

BOARD OF DIRECTORS

Minutes of the Meeting of 27 April 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”)
Mr Philip Norman, Executive Chief Nurse (“CN”)
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”)
Ms Jane Garvey, Non-Executive Director
Ms Angela Maxwell, Non-Executive Director
Ms Catriona McMahon, Non-Executive Director
Mr Andrew McKirgan, Director of Partnership (“DoP”)
Mr David Waller, Non-Executive Director
Mr Harry Reilly, Non-Executive Director
Mr David Burbridge, Director of Corporate Affairs (“DCA”)

In Attendance: Mrs Berit Reglar, Deputy Foundation Secretary (“DFS”) – Minute Taker
Ms Sam Baker, Quality Development Support Manager

Observers: Ms Sarah Needham – member of the public
Ms Bernadette Aucott - governor

D17/01	WELCOME AND APOLOGIES FOR ABSENCE Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. Apologies were received from Mr Jason Wouhra, Non-Executive Director, and Mr David Hamlett, Non-Executive Director.
D17/02	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.

D17/03	<p>DECLARATIONS OF CONFLICT OF INTERESTS 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 David Rosser – Deputy Chief Executive and Executive Medical Director at HEFT David Burbridge – interim Director of Corporate Affairs at HEFT Mr David Hamlett – commercial consultant for Guy’s and Thomas’ NHS Foundation Trust.</p>
D17/04	<p>MINUTES OF THE BOARD OF DIRECTORS MEETING ON 30 MARCH 2017</p> <p>Resolved: The minutes of the meeting held on 30 March 2017 were approved as a true and accurate record of the meeting</p>
D17/05	<p>MATTERS ARISING FROM THE MINUTES There were no matters arising from the minutes of the meeting on 30 March 2017.</p>
D17/06	<p>CHAIR’S REPORT & EMERGING ISSUES The chair provided an update on the STF. NHIS have published a re-freshed 5 year forward view, covering urgent/emergency care, access to mental health/social care and cancer services. With the departure of Mark Rogers, Birmingham City Council is looking to appoint a new Chief Executive. Andrew McKirgan, Director of Partnerships, will soon be replaced by a new Project Director who is externally recruited. The official Purdah (pre-election) period has now commenced and the Trust will be refraining from hosting any meetings/visits which would contradict this.</p>
D17/07	<p>CLINICAL QUALITY MONITORING REPORT Q4 The Board considered the report presented by the MD.CUSUM and SHMI performance lie within the expected levels. The review of the number of deaths in haematology is ongoing.</p> <p>Resolved: To accept the report.</p>
D17/08	<p>PATIENT CARE QUALITY REPORT Q4 TO INCLUDE INFECTION PREVENTION The Board considered the report presented by the CN. The annual objective for CDI for 2016/17 was 63 cases. Performance for Quarter 4 2016/17 was 21 Trust apportioned cases, all of which were reportable to Public Health England (PHE) in accordance with</p>

	<p>Department of Health guidance. In total, for the financial year 2016/17, the Trust has had 92 Trust apportioned CDI cases (i.e. above trajectory), 29 of these cases were considered avoidable. The trajectory for 2017/18 has been set by Public Health England (PHE) and remains at 63 cases with a specific focus on avoidable cases.</p> <p>The annual objective for MRSA bacteraemia is 0 avoidable cases. There were no Trust apportioned MRSA cases in Quarter 4 2016/17. In total, and as previously reported, the Trust has had 4 Trust apportioned MRSA cases in the financial year 2016/17.</p> <p>Several initiatives are underway to further improve the care for patients with a learning disability. Some of these initiatives include the Coming into Hospital Booklet and a film for a patient which has been produced in partnership with Communicate 2U. Part one of the film was completed in Summer 2016 and covered what might be perceived as simple procedures (for example having blood samples taken, having a blood pressure or temperature recorded etc.) and communicating this effectively, as well as showing the help and resources available at the Trust for patients undergoing such procedures. Part two of the film will be made during Summer 2017 and will be looking at the patient's journey from the front door into ambulatory care, through to theatre.</p> <p>The Trust continues to be involved in various events to promote its initiatives, learn from others and raise further awareness such as Autism Awareness Week and Learning Disabilities Awareness Week.</p> <p>The Trust has a Nutrition and Hydration Steering Group in place. Recent areas of focus have included the 'Eat Better' (Healthy Eating) range of food snacks sold at staff/visitor facilities, use of Dementia crockery, and the introduction of a mobile refreshment trolley and the distribution of healthier snacks by the Trust's vending machines.</p> <p>Resolved: To accept the report.</p>
<p>D17/09</p>	<p>NURSE STAFFING – BI-ANNUAL PROGRESS REPORT</p> <p>The Board considered the report presented by the CN. The report provides the 6 monthly update for the Board in line with the requirements set out by the National Quality Board (NQB). The last report was presented in October 2016.</p> <p>As can be noted in the table 1 (page 4 of the report), the nursing vacancy position at January 2017 was 7.5%, which compares well to the national vacancy position (estimated around 9%). Main vacancies are at Band 5 Registered Nurse level, which is reflected nationally and work continues to recruit to remaining posts with</p>

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 the report was written, a further 200 staff have been offered posts within nursing.

New roles continue to be explored and introduced where appropriate, for example the Assistant Theatre Practitioner role which is proving successful. A new national role of Nursing Associate will be piloted in England from 2017. A Birmingham wide bid was submitted to Health Education England (HEE) and Birmingham will be one of the 'fast follower' test sites. This Trust has appointed 10 successful applicants who commence as trainee nursing associates in April 2017.

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.

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).

The Trust data for the past 12 months is outlined on Page 6 of 11. As outlined in the table, the Trust overall is able to continuously provide or exceed planned staffing levels across the organisation.

From January 2017, Trusts across England are also required to submit a new data set based on Care hours per patient day (CHPPD). Care hours per patient per day (CHPPD) is calculated by adding the hours of Registered Nurses to the hours of Care Staff available in a 24 hour period and dividing the total by every 24 hours of inpatient admissions (or approximating 24 patient hours by counts of patients at midnight). The latest data is shown in the report by ward area. Over time this data will also support the ability to benchmark across similar provider Trusts.

As can be seen on the table on Page 7 of the report, data for February 2017 (most recent data at the time the report was written) shows that overall all ward areas are green against the planned staffing level which is positive. However, when reviewed against planned skill mix (registered nurse versus nursing assistant), 3 wards are currently showing as red in relation to the planned registered nurse workforce and 9 wards as amber. Action plans are in place to enable these wards to move to green over the next few months. Robust reviews of staffing remains in place on a daily basis to ensure that all areas are appropriately staffed.

The Trust continues to promote numerous retention and recruitment

	<p>initiatives and also continues to promote the use of the Trust internal staff bank (QEHB+) where short term staffing cover is required. This has also helped to ensure a continuing downward trend on the use of external agency staff.</p> <p>Resolved: to accept the update.</p>
<p>D17/10</p>	<p>PERFORMANCE INDICATORS REPORT</p> <p>The Board considered the report presented by the EDOD. Of the 5 indicators included in the Single Oversight Framework, 3 were on target in the most recent month and 2 (cancer and A&E) were not met. Remedial action plans are in place and are being monitored. A&E performance improved from 81.1% in February to 84.6% in March. The unscheduled Care Group is overseeing the delivery of several projects (e.g. consultant ward round 7 days a week, physiotherapists in A&E) and is starting to have an impact. As for the cancer target, nationally there was a correlation between the below target performance and net importers of cancer referrals (tertiary centres). None of the national cancer centres achieved the 62 day standard in January and only one centre achieved the target in the two preceding months. The Trust has lost some STF funding by not meeting the cancer target, but some of this money has been recouped.</p> <p>Performance for the 31-day subsequent chemotherapy standard was slightly below target in February due to a technical problem which has now been resolved.</p> <p>In terms of national targets monitored locally through CCG contracts, the Trust is on target for 21 and has a remedial action plan in place for 2 (cancelled operations not re-arranged within 28 days and MRSA).</p> <p>External agency spend continues to improve. The combined spend for external agency and bank staff was at 7.7% lower than the national average of 8.3%.</p> <p>Resolved: To accept the report.</p>
<p>D17/11</p>	<p>FINANCE & ACTIVITY PERFORMANCE UPDATE INCLUDING CAPITAL PROGRAMME UPDATE</p> <p>The Board considered the report presented by the CFO. It was noted that the details on the STF are included in the draft annual accounts shared with NHSI, but not this report. Receipt of STF income means that the Trust is now in a positive cash position (£7m) which is £1m higher compared to 2015/16. Funding for the cancer trajectory has not been received, but this has been recouped through the receipt of additional STF funds.</p> <p>The revaluation of the estate creates some presentational issues in the accounts which the external auditors are aware of and checking. Due to the Trust being tied into the PFI contract for the new hospital, the Trust is unable to achieve a higher 'use of resources' score which affects the overall financial score.</p>

	<p>It followed a brief discussion around capital investment. It was agreed that it would be disadvantageous for the Trust to keep high levels of cash.</p> <p>Resolved: To accept the report.</p>
D17/12	<p>EMERGENCY PREPAREDNESS UPDATE REPORT</p> <p>The Board considered the report presented by the EDSO. The Trust continues to prepare and test its major incident plan which included a call out exercise (to be repeated every 6 months), a table top exercise and further training. Mass Casualty and Business Continuity Planning are ongoing. The Trust is planning its first black start test on a working day.</p> <p>It was agreed that the details of the IT Business Continuity Planning shall be included in future reports.</p> <p>Resolved: To accept the report.</p>
D17/13	<p>BOARD ASSURANCE FRAMEWORK REPORT</p> <p>The Board considered the report presented by the DCA. The Trust has received 'significant assurance with minor recommendations' in its internal audit report on the BAF and risk management process. It was agreed that the wording of the first risk on the BAF regarding the Trust's financial position requires updating (including the risk scoring), but will need to remain on the register.</p> <p style="text-align: right;">ACTION: DFS</p> <p>Resolved: To accept the update.</p>
D17/14	<p>COMPLIANCE AND ASSURANCE REPORT</p> <p>The Board considered the report presented by the DCA. There are no areas of concern. The Trust will re-apply for the UKAS registration pertaining to Cellular Pathology once the equipment is in place. The Action Plan is being monitored through monthly Quality Management meetings and weekly meetings with the quality lead.</p> <p>Resolved: To accept the report.</p>
D17/15	<p>STAKEHOLDER REVIEW REPORT</p> <p>The Board considered the report presented by the Dope.</p> <p>Resolved: To accept the report.</p>
D17/16	<p>MEMBERSHIP RECRUITMENT AND ENGAGEMENT ANNUAL REPORT</p> <p>The Board considered the report presented by the DComms. The overall membership has remained consistent with just a small increase from 23,847 to 24,317. The Trust has considered its approach to membership recruitment at the Governors' seminar which has culminated in a membership recruitment plan which will</p>

	<p>be presented to the next Council of Governors' meeting.</p> <p>Resolved: To accept the report.</p>
D17/17	<p>DECLARATION OF DIRECTORS' INTERESTS</p> <p>The Board noted the content of the current register of declarations of interests. An update was provided by the Dame Julie in relation to her honourable chair position at Warwick University.</p> <p>Resolved: To approve the register of declaration of interests.</p>
D17/18	<p>TRUST SEAL – TO APPROVE AUTHORISED OFFICERS AND ANNUAL UPDATE</p> <p>The Board considered the report presented by the DCA. It was agreed to replace Julian Miller as 'authorised officer' with Steve Clarke.</p> <p style="text-align: right;">ACTION: DFS</p> <p>Resolved: To approve the use of the seal.</p>
D17/19	<p>REQUEST FOR SUBSTANTIVE APPOINTMENT</p> <p>The Board considered the report.</p> <p>Resolved: To approve the substantial appointment of:</p> <ul style="list-style-type: none"> • A replacement COLORECTAL SURGEON • A CORE BENIGN UROLOGY SURGEON • A PALLIATIVE CARE CONSULTANT
D17/20	<p>Date of next meeting: Thursday, 18 May 2017 – 1pm (Private Meeting)</p>

.....
Chair

.....
Date