

BOARD OF DIRECTORS

Minutes of the Meeting of 22 October 2015
Meeting Room 1&2 Trust Headquarters QEMC

Present: Rt Hon Jacqui Smith, Chair
Dame Julie Moore, Chief Executive (“CEO”)
Dr Dave Rosser, Executive Medical Director, (“MD”)
Ms Jane Garvey, Non-Executive Director
Mr David Hamlett, Non-Executive Director
Mr Tim Jones, Executive Director of Delivery (“EDOD”)
Dr Catriona McMahon, Non-Executive Director
Ms Angela Maxwell, Non-Executive Director
Mr Philip Norman, Chief Nurse (“CN”)
Mr Harry Reilly, Non-Executive Director
Mr Mike Sexton, Chief Financial Officer (“CFO”)
Prof Michael Sheppard, Non-Executive Director
Mrs Cherry West, Chief Operating Officer (“COO”)
Dr Jason Wouhra, Non-Executive Director
Fiona Alexander, Director of Communications
 (“DComms”)
Kevin Bolger, Executive Director of Strategic Operations
 (“DSO”)

In Attendance: Mr David Burbridge, Director of Corporate Affairs (“DCA”)
Mr Andrew McKirgan, Director of Partnerships (“DoP”)
Mrs Berit Reglar – Minute Taker

Observers: Aprella Fitch
John Delamere

D15/98 **WELCOME AND APOLOGIES FOR ABSENCE**
Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. There were apologies from Mr David Waller, Non-Executive Director.

D15/99 **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.

D15/100 **DECLARATIONS OF INTEREST**

None

D15/101 **MATTERS ARISING FROM THE MINUTES**

There were no matters arising from the minutes.

D15/102 **CHAIR/CEO'S EMERGENCY ACTIONS**

The DCA reported that the following actions had been approved by the Chief Executive, following consultation with the Chair in accordance with the Emergency Actions process:

Appointment of Substantive Replacement Consultant in Clinical Neurophysiology;

Appointment of Substantive Replacement Consultant in Neurology;

Appointment of four Substantive Consultants in Trauma;

Appointment of Consultant Geriatrician with an interest in Orthogeriatrics;

Appointment of Propleptic Consultant Breast Radiologist post;

Approval of PET-CT Contract;

Appointment of Replacement Consultant in Sports & Exercise Medicine; an

Approval of Anaesthetic Workforce Plan.

D15/103 **CHAIR'S REPORT AND EMERGING ISSUES**

The Chair reported on UHB's involvement at Heart of England NHS Foundation Trust (HEFT). Monitor had agreed to the appointment of Dame Julie Moore as interim CEO at HEFT from 26 October 2015 and of Rt Hon Jacqui Smith as interim Chair at HEFT from 1 December 2015. HEFT staff had become aware of the intended action by Monitor prior to any official announcement had been made to HEFT staff. However, the overall feedback received to date was positive.

The Chair reported that the Trust's NEDs had discussed the measures taken to ensure that the future engagement at HEFT would not undermine the Trust's own sustainability and performance. She reported that, whilst the NEDs were assured that appropriate support was in place, the situation should be regularly reviewed.

The CEO confirmed that initially only a small number of Executives

would have to divide their time between the Trust and HEFT. Most authorisations requiring her signature could be carried out electronically or she would ensure her timely return to the Trust. It was confirmed that a 'conflict of interest' provision had been included in the draft agreement with HEFT.

The Chair reported her attendance at an event organised by the National Council for Voluntary Services. She had also participated at a Governors' seminar focussing on community work.

D15/104 **CLINICAL QUALITY MONITORING REPORT**

The Board considered the report presented by the Executive Medical Director.

There are ten ongoing investigations into doctors' performance.

One of the Clinical Classification System groups (Burns) has breached the mortality threshold. This was a repeat of what had been previously seen with severe head injury cases. In both groups the breach had been triggered by large numbers of patients being taken to the Trust. It was noted that some skin conditions were extremely difficult to assess as burns as opposed to cases with an inflammation of skin. The Trust employed well trained and experienced staff in this area and was therefore the most appropriate place for such assessments to be carried out. In addition, the Trust was able to provide palliative care in the most severe cases.

Both the SHMI and HSMR figures remain within the accepted boundaries.

The Board of Directors' Governance Visits to ward 726 had received positive and complimentary feedback from patients.

Attention was drawn to Appendix 1 of the report which provides for an analysis of data for trusts in England in relation to the actual and expected numbers of deaths for intracranial injury. The graphs show that, in most major trauma centres, the actual mortality due to intracranial injuries was higher than the overall mortality. By contrast, the expected mortality (based on HSMR methodology) for most of the major trauma centres was lower than the overall mortality. This suggests that the algorithm or HSMR methodology used for predicting these deaths is not sufficiently constructed to take account of case mix at major trauma centres.

Resolved: To approve the actions identified.

D15/105 **PATIENT CARE QUALITY REPORT (including Infection Prevention and Control)**

The Board considered the exception report presented by the Executive Chief Nurse.

The number of cases of clostridium difficile infection (CDI) (32) which are Trust apportioned (17) is in line with the annual trajectory of no more than 63 Trust apportioned cases. There are also 4 reported cases of MRSA in Quarter 2, two of which are Trust apportioned. A detailed review is being undertaken to ascertain the root cause of the bacteraemias and the key actions for improvement.

The Trust has started to roll out the Abloy Cliq remote security system which aims to shorten the time in which medicines are accessed. Currently, nurses spend considerable amounts of time trying to track down the staff member with the key to the medicine cabinet. Under the Abloy Cliq system, each member of staff who should have access to medicines will have their own key for the duration of a shift. This will not only speed up the process and ensure that medicines are kept safe, but also help to increase patient contact time. Phase 2 of the roll out will be the introduction of the Abloy Cliq system on bed side lockers, providing a solution to the safe storage for patients own medication.

There followed a brief discussion about pain control. The MD confirmed that new plans are in place for shift leaders and Junior Doctors to be contacted via blackberry when a patient is in pain and in urgent need of medication. The CFO confirmed that the Trust is unlikely to suffer a shortage of drugs due to its own warehouse and contingency plans.

Resolved: to receive the report on progress with Care Quality.

D15/106 **SAFEGUARDING ADULTS AND CHILDREN ANNUAL REPORT**

The Board considered the annual report presented by the Executive Chief Nurse.

The Trust has established a new structure for the Safeguarding Team with a Lead Nurse for Safeguarding Adults, a Named Nurse for Child Protection, a Senior Sister for Safeguarding Adults and a Sister for Safeguarding Adults. A Children's Safeguarding Practitioner has also been appointed in partnership with Birmingham Children's NHS Foundation Trust. The new team is working as a cohesive team across the Trust and has further increased the pro-activity of Safeguarding, particularly at ward level. As a result, referral numbers have increased which was commended by the CQC during their last inspection. However, this has also resulted in

Birmingham City Council and other councils nationally being unable to complete the DoLS process within the required timescales and for some applications to be withdrawn.

Resolved: To receive the annual report.

D15/107 NURSE STAFFING UPDATE REPORT

The Board considered the update report presented by the Executive Chief Nurse.

Following an extensive nurse staffing review, it has been agreed to reduce planned shift pattern variation and undertake a detailed skill mix review for each inpatient ward with a view to meeting staff to patient ratios whilst delivering financial savings. A staff survey supports this new strategy as most staff rank the ability to work part time higher than the ability to work flexible shifts. Until the new staffing plan has been fully embedded, the monthly overspend, mainly caused by agency staff, is likely to continue.

The Trust has recruited a Head of Temporary Staffing and the appointee will take up the position in January 2016.

It was noted that the Trust already has the second lowest agency staff spend within the Shelford Group.

Resolved: To receive the update.

D15/108 EMERGENCY PREPAREDNESS UPDATE REPORT

The Board considered the six monthly update report presented by the DSD.

The policy has been revised in July 2015 due to changes at CCG level. The call-out exercise has been successful with over 50% of calls being responded to save for the chaplaincy. The life exercise originally scheduled for September 2015 has been delayed until spring 2016 to allow for the new policy to take effect. The nuclear emergency decontamination training is ongoing to ensure that staff are aware of the change from 'wet' decontamination to 'dry' decontamination.

The revision of the Trust's mass casualty plan is likely to lead to the Trust being expected to take more seriously injured casualties (P1 patients). A region wide table top exercise is due to take place in spring 2016.

The Trust is due to participate in two table top exercises in November. One will be to test pandemic flu plans and the other to test the response to a Birmingham wide power cut. A Black Start

test was carried out on Saturday, 25 April 2015 at 1pm. Since this was a relatively busy time, a few issues occurred and plans are in place to re-test the systems to see whether any adjustments made are sufficient.

The Trust has been exposed to two real incidents, one involving a power cut at Melchett Road on 30 June 2015. The incident highlighted insufficient generator cover at the Pharmacy warehouse, a deficiency which is being addressed. The second incident relates to a flood at QEHB on 6 August 2015 caused by a fractured water mains pipe which led to flooding of level-1 of the Main hospital.

A helipad exercise took place on 21 October. Any learning outcomes will be included in the next board report.

Resolved: To receive the update.

D15/109 **PERFORMANCE INDICATORS REPORT AND 2015/16 ANNUAL PLAN UPDATE (Q2)**

The Board considered the papers as presented by the Executive Director of Delivery.

Of the 12 indicators currently included in Monitor's Risk Assessment Framework (RAF), 10 were on target in the most recent month. One cancer target and the A&E 4 hour wait target were not met. Both have remedial action plans in place.

A revised trajectory has been provided to Monitor which aims to achieve the 62 day urgent GP referral target by January 2016. A stretch target has been agreed with the Trust's commissioners to achieve the 62 day standard by end of December 2015.

Pathway performance

Incomplete pathway performance has improved in all areas, not just those considered by Monitor. At treatment function level, neurosurgery did not achieve its target due a GP driven surge in patients. Action plans have been developed to address this.

National targets

It was noted that the report should have stated that the Trust is on target for 10 (not 9) of the 16 national targets included in the CCG contract and has a remedial action plan in place for 3 (Cancer 62 day upgrade, cancelled operations not rearranged within 28 days and 6 week diagnostics). The Trust is also slightly below target for 60 minute ambulance handover. Fully validated data is not available for 30 minute ambulance handover. The MRSA target was breached earlier this year and therefore continues to be recorded as not being achieved. However, there were no further bacteraemias reported in September.

Staffing levels

Overall staffing levels are within the expected levels planned. The Trust continues to over-recruit Nursing Assistants to allow for safe staffing levels at all times. At night, all wards have at least 4 Registered Nurses on duty. At times of short term sickness of a Registered Nurse, the Trust may, after reviewing the acuity and dependency of the ward, alter the skill mix and replace the shift with a Nursing Assistant.

Local indicators

Of the Trust's 52 local indicators, 30 (58%) are currently on target, 14 (27%) are slightly below target and 8 (15%) have remedial action plans in place. Remedial action plans are in place for Cancelled Operations (Including Not Rearranged Within 28 Days), Long-Term Sickness, External Agency & Bank Spend, Complaint Responses, Omitted Drugs – Antibiotics & Non-Antibiotics and Nutrition Risk Assessment. It was noted that the Trust's performance regarding long-term sickness was better when compared with other trusts in the Shelford Group, but worse with regards to short term sickness.

Annual Plan Progress

86% of the annual plan is on target and 14% slightly below. Any deficiencies are related to IT problems.

There followed a discussion about the case of a 16 year old with mental health issues. It has become apparent that no strategic plans are in place for this age group. Real problems occur when patients need to be admitted as there are no beds available on a national level. The Trust is meeting with NHS England to address this. The Children's Hospital is looking independently at possible solutions.

Resolved:

- 1. To accept the report on progress made towards achieving performance targets and associated actions and risks; and**
- 2. To accept the Quarter 2 2015/16 performance update against the Trust Annual Plan.**

D15/110 FINANCE AND ACTIVITY REPORT (Q2) INCLUDING CAPITAL PROGRAMME UPDATE

The Board considered the paper as presented by the Chief Financial Officer.

Monitor has published its quarterly figures. It shows that almost all providers have declared a deficit in the last quarter which

demonstrates the strains on the system.

The Trust is in line with its submitted plan. After taking into account the planned grant and donated income of £14.200m which is linked to capital funding for the Institute of Translational Medicine (ITM), the Trust has planned for an overall deficit of (£9.500m) in 2015/16. This has been adjusted to £6.600m.

The Trust's 2015/16 Financial Plan includes a total efficiency savings target of £17.8m. At the end of quarter 2, efficiency savings of £6.5m had been delivered across the Trust, equating to 74% of the target. It is expected that CIP delivery will improve during the second half of the financial year as has been the case in previous years. At present operational divisions are forecasting 92% delivery against the 2015/16 target by the end of the financial year.

The Trust's capital expenditure is slightly higher compared to other FTs.

It followed a discussion about the financial situation and spending pattern within the NHS as a whole. It was noted that CCGs tend to overspend in discretionary areas which add little to no value for money. Most Trusts spend money whilst they can as there is general awareness that times will become even more difficult in future. All in all, the situation looked rather bleak.

Resolved:

- 1. To receive the contents of the report.**
- 2. To note the reforecast year end trajectories for 2015/16.**
- 3. To approve the submission of the Quarter 2 governance statement to Monitor with the finance declarations contained in the report.**

D15/111 LITIGATION AND INSURANCE ANNUAL REPORT

The Board considered the paper as presented by the Director of Corporate Affairs.

There has been a slight increase in insurance premiums for buildings and contents insurance due to the reopening of the previously mothballed estate, and motor insurance as a result of an increase in the number of accidents involving Trust vehicles. The reason for the increase in accidents is currently under investigation and adherence to Trust policy is being monitored more closely.

Attention was drawn to the case of 'Montgomery versus Lanarkshire Health Board' which affects the way in which English courts will assess

the taking of patient's consent. It was confirmed that the case does not materially alter the approach taken by the Trust as doctors already warn patients of all such risks they consider to be material in each case.

It was noted that claimants' solicitors become increasingly aware of gaps in the system so as to take claims outside the Pre-Action Protocol. As a result of the length of time it takes to settle the more complex cases, the overall number of claims against the trust remains relatively high. The request for a breakdown of employer's liability claims has been included as can be seen in the pie chart on page 8 of the report. Two new risk recommendations have been received from the NHSLA.

It was queried whether the Chair and the Chief Executive, and any other members of the Trust's Executive Team would be sufficiently covered for their work at HEFT. The DCA confirmed that HEFT has its own D&O policy which would cover the Chair and Chief Executive and other secondees. In addition, an indemnity clause had been inserted into the draft agreement with HEFT.

It was agreed to check whether the Trust would be covered against any cyber-attacks.

ACTION: DCA

Resolved: To accept the report.

D15/112 BOARD ASSURANCE FRAMEWORK (BAF) REPORT

The Board considered the paper as presented by the Director of Corporate Affairs.

The risk of agency and bank spend within nursing has been reviewed and added to the Chief Nurse's Risk Register. It is not on the BAF as this risk forms part of the existing finance risk on the BAF. There are currently 1 high risk, 4 significant risks and 6 moderate risks on the BAF. Additional controls for regarding unscheduled care have been added to the BAF.

Resolved: To accept the report.

D15/113 QUARTER 1 COMPLIANCE AND ASSURANCE REPORT

The Board considered the report as presented by the Director of Corporate Affairs.

The CQC carried out an announced inspection of the Trust in January 2015 and published its findings in May 2015. The Trust was assessed as being fully compliant with the CQC essential standards. Any recommendations have been either fully completed or are on track to be completed in time.

Resolved: To receive the report.

D15/114 APPROVAL OF POLICIES

The Board considered the paper as presented by the Director of Corporate Affairs

The Board discussed the report which attached the updated Treasury Management Policy and Hospitality Policy. Both had to be amended only because of changes in job titles. However, the policy frameworks had remained the same. It was confirmed that the Trust's board members would continue to declare the receipt of gifts, hospitalities and sponsorships on an annual basis and would not be required to complete the form annexed to the policy.

Resolved: To approve the Treasury Management Policy and Hospitality Policy.

D15/115 Date of next meeting: Thursday, 28 January 2016