

# BOARD OF DIRECTORS

Minutes of the Meeting of 26 October 2017  
Lecture Theatre 2, Education Centre QEMC

- 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 Cherry West, Executive 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”)
  - Mr Lawrence Tallon (“Director of Corporate Strategy, Planning and Performance (“DCSPP”)
  - Ms Jane Garvey, Non-Executive Director
  - Ms Angela Maxwell, Non-Executive Director
  - Ms Catriona McMahon, Non-Executive Director
  - Mr David Waller, Non-Executive Director
  - Mr Jason Wouhra, Non-Executive Director
  - Mr Harry Reilly, Non-Executive Director
  - Mr David Burbridge, Director of Corporate Affairs (“DCA”)
- In Attendance:
- Ms Sarah Favell, Deputy Director of Corporate Affairs (“DDCA”) – Minute Taker
- Observers:
- Mr Bruce Thew, Chairman – Liaison
  - Mr Russell McAusland, Senior Account Manager – Liaison
  - Ms Linda Short, Patient Governor
  - Ms Jane Rex, GE Healthcare
  - Mr Davidnder Dosanth, Resp SpR - UHB
  - Ms Kathryn Nelson, Consultant (Plastic surgery)
  - Ms Naomi Patel, ST8 (Plastic surgery)
  - Ms Selena Bains, Fellow

<b>D17/84</b>	<b>WELCOME AND APOLOGIES FOR ABSENCE</b> Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. Apologies were received from Mr Andrew McKirgan, Director of Partnership (“DoP”)
<b>D17/85</b>	<b>QUORUM</b> The Chair noted that: <ul style="list-style-type: none"><li>i) a quorum of the Board was present; and</li><li>ii) the Directors had been given formal written notice of this</li></ul>

	meeting in accordance with the Trust's Standing Orders.
<b>D17/86</b>	<p><b>DECLARATIONS OF CONFLICT OF INTERESTS</b> The following conflicts of interests were declared:</p> <p>Dame Julie Moore – interim Chief Executive at HEFT Rt Hon Jacqui Smith – interim chair at HEFT, Safeguarding Committee, Sandwell Children's Trust David Rosser – Deputy Chief Executive and Executive Medical Director at HEFT David Burbridge – interim Director of Corporate Affairs at HEFT Kevin Bolger – Deputy Chief Executive at HEFT</p>
<b>D17/87</b>	<p><b>MINUTES OF THE BOARD OF DIRECTORS MEETING ON 27 JULY 2017</b></p> <p><b>Resolved: The minutes of the meeting held on 27 July 2017 were approved as a true and accurate record of the meeting</b></p>
<b>D17/88</b>	<p><b>MATTERS ARISING FROM THE MINUTES</b> There were no matters arising from the minutes of the meeting on 27 July 2017.</p>
<b>D17/89</b>	<p><b>CHAIR'S REPORT &amp; EMERGING ISSUES</b></p> <p>The Chair advised that progress with regards to the Case for Change will be discussed in the confidential section of the meeting. There will be delay in the projected timetable as the Board has not received from NHSi some of the assurance we sought in our business case, submitted in July. We will be working hard to ensure this does not necessarily mean there will be slippage in the transaction programme if it proceeds.</p> <p>The Chair acknowledged the approaching Best in Care Awards 2017 and also highlighted a recent meeting with Red Thread who currently work with Kings, London, focusing on violence prevention and timely intervention with patients/other victims of violence. This is at ED admission which is believed to be an opportunity, 'a teachable moment' to potentially divert those in a spiral of violence. The Trust has received a significant grant to help with this work, which will primarily be done through the ED.</p> <p>Also highlighted was the recent Newsnight (25/10) piece on the pressures on both ED and wards; the 'front and rear doors' of the Trust. Staff came across brilliantly, committed to their work and care of patients in the face of resource frustrations.</p>

<p><b>D17/90</b></p>	<p><b>CLINICAL QUALITY MONITORING REPORT Q2</b></p> <p>The Board considered the report presented by the MD.</p> <p>Prior to presenting the main body of the report, the MD confirmed that PICs had been successfully implemented within ED on 25 October and was positively received by ED staff. However, for only the second time in a decade, the PICs system went down across the Trust for a 35 minute period today (26/10). The IT team has identified the likely cause of the problem (in paediatric prescribing) and it will be resolved. MD highlighted that this very rare incident has highlighted the need for PICS users not to be complacent and to continue to test the archive every week. Overall, this is a very stable system.</p> <p>The MD provided a summary of the report to the Board including a brief update on pending investigations into medical staffing matters. There are currently six ongoing investigations with one being concluded by way of hearing last week. The Panel outcome is awaited.</p> <p>In June 2017, one CCS group had a higher than expected mortality (intracranial injury). This group includes all head injuries and the complexity of the issues managed by the Major Trauma Centre are perhaps not fully reflected in the expected mortality figures. Nevertheless it is subject to a review by an Associate Medical Director who will report to the October JCQMG.</p> <p>The MD highlighted a positive BoD unannounced governance visit to W304 where patients and staff spoke positively about the ward. There were some minor housekeeping issues but overall a good visit.</p> <p><b>Resolved: To accept the report.</b></p>
<p><b>D17/91</b></p>	<p><b>PATIENT CARE QUALITY REPORT Q2 INCLUDING INFECTION PREVENTION UPDATE</b></p> <p>The Board considered the report presented by the ACN.</p> <p>The ACN provided an overview of key areas of care quality, focusing on infection control and various projects being led by nursing.</p> <p>Overall infection control is performing well with no Trust apportioned MRSA reports during the relevant period and indeed the year to date. This is being achieved through a regime of continual monitoring and focus on hand hygiene. For CDI, we are also performing better than our anticipated trajectory. To continue to improve the CDI figures (currently 37 Trust apportioned cases for</p>

	<p>the financial year to date), focus will be on antimicrobial prescribing, hand hygiene, timely isolation of patients with diarrhoea etc.</p> <p>The Trust's campaign for flu vaccination of frontline staff continues to go well with 49% vaccinated as at 26/10/17.</p> <p>The ACN confirmed the progress being made on the three patient experience projects (see report). The current focus is on identifying the improvement actions and benchmarking for each project. A further update will be provided at future meetings on outcomes delivered during the projects' lifespans.</p> <p>It was confirmed that the Trust continues to be a high user of urinary catheters when benchmarked within the Shelford Group but it is noted that we continue to have a lower rate of catheter associated urinary tract infections. Nursing staff are encouraged to continue to challenge use of catheters and to instigate removal at the earliest opportunity. The ongoing CAG project is focusing on education and training of nursing staff with study days, key message communication and sessions run by the Continence Nurse Educator.</p> <p>The ACN reported that the Trust is now in receipt of its results following the National Audit of Dementia (2016). Key outcomes include the need to improve screening for Delirium and improving the management of patients with Delirium. This would include improved communications with carers and gathering of personal information of the patient which would assist with patient care. Other areas requiring attention are the nutritional needs of patients with Dementia and a desire by staff for additional training in caring for patients with Dementia. A number of these areas are being addressed within various workstreams and nursing staff within the Dignity team recently attended a National Audit Quality Improvement Workshop to support the development of an action plan to address the audit findings.</p> <p><b>Resolved: To accept the report.</b></p>
<p><b>D17/92</b></p>	<p><b>SAFEGUARDING ADULTS AND CHILDREN ANNUAL REPORT 2017/18</b></p> <p>The Board considered the annual report presented by the ACN. This report covered the period April 2016 to March 2017.</p> <p>The Trust operates a combined safeguarding team across both hospital activity and Umbrella Sexual Health Services. This includes Lead Nurses for adults and a named nurse for child protection with a further 4.5 WTE staff within the team.</p> <p>There has been an increase in activity but there is no single theme</p>

	<p>behind the increase in numbers and it is believed that it is as a result of a having a team trained to identify and escalate issues of concern.</p> <p>This year the Trust has seen our first referrals for people trafficking and an increase in FGM referrals, as a consequence of increased training/awareness of these issues.</p> <p>As a non-paediatric Trust, we have limited child patients and the majority will be seen within ED, although some will be seen via the Umbrella Service. There has been recent changes in the local commissioning area, with the decommissioning of the Paediatric Liaison Service and this is of concern regarding community based patients. Safeguarding are looking at how to ensure the process remains robust despite the changes.</p> <p>The Trust has a robust education/training package on identification and appropriate signposting of domestic abuse. Additionally the team have undertaken a wider review of training needs for Trust staff. Compliance with Level 1 Safeguarding Awareness Training and Prevent is at 100% (by leaflet). Level 2 training (clinical staff) which includes DOLS and MCA training is at over 94% for the rolling 3 year compliance totals although it is noted medical staff compliance is at approx. 52% compared to nursing bands at approx. 76-82%. This is, in part, due to junior doctor rotation and the primary focus being on nursing staff.</p> <p>In summary, the ACN was clear that the Safeguarding Team continue to meet targets and appropriately identify and deal with concerns in an every changing social environment.</p> <p>There was a general discussion about the fact that it appeared from the statistics within the report that the majority of DOLS applications are withdrawn. The reasons for this are various including the simple fact that often patients move to a new care setting before the applications are processed by the local authorities. This delay is being discussed with our partners at Birmingham City Council.</p> <p><b>Resolved: to accept the update.</b></p>
<p><b>D17/93</b></p>	<p><b>PERFORMANCE INDICATORS REPORT</b></p> <p>The Board considered the report presented by the EDOD.</p> <p>The EDOD summarised the Trust's performance against the Single Oversight Framework monitored by NHSI and which provides access to the Sustainability and Transformation fund (STF) subject to agreed trajectories. The Trust is maintaining performance against target for 3 of the 5 indicators. One cancer target and A&amp;E 4hour wait was not met. Remedial action plans are in place</p>

Against the STF Allocation, A&E performance is 85.4% and Commissioners have indicated that achieving 90% across the system will be challenging in light of recent walk-in centre closures and additional demand pressures. The closure of the walk-in centre has had an impact on the Trust and wider health economy as a whole. As a consequence the figures are currently going through a validation process.

There was a deterioration in A&E 4hour performance in September, with a spike in attendance in the final 10 days of September. It is anticipated this will not necessarily improve as there is an underlying shortfall of approx. 70 inpatient beds, with consequent delays in admitting A&E patients. This continues to be the focus of the Unscheduled Care Group

Cancer target performance has improved during this period with the 62 standard target compliance at 66.8% August and further improvement in September (74.8%). However the Trust is slightly behind the agreed recovery plan trajectory and the main reason for this is the higher than expected late tertiary referrals; a factor outside the Trust's control. The week 2 & symptomatic breast standards were also not achieved in August however the numbers are relatively small and it is anticipated the Trust will be at target by November and this will be maintained for the whole of quarter 3.

The other highlight in the report identified by the EDOD was the monitoring introduced by the establishment of the post of Guardian of Safe Working (GSW) following the introduction of the new Junior Doctor contract. For the period May to July inclusive there were 3 exception reports submitted; all from Medicine and attributed to high clinical workloads and caring for extremely sick patients. The doctors have been paid overtime or provided with TOIL. Exception reports numbers are reducing overall.

When reviewing local indicators it was noted that there has been a spike in cancelled elective operations. The primary reason appears to be emergency admission pressures.

Staff sickness rates are stable (short term) however longterm sickness rates continue to be above target (2.6%) although it should be recognised this is a demanding target. Work continues to address the issue through the Operational Workforce Group . The Chair identified that the Trust was providing significant staff support, not least through the Staff Well Clinic. The Trust is working on improving access to this support for lower banded employees and those not physically present at work

The Board discussed the current trajectory for delayed transfers of care; from hospital to community settings. There has been an

	<p>increase in numbers for September, early October which reflects the related spike in ED target non compliance. The Trust is taking steps to relieve this pressure through the use of the Norman Power unit but this initiative has to be balanced against the increasing closure of private sector beds. It was identified that Solihull MBC has undertaken a significant piece of work to reduce lost bed days from 134 to 11 days. Birmingham City Council is demonstrating an increasing commitment/willingness to address these issues. Our Chief Executive is aware of the renewed focus on these issues by Birmingham City Council through her STP role but it does need to be recognised that the problems in Birmingham differ to the issues in Solihull MBC area.</p> <p><b>Resolved: To accept the report.</b></p>
<p><b>D17/94</b></p>	<p><b>FINANCE &amp; ACTIVITY PERFORMANCE UPDATE INCLUDING CAPITAL PROGRAMME UPDATE</b></p> <p>The Board considered the report presented by the CFO.</p> <p>Currently (to September 2017), the Trust has an actual surplus of £10,047 million which is approximately £246,000 above the planned year to date. This assumes the Trust will receive the full allocation of 2017/18 STF income.</p> <p>Whilst there has been a £13.5mil overspend in operational divisions, this has been offset by underspends within corporate functions, Trust subsidiaries and the use of Trust reserves. Overall the Trust's underlying performance is stable and we are not experiencing any unusual pressures which is reassuring. However we are entering the winter period with associated pressure on resourcing.</p> <p>The Trust maintains a good cash position with cashbook balance as at 30 September at £68mil. Currently the capital programme is underspend as the Trust has not yet received grants which should be received in Q3.</p> <p>In summary, the Trust's financial performance remains in line with the NHSI metrics, which exclude STF income, donations and grants. There are several key assumptions and risks to the achievement of the Trust's planned surplus for the financial year. They include full receipt of STF income, CIP delivery continues to improve during the financial year and the monthly adverse 'run rate' incurred by operational divisions does not worsen.</p> <p><b>Resolved: To accept the report.</b></p>

<p><b>D17/95</b></p>	<p><b>BOARD ASSURANCE FRAMEWORK REPORT</b></p> <p>The Board considered the report presented by the DCA.</p> <p>The DCA confirmed that the BAF has been reviewed by the Executive Team in conjunction with their Risk Registers. All tracked changes are clearly identified with specific updates for both Finance and the Unscheduled Care Project as per the summary provided to the Board within the report.</p> <p>The Board discussed the evolving risk presented by the ongoing Brexit negotiations. The Trust has over 50 consultants and other clinical employees affected by Brexit who anecdotally do not appear reassured by the Government during the negotiations, but the Trust is providing what support it is able to provide. The Chief Executive identified that, whilst we may have only lost one consultant to date, the most immediate impact is the Trust's inability to recruit clinical staff for the rarer specialities.</p> <p><b>Resolved: To accept the update.</b></p>
<p><b>D17/96</b></p>	<p><b>COMPLIANCE AND ASSURANCE REPORT</b></p> <p>The Board considered the report presented by the DCA.</p> <p>The DCA confirmed that the Trust did not have a CQC inspection during the relevant period but had responded to 5 CQC queries during Q2 with no concerns identified by CQC who have indicated they are content with the Trust response.</p> <p>An inspection took place at Assure Dialysis Unit, Smethwick on 5 June 2017. Overall, it was a very encouraging report (with no breach of regulations) although no rating was provided as there is no rating framework available. Three requirement notices were issued relating to (i) the use of a technique known as dry needling. There is no national consensus as to best practice but the Trust has now introduced the CQC preferred technique. (ii) identification checks and (iii) third party risks. An action plan was submitted on 5 October and will be monitored via monthly Assure business meetings.</p> <p>Of more concern is the inspection of our commercial partner units. There is concern that the inspection regime may drive providers out of the market which will make provision of dialysis care more expensive in future or may compel the Trust to bring the service in-house entirely. The Trust does not have quality concerns regarding commercial providers as our consultants work closely with the units; they work to the Trust's standards. The Trust is providing support to our commercial partners to assist with the CQC inspection regime. We are also intending to provide direct feedback to the CQC on the inspection regime.</p>

	<p>Compliance with NICE Guidelines now sits at 85% as set out within the report and the Trust is currently participating in 32/35 National Audits. We do not participate in the Cardiac Arrest audit as there are concerns regarding the methodology and we are not currently able to fully participate in the Diabetes audit due to the extensive resource requirement, although this is under review.</p> <p><b>Resolved: To accept the report.</b></p>
<p><b>D17/97</b></p>	<p><b>EMERGENCY PREPAREDNESS UPDATE REPORT</b></p> <p>The Board considered the report presented by the DSO.</p> <p>The DSO confirmed that, over the last 6 months, there has been a nationwide increased level of engagement with emergency preparedness, in light of the London and Manchester incidents.</p> <p>The Trust maintains an Emergency Preparedness policy which is accessible on the intranet and acts as a framework to support the Trust's practical response to major incidents. Significant training on the major incident plan remains ongoing.</p> <p>The Trust is required to carry out a Major Incident plan exercise every 6 months. The most recent table top exercises went well with a formal debrief from Exercise Pandora due in November and will be reported back to the Board in April 2018.</p> <p>Due to the raised threat level subsequent to the London and Manchester incidents, armed police are assigned to the Trust at different times. One lockdown incident on site has resulted in a lot of learning for the local police; they did not utilise existing plans nor engage with our staff/processes or security and did not set up a control centre. As a result, there was some confusion and miscommunication. These learning points will be considered by both the Trust and police liaison.</p> <p>Business Continuity planning continues with a recent Blackstart exercise on 21 June 2017, which went well overall with a few issues to be resolved, particularly the failure of the nurse call systems and the central console in CCU failing and requiring a repair the next day. No patient safety issue was identified as a consequence of the issues.</p> <p>The Trust recently undertook an assessment of its emergency planning and has been assessed as compliant. A recent Strategic Asset visit took place on 27 September 2017 with the report confirming the Trust as fully compliant with the only recommendation being the appointment of a specific Non-Executive Director to hold the portfolio for emergency planning. The Board</p>

	<p>discussed this and agreed that it would not be appropriate to assign responsibility for Emergency Planning to a particular Non-Executive Director, as the Board should take collective responsibility for such things. This was consistent with the Board's approach to other recommendations for Non-Executive Directors to be given specific responsibilities.</p> <p>The Trust, together with HEFT, recently hosted an Emergency Preparedness conference for its staff and attendees from other NHS organisations nationwide. Feedback as to the value of the conference and previous year's conferences was very positive.</p> <p><b>Resolved: To accept the report.</b></p>
<p><b>D17/98</b></p>	<p><b>NURSE STAFFING – BI-ANNUAL PROGRESS REPORT</b> The Board considered the report presented by the CAN.</p> <p>The report provides an update on the nursing workforce position as set out by the National Quality Board and an update on the current position and activities undertaken to support the nursing workforce.</p> <p>During June 2017, the Trust undertook a 28-day period of monitoring and captured data described in the Shelford Group Safer Nursing Care Tool. This data will be used in the systemic review of nursing establishments. The Trust has already made adjustment to nursing workforce on Wards 623 and Ward 625. It is currently reviewing workforce plans for outpatients and ED in conjunction with a very positive recent recruitment campaign.</p> <p>The Trust continues to recruit and invest in the Assistant Practitioner trainee scheme in theatres and it is anticipated 4 of the 18 will complete their training in April 18. In addition the current cohort of Trainee Nursing Associates continue towards their foundation degree qualification whilst working. The NMC has confirmed it will regulate Nursing Associates with necessary legislative changes with a view to the programme being expanded nationally.</p> <p>The ACN summarised the ongoing efforts in recruitment and retention, as outlined in the report including the Band 7 leadership development programme, which is now being extended to operational managers and CSLs.</p> <p>A high number of job offers have been made following recent recruitment processes. The Trust took the majority of the regions preceptor recruits. It is recognised that newly qualified staff do take slightly longer to orientate themselves to their roles as qualified nurses and so we are providing additional support to this cohort of staff.</p>

	<p>Allocate has been introduced across core ward areas which will improve workforce reporting and QEH+ has active recruitment plans in place across all Bands and has recently recruited a number of RMNs to the bank to meet the needs of our patients with additional mental health care needs.</p> <p><b>Resolved: To accept the report.</b></p>
<p><b>D17/99</b></p>	<p><b>POLICIES FOR APPROVAL</b></p> <p>The Board approved the following:  <b>Research Governance Policy</b>  <b>Equality and Diversity Policy</b>  <b>Work Life Balance Policy</b>  <b>Reviewing Inpatient Deaths Policy</b>  <b>Raising Concerns in the Public Interest (Whistleblowing) Policy</b></p> <p>Chair commented that the Equality and Diversity group has now been disbanded as these issues are now within the remit of the Health and Well-being group.</p>

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Chair

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Date

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