BOARD OF DIRECTORS

Minutes of the Meeting of 27 July 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") Ms Jane Garvey, Non-Executive Director Ms Catriona McMahon, Non-Executive Director Mr Andrew McKirgan, Director of Partnership ("DoP") 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:	Dr Adam Low, Consultant Dr Nicola Thorley, Consultant Mr Kevin McMillan, Consultant Dr Benjamin Wright, Consultant Ms Hayley Flavell, Associate Director of Nursing (Division D) Maria Ioannou, GE Healthcare Jane Rex, GE Healthcare

D17/46	**WELCOME AND APOLOGIES FOR ABSENCE** Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. Apologies were received from Mr Tim Jones, Executive Director of Delivery ("EDOD"), Ms Fiona Alexander, Director of Communications ("DComms") and Ms Angela Maxwell, Non-Executive Director
D17/47	**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.
D17/48	**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
D17/49	**MINUTES OF THE BOARD OF DIRECTORS MEETING ON 27 APRIL 2017** A typographical error was identified at D17/11 and amended from (£7m) to (£70m) **Resolved: The minutes of the meeting held on 27 April 2017 were approved (as amended) as a true and accurate record of the meeting.**
D17/50	**MATTERS ARISING FROM THE MINUTES** There were no matters arising from the minutes of the meeting on 27 April 2017.
D17/51	**CHAIR'S REPORT & EMERGING ISSUES** The Chair provided an update on the progress of the Case for Change project. A full business case has now been submitted to the Competition & Markets Authority and their decision is anticipated for late August. The Trust is now entering into a period of engagement with various stakeholders and meetings have taken place in recent weeks. Although attendance was relatively low those that did attend were clearly interested in the proposal, expressed overall positive support and no substantial problems were identified. The Chair and CE were, that evening, attending the Overview Scrutiny Committee of Birmingham City Council and Solihull Metropolitan Borough Council to provide a briefing and separate briefings were being arranged for local Members of Parliament.
D17/52	**CLINICAL QUALITY MONITORING REPORT Q1** The Board considered the report presented by the MD. CUSUM and SHMI performance lie within expected levels although a small anomaly was identified for 'Complication of device, implant or graft'

	which is being looked at in more detail and will be carried forward for report at the next meeting. The MD provided context regarding the comparison of the HEFT and UHB figures, explaining that HEFT treats proportionately a higher number of emergency cases whereas UHB has a higher proportion of complex elective cases. Consequently the nature of the HEFT patient group will make it more difficult to predict mortality. A general discussion took place regarding the evolution of coding of mortality data over the past decade across the Trust and wider NHS. It was confirmed that the Trust's priority when collating this data is to inform clinical outcomes not payment systems. This method of monitoring mortality is also supported by various internal Trust measures incuding Executive level scrutiny of all deaths within 48 hours. The MD reported on the Board's unannounced visit to Ward 40. Overall it was positive with minor issues identified. CN confirmed that the two nursing issues identified were addressed on the day. **Resolved: To accept the report.**
D17/53	**PATIENT CARE QUALITY REPORT Q1 TO INCLUDE INFECTION PREVENTION** The Board considered the report presented by the CN. The annual objective for CDI for 2017/2018 is 63 cases. Performance for June 2017 was 10 Trust apportioned cases with 25 apportioned CDI cases for the financial year 2016/2017, 2 of these were considered avoidable. Actions to further improve CDI performance continue with specific focus on antimicrobial presecribing, hand hygiene, timely isolation of patients where appropriate and improved timeliness of specimen collection. The annual objective for MRSA is 0 avoidable cases. There was one MRSA bacteraemia reported during June 2017 (sample taken on admission) which is currently being reviewed. In total we have had no Trust apportioned bacteraemias reported for the financial year 2017/2018 to date. Focus continues to be on hand hygiene, reduction of inappropriate glove use, prompt screening and decolonisation. During June there were three cases of of Carbapenemase Producing Enterobacteriaceae (CPE) and five multiple drug resistant (MDR) Acinetobacter baumannii. These organisms are prevalent in healthcare institutes abroad and patients admitted to the Trust with a history of healthcare abroad are at risk of carriage. The Trust has put in place appropriate measures/protocols to

	identify and monitor patients within the risk category and respond when cases are identified. The CN provided an update on therapy services. Response times for inpatient referrals are being met (2 days) by occupational therapy, physiotheraphy and speech therapy. Exceptions are dietetics (66%) and podiatry(68%). This is as a result of staff vacancies which are due to be filled in the near future. Outpatient activity remains within performance expectations save for physiotherapy follow up appointments. This is attributed to a higher than usual vacancy rate January-April 2017 which is being resolved. DNA rates for Dietetic and Upper Limb service have recently increased. Work is being undertaken by both teams to address this by linking therapy appointments to medical consultations where possible and telephone call reminders. The CN provided details of service improvements within Therapies. A tracheostomy weaning programme (with ENT) is in place to plan for early removal, providing patients with increased confidence / preparation for dischare. Pilot data indicates a reduced length of stay of 14 days which is encouraging. Occupational Therapy (OT) is working with Social Care colleagues to develop an OT led discrharge scheme for some medical/older adult patients. It is hoped this will reduce the time required for social care referrals and reduce inpatient stay. Initial data should be available August 2017. The Physio in ED pilot has resulred in improved triage of musculoskeletal injuries and treatment. Improved onward referral to outpatient or community physiotherapy and improved learning across physiotherapy and ED colleagues.Substantive posts will now be recruited due to the success of the pilot. The CN provided an update on discharge arrangements. Discharge Hub has now been in place for 2 years and works well although there has been a significant increase in referrals, reflective of the demands across the Trust. Allied Health Professional (AHP Assessor roles are being piloted across 5th floor wards in conjunction with Birmingham City Council, since May 2017. It enables therapy staff to progress discharge for patients who require a post discharge package of care. The Trust has met its CQUIN for effective, safe transfer and discharge 2016/2017. Work is ongoing to improve utilisation of the Discharge Lounge, including better communication of the benefits of the setting as part of a patient pathway to both staff and patients. Other recent initiatives have been put in place to assist the patient pathway. The CN confirmed that the discharge to refer the patient to the discharge lounge involves members of the medical,nursing and

	pharmacy team. The CN detailed the recent changes to the Non-Emergency Patient Transport (NEPT) service which has recently been retendered and awarded by the CCG to WMAS. There have been initial difficulties and some continue but a positive change has been seen in the involvement of on-site WMAS discharge co-ordinators working alongside Trust clinical management teams. Further work is needed in the area of ambulance discharges. **Resolved: To accept the report.**
D17/54	**ANNUAL INFECTION AND CONTROL REPORT FOR MARCH 2016 – APRIL 2017** The Board considered the report presented by the CN. The report (Appendix 1) provides a detailed overview of the progress made around Infection Prevention and Control (IPC) from April 2016 to March 2017. Overall 2016/17 was a good year for infection prevention when compared to recent years, primarily due to the decrease in MRSA bacteraemias and other alert organisms seen within the Trust. This can be attributed to ribust Trust wide infection prevention and control practices. There has been strong development of the Infection Control team over the last 18 months with previous recruitment issues being addressed. During 2016/17, four Trust apportioned MRSA bacteraemias were reported. Investigations into these cases showed there were some areas where care could have been improved and lessons have been incorporated into guidance and practice where appropriate, specifically antimicrobial prescribing and sepsis management of patients. Total figures for the year were 92 Clostridium Difficile Infection (CDI) cases, of which 31 (33%) were deemed to have some potentially avoidable factors. Analysis of all the cases and testing algorithm revealed why the rate was higher this year compared to previous years. The increase can, in part, be explained due to a norovirus outbreak at the beginning of the year which identified more clostridium difficile cases as a result of extra testing, retesting of cases within 28 days of admission where an individual patient had recurrent disease, testing cases as part of the faecal microbiota transplant service and finally a testing anomaly where the test used to identify toxigenic producing strains of clostridium difficile had a higher positivity rate compared to previous years increasing from 45% to 57% in 2016/17 All patients with CDI are closely reviewed by the Infection

	Prevention and Control Team with all hospital acquired cases having a Post Infection Review in line with the national guidance to identify any potential lapses in care. Some areas of improvement were identified and lessons learnt have incorporated into practice where appropriate. The Infection Prevention and Control team works closely with Divisional teams to drive this agenda forward and as outlined in the report a number of positive steps have been made. Audit, teaching and education and writing for publication have also been a strong focus over the last year and this will continue. The Trust has also continued to work in partnership with the local Clinical Commissioning Group and with Public Health England around the infection prevention and control agenda. The infection prevention and control are also working with the Heart of England NHS Foundation Trust to share examples of best practice and share learning etc. **Key priorities for 2017/18** The CN identified the following priorities: • Hand hygiene programme to reinvigorate compliance across the Trust. It was confirmed that we are seeing improved engagement across all clinical staff groups including medical staff and our focus is on engaging with junior doctors to educate and to learn about their experiences of other Trusts. • Healthcare associated infection reduction plan focusing on the following pathogens ; MRSA, CDI, Gram negative bacteraemia, with a specific focus on E. coli (links to national target to reduce E-Coli rates across the health economy by 50% by 2021, with a focus on a 10% or greater reduction of E-coli in 2017/18). Other areas of focus will be antibiotic stewardship and surgical site infections. The Infection Prevention and Control team will be working to improve engagement from staff, patients and visitors to the Trust thorugh an educational programme, use of an effective link nurse programme. There was discussion regarding the issue of acquired infections within the community or other heathcare providers. CN confirmed there was increased recognition from our Health and Social Care partners that they need to engage in a proactive infection control programme. The Trust will also be working with colleagues at HEFT to further

	identify best practice **Resolved: to accept the 2016/2017 Annual Report on Infection Prevention and Control.**
D17/55	**PERFORMANCE INDICATORS REPORT, 2016/17 ANNUAL PLAN YEAR END UPDATE AND 2017/18 ANNUAL PLAN UPDATE** The Board considered the report presented by the DoP on behalf of the EDOD. The Trust has a comprehensive performance framework which includes national targets and local indications selected by the Trust as priority areas. Against the national targets set within the Single Oversight Framework, the Trust has been set a rating of 2 for the most recent period. 2 indicators have been met, the Trust has not met the A&E 4 hour wait target and 2 cancer targets. Remedial work is being undertaken as identified within the attached report. Additionally the Trust has requested sight of NHS England's plans to improve performance across healthcare organisations which refer cancer patients to us as a tertiary centre. The Trust is conscious that its performance against key cancer targets can be dependent on referring organisations performance, with any delay in referral having consequence, particularly against the 62 day target. The Chair confirmed that this would be a topic of conversation at a meeting of the CE & MD with the Secretary of State. Performance against the 18 week referral to treatment target has improved significantly across most specialities. In terms of locally monitored national targets (through CCG contracts), 29 (55%) are on target, 18 (34%) are slightly below target and 6 (11%) have remedial action plans in place. A diagnostic piece of work is being undertaken to review patient pathways in the community as delayed transfers of care remain a significant issue for the Trust. It is due to report to the STP in October 2017 and we are optimistic as the engagement from Birmingham City Council has been the most developed and practical to date. However, there remains reservations at Board level as to whether the Council will be in a position to translate these plans into use, there needs to be improved transparency as to implementation. It is felt that the CQC inspection role will be a positive in heightening Local Authority colleagues awareness of the pressures/expectations of the regulatory regime. The DoP presented the various KPI reports and annual plan which, after discussion, were approved.

	Resolved: To accept the report on progress made towards achieving performance targets and associated actions & risk and to approve the Trust Annual Plan 2017/2018.
D17/56	**FINANCE & ACTIVITY PERFORMANCE UPDATE INCLUDING CAPITAL PROGRAMME UPDATE** The Board considered the report presented by the CFO. The CFO confirmed that overall Trust performance was strong. It was noted that the Trust has reported an actual surplus of £5.686m as at end June 2017, which is 0.341m above the planned surplus of £5.345m. This assumes receipt of STF funding for first quarter. It was noted the Trust is stil achieving positive financial performance even though it continues to face significant pressures as illustrated by the fact the 'winter wards' remain open to meet capacity pressures. This is reflected by the year to date overspend within operational divisions, which has been overset by underspends within corporate functions, Trust subsidiaries and by use of reserves. With regard to the Trust's Cost Improvement Programme (CIP), the 2017/2018 target is £18m. At end of month 3 savings equivalent to 71% of year to date target have been achieved. This is as expected as previous years have evidenced that savings are primarily achieved in the second half of the financial year. Nevertheless the Trust maintains a robust approach to CIP, with a monthly plan in place. This is felt to be appropriate to prevent slippage in the CIP programme. **Resolved: To accept the report.**
D17/57	**BOARD ASSURANCE FRAMEWORK REPORT** The Board considered the report presented by the DCA. The Executive team have recently reviewed and updated relevant risk registers. Two risks have been added to the Board Assurance Framework (BAF) relating to Case for Change; one which identifies risks should the acquisition proceed and one should it not proceed. Additional context has been provided in relation to BREXIT related risks. **Resolved: To accept the update.**
D17/58	**COMPLIANCE AND ASSURANCE REPORT** The Board considered the report presented by the DCA for Quarter one. The DCA provided a general update on CQC related matters.

	Folllowing the tragic events of Grenfell Tower, the Trust has received enquiries from CQC and other Regulators regarding fire safety which have been satisfactorily responded to. A recent CQC inspection took place at the Assure Dialysis Unit, Smethwick (subsidiary). The Trust is awaiting the draft report. Another dialysis unit operated by a third party for the Trust (Diaverum) at Aston has also been inspected. The Trust shares some of Diaverums concerns regarding the CQC findings, set out in their draft report. Diaverum, with the engagement of the Trust's renal consultant that provides a liaison with Diaverum units will be challenging some of the conclusions reached. A separate inspection has recently taken place at another third party unit and again the provider will be challenging some of the findings of the report, with the Trust's support. The CFO expressed concern about the impact of such issues on the already fragile dialysis provider market. There is a limited supply of such specialist providers and should the market become unattractive then there is a risk to the Trust should third pary providers exit the market as the Trust will come under increased pressure to return significant capacity to the Trust for direct provision. **Resolved: To accept the report.**
D17/59	**HEALTH AND SAFETY ANNUAL REPORT** The Board considered the report presented by the DCA. Compliance against the Trust's H&S policy remains robust with all areas covered by a nominated manager and risk register. 92% nominated managers have completed the Managing Risks training with an additional 71 staff also attending during the reporting period. The Health and Safety team completed 117 inspections/audits on a rolling programme which exceeds the required KPIs. Overall departments reviewed have performed well (in excess 75%outcome) and those that need improvement are monitored on their implementation of any relevant actions and re-audited within a limited time period. Additionally this year there have been a number of themed audits, focused on preventing inoculation injuries and slips/trips. Whilst the Trust retains a robust reporting culture there has been only 25 RIDDOR reported incidents. This is the lowest figure on record and is an encouraging indicator of the success of the audit/inspections regime and heighted awareness of H&S within the Trust. Only one HSE inspection occurred in the reporting period with no reccommendations or advice from HSE.

	Most reported incidents remain innoculations, impact and slips and trips. It was noted by the Board that there has been a marked reduction in inoculation incidents and this can be credited to the work of the Sharps Action Group led by the Health and Safety team together with Corporate Nursing. The Board were advised of the recent legislative changes in the sentencing powers for H&S convictions with fines increasing tenfold. **Resolved: To accept the report.**
D17/60	**ORGAN DONATION COMMITTEE – ANNUAL REPORT** The Board considered the report presented by the DoP. The Chair expressed the thanks of the Board to the DoP for undertaking this piece of work. Overall, the performance of the Organ Donation Committee and wider team for the year 2016 to 2017 has been good, driving the Trust's performance in this area forward, with improved donation figures. It is noted that the Trust is performing on a par with other major trauma centres in the region. **Resolved: To accept the report.**
D17/61	**ANNUAL WORKFORCE REPORT 2016/17 INCLUDING STAFF SURVEY ACTION PLAN** The Board considered the report presented by the CN on behalf of the EDoD. Workforce Planning: Robust workforce planning took place in 2015/16 to produce a 5 year workforce plan. It remains appropriate and meets the Trust's needs. Medical Resourcing: The main challenge in 2016/17 has been the contractual dispute with Doctors in Training and the implementation of the new contract. The 2016 contract has led to a major increase in workload for Medical Resourcing, Payroll, the Junior Doctors' Monitoring Office and Education teams. The main challenge going forward is the continuing shortage of medical and dental staff at both junior and senior level in all specialties. The Trust is seeing an increase in junior doctor vacancies but this is affecting most, if not all Trusts, other than London teaching hospitals The MD advised there has been a need for sensitive discussions with our junior doctors and the LNC as a consequence of the national agency cap. Negotiations have been made more difficult as a result of commentary from national BMA representatives but we are optimistic we have found a way forward although it is recognised we are not going to be able to comple with the cap if we are to ensure adequate coverage.

	The DSO (KB) raised the potential additional resource available through the International Fellow programme which may offer a partial solution to the rota gaps. This will not address issues with specialist rotas but will provide assistance with general junior rotas and will not be able to assist with the ED rota as they do not look for training in this area as their home countries do not operate an Accident and Emergency service. The MD confirmed there is a concern about junior doctor morale. Workforce Transformation: the focus in 2016/17 has been to drive the development and delivery of a dynamic workforce plan which meets the needs of the Trust, and to ensure workforce implications of planned service expansions are appropriately risk assessed and reported on. There has been been more than 62 workforce transformation projects. This has included a number of projects to restructure departments, review skills mix and shift patterns and extend working hours/weeks to meet changing demands in the provision of patient care. Workforce Operations: there has been continued focus on achieving key performance indicators (KPIs) focusing on reducing the duration of disciplinary and grievance cases and focusing on sickness absence management. orking with the wider HR department, managers and staffside Sickness absence rates have marginally increased in 2016/17, and plans are in place to reduce sickness rates, including the continuation of case conferences with Directors of Operations and Associate Directors of Nursing to focus on absence management strategies, deep-dives planned for targeted sickness hot-spots, and further staff wellbeing developments in the pipeline. Bespoke training has been delivered to managers across the Trust to ensure that managers have the necessary skills to support their workforce. Workforce Governance: robust workforce governance systems have continued to be utilised and embedde. The Trust has complied with its responsibilities under the Equality Delivery System and duties under the Equality Act 2010 are maintained. Staff wellbeing initiatives have been further developed. The Staff Survey results have been analysed, reported on and action plans developed, with our performance continuing to be strong. It was noted that there are significant workforce issues that the Trust is facing in a shifting political/economic climate but workstreams are reviewing the same on an ongoing basis to mitigate the risks to patients, staff or the Trust..

	Recommendations The Board of Directors is asked to: 4.1 Accept the 2016/17 Workforce Report 4.2 Approve the publication of the Annual Workforce Report. **Resolved: To accept the 2016/2017 Workforce Report and approve its publication.**

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Chair Date