

BOARD OF DIRECTORS

Minutes of the Public Meeting of 25 October 2018
Lecture Theatre 2, Education Centre QEHB

Present:

Rt Hon Jacqui Smith	Chair	(Chair)
Dr Dave Rosser	Chief Executive	(CEO)
Mr Kevin Bolger	Executive Director of Strategic Operations	(EDSO)
Mr Jonathan Brotherton	Executive Chief Operating Officer – HGS	(COO-HGS)
Mr Mike Hallissey	Interim Medical Director	(IMD)
Mr Tim Jones	Executive Director of Workforce and Innovation	(EDWI)
Mr Mike Sexton	Executive Chief Financial Officer	(CFO)
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)
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)

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 :

Narcis Ungureanu	Anaesthetics
Faisal Javed	ENT
Pradeep Mallisetty	Acute Medicine
Daniel Dogar	Paediatrics
Yogesh Kalaiah	Diabetes
Shujah Dar	Diabetes
Anju Kadyan	Ophthalmology
Natasha Harper	Dermatology
Evgenia Xenou	Haematology
Zoe Kimberly	Acute Medicine
Muhammad Bhutta	Elderly Care
Uday Kale	ENT
Shailesh Jobanputra	Haematology

Observers:

Merry Pearley	CQC
Mark Foxwell	Member of the public
Mehab Ahmad	Member of the public
Neil Sarannage	Member of the public
James Stockley	Member of the public
Stan Baldwin	Governor
Tony Cannon	Governor
Bernadette Aucott	Governor
Derek Hoey	Governor
Sue Balmer	Governor
Kath Bell	Governor
Tom Webster	Associate Governor
Sue Hutchings	Associate Governor
Veronica Morgan	Associate Governor

D18/142	WELCOME AND APOLOGIES FOR ABSENCE Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. Apologies were received from Mr Jason Wouhra, Non-Executive Director.
D18/143	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.
D18/144	DECLARATIONS OF CONFLICT OF INTERESTS The following conflicts of interests were declared: Rt Hon Jacqui Smith – in relation to Safeguarding report (item 8), Sandwell Children's Trust Prof Jon Glasby – in relation to Safeguarding report (item 8), Birmingham Women's and Children's Hospital Prof Michael Sheppard – in relation to Master Services Agreement to re-licence the WMAHSN (item 18), University of Birmingham
D18/145	MINUTES OF THE BOARD OF DIRECTORS MEETING ON 26 JULY 2018 Resolved: The minutes of the meetings held on 26 July 2018 were APPROVED as a true and accurate record subject to some small amendments in relation to the Finance Report.
D18/146	MATTERS ARISING FROM THE MINUTES There were no matters arising from the minutes of the meetings on 26 July 2018.

D18/147	<p>CHAIR'S REPORT & EMERGING ISSUES</p> <p>The Chair reported that the appointment process for the Medical Director (MD) post had concluded with the Non-Executive Directors appointing Prof. Simon Ball to the post. Prof. Ball will commence in his new role on 1 January 2019. The Chair thanked commended the interim MD, Mr Mike Hallissey, for his work in filling the post in the interim.</p> <p>The Chair, Prof Jonathan Glasby and Ms Mehrunnisa Lalani had attended the Black History Month debate held at Heartlands.</p> <p>1 large and 3 smaller AGMs have been held since the last Board meeting. Going forward, the Trust would be looking at live streaming this event.</p> <p>Sandra Haynes has been appointed as Lead Governor for the new enlarged Trust.</p> <p>A board development session has been arranged for 8 November. The seminar would be led by the Good Governance Institute and be followed by dinner.</p> <p>Invitations will be sent out for the STP conference on 5 December. All Execs and NEDs were invited.</p> <p>Resolved: To ACCEPT the updates.</p>
D18/148	<p>CLINICAL QUALITY MONITORING REPORT Q2</p> <p>The Board considered the report presented by the IMD. There were no concerns regarding the CUSUM data contained in the report. In relation to the HSMI data it was noted that, due the size of the new enlarged Trust, the indicator was not providing any meaningful data on which to gain assurance or identify potential concerns. A new methodology will be needed, to be developed by the DQD. In the meantime, the data would be broken down by site, providing more granular detail.</p> <p>There was discussion regarding the three 'never' events. All patients had the duty of candour undertaken. There was no evidence of patient harm.</p> <p>Resolved: To ACCEPT the report.</p>
D18/149	<p>PATIENT CARE QUALITY REPORT FOR Q2 TO INCLUDE INFECTION PREVENTION</p> <p>The Board considered the report presented by the ECN. A summary of the performance targets and care quality was provided.</p> <p>Infection control – there have been 2 cases of MRSA in the last quarter. Systems and processes are undergoing a review and an RCA will be completed next month. Performance in relation to C.Diff has improved.</p> <p>Tissue viability – the number of device related pressure ulcers remains low at 3. 'End of life' and 'elderly care' provide some challenges and education is underway with a focus on re-positioning of patients.</p>

	<p>More focus will be placed on patient falls which is high at QEH when compared with HGS.</p> <p>Dignity/learning & disability – separate groups have been established to review these themes in more detail and a report will be brought back to the Board when this review has been completed. Margaret Harris will lead on a specific dementia project.</p> <p>The Patient Experience Group has been launched which will provide future assurance consisting of outcome of family & friends test, surveys, Trust responsiveness to feedback, complaints and PALS.</p> <p>Resolved: To ACCEPT the report.</p>
D18/150	<p>ANNUAL SAFEGUARDING ADULTS AND CHILDREN REPORT 2017/18</p> <p>The Board considered the report presented by the ECN. It was noted that the report was split by the two main sites (QEHB and HGS) since the two leads currently take a different approach. It could not be said that one approach was more favourable to the other and work is ongoing to ensure consistency going forward. The Trust has entered into a strategic partnership with Birmingham Womens and Childrens Hospital's (BCHW) safeguarding team. An increase in safeguarding referrals is anticipated, but this should be seen as a positive outcome. 'Prevent' training forms part of the mandatory training package. Funding has been approved for child protection in ED. Applications for mental capacity and DOLs assessments are on the increase nationally. Training compliance in this area has improved.</p> <p>Resolved: To ACCEPT the report.</p>
D18/151	<p>NURSE STAFFING – BI ANNUAL PROGRESS REPORT</p> <p>The Board considered the report presented by the ECN. There is currently no issue with staff recruitment overall. The Trust has a good skills mix and high competency and behaviour levels. However, some departments might find recruitment more difficult than others. The overall vacancy level stands at 17% which is a healthy position when compared with other trusts regionally.</p> <p>The new role of Nursing Associates was explained. The new role was seen as a better alternative to oversea recruitment. The Health & Wellbeing offer to permanent staff has been increased whilst resources are stretched. The new 'Allocate' system has been rolled out at HGS which will allow the Trust to check on shifts which exceed the average length. The workforce strategy includes streamlining of recruitment processes, collaboration during commissioning, education and development of staff whilst they are at university and leadership culture.</p> <p>Resolved: To ACCEPT the report.</p>
D18/152	<p>COMPLIANCE REPORT – Q2</p> <p>The Board considered the report presented by the DCA. An update was provided on the development of the mental health room. It was explained that</p>

	<p>there had been some delay due to the specification for the room being changed mid-way through the project. However the construction of the room has now commenced.</p> <p>The Trust had received 28 CQC queries, 25 of these have been responded to; 2 relate to incident investigations which are undergoing an investigation and the other relates to the Trust being an outlier for National Paediatric Diabetes audit. The CQC core inspection has been completed. Feedback has been overall positive on both sides. The well-led review is due to commence on 26 November.</p> <p>During quarter 2 the Trust has received 1 Regulation 28 request (Prevention of future death). The coroner has queried the ED escalation process which has been clarified.</p> <p>Compliance with NICE at HGS is reported as low, as all guidelines are being reviewed again following the acquisition, to ensure consistency across the Trust.</p> <p>There have been 11 external visits during quarter 2. The outcome for GIRFT is marked as 'negative' and action plans are in place to address any shortfalls. It was noted that 'serious concern' under GIRFT was defined as 'an issue that needs to be addressed immediately but does not provide immediate risk to patients, staff or the service'.</p> <p>The Trust has successfully recruited into the two Mental Health Act Administrator posts. Changes have been made to PICS to collate more accurate information on compliance with the Mental Health Act requirements.</p> <p>Resolved: To ACCEPT the report.</p>
D18/153	<p>QUARTERLY PERFORMANCE REPORT</p> <p>The Board considered the report presented by the DQD. There are 31 ongoing investigations. This represents less than 1% of all staff. In future, the report will detail how many of these have been resolved. There have been 4 adverse inquests and 7 are currently underway or in the pipeline.</p> <p>There has been a reduction of 'never events'. Solihull has 'nil' 'events' which needs to be monitored closely to ensure a good reporting culture. A new Trust wide RCA process has recently been agreed at CEAG.</p> <p>A brief summary of the Board unannounced governance visits was provided.</p> <p>Resolved: To ACCEPT the report.</p>
D18/154	<p>PERFORMANCE INDICATORS REPORT 2018/19 & ANNUAL PLAN UPDATE</p> <p>The Board considered the report presented by the DCSPP. The performance in relation to A&E 4 hour wait, delayed transfer of care, RTT, Cancelled Operations, Cancer Targets and Dementia was discussed. The Trust has seen an increase in A&E admissions, averaging 4% which exceeds the 1% predicted</p>

	<p>increase. RTT performance is improving despite the increase in demand. Nationally, the waiting list has grown to 8.1% above baseline. Good Hope has seen an increase in delayed transfer of care caused by Birmingham City Council and South Staffordshire District Council during the holiday period. Performance against the 62 day Cancer target has improved at HGS but slightly deteriorated at QEHB due to an increase in tertiary referrals, particularly in Urology for named Consultants for whom patients are willing to wait. The Trust achieved both the two week wait targets for the first time since February 2018. The Trust has shown a steady performance in relation to dementia finding, assessment and referral.</p> <p>Resolved: To ACCEPT the report.</p>
<p>D18/155</p>	<p>FINANCE & ACTIVITY PERFORMANCE UPDATE TO INCLUDE CAPITAL PROGRAMME UPDATE Q2</p> <p>The Board considered the report presented by the CFO. The Trust's performance for 2018/19 is an adjusted planned deficit of £61.8m excluding the Provider Sustainability Funding (PSF). Including the PSF for the QEHB site will lead to a planned deficit of £38m as per the financial trajectory agreed with NHSI during the merger discussion. Year to date, the Trust is reporting a deficit (inclusive of PSF) of £22.3m, which is in line with plan. The Trust's cash balance was £96.2m at the end of September which is above plan. The Trust's Use of Resources level is 3 and due to be assessed in November. The board was reminded of the issues with the Model Hospital Data which is by and large used for the 'Use of Resources' score.</p> <p>The Board discussed the new tariffs and increase in activity which might assist the Trust's cash position. It was noted that HGS was currently underperforming in day cases, the reasons for which were not yet fully understood. More space needs to be found for the elective work.</p> <p>Resolved: To ACCEPT the report.</p>
<p>D18/156</p>	<p>STRATEGIC OPERATIONS STEERING GROUP UPDATE REPORT</p> <p>The Board considered the report presented by the EDSO. Following the acquisition and the integration of HGS into the management structure, work is underway to produce one single Trust wide strategy, with smaller strategies for specialities. An update was provided on those specialities who had been identified initially by the Case for Change (or subsequently) as specialities which would benefit from the merger. It was noted that some specialities have seen an exponential growth in patients (e.g. Ophthalmology).</p> <p>All labs are now UKAS accredited.</p> <p>The Trust has approved a new Risk Management Policy. The workforce integration and alignment plan (including content and delivery of corporate induction, stat/man training, processes regarding Guardian of Safe Working, etc.) is underway. The Board discussed the alignment work regarding the management of bank staff. It was agreed that in future this report will be an exception report since many projects are now picked up as business as usual by the respective directorate.</p>

	<p>Resolved: To ACCEPT the report.</p>
D18/157	<p>GUARDIAN OF SAFE WORKING ANNUAL REPORT AUGUST 2017 – AUGUST 2018</p> <p>The Board considered the report presented by the EDWI and Guradian of Safe Working. It was noted that for the purpose of this report, the reporting period is from 2 August 17 to 31 July 18. At QEHB, the total number of exceptions has decreased to 125 (from over 200 in the previous year). During the reporting period two fines have been levied against the Trust. Both related to lack of a resident doctor overnight at Oncology/Haematology as a result of one member of staff being off sick.</p> <p>There is generally good staff engagement and working practice which is being shared. This includes the increase of the number of registrars on the rotas and earlier/thorough handovers. Plans are in place to support junior doctors with newly introduced nursing/pharmacy staff groups. Pastoral welfare is being considered. There is recognition that rotations can make it difficult for junior doctors to build strong relationships with their employer. Further work needs to be done at HGS as, whilst a deputy Guardian of Safe Working has been appointed and policies and procedures have been rolled out, there remain 62 exceptions reports which are ‘pending supervisor attention’. 53 of these relate to additional time worked and it is proposed that this is being paid retrospectively with 9 being investigated further.</p> <p>Resolved: To ACCEPT the report.</p>
D18/158	<p>EMERGENCY PREPAREDNESS UPDATE REPORT</p> <p>The Board considered the report presented by the EDSO. It was noted that the policy has undergone a review and is waiting approval by PRG in November. The Trust has conducted successfully a ‘Blue Peter’ test of the paediatric Business Continuity Plan. Under the plan the triaging will be done by height of the patient and not the age. The next report will detail the BCP regarding BREXIT.</p> <p>An unannounced Decontamination Exercise had triggered an unplanned major incident call out to which 840 members of staff responded. Lessons learnt from this are that the call-out is not as robust as previously thought, staff tend to follow others without question and ambulance/anti-terrorism squad are willing and quick to respond (despite there being no need on this occasion).</p> <p>Resolved: To ACCEPT the report.</p>
D18/159	<p>RISK REPORT (INCLUDING BOARD ASSURANCE FRAMEWORK REPORT)</p> <p>The Board considered the report presented by the DCA. It was noted that the report summarised what had previously been agreed at the Board seminar on 12 October. It contained the risk appetite statements, the update to the BAF and set out the new format of the Corporate Risk Register Report (with the data contained therein being dummy data on this occasion).</p>

	<p>Resolved:</p> <ol style="list-style-type: none"> 1. To NOTE and APPROVE the updates to the BAF. 2. To APPROVE the amended SR9/18. 3. To APPROVE the approach to SR10/18 . 4. To APPROVE the format of the new Corporate Risk Register Report. 5. To APPROVE the new Risk Appetite Statements.
<p>D18/160</p>	<p>MASTER SERVICES AGREEMENT TO RE-LICENCE THE WEST MIDLANDS ACADEMIC HEALTH SCIENCES NETWORK (WMAHSN) The Board considered the report presented by the EDWI.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. To APPROVE continued hosting of the WMAHSN. 2. To DELEGATE authority to the Executive Director of Workforce & Innovation and the Director of Corporate Affairs to further negotiate the contract in line with the legal advice provided and if acceptable, execute the contract on behalf of the Trust.
<p>D18/161</p>	<p>POLICIES FOR APPROVAL: The Board considered the report presented by the DCA.</p> <p>Resolved: To APPROVE the following policies:</p> <ol style="list-style-type: none"> 1. RISK MANAGEMENT POLICY 2. POLICY FOR MAINTAINING HIGH PROFESSIONAL STANDARDS IN THE MODERN NHS (INCORPORATING THE DISCIPLINARY POLICY FOR MEDICAL AND DENTAL STAFF

.....
Chair

.....
Date