

BOARD OF DIRECTORS

Minutes of the Public Meeting of 25 July 2019
 Thomas Guy Lecture Theatre, Good Hope Hospital

Present:

Rt Hon Jacqui Smith	Chair	(Chair)
Dr Dave Rosser	Chief Executive	(CEO)
Prof Simon Ball	Medical Director	(MD)
Mr Kevin Bolger	Chief Workforce & International Officer	(CWIO)
Mr Tim Jones	Chief Innovation Officer	(CIO)
Mr Mike Sexton	Chief Financial Officer	(CFO)
Ms Lisa Stalley-Green	Chief Nurse	(CN)
Ms Cherry West	Chief Transformation Officer	(CTO)
Ms Jane Garvey	Non-Executive Director	(NED)
Prof Jon Glasby	Non-Executive Director	(NED)
Ms Jackie Hendley	Non-Executive Director	(NED)
Ms Karen Kneller	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:

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 Strategy, Planning and Performance	(DSPP)
Prof Julian Bion	Professor of Intensive Care Medicine/Freedom To Speak Up Guardian	
Mrs Berit Reglar	Deputy Foundation Secretary – Minute Taker	
Mrs Angie Hudson	Corporate Affairs Officer	

Consultants :

Dr Shekhar Kanerie	Breast Radiologist
Dr Ronan Mukherjee	Anaesthetist
Dr Nehal Narayan	Rheumatologist
Mr Nick Newton	UGI Surgery (MOD)
Dr Stephanie Shayler	Palliative Medicine
Dr Aaron Sturrock	Neurologist

Observers:

Derek Hoey	Associate Governor
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Members of Public

Stephen Meaaous	Merck
Ashley Murtagh	BCHC NHs
Laura Davies	Member of public
Oscar Thewlis	Liaison Group
Danielle Growin	MGG
N Sarannage	J&J

D19/116 WELCOME AND APOLOGIES FOR ABSENCE

Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. Apologies were received from Jonathan Brotherton (COO); Ms Fiona Alexander (DComms); Ms Mehrunnisa Lalani, NED; and Dr Jason Wouhra, NED.

D19/117 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.

D19/118 DECLARATIONS OF CONFLICT OF INTERESTS

Declaration of conflicts: Nil

D19/119 MINUTES OF THE BOARD OF DIRECTORS MEETING ON 25 APRIL 2019

Resolved: The minutes of the Board of Directors meeting held on 25 April 2019 were APPROVED as a true and accurate record.

D19/120 MATTERS ARISING FROM THE MINUTES

There were no matters arising from the minutes of the meetings on 25 April 2019.

D19/121 CHAIR'S REPORT & EMERGING ISSUES

There were no emerging issues.

D19/122 FREEDOM TO SPEAK UP GUARDIAN REPORT

The Board considered the report presented by Prof. Julian Bion, Freedom to Speak Up Guardian. The report covers quarter 4 of 2018/19. The National Guardian, Dr Henrietta Hughes, has been invited to join the Trust's local quarterly meeting on 10 December 2019. The board was advised that the role of the Guardian is not to act as an investigator or advocate but to develop an open culture in which staff feel empowered and encouraged to speak up safely. To facilitate this, a number of individuals with varying backgrounds have become confidential contacts who support the Guardian in his role. The majority of referrals continue to be made via the Guardian directly, but this is anticipated to change over time. Visibility of the service has been enhanced by developing web materials in conjunction with the Head of Communication who

is one of the 21 confidential contacts. Current themes of referrals include lack of respect for colleagues, early identification and support of colleagues in need and disciplinary processes which lack compassion. The board discussed how the function of HR has become purely transactional over time and that there was a need to 'humanise' this again. It was also agreed that HR processes need to allow for more flexibility for managers to make the right decision. As a result, a number of HR owned controlled documents have already been revised and stripped back to the key points. The next steps for 2019 were noted. The board was invited to comment on the content and layout of the report so as to further improve and enhance this role. It was noted that little comparative data is available from other trusts.

Resolved:

- 1. To NOTE progress made; and**
- 2. To APPROVE the recommendations in relation to the key themes.**

D19/123 CLINICAL QUALITY MONITORING REPORT Q1

The Board considered the report presented by the MD. The mortality indicators CUSUM and SHMI were discussed. As had been noted in previous meetings, the majority of exceptions are believed to derive from the particularly complex patient case mix with numerous co-morbidities, which only specialist trusts see. This is particularly the case for those exceptions in relation to pneumonia and intra-cranial injuries.

The section on learning from deaths was discussed. There was no cause for concern. The particular cases mentioned in the Appendix all relate to the death of patients with known complications. Two are being investigated as a serious incident and will proceed to an RCA review. The newly appointed Medical Examiner ensures consistency of reporting.

Two never events were discussed both of which relate to wrong side surgery. It was noted that there are two themes coming out of the quality of care scores, communication breakdown and nutrition and hydration. Work is underway to place more focus on these themes. It was noted that there are differences in data quality due to the electronic patient record not yet been available at the three new sites (GHH, SH and HH), which limits the scope of any audit undertaken as records have to be manually reviewed. However, incident reporting on all sites is encouraging and shows an open culture. One of the newly appointed Deputy Medical Directors has undertaken a review of all incident investigations which has flagged up the following themes: communication, diabetes management and consenting patients. In the medium term the plan is to consolidate and further improve the incident investigation process. It was explained that incidents are forwarded for consideration by CaPRI through a diversity of channels including the medical examiner.

The MD reported that the Trust's Avoidable Term Admissions to the Neonatal Unit ("ATAIN") report and action plan had been presented to and discussed at CQMG. This is a national programme of work initiated under patient safety to identify harm leading to term neonatal admissions. The current focus is on

reducing harm and avoiding unnecessary separation of mothers and babies.

Unannounced Governance visits:

The board considered the findings of the governance visits conducted in the morning.

Jackie Hendley (Ward 8: endocrinology and diabetes): staff shortages; issues with agency staffing; content patients but ongoing complaints regarding car parking; other issues raised – lack of water dispenser/only two toilets on ward.

Catriona McMahon (ward 14: trauma and orthopaedic): organised/clean environment, but crowded. Patients feel well looked after/ complimentary about food; multidisciplinary environment (young/old); uncertainty regarding urgent surgery. Leadership enthusiastic/considered cross site working to encourage learning from one another. Strong team working. High level vacancy.

Jon Glasby (ward 9: elderly): was under CQC review – high staff sickness/vacancy rate/patients' falls. Has been transformed. Ward now looks well managed with strong leadership team. No longer staffing issues. Patients extremely content. Nurses and doctors complimentary about one another. Yellow badges liked by patients and staff alike. To consider: Best use of space by having converted day room into a 2 bedded ward?

Jane Garvey (ward 21: frailty assessment room): staff positive; patients grateful and treated with dignity. Pleasant atmosphere.

Jacqui Smith (maternity assessment unit): Old signage. Clean and bright environment/not overly busy. Positive feedback on communication and IT. Still to be worked on: sharing records for patients outside Birmingham footprint.

The Board considered the update from the CN regarding the latest unannounced inspection by the CQC. The CN was pleased to announce that the Trust had been given a clean bill of health. Previous issues raised regarding ward 9 (GHH) and ward 29 (HH) have been resolved. Patients feel treated with dignity, compassion and respect. Medical records are shared appropriately with team members. Staff feel supported by senior sister and processes work effectively. There is no case of abuse or neglect. It was further noted that the claims made as part of whistleblowing to the CQC remained unsubstantiated. The Trust is now incorporating some statistics/data in the report before it will be published. The latest inspection will have no bearing on the overall rating of the Trust.

Resolved: To ACCEPT the report.

D19/124 QUARTERLY PERFORMANCE REPORT – Q1

The Board considered the report presented by the DQD. There are currently 21 investigations into staff performance under way. This is a small increase from the last quarter. The Trust has received an unexpected regulation 28 report from the Assistant Coroner for Stoke on Trent/North Staffordshire who was concerned that no consideration had been given to the change of pacemaker

box as being the source for an undiagnosed infection and that a referral to a cardiologist should have been made. It was noted that the referral process to the cardiology department is robust. A report from the CSL for Cardiology has been obtained which will be passed onto the Assistant Coroner.

The Quality Development Team is working with the Deputy Chief Nurse for Quality and Safety, Health Informatics and clinical teams to progress the development of suitable indicators for assessment areas. This project links in with the appointment of new CSLs and follows the transformation project managed by the CWIO.

Resolved: To ACCEPT the report.

D19/125 PATIENT CARE QUALITY REPORT FOR Q1 TO INCLUDE INFECTION PREVENTION & CONTROL

The Board considered the report presented by the CN. A summary of the performance targets and care quality was provided.

Infection Control- There was no case of post 48 hour MRSA bacteraemia in May 2019. To date, there have been two such cases against a trajectory of nil. In terms of C.Diff, the Trust has seen 19 Trust apportioned cases of which 11 were post-48 hours hospital onset. For the year to date, the Trust had 43 apportioned cases against a trajectory of 42. An action plan is in preparation. GHH and HH are under review by NHSI and are now reporting on a four weekly basis post discharge which requires cross system working. The Trust is considering anti-microbial prescribing via an app.

Tissue viability - The Trust is looking at a new way of reporting tissue viability as 6 hourly reporting is now required. There have been four Trust acquired cat 3 and 63 cat 2 pressure ulcers in April 2019. The latter identified three themes: Inaccurate or less than daily skin inspections/ineffective repositioning and use of inadequate equipment.

Patient experience - the total number of complaints has reduced by 20 cases to 484. The team has undergone a restructure and is now embedded in the divisions. The team is working hard to catch up on the backlog of old cases. In future, the team will focus on the facilitation of an early resolution. The Trust's incident management system (DATIX) requires alignment.

Resolved: To ACCEPT the report.

D19/126 FINANCE & ACTIVITY PERFORMANCE REPORT Q1 INCLUDING CAPITAL PROGRAMME UPDATE

The Board considered the report presented by the CFO. It was confirmed that activity is broadly in line with plan save for the cash position which is at £21.6m at the end of June behind the plan of £55.7m. Contributing factors for the current cash position are the delay in receipt of education funding (which the Trust is now expecting to receive in August) and bonus money, and a delay in agreeing commissioners' contracts for 2019/20. Actual deficit year to date is £8.1m against a planned deficit of £8.9m. The favourable variance relates to late receipt of 2018/19 PSF funding which must be shown as a gain in the

2019/20 accounts.

The capital expenditure programme was approved. The 'Mail on Sunday' report on 'age of debts' in the NHS was discussed. It was explained that this relates by and large to overseas patients who need to be invoiced despite there being minimal chances of recovery. Cost pressures were discussed. It was noted that detailed sessions with the divisions have now taken place to ensure that the delivery of CIP savings becomes a concerted effort.

Resolved: To ACCEPT the report.

D19/127 RISK REPORT (including Board Assurance Framework)

The Board considered the report presented by the DCA. Updates to SR1/18 and SR2/18 were noted. Both relate to the current Finance position as discussed as part of the preceding Finance & Activity report. Save for SR13/18 (Failure to realise the opportunities and benefits of the merger), all remaining strategic risks already have been or will be discussed by the Board as per the agenda (see in particular the Quality Performance Report, Annual Workforce Report and Patient Care Quality Report). A brief update on SR13/18 could be found on page 9 of the report. It was explained that the colour coding denotes whether a risk has been mitigated in line with the target date.

Resolved:

- 1. To NOTE and APPROVE the updates to the BAF.**
- 2. To APPROVE the increase in the Current Score of SR1/18.**
- 3. To APPROVE the increase in the Current score of SR2/18.**
- 4. To APPROVE the Corporate Risk Register Report.**
- 5. To NOTE the contents of Strategic Risk Mapping.**

D19/128 COMPLIANCE & ASSURANCE REPORT – Q1

The Board considered the report presented by the DCA. The update on outstanding CQC actions was noted. The regulation 28 report was discussed. This related to the cardiac arrest of a patient whose pulmonary angiogram had shown an embolus, but due to the delay in reporting on this, the patient had not received anticoagulation treatment in a timely manner. It had been established that the cause for the delay in reporting had been a combination of individual and systemic omissions. Steps have been taken to avoid similar occurrences in future which the coroner had accepted.

The content of the NICE section of the report was discussed. It was noted that whilst one outcome of a visit had raised a 'serious' concern, this was not to be understood as in 'serious' for the patient. The nomenclature was driven by the NICE standards themselves.

Resolved: To ACCEPT the report.

D19/129 PERFORMANCE REPORT

The Board considered the report presented by the DSPP. Performance against A&E 4 hour wait, RTT incomplete pathways, RTT waiting list, 6 weeks diagnostics, activity – day cases & electives, delayed transfer of care,

cancelled operations, cancer 62 day GP referral, 31 day first treatment and 2 week wait were discussed. It was noted an RCA has been instigated into two 52 week waits reported. RTT waiting list size continues to grow. Daycase activity fell by 2.2% and electives per working day have increased by almost the same amount. A remarked improvement in the delayed transfer of care stats was noted. It is believed that this is associated with the Home First Approach introduced by the City Council and efforts are made to ensure this process is sustainable. More progress needs to be made in relation to GP referrals where low risk cases appear to outweigh high risk cases.

The Guardian of Safe Working section was taken as read.

Resolved: To ACCEPT the report.

D19/130 2019/20 ANNUAL PLAN PROGRESS UPDATE

The Board considered the report presented by the DSPP. Three significant changes to the plan over the first quarter were noted – estates and infrastructure (ACAD), Digital Health First and the delay in implementing PICS and PAS at Heartlands, Good Hope and Solihull hospital.

Resolved: To receive the update.

D19/131 ANNUAL HEALTH & SAFETY REPORT

The Board considered the report presented by the DCA. The number of appointed nominated managers and completed health & safety inspections was noted. There had been three investigations into Trust activity by the HSE. These related to occupational dermatitis, occupational De Quervain's tenosynovitis and a road traffic accident. The former has now been concluded with the acceptance of an action plan.

Resolved: To ACCEPT the report.

D19/132 ANNUAL WORKFORCE REPORT 2018/19 INCLUDING STAFF SURVEY ACTION PLAN

The Board considered the report presented by the CWIO. The following main themes have been identified: Workforce planning, medical resourcing, workforce transformation, workforce operations, and workforce governance. It was noted that the merger had resulted in in excess of 70 separate transformation activities. The Trust may consider a different HR approach which, over the past years, has been trimmed back to pure transactional support. HR policies are in the process of being stripped back to flowcharts and keep points so as to allow managers sufficient flexibility to deal with a certain situation. Changes to pensions and taxation have resulted in a number of consultants choosing not to take up any voluntary additional work. It was agreed that recruitment needs to be further automated and efforts must be made to recruit outside the NHS employer website as insufficient suitable candidates are attracted.

Resolved:

- 1. To ACCEPT the report.**
- 2. To ACCEPT the workforce priorities for 2019/20.**
- 3. To APPROVE the publication of the annual workforce report.**

D19/133 ANNUAL REVALIDATION REPORT

The Board considered the report presented by the MD.

Resolved: To ACCEPT the report.

D19/134 POLICIES FOR APPROVAL:

The Board considered the report presented by the DCA.

- Medicines Policy
- Records Management Policy (Corporate and Clinical) Policy
- Organ Donation Policy

Resolved: To APPROVE the following policies:

- **Medicines Policy**
- **Records Management Policy (Corporate and Clinical) Policy**
- **Organ Donation Policy**

D19/135 ANY OTHER BUSINESS

The Board considered the update on the UK Healthcare Alliance presented by the MD. The Trust was the only site invited to the above which had been convened by NHSI/Genomics England. A letter of collaboration had been received by the Trust which set out the underlying idea of making data available in an easier way than is currently the case. The letter omits any commitment by the Trust. In light of this, the Board recommended to join the UK Healthcare Alliance.

D19/136 DATE OF NEXT MEETING:

Board of Directors Q2 - (Held in Public)

Thursday 24 October 2019 at 12.30pm

Rooms 2&3, Education Centre, **Birmingham Heartlands Hospital**

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Chair

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Date