

BOARD OF DIRECTORS

Minutes of the Meeting of 28 July 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 Rachel Cashman, Project Director (“PD”)
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”)
Mr Andrew McKirgan, Director of Partnership (“DoP”)
Mrs Berit Reglar, Associate Foundation Secretary (“AFS”) – Minute Taker
- Observers: Ms Nicola Pettitt, Teenage Cancer Trust Lead Nurse
Dr Simon Hughes, Consultant - Radiology
Dr Thomas Jackson, Consultant - Elderly Medicine
Dr Mariam Jafri, Consultant – Oncology
Dr Somasundaram, Consultant - Anaesthetics
Ms Linda Stuart, Governor
Mr Lestyn Williams, Governor

D16/120 WELCOME AND APOLOGIES FOR ABSENCE

Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. Apologies were received from:

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

D16/121 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.

D16/122 DECLARATIONS OF CONFLICT OF INTERESTS

The following conflicts of interests were declared:

Dame Julie Moor – 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

Michael Sheppard, Non-Executive Director at HEFT

D16/123 MINUTES OF THE BOARD OF DIRECTORS MEETING ON 28 APRIL 2016

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

D16/124 MATTERS ARISING FROM THE MINUTES

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

D16/125 CHAIR'S REPORT & EMERGING ISSUES

The Chair and CEO reported that the Trust continues to see high numbers of patients at its A&E department. The CEO has met with the CEOs of NHSI/E and the Associate Director of Adult Social Services to discuss how pressures can be relieved by streaming patients at the front door, transfer patients in a timelier manner, discharge patients to assess and other measures. Further analysis of the situation has shown that one of the key problems remains that patients do not choose to see their primary care providers. The closure of approximately 90 of Birmingham's 300 out of hospital enhanced assessment beds (EAB) has further increased delays in discharges.

Resolved: To accept the update.

D16/126 CLINICAL QUALITY MONITORING REPORT

The Board considered the Clinical Quality Monitoring report presented by the MD. There are nine investigations into doctors' performances under way.

Two minor CCS groups ('influenza' and 'other unspecified benign neoplasm' have seen higher than expected deaths in March 2016. Both groups have been reviewed and no further actions identified. It was noted that this year's influenza has seen a longer, but later peak as the vaccine has not worked. It was explained that vaccines are based on a prediction of strains which are likely to pose the highest risk and sometimes these predictions do not prove to be correct. In this case, the vaccines do not have the desired effect.

However, patients and staff are still encouraged to have the vaccine to minimise the risks.

The group 'intracranial injuries' has also been identified as having higher than expected deaths. This is primarily due to the complexity of these injuries not being fully reflected in the CUSUM. The Trust's overall mortality rate, as measured by CUSUM, is within the acceptable limits.

The Trust's HSMR is slightly above expected. However, these figures are usually volatile and the increase lies within the normal parameters.

The CQC have removed the two conditions regarding cardiac surgery from the Trust's registration and noted significant improvements to the service which has reduced the risk to patients coming to harm.

The governance visit to CDU was very positive.

Resolved: To accept the report.

D16/127

PATIENT CARE QUALITY REPORT FOR Q1

The Board considered the Patient Care Quality report presented by the CN. There were 34 reported cases of Clostridium Difficile Infection (CDI) during Quarter 1, of which 24 were Trust apportioned (10 in April, 7 in May, 7 in June). During Quarter 1, there was an increase in the number of patients presenting to the hospital with diarrhoea and vomiting and 3 wards were closed with Norovirus. This had a direct impact on the number of CDI cases seen in Quarter 1 due to increased sampling and testing. Increased cases have also been seen in the Community. However, no cases of transmission were seen in the hospital setting which is positive and helps to demonstrate that our infection prevention and control practices work and are embedded in practice.

The CDI annual trajectory for 2016/17 remains at no more than 63 Trust apportioned cases.

Actions to further improve CDI performance continue with a specific focus on antimicrobial prescribing, choice and duration of antimicrobial use; appropriate stool collection with early isolation of symptomatic patients.

There were 3 cases of MRSA reported in Quarter 1 (1 in April, 2 in May, 0 in June), of which 1 case was Trust apportioned (April). This related to a patient who had undergone surgery within the ambulatory care unit (vascular surgery) but was not prescribed the optimal antimicrobial antibiotic on discharge. This case has been reviewed via the post infection review process and this case was

presented at executive root cause analysis review in July to ensure learning takes place.

The remaining 2 cases were non-Trust apportioned. The annual target remains zero MRSA Trust apportioned cases. Actions to further improve MRSA performance continue with a specific focus on Hand Hygiene, Screening, Decolonisation and Learning.

The Discharge Hub concept and Transfer of Care referrals have now been in place for 1 year (since June 2015). Since January 2016 the Trust has experienced an increase in referrals to this team which reflects the increased patient activity demand seen across the Trust.

Delayed Transfers of Care (DTC): Between June 2015 and May 2016 there was an overall reduction in delayed transfer of care by 40% when compared to the previous 12 month period. However, the impact of winter pressures, social care staff sickness and the closure of approximately 90 of Birmingham's 300 out of hospital enhanced assessment beds (EAB) has resulted in a deterioration of this position. The reduction in enhanced assessment beds has occurred as a result of some private sector care homes deciding to stop providing respite beds and Birmingham City Council suspending some homes on potential quality grounds. The loss of this capacity has been particularly significant for those patients with complex dementia needs as there is little out of hospital capacity now available. This has resulted in patients requiring this type of bed being placed 20th on a waiting list to transfer. Discussions are ongoing with Birmingham City Council and the Clinical Commissioning Groups (CCGs) regarding a short term action plan to address this issue. Until the shortfall in current enhanced assessment beds capacity is addressed, monthly delayed transfer of care levels will be higher than last year.

A discharge CQUIN (Commissioning for Quality and Innovation) is in place this year with a focus on Effective, Safe Transfer and Discharge. This CQUIN aims to improve the transition between inpatient hospital settings and community, care homes or any NHS provider for adults over 65 years of age, improving patient, carer and staff experience of transfer and discharge from hospital by better coordination of health and social care services.

Home and Well Pilot with Royal Volunteer Service: Initial work is underway with projects leads for the Home and Well pilot commissioned through the Royal Volunteer Service (RVS) by the Department of Health. The aim of the project is to enable older people who wish to continue living in their own homes to do so

independently and safely. This will be achieved by developing a model which supports specially trained volunteers to work alongside health and social care teams to help facilitate home based intermediate care.

The NHS Safety Thermometer is a standardised data collection/improvement tool that allows NHS organisations to measure patient outcomes in 4 key areas: Pressure Ulcers, Falls, Urine infections and urinary catheter use, and VTE (Venous Thrombo Embolism). The data is collected monthly against pre-set criteria and is collected on the same date throughout NHS organisations.

Resolved: To accept the report.

D16/128

ANNUAL INFECTION AND CONTROL REPORT FOR MARCH 2015 – APRIL 2016

The Board considered the report presented by the CN. As reported above (D16/127), disappointingly the first six months of 2015/16 saw an increase in the number MRSA cases in the Trust. Significant actions were undertaken which resulted in improvements being seen in the second half of the year. In line with other healthcare settings, key challenges remain around infection prevention and control. However, the infection prevention and control team, all clinical teams, facilities team and all Trust staff have continued to work hard to reduce infection rates. There are many positive examples of this as outlined in the report. Infection prevention and control training sessions continue to be well attended by staff.

The infection prevention and control team has been refreshed over the last year with the appointment of a new Lead Doctor, Lead Nurse and Antimicrobial Pharmacist. This is working well and the team has strong leadership, engagement and a fully committed team of individuals in place.

Resolved: To accept the report.

D16/129

PERFORMANCE INDICATORS REPORT, 2016/17 ANNUAL PLAN UPDATE

The Board considered the report presented by the DoP in absence of the EDOD. The Trust has contributed to a consultation on NHSI's new Oversight Framework which is to replace Monitor's Risk Assessment Framework. NHSI have identified five themes which are similar, but not identical to the CQC's domains and plans to align approaches with the CQC, moving towards a single combined assessment approach. The five themes include Quality of Care, Finance and Use of Resources, Operational Performance, Strategic Change and Leadership and Improvement Capability. It is proposed to have 31 indicators relating to Quality of Care, but it remains unclear which thresholds will be used to identify concerns. NHSI is

still considering whether failure to meet the STF trajectory over two consecutive months will trigger a potential concern.

Of the 12 indicators currently included in NHSI's (formerly Monitor's) Risk Assessment Framework the Trust was on target with 10 during the last month. 1 cancer target and the A&E 4 hour wait target have both been missed. In May the Trust failed to meet the 62 day urgent GP referral target, however the STF trajectory has been achieved. The incomplete pathway performance (RTT) target was achieved at aggregate level in June. At treatment function level the target was missed by Neurosurgery, Ophthalmology and General Surgery. However, for all three specialties the STF trajectory was achieved.

Of the 16 targets which are not included in the Risk Assessment Framework, the Trust is on target for 13, has remedial action plans in place for 2 and is slightly below target for 60 minute ambulance handover.

Of the Trust's 53 local indicators 33 (63%) are currently on target, 15 (28%) are slightly below target and 5 (9%) have remedial action plans in place.

Resolved: To accept the report.

D16/130

FINANCE & ACTIVITY PERFORMANCE UPDATE TO INCLUDE CAPITAL PROGRAMME UPDATE Q1

The Board considered the report presented by the CFO. The Trust has now received details about the distribution of the STF as detailed in the Appendix to the Performance Indicators Report (D16/129 above). 70% of the fund will be allocated upon meeting the financial control total and 30% upon meeting the performance trajectories. The latter is split as follows: 12.5% for A&E performance, 12.5% for RTT performance and 5% for the 62 Cancer target. There shall be no double punishment, i.e. missing the financial control target shall not automatically lead to losing out on the performance tranche of the fund. Where the financial control target has been missed, no money will be received at all, regardless of how narrowly the target has been missed. The Trust has protected its position by asking for a number of caveats which have already come to fruition. The Trust is currently on target to receive the first payment of the STF for its performance during Q1. It followed a brief discussion about the CQUIN for Hepatitis C. If this CQUIN payment is not received, it cannot be recouped elsewhere and the STF payment for the financial delivery is at risk. The Trust has therefore flagged this with NHSI/E.

Resolved: To accept the report.

D16/131

BOARD ASSURANCE FRAMEWORK REPORT

The Board considered the report presented by the DCA. The Board was advised of the changes to the BAF, including updates to the 'Assurance' and 'Context' columns as requested by Internal Audit. This will allow for greater visibility of where risks have been reported on and clarify which additional risks have not been adequately covered by a Board or CCQ report. It was noted that the Board had already discussed the risks on the Board Assurance Framework, under the agenda items Performance Indicators and Financial Activity (D16/129 and 130 above).

Two moderate risks relating to the same subject matter (the inability to recruit and maintain competent staff) have been merged and the STF has been added to the 'failure to deliver operational target risks'.

Resolved: To accept the report.

D16/132

COMPLIANCE & ASSURANCE REPORT

The Board considered the report presented by the DCA. Reference was made to the removal of the CQC conditions imposed on the Trust's Licence in relation to cardiac surgery (see D16/126 above) and an update was provided on how the existing CQC compliance framework has been altered to ensure closer monitoring of regulatory compliance.

Under section 'Trust compliance with External Visits/Peer Reviews' the DCA advised that the row called 'Centre for International Blood and Transplant Research' (CIBMTR) could have had an amber assurance rating. At the time of writing the report, it had not been clear whether failure of the data quality audit could impinge on Trust activity and it has since been clarified that it would not.

Resolved: To accept the report.

D16/133

POLICIES FOR APPROVAL

The Board considered the report presented by the DCA.

Resolved: To approve the new Security Policy.

D16/134

REQUEST FOR SUBSTANTIVE APPOINTMENT

The Board considered two requests for substantive appointments, namely for the provision of Consultant cover for 12 inpatient Beds on ward 516 and to increase outpatient capacity respiratory medicine; and the appointment of a Consultant Radiologist post.

Resolved: To approve the following:

- **Provision of Consultant cover for 12 inpatient Beds on ward 516 and to increase outpatient capacity respiratory medicine; and**

- **Appointment of a Consultant Radiologist post**

D16/135 Date of next meeting: Thursday, 27 October 2016 – 1pm

Chair

Date

DRAFT