

BOARD OF DIRECTORS

Minutes of the Meeting of 26 April 2018
Rooms 7 & 8, Education Centre, Heartlands

Present: Rt Hon Jacqui Smith, Chair
Dame Julie Moore, Chief Executive Officer (“CEO”)
Dr Dave Rosser, Executive Medical Director (“MD”)
Ms Michele Owen, Acting Chief Nurse (“ACN”)
Mr Mike Sexton, Executive Chief Financial Officer (“CFO”)
Ms Fiona Alexander, Director of Communications (“DComms”)
Mr Kevin Bolger, Executive Director of Strategic Operations (“DSO”)
Ms Cherry West, Executive Chief Operating Officer (“COO”)
Mr Lawrence Tallon (“Director of Corporate Strategy, Planning and Performance (“DCSPP”)
Mr Andrew McKirgan, Director of Partnership (“DoP”)
Ms Catriona McMahan, Non-Executive Director
Mr David Waller, Non-Executive Director
Mr Harry Reilly, Non-Executive Director
Ms Angela Maxwell, Non-Executive Director
Mr David Burbridge, Director of Corporate Affairs (“DCA”)
Mr Jonathan Brotherton, Chief Operating Officer (HGS)
Ms Margaret Garbett, interim Chief Nurse (HGS)
Mr Julian Miller, Director of Finance

In Attendance: Ms Berit Reglar, Deputy Foundation Secretary – Minute Taker

Observers: Sivaraman Baskaran, Paediatrics
Harsha Gowda, Neonates
Ghanial Hassan-Smith, Neurology
Andzrej Piotrowicz, Gastroenterology
Rajasekher Garikipati, Radiology
Luis Hernandez, Thoracic Surgery
Yasmin Maurice, Histopathology
Sundarsanam Raman, General Surgery
Ms Mehrunnisa Laiani, former Non-Executive Director at Heart of England NHS FT (HEFT)
Jean Thomas, Associate Governor
Veronica Morgan, Associate Governor

D18/53	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting, in particular Mehrunnisa Laiani (former Non-Executive Director at Heart of England NHS FT and UHB NED as of 1 May 2018). Apologies were received from Jane Garvey, Non-Executive Director, Jason Wouhra, Non-Executive Director.</p>
D18/54	<p>QUORUM</p> <p>The Chair noted that:</p> <p>i) a quorum of the Board was present; and</p> <p>ii) the Directors had been given formal written notice of this meeting in accordance with the Trust's Standing Orders.</p>
D18/55	<p>DECLARATIONS OF CONFLICT OF INTERESTS</p> <p>The following conflicts of interests were declared:</p> <p>Rt Hon Jacqui Smith –Safeguarding Committee, Sandwell Children's Trust</p>
D18/56	<p>MINUTES OF THE BOARD OF DIRECTORS MEETING ON 29 March 2018 (QEHB)</p> <p>Resolved: The minutes of the meeting held on 29 March 2018 were approved as a true and accurate record of the meeting subject to the correction of a couple of spelling mistakes.</p>
D18/57	<p>MATTERS ARISING FROM THE MINUTES</p> <p>There were no matters arising from the minutes.</p>
D18/58	<p>CHAIR'S REPORT & EMERGING ISSUES</p> <p>The chair reported that Lisa Stalley Green had been recruited as the new Chief Nurse, replacing Michele Owen.</p> <p>It was noted with great sadness that Dame Julie would retire in the summer and David Waller and Angela Maxwell would depart as Non-Executive Directors on 30 April 2018.</p> <p>The acquisition of HEFT has proceeded as planned on 1 May 2018. As such, the Executive Directors were invited to explain at the beginning of each presentation whether their report contains information on QEHB or HGS, or a combination of both.</p>
D18/59	<p>CLINICAL QUALITY MONITORING REPORT Q4</p> <p>The Board considered the report presented by the MD which included HGS and QEHB information. The Trust was in the process of conducting 9 investigations into Consultants and Specialist Doctors performance/behaviour. Further details would be provided</p>

	<p>once these investigations had proceeded.</p> <p>The CUSUM and SHMI data was discussed. The Trust has experienced a series of incidents which relate to differences in interpretation of CTGs. Alignment work of HGS and QEHB policies is underway to address this issue. A review of pneumonia cases has been requested for the next HGS CQMG meeting. There has been a drift in septicemia cases due to changes in coding.</p> <p>The outcome of the unannounced governors' visits was discussed. A project manager for the integration of QEHB systems at HGS has been appointed.</p> <p>There was discussion about the format of the clinical incident report in future. Two approaches were possible. Either the board could consider all clinical incidents before they were fully investigated, which would be extremely time consuming and of questionable value, or the board could be informed about incidents after they had been investigated which would lead to delays. A proposal was made to bring incidents by site, division/department and theme which would allow for further data analysis and trend detection. In addition, some individual cases would be brought for discussion.</p> <p>Resolved: To accept the report and receive clinical incident reporting in the newly proposed format with a breakdown by site/division and theme.</p>
<p>D18/60</p>	<p>PATIENT CARE QUALITY REPORT – EXCEPTIONS ONLY</p> <p>The Board considered the report presented by the ACN. It was noted that HGS had one MRSA bacteraemia case in March 2018 and 3 Trust apportioned cases in total for 2017/18 against a target of 'nil' Trust apportioned cases. QEHB also had one case of MRSA in March 2018. The total number of Trust apportioned cases at QEHB is 'nil' for 2017/18.</p> <p>HGS had 66 Trust apportioned CDI cases, 11 of which were considered as lapses in care. Based on HGS's current bed rate, HGS would be under trajectory. In contrast, QEHB had 76 Trust apportioned CDI cases for 2017/18, 8 of which are considered to be lapses in care. Based on QEHB's current bed rate, QEHB was under trajectory.</p> <p>There were more norovirus cases at QEHB than HGS. The majority of QEHB cases occurred in the Heritage building which, due to its layout, is difficult to deep clean.</p> <p>The flue vaccine for 2018/19 has been ordered. The target for 2017/18 was only just met so discussions are taking place with the DCSP to see what other actions can be taken to improve performance.</p>

	<p>The two complaints teams work well with one another. Overall complaint rates are similar. HGS has achieved a response rate of 92% (against a target of 85%) and outperformed QEHB. Margaret Garbett was commended for her contribution to achieving this target. At HGS, 3 cases were subject to a review by the PHSO and were partly upheld. At QEHB, 2 cases were subject to a review by the PHSO and neither was upheld.</p> <p>The Dignity in care teams has commenced the alignment of their processes as there are significantly differences in reporting. Margaret Harris is now working with HGS to ensure a consistent approach.</p> <p>There are also material differences in approach pertaining to the national dementia audit. The QEHB Emergency Department participated in the quality check trial in relation to 'Learning Disability' in partnership with NHS England, NHSI and Changing Lives. The Trust achieved a positive evaluation result.</p> <p>Resolved: To accept the report.</p>
<p>D18/61</p>	<p>Nurse Staffing - Bi-Annual Progress Report (to include Nurse Revalidation)</p> <p>The Board considered the report presented by the CN. Several QEHB initiatives are now being embedded at HGS. This includes the introduction of new roles such as Assistant Practitioners and Trainee Nursing Associates which has resulted in an increase in nursing of staffing levels year on year. Since the new enlarged organisation can draw on a larger pool of nursing staff, staff rotas should be more easily be put in place.</p> <p>During January 2018, the Trust participated in workforce review over a 28 day period during which data described in the Shelford Safer Nursing Care Toll for inpatient wards were used. This has flagged up some workforce demand to care for acutely ill patients and patients with a stable condition but who are dependant on nursing care.</p> <p>Resolved: To accept the report.</p>
<p>D18/62</p>	<p>Performance Indicators Report , 2017/18</p> <p>The Board considered the report presented by the DCSPP. The report (for the first time in presentation format) highlighted ongoing performance issues in A&E 4 hour wait, cancer 62 day GP and 18 week RTT. The underlying issues continue to be high attendance at the emergency departments, workforce challenges, bed capacity and reduced flow of patients, all of which have been discussed at previous board meetings. Peak performances and significant drops in performance for the various targets were discussed in greater</p>

	<p>detail.</p> <p>The Board agreed that the new presentation format allowed for more data comparisons and generally, more intelligence on underlying trends and issues. It was noted that work was needed to further harmonise the HGS and QEHB data.</p> <p>Resolved: To accept the report.</p>
<p>D18/63</p>	<p>Finance & Activity Performance Update including Capital Programme Update</p> <p>The Board considered the HGS and QEHB reports presented by the CFO and DoF respectively.</p> <p>The unaudited year end position for HGS was a deficit of £58.8m compared to a planned deficit of £28.9m pre STF. The adverse variance was explained by the failure to achieve the efficiency target. However, most other trusts were in the same position. Other contributing factors included the cancellation of electives due to the extreme winter pressures. As a result of not achieving the efficiency target, HGS did not receive any STF, but the allocation rules had recently changed in any event as explained in the QEHB report (see below). HGS had benefited from the re-evaluation of its estate and the cash position, underpinned by capital borrowing, was healthier than expected.</p> <p>At QEHB, the last minute changes to the STF allocation rules had the opposite effect as a smaller proportion of STF has been received than expected despite the Trust meeting the efficiency targets. The decision by NHSI to change the allocation rules was based on the fact that only a small number of trusts would have benefited from the additional STF which had been considered as 'unfair'. The re-evaluation of the QEHB estate had resulted in depreciation, but overall the new joint organisation had benefited from the re-evaluation of its estate. The adjustment to land had no impact on the balance sheet. The cash position was a healthy £5m at year end. The capital position had improved by £3m due to the receipt of additional grants.</p> <p>[The MD left the meeting.]</p> <p>Resolved: To accept the reports.</p>
<p>D18/64</p>	<p>Emergency Preparedness Update Report</p> <p>The Board considered the report presented by the EDSD. An overview was provided and it was explained that during the last three months HGS and QEHB staff have been working hard to align their emergency planning policies and processes due to differences in terminology, roles and responsibilities. Structural changes would also be necessary due to the Trust now being spread over four sites</p>

	<p>(e.g. a strategic control room was now needed). Despite these changes, both trusts continue to be prepared for major incidents.</p> <p>It was noted that a recent call out had resulted in some technical issues which were still being analysed.</p> <p>Resolved: To accept the report.</p>
D18/65	<p>Compliance and Assurance Report for Q4</p> <p>The Board considered the report presented by the DCA. The report was another joint report for both HGS and QEHB. It was noted that all enquiries have been responded to. As for compliance with NICE, HGS and QEHB showed different levels of compliance as processes were being aligned. QEHB had lost its UKAS accreditation which had been known to the board. Since HGS continues to hold this accreditation services would continue at the HGS site. The EDSO was providing oversight at the QEHB site to reactivate the accreditation.</p> <p>The CQ inspection regime was discussed. It had been previously thought that the new joint organisation would undergo the usual regime of having one core inspection by the CQC, followed by the Use of Resources review by NHSI and the joint Well-led review by NHSI and CQC. However, recently the CQC had announced that it would now undertake a full inspection of HGS despite the last such full inspection having been carried out in 2016 and recent assurances by the CQC that only one core inspection was now due. The DCA had challenged the latest CQC position and was waiting to hear further on this matter. It was agreed for a letter to be sent to the CQC reminding them of their previous assurances.</p> <p>Resolved: To accept the report.</p>
D18/66	<p>Appointment of Data Protection Officer</p> <p>The Board considered the report presented by the DCA. The Board agreed to the appointment of the DFS as the new Data Protection Officer in light of the requirement to have a direct link to the Board and work independently, without day to day involvement into the decision making regarding the Trust's processing activities.</p> <p>Resolved: To appoint the DFS as the new Data Protection Officer.</p>
D18/67	<p>Slavery and Human Trafficking Statement</p> <p>The Board considered the report presented by the DCA. It was explained that HEFT did not require such statement as it had now ceased to exist. In any event, the content of the statement would also be picked up in the annual reports for UHB and HEFT.</p> <p>Resolved: To approve the statement for publication on the</p>

	website.
D18/68	<p>Declaration of Directors' Interests The Board considered the report presented by the DCA. It was noted that some declarations had not been updated and details of the freshly appointed COO (HGS) were missing.</p> <p>Resolved: To update the report and bring it back to the next board meeting.</p>
D18/69	<p>Trust Seal – to approve authorised Officers and Annual Update The Board considered the report presented by the DCA.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. To authorise those officers named in Appendix A, jointly and severally, to authorise use of the seal; and 2. To note the content of the register.
D18/70	<p>Policies for Approval The Board considered the report presented by the DCA.</p> <p>Resolved: To approve the revised Information Governance policy.</p>
D18/71	<p>DATE OF NEXT MEETING: THURSDAY 17 MAY 2018, 1pm, Board Room, Trust Headquarters, QEHB. (Private Meeting)</p>

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Chair

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Date