# BOARD OF DIRECTORS

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

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| Present: | Rt Hon Jacqui Smith, Chair<br>Dame Julie Moore ("CEO")<br>Dr Dave Rosser, Executive Medical Director ("MD")<br>Mr Philip Norman, Chief Nurse ("CN")<br>Mr Mike Sexton, Chief Financial Officer ("CFO")<br>Ms Cherry West, Chief Operating Officer ("COO")<br>Ms Fiona Alexander, Director of Communications ("DComms")<br>Mr Kevin Bolger, Executive Director of Strategic Operations ("DSO")<br>Mr Tim Jones, Executive Director of Delivery ("EDOD")<br>Ms Jane Garvey, Non-Executive Director<br>Ms Angela Maxwell, Non-Executive Director<br>Ms Catriona McMahon, Non-Executive Director<br>Mr Andrew McKirgan, Director of Partnership ("DoP")<br>Prof Michael Sheppard, Non-Executive Director<br>Mr David Hamlett, Non-Executive Director<br>Mr David Waller, Non-Executive Director<br>Mr Harry Reilly, Non-Executive Director<br>Mr Jason Wouhra, Non-Executive Director<br>Mr David Burbridge, Director of Corporate Affairs ("DCA") |
| In Attendance: | Mrs Berit Reglar, Associate Foundation Secretary ("AFS") – Minute Taker |
| Observers: | Dr Mansoor Bangash (Critical Care)<br>Mr Naeem Farooqi (Neurosurgery)<br>Dr Han Seng Chew (Neuroradiology)<br>Dr Salil Karkhanis (Interventional Radiology)<br>Dr Charles Percy (Haematology)<br>Dr Fiona Clark (Haematology)<br>Dr Farukh Rauf (Respiratory)<br>Mr Alex Evans (Governor)<br>Ms Alka Handa (Governor) |

**D16/194 WELCOME AND APOLOGIES FOR ABSENCE**

Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. No apologies were received.

**D16/195 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.

**D16/196 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
Mr David Hamlett – commercial consultant for the University of Leeds and Guy's and Thomas' NHS Foundation Trust.

**D16/197 MINUTES OF THE BOARD OF DIRECTORS MEETING ON 27 OCTOBER 2016**

The minutes of the meeting held on 27 October 2017 were approved as a true and accurate record of the meeting.

**D16/198 MATTERS ARISING FROM THE MINUTES**

There were no matters arising from the minutes of the meeting on 27 October 2016.

**D16/199 CHAIR'S REPORT & EMERGING ISSUES**

The chair provided an update on the Case for Change. This would be discussed in more detail at the next Board seminar on 9 February. The governors of both trusts have been involved and review progress of the proposed transaction through their review group.

The Director of Partnerships has been appointed 'Acting Project Director' in relation to the STP. There has been a refresh of the plan which has brought greater focus on adult social care and new models of care. Bob Sleigh, Leader of Solihull Council, has been appointed as chair of the STP board and Jacqui Smith as vice chair.

The chair congratulated the Director of Communications for another successful Better Care Award ceremony.

**D16/200 CLINICAL QUALITY MONITORING REPORT**

The Board considered the Clinical Quality Monitoring report presented by the MD.

There shall be a new joint clinical quality monitoring process

including HEFT.

9 medics are currently being investigated. One of these cases might be downgraded and another might be put on hold.

In terms of mortality data, more work is ongoing to understand the rise in leukaemia cases. Due to the baseline this is not considered to be urgent at present. It is also a very self-critical specialty.

There are no HSMR issues to report. There is one paragraph missing in section 3 of the report.

An update on the cardiac surgery was provided. A patient had died shortly after surgery which triggered a member of the team to call for an investigation. However, it transpired afterwards that the concern was largely based on a misunderstanding and the coroner has now confirmed that the cause of death had not been preventable. Whilst this case does therefore not require a further investigation, the communication issue within the cardiac surgery team has to be looked at. The MD explained that the team had been asked to keep a 'cap' on complex surgery to allow for more routine surgery to occur and to build in some 'slack' for emergency situations. The Trust appears to have become a kind of 'place of last resort' for the more complex surgery required by patients who reside a long distance away from the Trust. By focusing on these complex surgeries, the needs of the local population are not served sufficiently. Local patients requiring normal surgery are only operated on when their surgery becomes an emergency. At the time when the aforementioned patient died, the team had been in breach of this cap. This was no fault of one particular individual but rather the result of unsatisfactory collective decisions. The cap has now been articulated to the wider teams responsible for patient admissions and they appear to understand the issue. There is also evidence that the varous teams work on this together. Furthermore, the Director of Medical Director's Services has come up with a more transferrable model to monitor the adherence of the cap.

The directors' unannounced governance visit at ward 305 has resulted in numerous actions. The ward was found to be cluttered and disorganised. It transpired that the 17 bedded ward had become a ward for mainly private patients for whom it was ill equipped and resourced. The CN confirmed that there is now a detailed action plan in place to address the issues. There are a minimum of three spot checks a week and six additional visits have already taken place. At present, there are no more than 5 private patients. Division C continues to monitor admission numbers. Staff have been moved to different wards which match their special interests and where they are more content. An update will be provided to the Executive Root Cause Analysis where the future purpose of this ward will also be discussed.

The MD expressed his gratitude to Bob Hibberd, Head of Clinical Governance, who has been instrumental in the successful conclusion of complex clinical governance issues over the years and for whom this was the last report due to his upcoming retirement. The Board commended him for his contribution over the years and asked for this message to be passed on.

**Resolved: To accept the report.**

**D16/201 PATIENT CARE QUALITY REPORT FOR Q2**

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

Infection Prevention and Control

The CN provided an update on Infection Prevention and Control. The annual objective for Clostridium Difficile Infection (CDI) for 2016/17 is 63 cases or 17.6 per 100,000 bed days (currently around 70 cases). Performance for Quarter 3 of this current Financial year was 24 Trust apportioned cases (these are the cases beyond day 0+2), all of which were reportable to Public Health England (PHE) in accordance with Department of Health guidance. In total, year to date, the Trust has had 71 Trust apportioned CDI cases, 27 (38%) of these cases were considered avoidable. This is above trajectory, but reflects the trend seen nationally as a result of increased use of antibiotics, a rising population and the change in age demographics.

A CDI improvement plan is in place with a specific focus on:

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

NHSI have shown an interest in using the Trust's CDI action plan.

In relation to Methicillin Resistant Staphylococcus Aureus (MRSA), the annual objective is 0 avoidable cases. There were no Trust apportioned cases in Quarter 3. In total, year to date and as previously reported, the Trust has had 3 Trust apportioned MRSA bacteraemia (April x1, July x1 and September x1).

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

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

There were 2 outbreaks of diarrhoea and vomiting in Quarter 3 (confirmed norovirus). During November this resulted in the closure of West Ward 1 and during December this resulted in the closure of a bed bay on Edgbaston Ward (both older adult wards).

Update on the Observations of Care project:

The aims of the Observations of Care Project are:

- To assess current standards of communication and compassionate care within inpatient clinical areas
- To identify, share and celebrate compassionate care being delivered
- To develop action plans for each clinical area or Trust-wide, dependant on results of the observations.

An audit tool was developed in order to capture communication and interactions (compassionate care) between staff and patients across the Trust. Immediate feedback is provided to individuals observed, whether this is praise for enriching interactions or guidance on how an interaction might have been improved. Ward senior sisters/charge nurses are also provided with immediate feedback. In addition, a written feedback report and action plan is shared with the ward/department senior sister/charge nurse and relevant Matron. The report outlines the results for Quarter 3. A total of 13 clinical areas were visited and 795 interactions were observed. Chart 1 demonstrates the number of all observed interactions across all 13 areas. Examples of interactions observed are also listed in the report. In summary, 65% of the interactions observed across all 13 areas were considered to be 'Enriching' and 33.5% as 'Neutral'.

Neutral interactions are considered acceptable in many circumstances and to some extent are expected during busy periods of a shift. the CN advised that consistently 'Neutral' interactions should be considered with caution due to the potential accumulative effect on patient experience. Negative interactions were observed in 1.5% of the total number of interactions.

Critical Care Area A and Wards 305, 409, 515, 624, 625 and 728 have demonstrated clear improvements in the types of interactions observed. In 2016 all 7 areas have seen a move away from Neutral interactions and an increase in 'Enriching' and 'Positively Enriching' interactions, when compared with the observations undertaken in 2015.

Following the observations undertaken in the first 6 months of 2016, where clinical areas had been visited for a second time, the results for 2015 and 2016 have been compared and statistically analysed. This confirmed that there has been a statistically significant improvement from 'Neutral' to 'Enriching' interactions overall and this will be detailed in the end of year report.

**Resolved: To accept the report.**

**D16/202 PERFORMANCE INDICATORS REPORT, 2016/17 ANNUAL PLAN UPDATE**

The Board considered the Performance Indicators Report presented by the EDOD. The Board was reminded that the Trust is now working against the new Single Oversight Framework brought in on 1 October 2016 and for which the Trust has now received its risk rating. The Trust has been graded in segment 2 (with 1 being the best). Two of the five targets now measured are below the threshold – A&E and cancer targets. The STF is based on the Trust hitting its targets during quarter 2 and 3. Since the agreed caveats were not met, the Trust has now appealed the decision by NHSI and is relatively confident that one of the appeals (A&E) might be successful.

The press has mentioned the lack of GP support as one of the reasons why A&E targets are not being met nationally. However, they would only treat the minor injuries and where these patients are treated here at the Trust, they are discharged quite rapidly. The biggest problem remains the delay in discharge due to the lack of community beds/care homes. The Unscheduled Care Group, which reports to the Chief Operating Officer's Group, is overseeing the implementation of a number of improvement work streams. This group considers what the Trust could do as opposed to what it has to do. As such it has initiated various new projects including a new triage model. Out of the 330+ patients a day which are seen in A&E, some could be registered and signposted directly to a speciality at the Trust. However, this would require some 'medical observation beds' for which there is currently no funding. Another idea has been to create short stay beds for patients whose care path does not demand admission. This option is currently being explored further.

Due to the lack of system for recording and allocating breaches, the Trust had to externally report performance against the cancer target at 78%. It is expected that performance against this standard will deteriorate again as a result of reduced number of treatment deferrals over the holiday period.

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

**Resolved: To accept the report.**

**D16/203 FINANCE & ACTIVITY PERFORMANCE UPDATE TO INCLUDE CAPITAL PROGRAMME UPDATE Q3**

The Board considered the report presented by the CFO. The Trust has recorded a surplus of £0.035m compared to the planned

breakeven position for December. The year to date financial position at the end of December is a surplus of £3.492m which is £0.192m above the planned surplus. These figures are based on the assumption that the A&E appeal will be upheld (worth about £350k). Generally speaking the Trust is penalised by its PFI contract and the agency cap. Trusts that were already in control of their agency staff before the cap was introduced have to make a further reduction. Thus, well performing trusts are hit harder by the cap than less well performing trusts.

The Trust is in a good cash position.

**Resolved: To accept the report.**

**D16/204 COMPLIANCE & ASSURANCE REPORT**

The Board considered the report presented by the DCA. Progress has been made in relation to the mental health assessment room.

Under CQC correspondence the report mentions a formal complaint from a patient relating to a drug omission. The board was advised that the CQC is obliged to follow up all complaints coming from the public. Further investigation of this case has shown that this patient was not actually a patient of this Trust.

The clinical compliance framework has been well received. Adjustments have to be made for Division A due to the nature of specialities managed in this division.

The table on page 6 of the report (Compliance with External Visits/Peer Reviews) shows one assurance level in 'red'. This is due to the withdrawal of the laboratories application for CPA/UKAS accreditation. Where the assurance column has been rated 'amber' this is due to the negative wording being used, but no further action is required.

There are currently two national audits in which the Trust does not participate. Both have been sanctioned by the MD. The DCA agreed to check whether one of them, the national diabetes audit, is still ongoing.

**ACTION: DCA**

**Resolved: To accept the report.**

**D16/205 BOARD ASSURANCE FRAMEWORK REPORT**

The Board considered the report presented by the DCA. The Board was advised that a new risk has been added around Brexit which summarises the discussion at the last Exec meeting. This refers to the adverse impact on recruitment, research funding, contracts for the supply of equipment, consumables and services and finance generally due to the unforeseeable consequences of the planned

Brexit. The new format of the BAF shows all new wording in amber and deleted wording as strike-through.

**Resolved: To accept the report.**

**D16/206 POLICIES FOR APPROVAL**

The Board considered the report presented by the DCA.

**Resolved: To approve the revised Health & Safety Policy.**

**D16/207 Date of next meeting: Thursday, 30 March 2017 – 1pm**