

BOARD OF DIRECTORS

Minutes of the Meeting of 27 October 2016
Boardroom Trust Headquarters QEMC

Present: Rt Hon Jacqui Smith, Chair
Dame Julie Moore (“CEO”)
Dr Dave Rosser, Executive Medical Director (“MD”)
Mr Philip Norman, Chief Nurse (“CN”)
Mr Mike Sexton, Chief Financial Officer (“CFO”)
Ms Cherry West, Chief Operating Officer (“COO”)
Ms Fiona Alexander, Director of Communications (“DComms”)
Mr Kevin Bolger, Executive Director of Strategic Operations (“DSO”)
Mr Tim Jones, Executive Director of Delivery (“EDOD”)
Ms Jane Garvey, Non-Executive Director
Ms Angela Maxwell, Non-Executive Director
Ms Catriona McMahon, Non-Executive Director
Prof Michael Sheppard, Non-Executive Director
Mr David Hamlett, Non-Executive Director
Mr David Waller, Non-Executive Director
Mr Harry Reilly, Non-Executive Director
Mr Jason Wouhra, Non-Executive Director

In Attendance: Mr David Burbridge, Director of Corporate Affairs (“DCA”)
Mrs Berit Reglar, Associate Foundation Secretary (“AFS”) – Minute Taker

Observers: Linda Stuart, patient governor
Lucy Cuckon, medical student
Elliot Harman, medical student
Rahul Dalial, medical student
Serena Johal, medical student
William Chick, medical student
Kirsten Hodgson, clinical scientist
Adam Chalkley, clinical scientist
Andrew Myers, trainee clinical scientist
Natalie Chan-Lam, medical student
Matt Smith, representative from Bausch & Lomb (member of the public)

D16/151

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 Partnership (“DoP”).

D16/152

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.

D16/153

DECLARATIONS OF CONFLICT OF INTERESTS

The following conflicts of interests were declared:

Dame Julie Moore – interim Chief Executive at HEFT
Rt Hon Jacqui Smith – interim chair at HEFT
David Rosser – Deputy Chief Executive and Executive Medical Director at HEFT
David Burbridge – interim Director of Corporate Affairs at HEFT

D16/154

MINUTES OF THE BOARD OF DIRECTORS MEETING ON 28 JULY 2016

The minutes of the meeting held on 28 April 2016 were approved as a true and accurate record of the meeting.

D16/155

MATTERS ARISING FROM THE MINUTES

There were no matters arising from the minutes of the meeting on 28 July 2016.

D16/156

CHAIR'S REPORT & EMERGING ISSUES

None

D16/157

CLINICAL QUALITY MONITORING REPORT

The Board considered the Clinical Quality Monitoring report presented by the MD. It was noted that there was a peak with regards CUSUM rates in the CCS Group aortic, peripheral and visceral artery aneurysms which can only be explained as a statistical blip. The CCS Group intracranial injury had been considered at previous meetings. There were generally no concerns around CUSUM data in the Trust.

The Board received an update on incidents in dermatology which appear to be all connected to failure to arrange follow-up appointments. The divisions are doing their best to put the process right. The system has worked well until the Trust has started to see a large increase in patients coming through. The Trust is in discussion with the commissioners on how to report these.

There was an unannounced Board governance visit in renal medicine and GI surgery due to concerns having been flagged previously. Tabulated actions will be provided to the next meeting. There are plans to change the structure and to move upper GI

surgery to the surgery wards and renal medicine to become a 'pure' renal medicine ward.

Resolved: To accept the report.

D16/158

PATIENT CARE QUALITY REPORT FOR Q2

The Board considered the Patient Care Quality report presented by the CN.

Clostridium Difficile Infection (CDI): The annual objective for CDI for 2016/17 is 63 cases or 17.6 per 100,000 bed days (currently around 70 cases). Trust performance for September 2016 was 7 Trust apportioned cases (beyond day 0+2), all of which were reportable to Public Health England (PHE) in accordance with Department of Health guidance.

In total, the Trust has had 47 Trust apportioned CDI cases for the financial year 2016/17 (this is above trajectory), 19 of these were considered avoidable.

Actions to further improve CDI performance continue with a specific focus on:

- Antimicrobial prescribing, choice and duration of use
- Timely isolation of patients with diarrhoea
- Improved timeliness of stool specimen collection
- Continuation of the annual deep cleaning of selected wards to reduce the bioburden of clostridium difficile and
- Improved access to expert review of patients with clostridium difficile infection.

Methicillin Resistant Staphylococcus Aureus (MRSA): The annual objective for MRSA bacteraemia is 0 avoidable cases. There were 2 MRSA bacteraemia reported during September 2016. One is non-Trust apportioned; the second case is currently being reviewed via the post infection review process. In August there was one case of MRSA bacteraemia reported which was non-Trust apportioned. In total and as previously reported, pending the review of the September case, the Trust has had 2 Trust apportioned MRSA bacteraemia for the financial year 2016/17 to date (April x1 in Vascular Surgery and July x1 in Renal). Both incidents will go through the RCA process.

Actions to further improve MRSA performance continue with a specific focus on:

- Hand Hygiene and use of Personal Protective Equipment (PPE)
- MRSA Screening
- Decolonisation
- Learning

A pilot is due to take place with Harborne Academy to enable young people aged 16-18 years to volunteer at the Trust. Currently we have a minimum age of 18 years for our volunteers. Accepting younger volunteers into the Trust affords not only better engagement with our community and increased skills and compassion for young people, but also promotes the Trust as a potential future employer.

An action plan for the pilot has been discussed at the Care Quality Group which would see the Trust welcome 7-10 of Harborne Academy's outstanding students into volunteering for this academic year. Recruitment will take place in Quarter 3 with a plan for students to start volunteering on Wednesday afternoons in the new year. Evaluation of the pilot will be taken back to Care Quality Group for consideration of continuation or expansion of the scheme.

NICE have issued guidance on the End of Life treatment at the end of last year. Many initiatives underway around End of Life Care are now underway.

The promotion of best practice continence care within the Trust has gained further momentum over the last year with the 12 month secondment of a continence clinical nurse educator. This post has been embraced enthusiastically by all clinical areas and a continence champion recruited in each area. It has enabled more focused audit and education whilst addressing any inappropriate use of incontinence pads, which can further enhance patient care and also reduce cost. The improvements made have already paid for this initiative.

It followed a brief update on the John's Campaign which is a national campaign for the right for a relative or carer to stay with their loved one with dementia whilst in hospital. A Carer Task and Finish Group has been formed to review all current policies, procedures and action plans for all carers at the Trust using John's Campaign as a driver. There is close collaboration with Heart of England Trust who has open visiting times.

The Trust wide installation of the Abloy Cliq key system (Phase 1) is now complete. This included the installation in 37 wards, 4 Critical Care Units, 38 theatres and 6 recovery areas.

Resolved: To accept the report.

D16/159

SAFEGUARDING ADULTS AND CHILDREN ANNUAL REPORT 2015/16

The Board considered the report presented by the CN.

Robust policies with supporting procedural documents are in place which allows a consistent approach to the delivery of safeguarding

principles across the Trust. This is reinforced by training and support, to enable all clinical staff to recognise and report incidence of adults who are at risk, ensuring that patients receive a positive experience including, where necessary, support in relation to safeguarding. Referrals and advice calls continued to increase in line with increased patient activity and increased staff resource. A robust training needs analysis has been put in place to ensure training is further improved.

The safeguarding team continues to provide update reports to the Trust Safeguarding Group and the Care Quality Group. The Trust also continues to be an active member of both the Birmingham Adult & Children Safeguarding Boards. The Trust is in the process of developing a Multi-agency safeguarding hub (MASH) pocket guide for safeguarding referrals of children. There are furthermore plans to develop a Person in Position of Trust (PiPOT) policy and procedure. The PiPOT can be held individually to account for failure to safeguard patients.

Resolved: To accept the report.

D16/160

PERFORMANCE INDICATORS REPORT, 2016/17 ANNUAL PLAN UPDATE

The Board considered the report presented by the EDOD. The Single Oversight Framework has replaced Monitor's Risk Assessment Framework on 1 October 2016. The new framework has five themes. There will be no more quarterly declarations to governance. However, it is anticipated that something else will be introduced by NHSI at some point in the future.

The A&E 4 hour wait improved slightly in September. Attendance for the period January to August 2016 was 11% higher than the same period last year and 20% higher than in 2013. The A&E 4 hour STF trajectory target was missed in September and for quarter 2 as a whole. This would equate to a financial loss of £522,00 of STF income if the appeal to be lodged is not successful.

Performance against the 62 day urgent GP referral target has improved month on month, but unfortunately a high number of patient choice treatment deferrals during the summer led to a deterioration in performance from 81.7% to 71.2%. Performance is expected to be below target again in September.

The 18 week RTT target has been met, but the Trust does not have sufficient clearance to ensure future compliance with this target.

Of the 23 national targets not included in the Single Oversight Framework, but included in the CCG contract, the Trust is on target for 19, has a remedial action plan in place for 2 and is slightly below target for the 60 minute ambulance handover target. (The data

collected in relation to the latter is improving.)

Of the Trust's 53 local indicators 28 (54%) are currently on target, 18 (34%) are slightly below target and 7 (12%) have remedial action plans in place.

The Trust has seen a reduction in agency and bank spend against the demand from NHSI to reduce the spend by 30%. The Trust has further been asked to complete a checklist and submit the same to NHSI before the next board meeting.

Resolved: To authorise the Chair and the DCA to agree the Trust's response to the checklist (including the decision not to submit the checklist).

Long term sickness has been above 2% each month since February and for the most part of the last 12 months.

Year to date, 96.6% of key tasks under the annual plan are on plan, 3.1% are slightly below plan and there are no key tasks where remedial actions is required.

96.6% of the key tasks under the annual plan are on track and 3.1% are slightly below plan. There are no key tasks which require remedial action.

Resolved: To accept the report.

D16/161

FINANCE & ACTIVITY PERFORMANCE UPDATE TO INCLUDE CAPITAL PROGRAMME UPDATE Q2

The Board considered the report presented by the CFO. At the end of quarter 2 the Trust recorded a planned monthly surplus of £0.900m, with the cumulative financial position being a surplus of £3.360m which is £0.060m above the planned £3.300m surplus for the year to date. This includes a £13.148m year to date overspend across operational divisions resulting from workforce issues, activity and capacity cost pressures and CIP savings. To date, these overspends have been offset by underspends within corporate functions, Trust subsidiary income and the use of Trust reserves.

Based on the aforementioned financial performance the Trust expects to achieve a Financial Sustainability Risk Rating (FSRR) of 2, in line with plan. Despite a healthy cash balance, the Trust receives the lowest possible score for 'liquidity' due to the inclusion of future PFI liabilities.

The Trust's accredited position remains strong and the external auditors confirmed that this Trust has one of the strongest cash positions seen amongst FTs.

It was acknowledged that the NHS faces extremely difficult times in light of increasing demands and cost pressures.

Resolved: To accept the report.

D16/162

BOARD ASSURANCE FRAMEWORK REPORT

The Board considered the report presented by the DCA. Changes include:

- reference to the Single Oversight Framework which has come into force on 1 October 2016;
- an action update in relation to the Recovery@home care model as additional patient cohorts are being identified;
- reference to the new A&E delivery board which will oversee the implementation of the strategy for out of hospital re-ablement beds; and
- an update to the reputation risk which has been merged with the associated risk of 'inconsistent media coverage and inappropriate management of the Trust's relationship with the main stakeholders NHSI/E'.

The assurance column has been updated in relation to all risks. The board can take assurance from this that all risks have been/will be discussed at this meeting.

Resolved: To accept the report.

D16/163

COMPLIANCE & ASSURANCE REPORT

The Board considered the report presented by the DCA. The new pilot for the clinical compliance framework has been completed. A Trust wide roll out is now under way.

There has been a small improvement in relation to compliance with NICE standards by 3%.

Since the last report three external visits have taken place, all of which have been successful.

The Trust is scheduled to participate in 32 out of 34 national audits. Of the two the Trust will not participate in, one is linked to resource issues and the other has flagged up concerns over the proposed methodology. It was confirmed that the Trust will, however, benchmark against the audit standards even if it does not fully participate in the audit.

Compliance for quarterly review of risk registers has slightly dropped from 95.6% to 91.4% as a result of numerous meeting cancellations. The audit will be repeated for quarter 2 to ensure continued monitoring is in place.

Reference was made to the detailed update on the CQC inspection

in Appendix A of the report. The mental health room remains to be the only outstanding action, but progress has been made.

Resolved: To accept the report.

D16/164

LITIGATION AND INSURANCE BI-ANNUAL REPORT

The Board considered the report presented by the DCA. The Trust has completed its tender for all top-up insurance policies bar its motor (fleet) insurance policy. This has resulted in savings of over £10k after the deduction of the actual costs of the tender. The overall financial savings are greater when taking into account the increased property value since Trust property has been valued at £368m compared to £272m in 2011.

The total number of claims has risen from the same period last year, although the number of new clinical negligence claims received has fallen slightly.

4 high value clinical negligence claims have been finalised.

The Trust is hosting the NHS LA conference, to which the Chair has been invited to open.

Resolved: To accept the report.

D16/165

EMERGENCY PREPAREDNESS UPDATE REPORT

The Board considered the report presented by the DSO. The Trust continues to test its major incident plans and has initiated a call out for 5 departments/areas, involving 70 members of staff and Consultant anaesthetists, involving 103 members' staff. Previously when a communications call was carried out the message only recorded if the member of staff had received the call which did not show how many members of staff would be able to attend if a Major Incident had been declared. The new message now also records the staff estimated time of arrival (ETA). The outcome of this exercise was overall very positive. On average 49.7% of all staff called responded and the ETA was estimated to be less than one hour in all cases.

The Trust also participated in a 'Paris style' attack on the Birmingham footprint. The debrief from the Trust has resulted in a significant revision of the Major Incident plan mainly in theatres and the Emergency Department which is estimated to be completed by December 2016. Due to the revision of the Major Incident plan the live exercise will now not take place until after the plan had been revised.

Training for the Chemical, Biological, Radiation and Nuclear Emergencies (CBRN) incident continues in the Emergency Department on a rolling monthly basis when staff is available.

Two 'Black start' tests took place which resulted in only a few minor problems.

The John Radcliffe Hospital, Oxford has been chosen as the hospital for the Reception Arrangements for Military Patients (RAMP) if military patients ever had to be admitted to a secondary hospital due to the Trust not being able to admit these patients on the basis of extreme circumstances.

The Inclement Weather plan has been approved and is available on the Trust Intranet.

Resolved: To accept the report.

D16/166

NURSE STAFFING – BI-ANNUAL PROGRESS REPORT

The Board considered the report presented by the CN. The report provides a 6 monthly update in line with the requirements set out by the National Quality Board (NQB). In July 2016, the NQB published update guidance titled "Supporting NHS Providers to deliver the right staff, with the right skills, in the right place at the right time", which has been taken into account in the report.

As can be noted in the table on page 142 of the report, the nursing vacancy position at June 2016 was 5.2%, which compares well to the reported national vacancy position (estimated to be around 9%). The majority of vacancies are at band 5 Registered Nurse level, which is reflected nationally and work continues to recruit to remaining posts with ongoing success.

Recruitment initiatives continue, including increased use of Social Media and Recruitment Open Days. These have been successful over the last year and since this report was written, a further 90 job offers have been made at band 5.

New roles continue to be considered and introduced where appropriate, for example the Assistant Theatre Practitioner role which is proving successful. A new national role of Nursing Associate is due to be piloted in England from January 2017. A Birmingham wide bid was submitted to Health Education England (HEE) for Birmingham to be one of the pilot sites for this new role, however this initial application was not successful. Due to the interest in the role, HEE has decided that there is likely to be a second wave of nursing associate trainees through 'fast follower' test sites starting in Spring 2017. A Birmingham wide application is currently being discussed.

Along with the ongoing retention and recruitment initiatives, a review of the Trust's internal staff bank has also been undertaken. This was relaunched in July 2016 with the new name of QEHB+ (previously

named Locate). Revised pay rates are in place and recruitment initiatives are ongoing. As outlined on Page 144 of 304, turnover rates for nursing remain relatively low at 3.2% in 2015/16.

As previously advised, the Trust has a robust process in place to review nurse staffing establishments 6 monthly or more frequently if service change occurs. The last review completed in Quarter 3 2015/16, led to number of changes as previously reported.

Every month the Trust submits data which is published on the NHS Choices website which details the planned and actual nurse staffing levels for wards, expressed as a percentage of the planned hours. The board of directors receives an update on this data at each meeting (via the performance indicators report).

In terms of the agency cap, the Trust is one of five which meets the mandated target.

Resolved: To accept the report.

D16/167

HEALTH AND SAFETY ANNUAL REPORT

The Board considered the report presented by the DCA. Compliance against key requirements of the Trust's Health & Safety Policy remains robust, with all areas covered by a nominated manager and a risk register. 135 out of the 139 health and safety managers have completed their training. All 161 identified departments/wards are covered by a risk register. The H&S team has completed 78 audits/inspections within the reporting period, which is an increase of 41 on the previous year.

Engagement at the Health & Safety and Environment Committee has improved. In terms of H&S related incidents, the Trust had to report 35 to the Health & Safety Executive (HSE) during the first 6 months in 2015/16, compared to 32 during the same time period in 2014/15 an, 39 in 2013/14 and 62 in 2012/13.

The HSE are content with the Trust's action plan in relation to their sharps inspection in January 2016.

Resolved: To accept the report.

D16/168

POLICIES FOR APPROVAL

The Board considered the report presented by the DCA.

Resolved: To approve the following new policies/policy updates:

- **IT Acceptable Use Policy**
- **Policy for the Development and Management of Controlled Documents**
- **Disciplinary Policy**

The Disciplinary Policy to make reference to NEDs representation on cases of appeal as per current arrangements.

ACTION: DCA/AFS

D16/169 RESEARCH & DEVELOPMENT CONTRACT APPROVALS FOR RESEARCH COLLABORATION OVER £1M

Resolved: To authorise the Executive Director of Delivery to execute and deliver the contracts detailed in section 2 of the report, which require board of directors' approval, and any associated collaboration agreements on behalf of the Trust.

D16/170 Date of next meeting: Thursday, 26 January 2017 – 1pm