

BOARD OF DIRECTORS

Minutes of the Meeting held in PUBLIC on
22 October 2020
In Trust HQ, QEHB and by Webinar

Present:

Mr Harry Reilly	Non-Executive Director (and Deputy Chair)	(NED) 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 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)
Mrs Jackie Hendley	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)
Prof Michael Sheppard	Non-Executive Director	(NED)
Mr Debu Purkayastha	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 Berit Reglar	Deputy Foundation Secretary/Head of Corporate Governance	(DFS/HOCCG)
Mr Antony Carver	Principal Clinical Scientist	
Ms Carole Cole	Deputy Director of Communications	
Mr Richard Glover	Clinical Scientist	
Ms Ayesha Nazakat	Land and Property Officer	
Mr Mark Ramtohl	Clinical Scientist	

Governors

Mr Tony Cannon
Ms Jayne Francis
Mr Derek Hoey
Mr Robert Jasper

Consultants:

Shilpa Sannaki	Anaesthetics
Christopher Pollard	Infectious Diseases and Acute Medicine
Nick Smith	Trauma and Orthopaedics
John Parkin	Urology
Sally Wright	Trauma and Orthopaedics
Manuela Heim	Foetal Medicine
Abhishek Gupta	Elderly Medicine
David Burns	Haematologist
Emmanuel Davidson	Emergency Medicine
Andrew Grazette	Trauma and Orthopaedics

Other

Rebecca Thomas
Ilan Frankcom

D20/142	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>Mr Harry Reilly, Chair, welcomed everyone present to the meeting.</p> <p>Apologies had been received from Rt Hon Jacqui Smith.</p> <p>The meeting was, due to the current situation regarding Covid-19, being held via Microsoft Teams and in Trust HQ, QEHB.</p>
D20/143	<p>QUORUM</p> <p>The Chair noted that:</p> <ul style="list-style-type: none"> 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.
D20/144	<p>DECLARATIONS OF INTEREST</p> <p>There were no conflicts of interests declared.</p>
D20/145	<p>MINUTES OF PREVIOUS MEETING</p> <p>The Board considered the minutes of the meeting held in public on 23 July 2020.</p> <p>RESOLVED: The minutes of the meeting held in public on 23 July 2020 were approved as a true and accurate record.</p>
D20/146	<p>MATTERS ARISING FROM THE MINUTES</p> <p>None</p>

<p>D20/147</p>	<p>CHAIR'S REPORT AND EMERGING ISSUES</p> <p>The CEO provided an update on the local and regional covid-19 situation in the health sector. The West Midlands was following a similar trajectory to the north of England and trusts were preparing for an increase in patient admissions. Unlike the first wave, trusts were preparing to continue with the provision of elective care as much as possible. This had resulted in a more pro-active approach in managing patient flows into the A&E department. UHB was preparing for the rolled out of its Ask A&E triage system as the primary route into the Trust's Emergency department. The diagnostic work usually undertaken by staff within ED would now be undertaken by the specialties themselves.</p> <p>The CWIO provided an update on the situation of portering services at Heartlands Hospital. The Trust had commenced an organisational change process in January 2020 to align different processes and create fair working practices across all hospital sites. At the end of this process, Unison had raised an issue which led to the suspension of the change process in order to consider reasonable adjustments. Following this, members of Unison had voted in favour of strike action to commence on Friday, 30 October. The Trust was continuing to meet with Unison representatives and had now engaged ACAS to find a reconciliatory way forward.</p> <p>RESOLVED: To receive the update.</p>
<p>D20/148</p>	<p>CLINICAL QUALITY MONITORING REPORT</p> <p>The Board considered the report presented by the CMO. The CUSUM, SHMI and HSMR data were discussed in detail. It was noted that the absolute number of CUSUM cases was extremely small and there had been a change in case mix between April and June 2020 (most cases were covid related). It was further noted that during the reporting period, more stringent testing measures were in place which made it difficult to draw any conclusions at this stage. It was agreed that if any issues were to be identified as part of the ongoing review, these would be brought back to the board for consideration. There was no significant change in SHMI or HSMR data. It was acknowledged that it remained unclear if, and to what extent, patients with learning disabilities were more affected by covid-19.</p> <p>RESOLVED: To receive the update.</p>

<p>D20/149</p>	<p>CARE QUALITY REPORT FOR Q2 TO INCLUDE INFECTION PREVENTION & CONTROL REPORT</p> <p>The Board considered the report presented by the CN. An update on the number of non-covid related infection control cases as well as covid outbreaks was provided. During August, there had been no outbreaks of Covid-19 cases across the Trust. However, there had been an increase in the number of patients with pressure ulcers. These related predominantly to patients at the end of life and work was ongoing to support the choice of these patients.</p> <p>Despite a full bed base, there had been no increase in the number of falls and there had been no falls with catastrophic effect, but it was too early to draw any conclusions from this. It is generally understood that covid positive patients are more likely to fall and all patients were risk assessed accordingly.</p> <p>The complaint response rate had improved and there had also been a reduction in the overall number of complaints received.</p> <p>Further details of the Patient First initiative were discussed. The Trust had internally commissioned a discharge programme which was overseen by the Deputy Director for Patient Experience. Amongst other things, the programme was considering the patient experience in the covid environment, in particular for expecting mothers. The Trust had currently 2 pregnant patients in critical care. It was noted, in this context, that the recent Board seminar on maternity services had been well received.</p> <p>Staff were praised for their efforts during the last few months. It was noted that the workforce was tired, but new joiners felt well supported and had grown in confidence. Overall, it had been shown that team work was crucial to retain positive staff morale. The Trust had set up several health & well being hubs and recently received central funding to secure the sustainability of these hubs over the coming months.</p> <p>RESOLVED: To receive the update.</p>
<p>D20/150</p>	<p>QUALITY & PERFORMANCE REPORT (INCL. GSW) & 2020/21 STRATEGY IMPLEMENTATION PLAN UPDATE</p> <p>The Board considered the report presented by the DSQD. There were 20 staff investigations under way in addition to investigations under Maintaining High Professional Standards (MHPS). Owing to covid-19 measures, the coroner had adjourned a number of inquests which were expected to be relisted in due course. 10 cases had been identified which might lead to an inquest or internal investigation. There were 7 Never Events, SIs and ISIs in September 2020.</p> <p>In terms of operational performance it was noted that A&E performance stood at 80.3% which was an increase of 16.1% compared to the same time period last year. Overall, 4.5% of patients who attended A&E had a 'covid-like' presentation with variations across the sites. There were two 12 hour trolley waits in September. The Ask A&E symptom checker was used by over 1,000 patients during September with a daily</p>

	<p>average of 36 users during September. The 18 week referral to treat performance had improved with performance at 52.7%. Performance against the 6 week diagnostic target fell by 0.3ppp to 60.9%. Performance against cancer targets was mixed.</p> <p>In terms of strategy update, it was noted that NHSE/I had set targets for the recovery of elective activity in phase 3 of the NHS response to COVID-19 and block payments from September onwards would be based on achievement of these targets at system level. The government had announced funding for 48 new hospitals and some of the hospitals were already under construction. The report of a review of diagnostics by Prof. Sir Mike Richards commissioned by NHSE/I had been published. This proposed the establishment of community diagnostic hubs or 'one stop shops' away from hospitals. The CQC had released its draft strategy for 2021-26.</p> <p>Given the evolving landscape, three significant changes to the Trust's Strategy had been identified. This included Operational Performance (objective 4): The Trust's sites had been reconfigured to maximise capacity and separate hot and cold pathways, including the re-establishment of Solihull as a cold elective site. The PAS go-live date had been deferred to 16 November. A large number of pre-existing studies had been paused, although a large volume had recently been recommenced.</p> <p>The delay of transfer of care and patient discharge were discussed. It was noted that patients who had either tested positive to covid-19 themselves or were in close approximation to such patients, could not be safely discharged and extra beds were being commissioned to ensure bed capacity for patients requiring acute care. More work was required within the Solihull council area owing to the large number of private care providers. There were currently no plans to open the Nightingale hospital at the NEC to covid patients. Alternative usage of the site was dependent on safe staffing levels.</p> <p>RESOLVED: To receive the update.</p>
D20/151	<p>COMPLIANCE & ASSURANCE REPORT FOR Q2</p> <p>The Board considered the report presented by the CLO. It was noted that the clinical compliance framework was currently based on a review of documentation until it was safe to resume a 'walk the floor' visit. This had in part affected the scoring of the assurance level as shown in the report. It was noted that the Well-led domain had improved due to specialties providing evidence regarding their governance arrangements, as well as positive assurance from internal visits/audits.</p> <p>There were no unannounced CQC inspections during quarter 2. There were 33 new queries raised by the CQC in quarter 2 2020/21 compared to 14 in quarter 1 of 2019/20. The increase in queries is mirrored in other trusts. From the last quality and well-led inspections in October/November 2018, there were 50 'must do' actions of which 48</p>

	<p>were now considered complete.</p> <p>The Trust had received one regulation 28 report following an inquest into the death of one patient. The patient had arrived at the trust following a fall at home several days earlier. 3 days after discharge the patient was found having taken his own life. It has later been identified that the patient was not discharged with a blister pack containing his medication. The clinician concerned has since changed her practice and always communicates changes in medication with the patient's next of kin.</p> <p>Compliance with NICE guidance currently stands at 47%. The board was reminded that the dial was reset when UHB merged with former Heart of England NHS Foundation Trust. An update on external visits and the CAS alert system was provided.</p> <p>RESOLVED: To receive the update.</p>
D20/152	<p>FINANCE & ACTIVITY PERFORMANCE UPDATE INCLUDING CAPITAL PROGRAMME UPDATE</p> <p>The Board considered the report presented by the CFO. NHSE/I have imposed an emergency financial regime for the first half of the 2020/21 financial year in response to the covid-19 pandemic. The Trust has reported an overall deficit of £0.3m at quarter 2, including the retrospective top-up funding received to cover both internal pandemic response costs and the Nightingale hospital. There has been a shortfall of variable income related to trading activities (catering, car-parking, etc.) and research, though more recently research activity has been recommenced. The income shortfalls have been partially off-set by non-pay savings associated with the reduced activity levels as shown in table 3.5 and 3.6 of the report. The graphs show a marked decline in Trust activity around the initial COVID surge and then a slow recovery. It was noted that the Trust will miss the NHSE&I target for recovering elective work, but it remains unclear how any penalty might be applied as this applies at system (BSOL) level rather than organisational level and will be impacted by the second wave.</p> <p>It was noted that the cash position remains extremely healthy due to an advance on the block contract. However, even excluding this advance, the cash position was strong. An update on the capital programme and the repayment of historical loans taken out by former HEFT was provided. The financial regime is changing in the second half of 2020/21 with the retrospective top up being removed which will see a return to providers reporting surpluses and deficits.</p> <p>RESOLVED: To receive the update.</p>
D20/153	<p>QUALITY REPORT FOR 2019/20</p> <p>The Board considered the report presented by the DSQD. It was noted that the report was usually subject to a review by the Trust's external</p>

	<p>auditors, but guidance published by NHSE/I in March 2020 announced that the quality report deadline of June 2020 had been postponed and the requirement for the content and indicator audit removed. In April 2020, NHS trust were advised that there would be no requirement to include the Quality report within the Annual Report and in May 2020, NHSE/I recommended that trusts completed and published their Quality reports by 15 December 2020. It was noted that the attached report would be shared with third parties by 31 October 2020.</p> <p>RESOLVED: To APPROVE the content of the 2019/20 Quality Report for circulation to third parties and external publication by 15 December 2020.</p>
D20/154	<p>WORKFORCE DISABILITY EQUALITY STANDARD REPORT and WORKFORCE RACE EQUALITY STANDARD REPORT</p> <p>The Board considered the report presented by the CN. It was noted that the Trust is committed to the Equality and Fairness agenda. It had hosted a number of webinars on the Black Lives Matter movement and was considering the disproportionate impact of covid-19 on its BAME workforce. Recently, 2 appointments to the inclusion and wellbeing team have been made, including a new Deputy Director for Inclusion, Health & Wellbeing and Social Cohesion, as well as a Head of Inclusion-Improvement, Communications and Engagement.</p> <p>It was noted that fewer staff with a disability are going through the Trust's disciplinary process as are BAME staff. The initiation of the disciplinary process was now a joint decision by different staff groups.</p> <p>There appears to be a disparity of declared disabilities at Trust level and data received from NHS Employers. Feedback from an anonymous survey shows that some staff chose not to declare they have a disability because they do not wish to be defined by their condition, they were worried about bullying or the impact on their career progression or because they did not consider the disability to be relevant to their role.</p> <p>A new Fairness Taskforce has been set up which will funnel incidents to the Executive RCA process as appropriate and deal with challenging behaviours seen in the workforce.</p> <p>The board considered whether there could be a change in strategic policy approach in that sickness leave is broken down into 'normal sickness leave' and 'disability related sickness leave'. The CN agreed to discuss this further with the CWIO.</p> <p>It was noted that staff networks existed across all the Trust's different sites with good engagement from staff.</p> <p>The Board commended staff for being able to keep up with the pace of change despite the difficult circumstances caused by the pandemic. Credit was given to a matron who had been awarded by the Royal College of Nursing for her outstanding contributions for BAME staff.</p> <p>RESOLVED: To receive the update.</p>

D20/155	<p>NURSE STAFFING – BI-ANNUAL PROGRESS REPORT</p> <p>The Board considered the report presented by the CN. It was noted that the number of nurse vacancies had decreased. There were now 87 nurses associated registered with the NMC and a further 331 in training. Therefore, the Trust was on track to meet its target of training 600 nurses associated by the end of the year.</p> <p>It was noted that there had also been an increase in the number of former bank staff having joined the permanent workforce which was considered a positive result during the pandemic.</p> <p>The UHB School of Nursing, AHPS and Midwifery had opened in September. The Trust was holding a memorial service on 1 November to commemorate the loss of colleagues during the covid 19 pandemic. Plans are also in place to celebrate 70 years of the NHS in spring 2021.</p> <p>RESOLVED: To receive the update.</p>
D20/156	<p>SAFEGUARDING ADULTS AND CHILDREN – ANNUAL REPORT 2019/20</p> <p>The Board considered the report presented by the CN. The local authority has appointed a new CEO who will take forward the family work across the BSOL STP. The Trust has seen an increase in number of patients with mental health issues and police referrals. It is of concern that fewer children are being seen which undermines safeguarding efforts. The Safeguarding Board has now resolved the issue of the named doctor session and completed the education and policy work. Training was largely compliant bar level 3 training. There is a new strategy for patients with learning disabilities. A lead nurse for transition has been appointed. The Board appreciated the section on patient stories.</p> <p>RESOLVED: To receive the update.</p>
D20/157	<p>EMERGENCY PREPARDNESS REPORT</p> <p>The Board considered the report presented by the CLO. Naturally, there has been much focus on covid-19 work, but other work has been continued in order to meet statutory requirements, including business continuity planning. The pandemic is considered as a ‘major incident’ exercise.</p> <p>RESOLVED: To receive the update.</p>
D20/158	<p>RISK REPORT (INCLUDING BOARD ASSURANCE FRAMEWORK)</p> <p>The Board considered the report presented by the CLO. It was</p>

	<p>discussed and agreed for the risk score for SR1/18 <i>Financial deficit in excess of planned levels</i> and for SR2/18 <i>Cash flow affects day to day operations of Trust</i> to increase as proposed. It was further discussed and agreed to include a new strategic risk SR1/20 <i>Ability to provide the highest quality of treatment and care in maternity services</i>.</p> <p>The Corporate Risk Register, containing all approved risks with a current risk score of 15 or above was discussed. It was noted that a number of risks showed as 'off track' in terms of being managed to an acceptable risk score within the agreed time frame. This was by and large due to pressures caused by the pandemic.</p> <p>RESOLVED: To receive the update.</p>
<p>D20/159</p>	<p>ANY OTHER BUSINESS:</p> <p>None</p>
<p>D20/160</p>	<p>DATE OF NEXT MEETING:</p> <p>Thursday 28 January 2021 at 12.30pm Board of Directors Meeting – Q3 (held in public) Education Centre, Good Hope Hospital</p>

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Chair

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Date

