

BOARD OF DIRECTORS

Minutes of the Public Meeting of 25 April 2019
 Rooms 2 & 3, Education Centre, Birmingham Heartlands 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 and International Officer	(CWIO)
Mr Jonathan Brotherton	Chief Operating Officer	(COO)
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)
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	(DoC)
Mr David Burbridge	Director of Corporate Affairs	(DCA)
Mr Mark Garrick	Director of Quality Development	(DQD)
Mr Julian Miller	Director of Finance	(DoF)
Mr Lawrence Tallon	Director of Strategy, Planning and Performance	(DSPP)
Mrs Berit Reglar	Deputy Foundation Secretary – Minute Taker	
Mrs Angie Hudson	Corporate Affairs Officer	

Consultants:

Nihal Abosaif	Acute Medicine
Selina Ball	Emergency Medicine
Amar Bodh	Anaesthetics
Maitrey Darrad	Urology
Alfia Fatma	Obs & Gyn
Vijay Gudla	Radiology
Khaled Hussein	Radiology
Agata Juszczak	Diabetes
Amar Mahdi	Renal Medicine
Mamta Patel	ITU/Anaesthetics
Eleni Stathopoulou	Rheumatology
Feiran Wu	Trauma & Orthopaedics

Members of the public:

Terne Ellis
Kate Jackson
Mamta Dhan (Liaison)
Manta Patel

Governors:

Derek Hoey
Stan Baldwin

D19/53 WELCOME AND APOLOGIES FOR ABSENCE

Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. Apologies were received from Mr Andrew McKirgan, Director of Partnerships; Prof Jon Glasby, Non-Executive Director; and Mr Jason Wouhra, Non-Executive Director.

D19/54 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.

D19/55 DECLARATIONS OF CONFLICT OF INTERESTS

Declaration of conflicts:

D19/56 MINUTES OF THE BOARD OF DIRECTORS MEETING ON 24 JANUARY 2019.

Resolved: The minutes of the Board of Directors meeting held on 24 January 2019 were APPROVED as a true and accurate record subject to the following amendments:

Item D19/14 was presented by the CEO.

D19/57 MATTERS ARISING FROM THE MINUTES

There were no matters arising from the minutes of the meetings on 24 January 2019.

D19/58 CHAIR'S REPORT & EMERGING ISSUES

The Chair reported of the successful Volunteer Long Service award ceremony which had taken place for the first time at Good Hope, Solihull and Heartlands.

The Trust has received increased publicity as a result of the second series of 'Surgeons – Edge of Life' TV programme.

D19/59 CLINICAL QUALITY MONITORING REPORT Q4

The Board considered the report presented by the MD. It was noted that the CUSUM cases lie in the realms of normality. Respiratory failure and chronic ulcers of skin show as statistical outliers and are being reviewed and monitored.

SHMI/HSMR – there have been no changes since the last quarter. The number of statistical outliers is representative of the size of the organisation and the complexity of some surgeries.

Never event - there have been no 'never events' since the last quarter. At the last meeting several never events relating to the incorrect placement of a naso-gastric tube had been discussed. This resulted in several actions, including the development of a new training package around the identification of misplaced tubes and a clinical decision support programme.

Learning from deaths – p.5 to 10 of the report summarise the Medical Examiner (ME) process. A new Lead ME has been appointed to ensure consistency of reporting across the Trust. Future reports will include some moderation by double-reporting approximately 10% of all cases.

Avoidable deaths – there have been 8 deaths which satisfy the criteria as potentially avoidable, 2 of which were re-classified following further examination. It was explained that all deaths except those referred to the coroner are initially assessed against the avoidable death scoring system. Each of these is subsequently discussed at CapRI. It was noted that regarding the second case referred to in section 3.5.1.2 of the report, the patient had re-attended within two weeks (not two months). 2 of the cases discussed in the report are still under investigation, one is being scoped and the remainder has been investigated and no further action is required.

Resolved: To ACCEPT the report.

D19/60 QUALITY PERFORMANCE REPORT Q4

The Board considered the report presented by the DQD. Since the report has been written two additional staff investigations have been commenced. There has recently been a spike of data breach incidents caused by staff inappropriately accessing medical records, mostly their own or those of relatives. It was re-iterated that the Trust retains a zero tolerance towards these breaches and all incidents are investigated and relevant staff held to account.

The coroner has issued a regulation 28 report to prevent future deaths. It was explained that such a report is only issued where the coroner is of the view that the death of a patient might have been caused by a systematic error which might be prevalent at other hospitals as well. The incident in question related to a patient's death following delay in treatment and complications of elective surgery. The coroner was concerned that the four sites use differing processes for the recording of radiographer training, resulting in inconsistency of practice. However, the investigation has shown that the case was more complex than

was first thought. The Trust has initiated alignment work around the processes of recording training which is also relevant for the UKAS accreditation.

The board discussed the outcome of the unannounced governance visit in the morning:

JG (gynaecology) – 7 outliers; unloved environment/sub-optimal lighting (though it was noted that this ward is earmarked for relocation/refurbishment). Particular praise for receptionist. Positive staff attitude. More thought needs to be given to the way in which the ‘quiet’ room is used.

JH (ITU) – patients complementary about staff. High agency usage due to staff being sent to Good Hope and having to back-fill at Heartlands. Cramped ward, little knowledge of patients with pressure ulcers. No dedicated seminar room for staff.

MSh (cystic fibrosis unit) - unique patient demographics. High staff morale, well-led team. Clean and welcoming environment. Low staff turnover, 4 impressive isolation units. Storage and signage issues.

ML – 4 bedded ward, delay in medical records delivery. Good feedback RE JSD induction.

Resolved: To ACCEPT the report.

D19/61 PATIENT CARE QUALITY REPORT FOR Q4 TO INCLUDE INFECTION PREVENTION

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

Infection Control - there has been no Trust attributed case of MRSA in March. Performance for C. Diff. was worse than anticipated with 12 Trust apportioned cases during March. Overall, during the last 5 months the Trust has seen 52 C. Diff. cases which is a marked improvement when compared to the previous 7 months where there had been over 100 cases.

Falls resulting in harm - there has been a marked improvement with a reduction in falls to just over 6 per 1,000 occupied beds. It was noted that falls resulting in harm has been selected as quality indicator for 2019/20.

Maternity update – there is good professional leadership and engagement by the maternity services team. The Badgernet maternity information system is progressing well.

Patient experience – the Trust’s two teams have been aligned and work is ongoing to support the leads with leadership training. The report includes for the first time some compliments which were a welcome change as it balances out the content of the report.

It was noted that the Appendix to the report was to be considered in the context of the following report on Nurse Staffing.

Resolved: To ACCEPT the report.

D19/62 NURSE STAFFING – BI ANNUAL PROGRESS REPORT

The Board considered the report presented by the CN. Across the country, there has been a drop in applications by 23% for undergraduate nursing courses when compared to 2016/17. The reasons for this are not yet understood, but the withdrawal of the bursary is believed to be one contributing factor. The drop is also visible in the West Midlands area. This coupled with the decrease in funding for professional development training makes this difficult landscape to operate in. The Trust has recently developed a strategy in conjunction with Birmingham University to train new nurses and get them embedded in the Trust as early as possible. However, it will take time to see the full benefits of this scheme. In January 2019, the Trust has opened the register of the new Nurse Associate role which was discussed at a previous board meeting. It is anticipated that 28 new nurse associates will join the workforce in May 2019.

The nursing staff strategy further includes plans to reduce current agency staff rates. 71 members of agency staff, who regularly working for the Trust, have been identified as suitable to be offered a permanent job so as to ensure consistent staffing levels and reduce costs. Following the restructure of the clinical divisions further analytical reviews will be conducted to understand the needs and resources of each department and value of each nursing role across the Trust.

The Quality Impact Assessment for the Nurse Associate role, developed and approved, by all Associate Directors of Nursing, (see Appendix) was discussed. It was noted that the training by Birmingham University has recently been accredited.

RESOLVED:

- 1. To Approve the Quality Impact Assessment for the introduction of the Nursing Associate role.**
- 2. To Acknowledge progress with the implementation of the Nursing Associate role.**
- 3. To Support the plan to cease routine agency staffing.**

D19/63 COMPLIANCE REPORT – Q4

The Board considered the report presented by the DCA. It was noted that this was the first report since the CQC report has been published. The CQC have adjusted the rating for the Trust, following challenges to its earlier content. The rates across all sites have improved. However, some areas have further scope for improvement and actions plans have been agreed with leads.

The mental health assessment room has finally been completed and an inspection is imminent.

The surgical site surveillance team has been re-established by the CN.

The content of a regulation 28 was discussed in more detail. It was noted that the death in question related to an exception which was not well documented,

similar to the one which had been discussed in the Clinical Quality Monitoring Report by the MD (item 19/42 above).

Due to the ongoing re-structure of the clinical divisions, they will not be expected to conduct a self-assessment over the next quarter. The re-structure will be closely monitored and any clinical governance framework adjusted. Further adjustments to the framework might be necessitated by the well-led review which is nearing completion.

Resolved: To ACCEPT the report.

D19/64 PERFORMANCE INDICATORS REPORT

The Board considered the report presented by the DSPP. Performance in relation to A&E 4 hour wait, delayed transfer of care, RTT, cancelled operations, cancer targets and dementia was discussed. The overall A&E performance improved by 5.6pp. Improvements were seen across all four sites. The Trust's RTT incomplete pathways performance deteriorated by 0.5pp with twelve treatment functions being below the 92% target. The RTT waiting list size continued improving across all sites. Overall activity across the Trust was higher than last year. Delayed transfer of care deteriorated slightly at Heartlands which is most likely due to issues with residential care providers in the Solihull area. Performance against the cancelled operations target improved slightly. The Trust was in line with national performance levels for cancer targets. There has been a breach of the mixed sex accommodation target.

The Board reviewed the new national standards for 2019/20, proposed by NHSE. There will be shadow reporting during the year until the standards are fully rolled out in April 2020. The Trust will also follow closely what the chosen 14 pilot trusts are reporting. The standards affect the current A&E, cancer and elective care targets and introduce a new mental health target.

The Board's attention was drawn to the Guardian of Safe Working report contained in Appendix 2 of the report.

Resolved: To ACCEPT the report.

D19/65 2019/20 DRAFT ANNUAL PLAN

The Board considered the draft annual plan presented by the DSPP which has been revised following consultation with stakeholders.

Resolved: To APPROVE the plan.

D19/66 FINANCE & ACTIVITY PERFORMANCE UPDATE TO INCLUDE CAPITAL PROGRAMME UPDATE Q4

The Board considered the verbal update presented by the CFO. A final written report was not available for the meeting as the year-end position was still being finalised but will be added to the website with the other papers. Reference was made to the discussion at Audit Committee in the morning regarding the complexity of the accounts due to the numerous technical adjustments. It was agreed that any questions from governors or other stakeholders should be forwarded to the CFO or the Director of Finance.

It was noted that the Trust has a planned deficit of £61.8m before Provider Sustainability Funding (PSF) and £38.0m after receipt of PSF. Although the Trust had lost £6.1m of PSF relating to ED performance for Q2 to Q4, there is no double-jeopardy relating to the remaining PSF allocation. At the end of the previous week, the Trust received confirmation about the allocation of £12.2m of additional PSF as a result of the distribution of unearned monies across the sector. Taking this into account decreases the actual deficit to £31.5m (including PSF). The Trust's financial statements have to undergo a series of complex technical adjustments, including those relating to the merger and the inherited asset and liabilities including loans from the previous HEFT. Compared to last year, there is little impact on the Trust's I&E position from the valuation of the Trust's estate. The year-end cash position is £63m which is ahead of plan. The capital programme is behind plan due to delays relating to the ACAD project.

Resolved: To ACCEPT the report.

D19/67 EMERGENCY PREPAREDNESS UPDATE REPORT

The Board considered the report presented by the DCA. It was explained that the report deals with two elements, firstly the statutory duty of the Trust as a category 1 responder to an emergency situation, and secondly, the general emergency preparedness and associated major incident and business continuity plans. The emergency plans have been reviewed and aligned where possible. The policy has been approved by the Policy Review Group. Several tests have been conducted, including one which resulted in an emergency call out to staff due to a categorisation error by one member of staff. Whilst this call-out should have been prevented, it highlighted the difference in staff reaction when put under pressure and the need to test the plans unannounced. The EU exit readiness work continues but meetings are now taking place monthly as opposed to weekly.

Resolved: To ACCEPT the report.

D19/68 RISK REPORT (including Board Assurance Framework)

The Board considered the report presented by the DCA. The difference between strategic risks and corporate risks was explained. The former has been updated to include a BREXIT related risk regarding the delivery of high quality care (e.g. delays in delivery of isotopes). Other strategic risks have seen a change in risk score over the last quarter (e.g. failure of IT systems to support clinical services which have increased, and delays in transferring care and material breach which have seen a decrease in risk). The Corporate risk register, containing all approved risks with a risk score of 15 and above was discussed.

Resolved:

- 1. To APPROVE the updates to the BAF and Corporate Risk Register.**
- 2. To APPROVE the removal of the accepted strategic risk SR9/18.**
- 3. To APPROVE the new strategic risk SR1/19.**
- 4. To APPROVE the increase/decrease in risk scores.**

D19/69 MEMBERSHIP RECRUITMENT AND ENGAGEMENT ANNUAL REPORT

The Board considered the verbal update presented by the DoC. It was noted that following the merger, new membership constituencies were drawn up which aligned to the new electoral wards. A letter was sent to all members asking whether they would like to remain a member of the Trust. As part of the cleansing exercise, the Trust lost approximately 650 members which is in line with previous years. The Board will receive a Trust membership strategy document at the next meeting, based on previously successful recruitment campaigns.

Resolved: To ACCEPT the update.

D19/70 POLICIES FOR APPROVAL:

The Board considered the report presented by the DCA.

Resolved: To APPROVE the IMMUNISATION POLICY.

D19/71 ANNUAL DECLARATIONS OF DIRECTORS INTERESTS

The Board considered the report presented by the DCA.

Resolved: To APPROVE the annual declarations of Directors interests.

D19/72 MODERN SLAVERY AND HUMAN TRAFFICKING STATEMENT

The Board considered the report presented by the DCA.

Resolved: To APPROVE the revised modern slavery/human trafficking statement for publication on the Trust website.

D19/73 TRUST SEAL ANNUAL UPDATE

The Board considered the report presented by the DCA.

Resolved:

- 1. To AUTHORISE those officers, whose details are contained in Appendix A, to jointly and severally authorise the use of the Trust seal.**
- 2. To NOTE the use of the Trust seal.**

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Chair

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Date