

## BOARD OF DIRECTORS

Minutes of the Meeting held in PUBLIC on  
Thursday 20 May 2021  
In Trust HQ, QEHB and by Microsoft Teams

### 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 Cathi Shovlin	Director of Workforce	(DoW)
Mr Stephen Chilton	Chief Digital Officer	(CDO)
Mr Harry Reilly	Non-Executive Director	(NED)
Ms Jane Garvey	Non-Executive Director	(NED)
Prof Jon Glasby	Non-Executive Director	(NED)
Mrs Jackie Hendley	Non-Executive Director	(NED)
Mrs Karen Kneller	Non-Executive Director	(NED)
Ms Mehruhnisa Lalani	Non-Executive Director	(NED)
Dr Catriona McMahon	Non-Executive Director	(NED)
Mr Debu Purkayastha	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)
Margaret Garbutt	Deputy Director of Nursing	(DDN)
Miss Radha Patel	Corporate Affairs Manager	(CAM)

Amin Albahari	Emergency Medicine	Consultant
Nurhufaidah Ibrahim	Emergency Medicine	Consultant
Ezila Kapilan	Emergency Medicine	Consultant
Yasir Elhassan	Endocrinology	Consultant
Katy Herring	Oncology	Consultant
Tom Diacon	Radiology	Consultant
Anna Mathers	Care Quality Commission	
Zoe Robinson	Care Quality Commission	
Bernadette Hanney	Care Quality Commission	
Kevin Cleary	Care Quality Commission	

	<p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting.</p> <p>Apologies for the meeting were received from</p> <p>Ms Lisa Stalley Green      Chief Nurse (CN)</p> <p>Prof Michael Sheppard      Non-Executive Director (NED)</p> <p>The meeting was, due to the current situation regarding Covid-19, being held via Microsoft Teams and in Trust HQ, QEHB.</p>
D21/65	<p><b>QUORUM</b></p> <p>The Chair noted that:</p> <ul style="list-style-type: none"> <li>i) the Directors had been given formal written notice of this meeting in accordance with the Trust's Standing Orders</li> <li>ii) A quorum of the Board was present; and accordingly the meeting could proceed to business.</li> </ul>
D21/66	<p><b>DECLARATIONS OF INTEREST</b></p> <p>There were no conflicts of interests declared.</p>
D21/67	<p><b>CHAIRS REPORT AND EMERGING ISSUES</b></p> <p>The Chair provided a verbal update.</p> <p><b>CQC Inspection</b></p> <p>The exec team and the Chair had a good, positive meeting with the CQC on Monday, relating to the well led domain.</p> <p><b>Thank you to staff</b></p> <p>There is a listening exercise due to take place which is open to all staff with the Chair and Jane Garvey. Other Board members will also be provided with the oppuritinuty to join.</p> <p><b>Heartlands Hospital</b></p> <p>The COO presented the Board with a verbal update on the rat infestation which had taken place on Ward 3. Ward 3 is the renal ward at the hospital, the containment and resolution has not been possible without having to empty the ward. Bed capacity across the hospital has been reduced over the last two days to allow ward 3 to be shut and patients to be moved out. The estates department and the pest control team will go on to the empty ward to remedy the issue. This has put additional pressures on the hospital; the Trust is looking at additional capacity elsewhere. The Heartlands estate is and older estate which has risks of problems like this; this enforces the need to have other plans in place. Patients, relatives and carers have also been informed.</p>

	<p><b>Resolved :</b></p> <ul style="list-style-type: none"> <li>• <b>To ACCEPT</b> the CQC update.</li> <li>• <b>To ACCEPT</b> the thank you to staff update</li> <li>• <b>To ACCEPT</b> Heartlands Hospital update.</li> </ul>
<p><b>D21/68</b></p>	<p><b>Clinical Quality Monitoring Report</b></p> <p>The Board received an update presented by the CMO.</p> <p>The triggers in pneumonia and sepsis may be related to Covid, given that the changes exactly track the peaks of Covid, this has been demonstrated through informatics.</p> <p>There has been one never event with no patient harm, in which a guide wire was left in after a drain was being placed into a plural cavity.</p> <p>In the learning from deaths review, there were seven deaths which received a score of potentially avoidable. Of these, four patients developed hospital acquired Covid-19, and the remaining three are subject to root cause analysis reports. The child death review process identified two 2 neonatal deaths with minor issues.</p> <p><b>RESOLVED: To ACCEPT</b> the Clinical Quality Update.</p>
<p><b>D21/69</b></p>	<p><b>Care Quality Update</b></p> <p>The Board received an update from the DDN.</p> <p>There has been one category 4 pressure ulcer reported, for the first time in a year. This is being reviewed and will be brought back to a future meeting. A new education programme on tissue viability will begin this month for all staff across the Trust. There was also one grade 3 device related ulcer. It was resolved very quickly and the sore healed within days of the tape attaching the tube being removed.</p> <p>There has been a reduction in the total number of fall for February, however they are still high. The report details the levels of harm as a result of the falls. Compliance with falls assessments dropped slightly in January, and then picked up again in February, this was for a number of reasons, one of which was the redeployment of staff due to Covid meaning that some staff were unfamiliar with the procedure which meant that some assessments not being completed in the correct time frame. However, it is worth noting that, whilst the Trust continued with all assessments during Covid, there were other trusts who suspended them completely.</p> <p>Complaints response performance dipped in December. A full review of the complaints process is taking currently place and will be brought back to Board in the future. The Trust is trying to promote a quick resolution to complaints, by calling people as soon as possible to resolve things, which has been a very successful. The CQC were very complimentary about the Trust's Letters to Loved Ones Initiative and</p>

	<p>asked to share it more widely as good practice.</p> <p><b>RESOLVED: To ACCEPT</b> the Care Quality Update.</p>
<b>D21/70</b>	<p><b>Maternity Services</b></p> <p>The Board considered the report by the DNN.</p> <p>The maternity and neonatal safety services report was discussed. This included concerns raised by staff, positive points recognised and raised through the safety champions production board meetings and the impact of Covid on the service. It was recognised the positive efforts made in reducing the perinatal mortality rate over the last 12 months and the positive feedback from the Care Quality Commission following their review using their new Transitional Monitoring Approach.</p> <p>This report will be brought back to the CCQ meeting in June, when the Director of Midwifery will be available to answer questions.</p> <p><b>RESOLVED to: ACCEPT</b> Maternity Services Update</p>
<b>D21/71</b>	<p><b>Emergency Preparedness - Update report</b></p> <p>The Board considered the report by the CLO.</p> <p>This year has been an exceptional year, the work undertaken by the team has been largely in a response to Covid and Brexit. The incident control centre has now moved to level 3. Throughout the year the National Core Standards were suspended, however the Trust did undertake a local assurance process. The team has have continued to review incident plans and the Covid 19 surge response plan has been consistently reviewed throughout the year. Training had been suspended, but local training is now slowly being reintroduced.</p> <p>There is current a watching brief on the EU exit, so the Trust can determine how this might affect supplies.</p> <p><b>RESOLVED to: ACCEPT the Emergency Preparedness Update</b></p>
<b>D21/72</b>	<p><b>Extraordinary report on Trust performance during covid-19 pandemic and recovery of services</b></p> <p>The Board considered the report by the COO.</p> <p>There are four key points from the report:</p> <p>Impact on services – Providing ITU access for 211 patients during the peak and ward care for 10,674 Covid patients took the full weight of the organisation’s resources during the emergency situation. Staff from across the BSOL area were helping to look after staff in other areas such as ITU. There was also a displacement of clinical activity for patients who were not as urgent at the time and many of those patients are still on a waiting list for treatment as it is necessary for their conditions. The monumental numbers which the Trust dealt with during the pandemic has displaced non covid related activity, which clinical</p>

	<p>teams are now trying to work through and restore.</p> <p>ICS Projects – Building the Nightingale hospital and being the lead provider for the vaccination programme. The Birmingham and Solihull COVID-19 vaccination service went live in December 2020. The service is delivered collaboratively across the Integrated Care System (ICS) through vaccination centres, hospital hubs and local vaccination services. The Trust has been designated lead provider for the system and has responsibility for vaccination centres and the hospital hubs located on UHB sites. To date, the programme has administered 906,190 vaccinations, with the majority (69.46%) being delivered by local vaccination services. The Trust has also being progressing digital transformation, which assists in the bid to recover and restore recover services for patients.</p> <p>Disproportional impact which has developed in Birmingham – the effects of the pandemic haven’t been equally distributed across the country, however the infrastructure and resources which have been set out by NHS England to support recovery doesn’t reflect this disparity. The Trust was unsuccessful in its bid to be part of the NHS accelerator programme, which would have provided additional money of up to £20million in order to deliver more patient activity to support backlog recovery, as the Trust eas unable to reach 120% of its baseline position.</p> <p>Progress to date - A number of work streams have been established to oversee all the recovery programmes, with the initial focus on reducing the backlog of patients on Trust inpatient waiting lists. Work to identify theatre capacity plans and specialty Priority 2 (treatment &lt;30 days) and Priority 3 (treatment &lt;90 days) demand across Birmingham and Solihull is complete and cases are being worked through and progress tracked. A Q1 plan has been agreed and actioned, to open theatres to maximal level (based on available staff) with recruitment ongoing to support theatres and perioperative care, including international recruitment of qualified nursing staff. There is a system communications and engagement plan in place, which supports a fortnightly cycle of activity to keep audiences up-to-date with the latest information. This includes patient communication, staff communication and engagement, stakeholder briefing and engagement with primary care.</p> <p><b>RESOLVED to: ACCEPT</b> the Extraordinary report on Trust performance during covid-19 pandemic and recovery of services</p>
<p><b>D21/73</b></p>	<p><b>Trust Strategy Plan for 2021/22</b></p> <p>The Board considered the report by the DSQD.</p> <p>The 2021/22 financial year is the third full financial year following the approval of the Trust’s current strategy. Due to the COVID-19 pandemic, a revision of the current strategy was required as the priorities of the Trust have changed as it, and the NHS as a whole,</p>

	<p>seeks to recover its services and reduce the elective backlog and as the NHS moves to greater system working.</p> <p>The most significant change to the objectives is the merging of the existing three RD&amp;I objectives to two new objectives and the addition of a new objective on sustainability. Following adoption at the Board, these would become the new Strategic Implementation Plan references for Board and other corporate meeting papers.</p> <p>The plan will continue to be reviewed in-year, in response to changes in the local and national environment including a full review at the end of each quarter when progress updates are presented to the Board.</p> <p><b>RESOLVED to: APPROVE</b> the Trust Strategy Plan for 2021/22</p>
<b>D21/74</b>	<p><b>Compliance &amp; Assurance Report – Q4</b></p> <p>The Board considered the report by the CLO.</p> <p>There has been a hiatus on policy progress due to Covid, monitoring has been suspended and the review and revision procedure delayed.</p> <p>The Financial Conduct Authority license is no longer needed, as, following a change in legislation, the Trust’s cycle scheme provider now covers the requirement.</p> <p>In the Clinical Compliance framework there has been no change in the overall Divisional scoring. The Well-Led domain has been scored taking into account the new Divisional Governance Structure. The Responsive domain has scored ‘Requires Improvement’ due to continued challenges with service planning, access &amp; flow; including 18 weeks RAT and elective surgery cancellations due to the Covid19 operational pressures.</p> <p>Known issues have been addressed in an action plan.</p> <p>In March 2021, the CQC advised that they are undertaking a new structured programme of engagement as part of its transitional monitoring approach (TMA). A TMA has already been completed for the mass vaccination sites in February 2021. The CQC have requested TMA engagement for Maternity, Trust wide Well Led, Surgery, Medicine, Critical Care, Diagnostic Imaging, Children and Young People, Urgent and Emergency Care and Outpatients.</p> <p>There are 2 Regulation 28 Action Plans currently being monitored, concerning the calculation and escalation of early warning scores at BHH and changes made to medications during an inpatient stay that were not appropriately communicated to the patient at QE.</p> <p><b>RESOLVED to: ACCEPT</b> the Compliance &amp; Assurance Report – Q4</p>
<b>D21/75</b>	<p><b>Finance &amp; Activity Performance Update including Capital Programme Update</b></p> <p>The Board considered the report by the CFO.</p>

	<p>For the period ended 31 March (Month 12), the Trust has reported a surplus of £13.7m. The Board approved the Financial Plan for H2 2020/21 at its meeting on 22 October. The plan has subsequently been submitted and reviewed by NHSE&amp;I as part of the overall BSOL financial plan. The Trust's reported year to date income and expenditure position at the end of March is a surplus of £13.7m. In total capital expenditure of £89.1m has been incurred for the period to Month 12, £15.0m greater than plan</p> <p>At month 12 the Trust's income position was £147.7m favourable to the revised plan largely due to the additional central income together with COVID-19 Vaccination and Testing, non-recurrent income from Commissioners, additional income from other NHS providers and private patients and variable income such as car parking and catering.</p> <p>The Trust has reported an overall income and expenditure surplus of £13.7m at the end of March 2021. Against the adjusted financial performance measure used by NHSE&amp;I, which excludes the impact of donated assets, the Trust is reporting a £12.8m surplus. The reported position includes (£134.6m) of direct COVID-19 costs for the year and associated income with the surplus largely driven by the reduction in elective activity.</p> <p>This is subject to external audit of the Trust's accounts.</p> <p><b>RESOLVED to: ACCEPT</b> the Finance &amp; Activity Performance Update including Capital Programme Update</p>
<p><b>D21/76</b></p>	<p><b>Board Assurance Framework Report Quarter 4</b></p> <p>The Board considered the report by the CLO.</p> <p>There are 11 risks in the BAF, eight of which are reflected in the Board agenda, Risks 4, 7 and 12 aren't reflected in the agenda, however detailed updates are in the written report.</p> <p><b>RESOLVED to: ACCEPT</b> the Board Assurance Framework Report Quarter 4</p>
<p><b>D21/77</b></p>	<p><b>Freedom to Speak Up Bi Annual Update Report</b></p> <p>The Board considered the report by the CLO (FTSUG unable to attend)</p> <p>The report gives an annual update on the work of the confidential contacts and the work of Julian Bion. The Chair has written to each contact individually and thanked them for the work that they have undertaken to support this.</p> <p>The Board of Directors attended a seminar in May where this report was discussed in more detail; the Board were given the opportunity to look at the actions and responses in greater detail. Concerns should be related to patient safety; however a large number of concerns aren't directly related to patient safety or a fear of raising those concerns. Concerns are mostly based on inter colleague relationships, bullying</p>

	<p>and unfairness. At the Board seminar, the Board agrees that this can continue as it is a legitimate part of, the FTSU service.</p> <p>There have been 117 contacts within the last financial year. At UHB, doctors are more likely to be represented amongst the contacts, almost half are doctors and half are trainee doctors. Similar to other Trusts are two questions that the UHB doesn't fair well on; "my organisation treats staff who are involved in an error, near miss or incident fairly" and "I would feel secure raising concerns".</p> <p>Anonimised case studies were also provided at the seminar.</p> <p><b>RESOLVED to: ACCEPT</b> the Freedom to Speak Up Bi Annual Update Report</p>
<b>D21/78</b>	<p><b>Nurse Staffing – Bi-annual Progress Report</b></p> <p>The Board considered the report by the DDN</p> <p>This report was taken as read and no further questions were asked.</p> <p><b>RESOLVED to :</b></p> <ul style="list-style-type: none"> <li>• <b>ACCEPT</b> Nurse Staffing – Bi-annual Progress Report</li> </ul>
<b>D21/79</b>	<p><b>Annual Declaration of Directors' Interests</b></p> <p>The Board considered the report by the CLO</p> <p><b>RESOLVED to: ACCEPT</b> the Annual Declaration of Directors' Interests.</p>
<b>D21/80</b>	<p><b>Trust Seal Annual Report</b></p> <p>The Board considered the report by the CLO</p> <p><b>RESOLVED to: ACCEPT</b> the Annual Declaration of Directors' Interests</p>
<b>D21/81</b>	<p><b>Slavery &amp; Human Trafficking Statement</b></p> <p>The Board considered the report by the CLO</p> <p><b>RESOLVED to: APPROVE</b> the Slavery &amp; Human Trafficking Statement</p>
<b>D21/82</b>	<p><b>ANY OTHER BUSINESS</b></p> <p>No other business was reported</p>
<b>D21/83</b>	<p><b>Date of Next Meeting</b> 29 July 2021 Q1 Public Meeting, Heartlands Hospital Birmingham</p>

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Chair

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Date

