

# BOARD OF DIRECTORS

Minutes of the Meeting of 30 March 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 Hamlett, Non-Executive Director  
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

Observers: Ms Yvonne Pettigrew, Senior Manager  
Dr Salil Karkhanis, Anaesthetics  
Mr Edward White, Neurosurgery  
Dr John Kelly, Anaesthetics  
Mr Sukh Rayatt, Plastic Surgery  
Dr Richard Bond, Cardiology  
Mrs Aprella Fitch, Governor  
Mrs Sandra Haynes MBE, Governor  
Mr Alex Walter, member of the public (Telefonica)

<b>D16/234</b>	<b>WELCOME AND APOLOGIES FOR ABSENCE</b> Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. Apologies were received from Mr Jason Wouhra, Non-Executive Director.
<b>D16/235</b>	<b>QUORUM</b> The Chair noted that:

	<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>D16/236</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 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.</p>
<b>D16/237</b>	<p><b>MINUTES OF THE BOARD OF DIRECTORS MEETING ON 26 JANUARY 2017</b></p> <p><b>Resolved: The minutes of the meeting held on 26 January 2017 were approved as a true and accurate record of the meeting save for the following amendment:</b></p> <p><b>D16/203 to say: “[...] the Trust is penalised by the financial risk rating regime under its PFI contract and the agency cap.”</b></p>
<b>D16/238</b>	<p><b>MATTERS ARISING FROM THE MINUTES</b> There were no matters arising from the minutes of the meeting on 26 January 2017.</p>
<b>D16/239</b>	<p><b>CHAIR'S REPORT &amp; EMERGING ISSUES</b> There were no emerging issues not covered elsewhere in the agenda.</p>
<b>D16/240</b>	<p><b>PATIENT SAFETY REPORT – EXCEPTIONS ONLY</b> The Board considered the Patient Safety Report presented by the MD. Two Clinical Classification Systems (CCS's) had a higher than expected mortality in November 2016 and more evidence on this has been requested.</p> <p>There is no change in SHMI.</p> <p>The cardiac surgery team has made proposals to manage the previously discussed cap.</p> <p>The CQC has transferred the oversight function over cardiac surgery RCAs (Root Cause Analysis) to NHSE following the recent improvements and the removal of the licence conditions.</p> <p>The unannounced governance visit flagged up more issues than</p>

	<p>had been expected, one of which was patient transport. The DoP confirmed that the Trust is currently working on a new contract with WM Ambulance service that will be responsible for the majority of transports going forward. Patients who live outside the agreed catchment area (reduced to a 50 miles circle) will continue to be booked via the booking centre.</p> <p><b>Resolved: To accept the report.</b></p>
<p><b>D16/241</b></p>	<p><b>REPORT FROM TRUST GUARDIAN OF JUNIOR DOCTORS SAFE WORKING (Q1)</b></p> <p>The Board considered the report presented by the EDoD. The report is the first of its nature under the new requirement to establish the post of Guardian of Safe Working (GSW), following a phased implementation of the new Junior Doctor Contract in December 2016. The GSW is responsible for ensuring that issues of compliance with safe working hours are addressed as appropriate. The Trust has purchased a new software which will simplify the monitoring and exception reporting. To date only 25 exception reports have been received, of which 4 were submitted in error and 3 resulted in additional payment. The others were either still pending or resulted in TOIL (time off in lieu). It is expected that the number of exception reports will increase over time as more junior doctors commence their employment with the Trust.</p> <p><b>Resolved: To incorporate the quarterly exception report of the GSW in the safer staffing section of the Performance Indicators report.</b></p>
<p><b>D16/242</b></p>	<p><b>PATIENT CARE QUALITY REPORT EXCEPTIONS ONLY</b></p> <p>The Board considered the Patient Care Quality report presented by the CN.</p> <p><b>Clostridium Difficile Infection (CDI):</b> The Trust has seen around 86 cases against an annual objective for Clostridium Difficile Infection (CDI) of 63 cases or 17.6 per 100,000 bed days (currently around 70 cases). 29 (34%) of these cases were considered avoidable. Performance for February 2017 was 9 Trust apportioned cases (beyond day 0+2), all of which were reportable to Public Health England (PHE) in accordance with Department of Health guidance. Public Health England has confirmed that similar breaches are seen across the country. In future, the focus will therefore be on avoidable cases.</p> <p>Actions to improve CDI performance continue with a specific focus on:</p> <ul style="list-style-type: none"> <li>- Antimicrobial prescribing, choice and duration of use</li> <li>- Timely isolation of patients with diarrhoea</li> <li>- Improved timeliness of stool specimen collection</li> </ul>

- Deep cleaning of selected wards to further reduce the bioburden of clostridium difficile
- Improved access to expert review of patients with clostridium difficile infection

**Methicillin Resistant Staphylococcus Aureus (MRSA):** In total, the Trust has had 4 Trust apportioned MRSA cases year to date against an annual objective of 0 avoidable cases. There were no Trust apportioned MRSA cases in February 2017.

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

- Hand hygiene
- Correct use of Personal Protective Equipment (PPE)
- MRSA Screening and Decolonisation

Public Health England has confirmed that this trend is seen nationwide. It has praised the Trust for its documented processes and is asking other trusts to adopt the same.

#### **Outbreaks of Diarrhoea and Vomiting**

There were no outbreaks of diarrhoea and vomiting reported in February 2017.

**Falls performance:** There was a total of 757 falls reported during Quarter 3 which equates to an average of 8 patient falls per day. For comparison, the numbers of falls reported for Quarter 1 were 761 and for Quarter 2 the numbers of falls reported were 647.

5 falls were classes as severe, 8 as moderate and 744 as minor. For comparison, the number of falls with moderate and severe harm for Quarter 1 was moderate x8, severe x4 and for Quarter 2 moderate x10 and severe x2.

The times in which more commonly falls are occurring are between 03.00-03.59, 05.00-05.59, 09.00-09.59, 11.00-11.59 and 19.00-19.59 hours. Specific actions are underway to review the activities taking place in clinical areas at these specific times.

Improvement initiatives are underway to further reduce falls, including:

- Training for falls prevention and falls management continues. Current staff update is 90% (April to December 2016)
- The Falls Team continue to work collaboratively with all Divisions to drive the preventative focus on falls and harm from falls
- Prevention of harm meetings are in place in Divisions to share initiatives and learning relating to falls prevention and management
- Actions are in place in each Division to further reduce falls

	<p>and harm from falls, with each Division having a specific focus which reflects their patient cohorts. Divisional action plans are fed back at the Trust wide prevention of harm meetings</p> <ul style="list-style-type: none"> <li>- The Falls Team continue to provide training and education to all Divisions via the mandatory training days; specialist training sessions and ad hoc training opportunities</li> <li>- Each Division has recently undertaken a 'deep dive exercise' on one ward within each Division. Nursing, therapy and medical teams analysed falls data for a specific ward and developed specific actions to support a reduction in the number of falls. The actions are currently being reviewed</li> <li>- Benchmarking with other acute hospital providers is underway</li> <li>- The Falls Team will be reviewing and refreshing the Falls Strategy for 2017/18</li> <li>- Reducing falls with harm will also be a Trust priority in the 2017/18 Annual Plan (as chosen by Governors)</li> </ul> <p><b>Resolved: To accept the report.</b></p>
<p><b>D16/243</b></p>	<p><b>PERFORMANCE INDICATORS REPORT</b></p> <p>The Board considered the Performance Indicators Report presented by the EDOD. The Trust continues to be assigned a rating of 2 under the new Single Oversight Framework.</p> <p>Of the 5 indicators, 3 were on target in the most recent month. 1 cancer target was not met and the A&amp;E 4 hour wait target was not met. Remedial action plans are in place.</p> <p>In terms of Sustainability and Transformation Fund (STF), for Quarter 1 the payment was achieved for simply agreeing trajectories. In Quarter 2 the Trust achieved the 18 week RTT trajectory and an appeal regarding the A&amp;E 4-hour wait trajectory was upheld. An appeal for the Cancer 62 day trajectory was not upheld. For Quarter 3 the payment was achieved automatically for the 18 week RTT trajectory and again for the A&amp;E 4-hour wait trajectory, following appeal. An appeal for the Cancer 62 day trajectory was again unsuccessful. Of the 3 STF trajectories, 1 was on target in the most recent month. The 62 day urgent GP cancer referral and A&amp;E 4 hour wait trajectories were not met.</p> <p>As for the A&amp;E 4 wait breaches, there were two 12-hour trolley wait breaches in February. Both were as a result of significant delays in the Mental Health pathway. Root Cause Analysis (RCA) investigations were completed for both cases and no UHB-attributable delays were identified. Findings have been shared with the Mental Health provider, CCG and NHS England.</p> <p>Performance for the Cancer 62 day standard was 72.4% in January,</p>

	<p>compared with 76.8% in December. The deterioration in performance was as a result of an increased number of treatments in January of patients who deferred appointments in the December holiday period. As there is not yet a national system for recording and allocating breaches according to the rules introduced on 1<sup>st</sup> October 2016, the Trust's externally reported performance for January is 72.1%.</p> <p>It followed a brief discussion around deferred appointments out of patient's choice. The DComms confirmed that the Lead Nurse for Cancer is assisting with drafting appropriate messages to the public who are most likely unaware of the disastrous effect of last minute cancellations/delays.</p> <p>Unfinished pathway performance was achieved at aggregate level again in January with an improved performance of 92.5%.</p> <p>External agency spend was maintained at 3.8% in January and bank spend decreased to 3.7%. This is the best combined performance for over a year.</p> <p><b>Resolved: To accept the report.</b></p>
<p><b>D16/244</b></p>	<p><b>INFORMATION GOVERNANCE TOOLKIT ASSESSMENT</b></p> <p>The Board considered the report presented by the DCA. It was confirmed that a detailed paper about the IG Toolkit process had been reviewed by the Audit Committee. The overall result for 2016/17 is 70%, compared to 72% in 2015/16. Due to changes in requirements year on year, it is difficult to compare previous results. Internal Audit reviewed 8 requirements and provided 'significant assurance with minor improvement opportunities'. The IG Assurance Framework has been reviewed and updated with updates shown in red.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li><b>1. To approve the Information Governance Management Framework; and</b></li> <li><b>2. To agree that the Trust submits a score of 70% for the 2016 -17 Information Governance Toolkit assessment.</b></li> </ol>
<p><b>D16/245</b></p>	<p><b>FINANCE AND ACTIVITY REPORT</b></p> <p>The Board considered the report presented by the CFO.</p> <p>The 2016/17 financial plan agreed with NHSI's budgets for an annual surplus (control total) of £4.6m. To achieve this control total, the Trust was allocated £16.7m of the Sustainability and Transformation Funding (STF). The release of this income is subject</p>

	<p>to the Trust's in year financial performance and delivery against agreed activity trajectories.</p> <p>As at the end of Month 11, the Trust is reporting a year to date surplus of £4.295m, a £0.595m favourable variance against the £3.700m planned surplus. This financial position includes a (£21.494m) year to date overspend across Operational Divisions which has been offset by underspends within corporate functions, Trust subsidiaries and by the use of Trust reserves. It excludes the STF funding for the last quarter and the outcome of the annual land and buildings asset revaluation. This assessment has been completed and the impact is under discussion with external audit. The impact of the asset revaluation is excluded from the control total and metrics used by NHSI to measure Trust financial performance. From the 1 October 2016, NHSI implemented a new Single Operating Framework (SOF) for assessing Trust performance. Based on the Trust's financial performance to date, the Trust expects to achieve a Use of Resources score of 3.</p>
<b>D16/246</b>	<p><b>POLICIES FOR APPROVAL</b></p> <p>The Board considered the report presented by the DCA.</p> <p><b>Resolved: To approve the Corporate Governance Policy, subject to the following amendments:</b></p> <p>Replace 'chairperson' with 'chair' and put duties of Deputy Foundation Secretary under 'Foundation Secretary'.</p> <p><b>Resolved: To approve the Organisational and Workforce Change Policy.</b></p>
<b>D16/247</b>	<p><b>BOARD AGENDA – AGREE ANNUAL CYCLE OF BUSINESS FOR 2017/18</b></p> <p>The Board considered the report presented by the DCA.</p> <p><b>Resolved: To approve the Annual Cycle of Business for 2017/18.</b></p>
<b>D16/248</b>	<p><b>Date of next meeting: Thursday, 27 April 2017 – 1pm</b></p>