid-19 related issues. At its peak 3400 staff had been off. The number of staff off had reduced by 133 yesterday and the degree of absence had started to show a downward trend. Some data cleansing work was required in order to ensure that returning staff were on the right pathways.

Staff testing was now available for all members of staff who went off sick with Covid-19 related symptoms; testing of family members in the same household would also be undertaken.

Self testing kits were being delivered to staff by trust drivers, who waited and bought the tests back for processing. Test results were reported following day. Feedback from staff had been very positive.

The CN reported that the Trust was supporting staff around health and well-being. Staff were working under unprecented pressure including staff redeployment, training, living away from home due to family illness or risk of infection, as well as coping with their own and colleagues illnesses and in some instances death of colleagues due to Covid-19.

The Trust had received a huge amount of support and donations from local businesses including flowers and food. Local companies had been manufacturing some items of PPE.

There had been an enormous amount of staff support put in place including access to dermatology services, staff being encouraged to take breaks and time out. Many wards had set up 'wobble' rooms; the rooms gave staff the opportunity to take time away from the ward to take a break including having telephone access to a 24-hour counselling hotline. A full plan around health, wellbeing and support in partnership with the local mental health trust was in place.

There had been four members of staff who had sadly died over the last

6 weeks, one nurse having over 40 years service. The CN and other senior staff would be attending hospital sites to mark and pay their respects.

In response to questions from non-executive directors it was noted that the CMO would be presenting a report to the Birmingham Health and Wellbeing Board Inquiry that was looking at the impact of Covid-19 on BAME patients and staff. There had not been an excess number of deaths associated with the afro-caribbean patients, those seen had been a due to a combination of co-morbidities and Covid-19. There had been relatively low number of east african/ somalian deaths as a result of Covid-19. The Asian population were susceptible to the infection due to existing co-morbidities and health issues, eg diabetes. There was also a strong association with markers of deprivation, unhealthy lifestyle, obesity and hypertension.

**RESOLVED: To ACCEPT the report**

**D20/61 CLINICAL QUALITY MONITORING REPORT**

The Board considered the report presented by the CMO. The CUSUM and SHMI data was discussed. Both datasets fell within the boundaries of what was expected. The SHMI data appeared to be stable.

Learning from Deaths - Emergency legislation (Coronavirus Act 2020), became effective from 26th March 2020 and included changes to death certification, registration and cremation paperwork, which had resulted in temporary changes to the Trust's Medical Examiner Scrutiny Service. Whilst individual cases were not being scrutinised as previously, measures were in place to ensure oversight of Medical Certificates of Cause of Death (MCCDs) completion, including appropriate referral to the Coroner.

Child Death Review Process – All neonatal and paediatric deaths were subject to review. There had been seven neonatal and two paediatric deaths investigated. One paediatric death had been referred to the Coroner and was waiting outcome.

**RESOLVED: To ACCEPT the report.**

**D20/62 PATIENT CARE QUALITY REPORT INC INFECTION PREVENTION & CONTROL**

The Board considered the report presented by the CN. Over the past few months the Trust had focused on the worldwide Covid-19 pandemic. The CN had continued to hold meetings of the Care Quality Group.

Three MRSA bacteraemia had been identified during March at UHB. Two were community acquired, one presenting to the QEHB and the

other at Heartlands. There was one hospital associated MRSA bacteraemia at QEHB, a repeat MRSA bacteraemia in a patient with severe dermatological problems. For the financial year 2019-20 UHB had 11 Trust apportioned bacteraemia which was an increase on the previous year. The increase could be due to a large number of community associated MRSA bacteraemia being identified.

The annual objective for *Clostridioides difficile* infection (CDI) for 2019-20 at UHB was 250 Trust Apportioned cases. In March, UHB had 13 Trust apportioned cases. There had been 256 Trust apportioned cases of *C.difficile*. Antimicrobial stewardship remained the biggest challenge in *C.difficile* prevention and a Trustwide Antimicrobial Stewardship Group was developing a strategy to deliver effective antimicrobial stewardship.

There had been a decrease in the number of inpatient falls but an increase in falls rate per 1000 bed days to 5.75. This was due to there being a reduction in the number of occupied bed days due to the Covid-19 pandemic. Overall the trend line for the previous 12 months showed that performance was static.

There had been a number of falls in Covid-19 positive patients and the Trust was managing the risks around those patient falls. Evaluations around the falls and patient recovery were being investigated. Patients who had previously been in ITU for a period of 2-3 weeks were much weaker and when mobilised may have more physical frailty. Physiotherapy were working to support the re-enablement of patients.

Complaints - The Trust had received a total of 105 new complaints in March compared to 162 in February, a reduction of 35%, which was reflective of the impact of the Covid-19 pandemic. For context, in March 2019, 158 complaints were received. Due to the Covid-19 pandemic the PHSO had suspended activity around complaints. NHSE/I had also agreed a system wide 'pause' of the NHS Complaints process to support the responsiveness to the pandemic. The Trust continued to acknowledge, log and triage complaints and take any immediate action necessary. All complaints would remain open until further notice unless an informal resolution could be achieved or the complainant chose to withdraw their complaint.

There had been a reduction in the number of volunteers from 1195 to less than 60 due to Covid-19 constraints. A recruitment campaign was underway under an STP wide Memorandum of Understanding which would permit a system movement of volunteers to where they were most needed.

The CN, in response to a question, reported that many of volunteers from the recent NHS national campaign had been utilised to support primary care, GPs and community support rather than the acute hospital setting.

A comprehensive update on maternity continuity of care work was included in the report. Bi-weekly maternity huddles had been introduced on each of the clinical sites. There had been some

reluctancy in the workforce to accept, change and pioneer the new service and the Trust was working with midwives around how they could become more engaged with the different ways of working, including understanding what was best for the mother and baby and how they could personalise the service to deliver that.

The CN reported that the rationale behind visiting had been very complex and was intended to reduce the transmission of Covid-19 on wards and in open areas. Where patients were on end of life care, visiting had been supported. Restricted visiting had been permitted for children and patients with mental capacity. Several initiatives had been put in place including the setting up a call centre staffed by medical students to give daily updates to families of patients on ITU. A number of mobile phones and tablets had been purchased to allow patients to have contact with family members.

The Chair had been in conversation with local MP's around the resources put in place for patients to keep in contact with family members. These conversations had been in response to a flurry of social media activity, after an MP had persuaded a hospital in Bradford to allow their Asian patients to have visitors.

#### **Resolved to ACCEPT the report**

**D20/63**

#### **STAFF HEALTH & WELL BEING REPORT**

The Board considered the report by the CN.

The previous discussion had covered the content of the report. There was confidence that the psychiatric support being given was the right thing to do for staff, especially given the current situation and teams were moving to a service to support staff and patients requirements.

The CN reported that quantitative feedback in future reports would indicate where the trigger points for staff started eg anxiety, PPE, front-line working etc.

#### **RESOLVED to receive the report.**

**D20/64**

#### **QUALITY PERFORMANCE REPORT**

The Board considered the report by the DSQD.

There were six staff investigations underway in relation to a patient wellbeing component and six had been closed during March.

Due to the Covid-19 situation, a number of inquests were either being heard under Rule 23 or being adjourned indefinitely with dates to follow. UHB had a number of cases to be heard under Rule 23 and

was awaiting the outcome from these.

There was one Never Event being investigated - a retained swab had been identified post op, the wound was re-opened and the swab removed.

Due to the current Covid-19 pandemic the Board unannounced governance visits had been put on hold until further notice.

### **Quality Account/Report 2019/20**

In light of the Covid-19 pandemic, NHS England and NHS Improvement (NHSE/I) had made some changes to the Quality Account/Report requirements. Trusts were no longer required to obtain external assurance on their 2019/20 Quality Accounts/Reports and the final publication of the annual report and accounts did not need to contain a quality report. The final deadline for publication of Quality Accounts/Reports (30 June) was to be confirmed along with the release of further guidance from NHSE/I on the exact requirements for the 2019/20 Quality Account/Report. In the meantime, the Quality Development Team would continue to prepare a more succinct Quality Report for 2019/20 in line with the essentials of the current guidance.

The DSQD reported that due to Covid-19 the Trust had paused medical and disciplinary investigations. All investigations were still risk assessed and those which needed immediate investigation were processed.

**Resolved to ACCEPT the report.**

**D20/65**

### **COMPLIANCE & ASSURANCE REPORT**

The Board considered the report by the CLO.

The CQC had raised 49 queries during Q4, an increase of 69% compared to Q3. The CQC had closed 25 queries as they had been satisfied with the responses and actions taken by the Trust. The remaining responses were either awaiting final sign off or further investigation. The CQC had been assured by the evidence submitted by the Trust and would be reviewing the conditions of our licence during Q1.

Clinical Compliance Framework – there had been two amber scores against 'Safe' and 'Well-led' that related to the need to obtain evidence from specialties for procedures and further work was underway to implement. The amber 'well-led' score did not relate to Trust-level leadership, the compliance framework focused on specialties and there was insufficient evidence at present to demonstrate that specialties across the Trust were 'good' for well led.

There had been some whistle-blower queries raised through CQC rather than internally. On-going engagement meetings with CQC were being held to resolve any outstanding queries and on-going initiatives.

Compliance against NICE Guidance had been interrupted by the Covid-19

pandemic but would recommence once capacity allowed.

The CLO reported that all NICE guidances were reviewed and then distributed to specialties and clinical teams for action.

There had been eight external visits during Q4 2019/20. Where the Trust had received post visit reports, improvements and recommendations were followed up.

#### **RESOLVED to receive the report**

**D20/66**

#### **RISK REPORT (INC BOARD ASSURANCE FRAMEWORK, COVID-19 & NHS NIGHTINGALE BIRMINGHAM)**

The Board considered the report by the CLO.

The risk landscape had changed dramatically in Quarter 4 2019/20 with the priority of the Trust, and indeed the country, to manage the outbreak of Covid-19 in the UK. The impact of the pandemic had progressed rapidly from the first UK cases confirmed on 31 January, the first transmission inside the UK on 9 February, the first recorded death of a patient with Covid-19 related illness in the UK on 5 March to nationwide lockdown on 23 March 2020.

The Trust had, following the directive from Simon Stevens, NHS Chief Executive, on 17 March responded in line with the actions required. In addition it had lead on the delivery of the NHS Nightingale facility at the National Exhibition Centre in Birmingham.

The Risk Register had been reviewed for Board approval. The current operational imperatives due to Covid-19 may have an impact on the strategic risks but had not been added as specific risk as it was deemed to be more of an issue than a risk as the Trust was dealing with the events.

Strategic Risk SR7/18 - Failure of IT systems to support clinical service and business functions had increased to a score of 16. Due to Covid-19, homeworking for staff had been introduced at shortnotice and the subsequent increase in the number of people requiring IT support had increased.

One new risk had been added to the corporate risk register in March 2896 'inability to ensure and provide IPC standards in Emergency Departments' due to the impact and consequence of coronavirus on all emergency departments.

Risk 3303 ED overcrowding due to spikes in demand and lack of flow resulting in longer lengths of stay and poorer outcomes for patients and staff had been upgraded to 25. This had been due to the introduction and opening of pods for Covid-19 patients. It was felt that this would not have been scored so highly if the evaluation had been done at the present time.

SR8/18 Brexit remained on the strategic risk register due to the

governments focus on Covid-19, negotiations that may have been due to take place had not happened.

The Trust had been able to gain a number of opportunities as a result of its response to Covid-19 and these were set out in the report.

**RESOLVED:**

To **RECEIVE** the report

To **APPROVE** the approach in respect of the strategic risk register and the BAF;

To **APPROVE** the Corporate Risk Report

**D20/67**

**PERFORMANCE REPORT**

The Board considered the report by the DSQD. The Trust's A&E performance had improved overall by 67.2%. Attendances to A&E fell significantly as the public became aware of the risks related to Covid-19. Overall 10.1% of patients who attended A&E in March had Covid-19 like diagnoses. Ask A&E was used 1,294 times in March with an increased utilisation towards the end of the month and into April. RTT performance had deteriorated in month to 79.2% which was below the trajectory of 87.8%. Cancellations of elective surgery and outpatient appointments in response to Covid-19 were expected to have a significant affect on future performance. The RTT Waiting list grew in February to 1,215 and was now 10.2% above baseline. The overall performance for 6 week diagnostics improved to 97.3%, with the main area of concern being Endoscopy, cardiac CT capacity and imaging. Delayed transfers of care had reduced by more than 90% across the four hospital sites. There had been a huge amount of work across the system with many of the normal obstacles to discharge having been removed. The challenge was to ensure that they did not come back into play when the Trust returned to normal working post Covid-19. Performance for both 2 week wait standards had deteriorated. The 62 GP referrals had improved whilst screening performance had deteriorated. Both the 31 day first and subsequent surgery performance targets had improved in February. NHSE/I had suspended the reporting of some national key performance indicators due to COVID-19.

The contents of the Guardian of Safe Working report was noted.

**RESOLVED to receive the report**

**D20/68 FINANCE & ACTIVITY PERFORMANCE UPDATE INC CAPITAL PROGRAMME UPDATE**

The Board considered the report by the CFO.

The overall income and expenditure surplus reported by the Trust was £0.4m which was £0.4m favourable to the breakeven financial plan. Against the control total basis used by NHSE/I, which excluded central funding, impairments and the impact of donated assets, the Trust had achieved a favourable variance of £2.7m. The financial impact of the Covid-19 pandemic amounted to (£7.9m) in March of which £6.9m was directly reimbursed. The additional income would be included in the annual accounts for 2019/20. Cash at 31 March 2020 was £61.0m which was £6.9m favourable to plan. The Trust had delivered the financial control total for 2019/20 although it had relied on significant non-recurrent benefits and flexibilities. Due to the emergency measures introduced in response to the Covid-19 pandemic the short term financial position was secure, with the immediate costs of the outbreak being centrally funded. The longer term financial outlook remained uncertain. It was unknown, at the present time, whether there would be funding available to enable those services not received as a result of Covid-19, but the centre was looking at options.

**RESOLVED to receive the report**

**CONSENT SECTION**

The following items were taken without discussion and were approved.

**D20/69 NURSE STAFFING – BI ANNUAL PROGRESS REPORT**

Resolved to Accept the report.

**D20/70 ANNUAL DECLARATION OF DIRECTORS' INTERESTS**

Resolved to Accept the report

**D20/71 TRUST SEAL ANNUAL REPORT**

Resolved to Accept the report

**D20/72 SLAVERY & HUMAN TRAFFICKING STATEMENT**

Resolved to Approve the Human Trafficking Statement.

**D20/73 ANY OTHER BUSINESS:**

Research and Development – Ms McMahon, NED asked whether the Trust was initiating or participating in any RD&I associated with the

Covid-19 pandemic. The CIO reported that the recovery programme plan included an obstetrics trial. The Trust had been limited in its RD&I capability due to nurses being redeployed. The Trust was only participating in research based around the Covid-19 pandemic.

**D20/74            DATE OF NEXT MEETING:**

Thursday 23 July 2020 at 12.30pm

Board of Directors Meeting – Q1 Review (held in public)  
Rooms 2 & 3, Education Centre,  
Birmingham Heartlands Hospital

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Chair

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Date

