

# BOARD OF DIRECTORS

Minutes of the Meeting of 25 January 2018  
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 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
  - Mr Andrew McKirgan, Director of Partnership (“DoP”)
  - 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 Berit Reglar, Deputy Foundation Secretary – Minute Taker
- Observers:
- Dr Ute Pohl (Pathology)
  - Mr Avinash Manna (Ophthalmology)
  - Dr Punit Yadav (Renal Medicine)
  - Dr David Fackrell (Oncology)
  - Mr Amar Manandhar (Urology)
  - Dr Rachel Moore (Anaesthetics)
  - Dr Gautam Bagchi (Acute Medicine)
  - Mr Pritam Singh (Specialty Registrar ST8 - General Surgery)
  - Jagdeep Singh (member of the public)
  - Rachel Farmer (Liaison)
  - Robert Nayier, Clinical Quality Commission (CQC)
  - Eve Davis, Clinical Quality Commission (CQC)
  - Ms Susan Burrows (GE Healthcare)
  - Ms Maria Bannou (GE Healthcare)
  - Dr John Cadle (Governor-public)
  - Bernadette Aucott (Governor- public)

<b>D18/01</b>	<p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. Apologies were received from Angela Maxwell, Non-Executive Director, and Cherry West, Executive Chief Operating Officer (“COO”).</p>
<b>D18/02</b>	<p><b>QUORUM</b></p> <p>The Chair noted that:</p> <p>i) a quorum of the Board was present; and</p> <p>ii) the Directors had been given formal written notice of this meeting in accordance with the Trust’s Standing Orders.</p>
<b>D18/03</b>	<p><b>DECLARATIONS OF CONFLICT OF INTERESTS</b></p> <p>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>D18/04</b>	<p><b>MINUTES OF THE BOARD OF DIRECTORS MEETING ON 26 OCTOBER 2017</b></p> <p><b>Resolved: The minutes of the meeting held on 26 October 2017 were approved as a true and accurate record of the meeting</b></p>
<b>D18/05</b>	<p><b>MATTERS ARISING FROM THE MINUTES</b></p> <p>There were no matters arising from the minutes of the meeting on 26 October 2017.</p>
<b>D18/06</b>	<p><b>CHAIR’S REPORT &amp; EMERGING ISSUES</b></p> <p>The Chair confirmed that NHS Improvement (NHSI) had not yet been able to provide an acceptable definitive position on regulatory/financial support regarding the proposed transaction with Heart of England NHS Foundation Trust (HEFT). There is great support for the transaction amongst the local MPs, the Treasury and DOH, but the Trust’s red lines are yet to be appropriately addressed by NHSI. The Trust is currently preparing for a 1st April transaction date and the external auditors have been instructed accordingly.</p> <p>The “Edge of Life” TV programme has been met with great interest</p>

	and a second series is likely to be filmed.
<b>D18/07</b>	<p><b>CLINICAL QUALITY MONITORING REPORT Q3</b></p> <p>The Board considered the report presented by the MD. The headlines remain the same and there is no reason for concern. For benchmarking purposes, the CUSUM section includes data of HEFT and other acute trusts which are under pressure.</p> <p>The governors' visit to Ophthalmology flagged up a couple of information governance issues and capacity issues which will be considered in more detail.</p> <p>The 'Learning from deaths' section of the report (Appendix A) outlined the differences between the "RCP Avoidability Scoring" system (UHB) and "Confidential Enquiry into Stillbirths and Deaths in Infancy" system (HEFT), which were discussed in more detail. Due to its alignment with the coronial process, the preferred option is the former. The latter is also less clear and based on more crude data. The report still requires more work to iron out some formatting issues. It was agreed to bring the new report on a quarterly basis going forward.</p> <p><b>Resolved: To accept the report.</b></p>
<b>D18/08</b>	<p><b>PATIENT CARE QUALITY REPORT Q3 INCLUDING INFECTION PREVENTION UPDATE</b></p> <p>The Board considered the report presented by the ACN. The Trust had 56 trust apportioned CDI cases to date, 5 of which were considered to be lapses in care. Based on the current bed rate, the Trust is currently under trajectory of 13.1 cases per 100,000 bed days.</p> <p>It was noted that the Trust has not had a single MRSA in the last year and work was ongoing to maintain the current action plan. Despite this achievement, the Trust was not complacent and will bring more detailed data on bacteraemia data to the next meeting since this will be the new national focus.</p> <p>The Trust has experienced its first case of norovirus this winter. 28 in-patients are currently being treated for influenza. The Trust has reached its target of ensuring 70% of front line staff are vaccinated. There was discussion regarding the significant variation in staff vaccination rates amongst acute provider trusts and the reasons why staff are resistant to having the vaccine. It was acknowledged that it might be difficult to convince the remaining 30% of staff to receive the vaccine.</p> <p>The work of the tissue viability team was discussed. Work is</p>

	<p>continuing with the Shelford Group to standardise practice for ulcer/wound management. Performance for 2017/18 is excellent.</p> <p>The Discharge Hub and Transfer of Care Referral (TOC) workstream is scoping social work support to alleviate the increase in referrals to the team. The discharge hub management system at Norman Power House has proven successful and the Trust is looking to expand capacity. There followed a brief discussion around the long term plan. The City Council has been advised that these high quality units should be kept on the health&amp; social care agenda since the former units are not fit for purpose. There are currently 3 high quality units available in the city area. However, issues still appear when patients are transferred back home or to a hospice. The CCGs are aware that the 'fast track' system does not work and patients' wishes are often not followed up. NHSE recognised that, if this becomes a national issue, this will also impact on funding and bed capacity. Some improvement has been made by including therapy services in the discharge process. On average, 13% of all discharged patients are seen by therapies and the new system has released social workers and social care facilitators. The Trust always aims to discharge its patients as early as possible within the day to ensure a better patient flow.</p> <p>The 'end of life' care programme agreed in partnership with NHS England, Macmillan Cancer Support, the National Council for Palliative Care and NHSI, has focused on a new PICS facility, the development of a new prompt sheet and discharge checklist. Over 100 champions have been recruited from across the Trust and attended bespoke workshops.</p> <p><b>Resolved: To accept the report.</b></p>
<p><b>D18/09</b></p>	<p><b>PERFORMANCE INDICATORS REPORT</b></p> <p>The Board considered the report presented by the DCSP. The performance of the Trust's A&amp;E was strong in December, however, dipped after Christmas due to the steep increase in patients being admitted. In line with the previous Board report, performance is now presented broken down as type 1, 2 and 3. The type 2 attendance data includes diverged services. This was, however, rejected by NHSE until new guidance has been issued. All figures are well above the national target. The reason for the good performance is the introduction of the observational unit and staff efforts since the data presented in this report predate the activities at Norman Power House (see D18/08). Performance for quarter 3 looks strong, however quarter 4 is weaker. The CFO explained that if the target was not met, the Trust would only lose on financial element of the STF fund. Also, last year, the remaining funds were divided up amongst trusts who achieved payment of STF for meeting control totals.</p>

	<p>The press has recently focused on ‘black alerts’ which are reaching level 4 and delayed ambulance handovers. It was clarified that there has only been level 3 ‘black alerts’ and the Trust’s ambulance handover figures are above the national average.</p> <p>Attention was drawn to the second part of the report where performance against national targets is discussed. The Trust has been assigned a rating of 2 in the Single Oversight Framework for the most recent period. It remains unclear whether the Trust has met the criteria for the 4 hour A&amp;E wait target (see above).</p> <p>The unfinished pathway performance was achieved at aggregate level by a narrow margin.</p> <p>The recent month on month increase in cancelled elective procedures is starting to have a detrimental effect on 18 week performance. There were 166 elective operations cancelled at short notice for non-clinical reasons in November, which is a small decrease from October. It was clarified that the Trust did not take a blanket cancellation approach for all elective surgery as did a great number of other trusts. Any blanket cancellation would have negatively affected the Trust’s income position and nothing would have been gained in return.</p> <p>The 62 day GP referral cancer target was reported externally at 77% in November. Performance improved to 86.2% with breaches being re-allocated.</p> <p>Safer staffing levels are at expected levels.</p> <p>The proportion of all patients with a delayed transfer of care improved to 4.5% in November compared to 4.9% in October. The data for December also looks strong. This suggests that the ‘Better Care Fund’ is having an impact.</p> <p><b>Resolved: To accept the report.</b></p>
<p><b>D18/10</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. The Trust has recorded a surplus of £14.487m for the first 9 months of the FY 17/18, which is 0.843m above the date planned surplus. This assumes the full allocation of STF income and includes already received STF income and the winter money. Further detail was provided on the cash flow position and capital expenditure.</p> <p><b>Resolved: To accept the report.</b></p>

<p><b>D18/11</b></p>	<p><b>BOARD ASSURANCE FRAMEWORK (BAF) REPORT</b></p> <p>The Board considered the report presented by the DCA. Reference was made to the board reports included in the board pack which include detailed information on existing controls and activity plans mentioned in the Board Assurance Framework (BAF). This includes, for example, the Finance Report, Performance Report, Workforce report (last Board meeting) and the Assurance and Compliance Report. The key risks, controls and assurances were discussed in more detail. Specific attention was drawn to the transaction risks which had been discussed by the Chair under 'Chair's report and emerging issues' (see D18/07). The financial, workforce and research risks arising from the UK's exit from the EU were addressed.</p> <p><b>Resolved: To accept the update.</b></p>
<p><b>D18/12</b></p>	<p><b>COMPLIANCE AND ASSURANCE REPORT</b></p> <p>The Board considered the report presented by the DCA. The Trust has responded satisfactorily to 3 CQC requests. All NICE recommendations are either met or the Trust is working towards meeting them save where the Trust has agreed not to follow them based on an informed decision by the Trust's senior clinical team. Compliance with the quarterly risk register review is at 98%. The Non-Executive Directors acknowledged the efforts by the team.</p> <p><b>Resolved: To accept the report.</b></p>

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Chair

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Date