

JOINT MEETING OF THE BOARD OF DIRECTORS AND COUNCIL OF GOVERNORS

Minutes of the Meeting of Thursday 3 December 2020
 2.00 p.m. – 3.30 p.m
 BY MICROSOFT TEAMS

Present:

Rt Hon Jacqui Smith	Chair
Mrs Bernadette Aucott	Public Governor, Birmingham South
Mr Stan Baldwin	Public Governor, Solihull & Meriden
Mrs Kath Bell	Public Governor, Rest of England & Wales
Mr Anthony D Cannon	Public Governor, Sutton Coldfield North
Cllr Jayne Francis	Stakeholder Governor, Birmingham City Council
Mrs Sandra Haynes MBE	Public Governor, Birmingham South West
Dr Elizabeth Hensel	Public Governor, Birmingham South East
Mr Derek Hoey	Public Governor, Tamworth
Mr John Hope	Public Governor, Birmingham North
Dr Elspeth Insch OBE	Public Governor, Birmingham West
Mr Robert Jasper	Public Governor, Rest of England & Wales
Dr Jattinder Khaira	Staff Governor, Medical & Dentistry
Mrs Anne McGeever	Public Governor, Solihull & Meriden
Mrs Veronica Morgan	Staff Governor, Nursing & Midwifery
Ms Elizabeth Parry	Public Governor, Sutton Coldfield South
Mrs Deborah Porter	Public Governor, Lichfield Northwest & Northeast
Ms Jayne Robbie	Staff Governor, Clinical Professions Allied to Healthcare
Mr Amrick Singh Ubhi	Stakeholder Governor, Birmingham Faith Leaders Group
Mr Lee Williams	Staff Governor, Corporate & Support Services

In attendance:

Prof Simon Ball	Chief Medical Officer	(CMO)
Mr Kevin Bolger	Chief Workforce & International Officer	(CWIO)
Mr David Burbridge	Chief Legal Officer	(CLO)
Mr Mark Garrick	Director of Strategy and Quality Development	(DSQD)
Prof Jon Glasby	Non-Executive Director	
Ms Jackie Hendley	Non-Executive Director	
Mr Tim Jones	Chief Innovation Officer	(CIO)
Ms Karen Kneller	Non-Executive Director	
Ms Mehrunnisa Lalani	Non-Executive Director	
Mr Andrew McKirgan	Chief Officer for Out of Hospital Services	(COOHS)
Dr Catriona McMahon	Non-Executive Director and Senior Independent Director	(NED/SID)
Mr Debu Purkayastha	Non-Executive Director	
Mr Harry Reilly	Non-Executive Director, Deputy Chair and Chair of the Investment Committee	
Mr Mike Sexton	Deputy Chief Executive	(DCE)
Prof Michael Sheppard	Non-Executive Director & Chair of the Organ Donation Committee	
Ms Lisa Stalley-Green	Chief Nurse	(CN)
Mr Andy Walker	Head of Strategy and Planning	(HoSP)

	<p>G Welcome and Apologies for Absence</p> <p>The Chair welcomed everyone to the meeting.</p> <p>Apologies for absence were received from the following Governors:</p> <p>Mr Richard Baker, Ms Anne Devrell, Prof Carol Doyle, Mr Keith Fielding, Mrs Maureen Haycock, Ms Veronica Kumeta, Ms Aisha Abdul Latif, Prof Adam Layland, Ms Yvonne Murphy, Colonel Timothy Steele, Prof Isabelle Szmigin, Cllr Kate Wild and Cllr Ashley Yeates.</p> <p>Apologies for absence were received from the following members of Staff:</p> <p>Dr David Rosser (CEO), Ms Fiona Alexander (DoC), Mr Jonathan Brotherton (COO), Mr Julian Miller (CFO) and Ms Jane Garvey (NED)</p>
<p>G20/62</p>	<p>QUORUM</p> <p>The Chair noted that a quorum was present and, accordingly, the meeting could proceed to business.</p>
<p>G20/63</p>	<p>DECLARATIONS OF CONFLICT OF INTERESTS</p> <p>No conflicts of interest were declared.</p>
<p>G20/64</p>	<p>Trust Annual Plan 2021/22</p> <p>The Trust Annual Plan for 2021/22 was presented by the DSQD.</p> <p>The Trust has treated 6,482 positive COVID-19 patients to date and is caring for 402 Covid inpatients at present. UHB has dealt with more patients than any other single organisation in the NHS during this period. However this has had a massive impact on operational activity with outpatient 14% lower and elective activity 34% lower than in 2019. Numbers for 12 hour breaches and 52 waits have also increased.</p> <p>The Trust has worked with other regional providers providing a system response including mutual aid for PPE, ROH anaesthetists repurposed for UHB critical care and use of private sector capacity under national contract which expires at the end of this month.</p> <p>National planning to restore and recover NHS services after COVID-19 includes the installation of Community Diagnostic Hubs each designed to serve approximately 3 million of the population. These would be kept Covid-free and sited away from acute hospitals allowing them to maintain their capacity. The hubs will provide imaging, cardiac, respiratory, endoscopy and phlebotomy services with plans to double current CT scanning capacity over the next five years.</p> <p>Functions and resources will be devolved from national to regional levels with Integrated Care Systems (ICS) being placed on a statutory footing from around April 2022. Clinical Commissioning Groups (CCGs) will be repurposed to provide the functions of ICSs with finances organised at ICS level. Further detail on this transition is expected in 2021/22 planning guidance.</p> <p>Progress made at the Trust over 2020 has included the implementation of the Patient Administration System (PAS) and Prescribing Information and Communications System (PICS) across more sites, the setting up of the Nightingale Hospital, the re-</p>

design of the acute pathway and using technology to facilitate home working, running remote clinics and the testing and trials of remote diagnostic hubs.

The Trust's areas of focus for 2021/22 will include the on-going response to COVID-19 in acute care, time critical care and chronic disease management. PICS will be rolled out trust-wide with transformation of services including Smart Access, Smart diagnostics and Smart support. A review of the Trust Vision and Values will take place and it is hoped recruitment and retention will be enhanced by options of home working and a review of the Trust Vision and Values including fairness and wellbeing.

Questions from Governors included:

Q: With all the reduction in services why was the Nightingale Hospital not used?

A: The DCE responded confirming that the regional view was that this would only be used as a last resort. Staffing levels in the NHS has been a problem for some time and this has now been exacerbated by Covid and other sickness. Chief executives from across the region agreed to reorganise facilities on their own sites rather than free some staff to go to the Nightingale where there would be issues around patient experience and efficiency flow.

Q: ICS – could there be more information on this including accountability and reporting, and how the system will work generally?

A: The Vice Chair confirmed – a Council of Governors Seminar will be held on this topic in early 2021.

Q: Could more information be provided on the vertical integration work including the acquisition of GP practices?

A: The Chair confirmed that this had been covered in previous Council of Governors meetings but asked the COOHS to provide an update. In August 2020 the Trust took over the responsibility for providing medical services to approximately 6500 residents at a GP practice close to QHEB. The GPs who were originally partners and owners of the practice have now in effect become Trust employees with the Trust running the practice as part of its portfolio of services. This has given the Trust the opportunity to understand how primary care works at an operational level and breakdown the artificial barriers that have existed between primary and secondary care. The Trust is looking at how digital technology can be used to enhance care and allow more patients to receive services closer to home.

Q: With regards to the increased workforce that will be required to staff diagnostic hubs and other areas how does the Trust plan for nursing numbers required in the future?

A: The CN confirmed that the Trust is asked to submit expectations of requirements for planning with Health Education England annually which looks at these in partnership with Universities. However, as Universities still do not offer the number of courses the Trust believes that are needed, it has developed its own School of Nursing. The Nurse Associate programme has up to 400 trainees and it is hoped that the Trust can engage with Health Education England to leverage funding for this in the future. The CN suggested that more information could be provided at a Council of Governors Seminar on this topic should that be requested.

Q: With regards to the fast developments in innovation and technology, how does the Trust pick up on those that are digitally excluded?

A: The CIO confirmed that the Trust is doing more to access the hard to reach groups. It is imperative that their data is included for Artificial Intelligence (AI) to draw conclusions or machine learning will be erroneous.

Q: With regards to vertical integration can the Board guarantee that a 6000+ patient

	<p>practice does not lose the benefits of community working and engaging?</p> <p>A: The Chair stated that although UHB is the largest Trust in the country it still prioritises the individual in terms and care and dignity. The DCE confirmed that the local diagnostic hubs would provide the technology needed but patients will still be allowed to choose their pathways. Should they be fearful of the technological route after having the benefits explained, they will still have access to the conventional pathways albeit with the drawbacks such as longer waiting times this involves.</p> <p>Q: Will future planning for community services be enhanced to prevent patients overloading the Trust's "front door"?</p> <p>A: The COOHS confirmed that the Trust had worked extensively with Birmingham Community Trust – the current providers for the bulk of these services. Links have been made with the Trust's secondary care clinicians and community teams to deliver care in homes. To take this to the next level the Trust needs to consider incorporating services such as digital stethoscopes in order that diagnostics can be performed in patients' homes. The same is happening in Solihull where the Trust is working in collaboration with the local council to provide integrated community services.</p> <p>Q: Has the Trust applied for the removal of the condition placed on it by the CQC in relation to screening procedures following the regular submission of monthly reports?</p> <p>A: The CLO confirmed that an application has been submitted for the removal of this condition. This will shortly be considered by the CQC and the Trust is confident that the condition will be removed.</p>
G20/57	<p>ANY OTHER BUSINESS</p> <p>No other business was reported.</p>
G20/58	<p>Date of Next Meeting</p> <p>Thursday 25 February 2021 - 5.30 p.m. – 7.30 p.m. (Pre-meeting 4.00 pm – 4.30 pm)</p> <p>NOTE:</p> <p>Thursday 25 February 2021 (Venues/Virtual to be confirmed)</p> <p>4.00 pm – 5.00 pm CoG/NED meeting</p>

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Chair

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Date