

BOARD OF DIRECTORS

Minutes of the Meeting of 28 April 2016
Meeting Room 1&2 Trust Headquarters QEMC

Present:	<p>Rt Hon Jacqui Smith, Chair Dame Julie Moore (“CEO”) Dr Dave Rosser, Executive Medical Director (“MD”) Ms Jane Garvey, Non-Executive Director Ms Angela Maxwell, Non-Executive Director Mr David Hamlett, Non-Executive Director Mr Tim Jones, Executive Director of Delivery (“EDOD”) Mr Philip Norman, Chief Nurse (“CN”) Mr David Waller, Non-Executive Director 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”) Mr Kevin Bolger, Executive Director of Strategic Operations (“DSO”)</p>
In Attendance:	<p>Mr David Burbridge, Director of Corporate Affairs (“DCA”) Ms Fiona Alexander, Director of Communications (“DComms”) Ms Rachel Cashman, Project Director (“PD”) Mr Andrew McKirgan, Director of Partnership (“DoP”) Mrs Berit Reglar, Associate Foundation Secretary (“AFS”) – Minute Taker</p>
Observers:	<p>Ms Amy Cambell, member of the public Edith Davies, Staff Governor Patrick Moore, Staff Governor</p>

D16/63	<p>WELCOME AND APOLOGIES FOR ABSENCE Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. Apologies were received from Ms Catriona McMahon, Non-Executive Director and Mr Jason Wouhra, Non-Executive Director.</p>
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D16/64	<p>QUORUM The Chair noted that:</p> <ul style="list-style-type: none"> 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.
D16/65	<p>DECLARATIONS OF INTEREST None</p>
D16/66	<p>MINUTES OF THE MEETING ON 24 MARCH 2016 The minutes of the meeting on 24 March 2016 were approved as a true and accurate record.</p>
D16/67	<p>MATTERS ARISING FROM THE MINUTES There were no matters arising from the minutes.</p>
D16/68	<p>CHAIR'S REPORT & EMERGING ISSUES</p> <p>The chair provided a brief update on the STF. A decision regarding the footprint has been made and governance arrangements are in place. It remains to be seen whether the plan will achieve its aim.</p> <p>The COO provided an update on the Junior Doctors' strike. The divisional teams had developed local plans to ensure appropriate staffing levels and patient safety since this time the junior doctors had also planned to walk out of emergency services. This had triggered a high number of cancellations of outpatient appointments which allowed for redeployment of staff in ward areas and ED. Out of the 370 junior doctors employed by the Trust, 68 were on strike on Tuesday and 97 on Wednesday.</p> <p>From an operational perspective and patient safety perspective the strike had been uneventful. ED had seen a drop in attendance which was more marked on the first day. On both days there were fewer ambulance handovers (about 25% reduction). The sickest patients still appeared to have come to the Trust.</p> <p>The COO was asked to provide positive feedback to all staff who had ensured patient safety was not jeopardised during the strike days.</p>

<p>D16/69</p>	<p>CLINICAL QUALITY MONITORING REPORT Q4</p> <p>The Board considered the report presented by the MD. There was no marked difference in CUSUM or SHMI data when compared with previous months. The Trust continued to operate at safe levels. Following the cardiac surgery CQC inspection, the CQC had placed two conditions on the Trust's registration: Firstly, to commission an external review of the service and secondly, to submit weekly outcome data to the CQC every Wednesday. Both conditions were complied with. The external review had been submitted to the CQC on 15 April, following an agreed extension. A response to this review is due on 22 April. Whilst the majority of recommendations will be accepted, it is contested that cardiac surgery needs to move into one division. Other clinical services are spread across different division and this causes no problems.</p> <p>Michael Sheppard, who is part of the CQC Oversight Committee, reported that they were pleased with the response and implementation of action plans. Minor recommendations include better reporting of attendance at meetings and follow-up of agreed actions at divisional meetings.</p> <p>The CQC is likely to carry out a follow-up inspection.</p> <p>The Directors' Governance visits were uneventful.</p> <p>Resolved: To accept the content of the report.</p>
<p>D16/70</p>	<p>PATIENT CARE QUALITY REPORT</p> <p>The Board considered the report presented by the CN.</p> <p>Clostridium Difficile Infection (CDI): A total of 9 cases were reported in March 2016, of which 4 were Trust apportioned. In total for 2015/16, there were 66 Trust apportioned cases of CDI, which was just above the annual trajectory of no more than 63 Trust apportioned cases. However, microbiology colleagues have been tracking the national CDI trend and for the first time in recent years, this is increasing and at a rate higher than the Trust is currently experiencing. The Trust annual trajectory for 2016/17 remains no more than 63 Trust apportioned cases.</p> <p>Actions to further improve CDI performance continue with a specific focus on antimicrobial prescribing, choice of antibiotic and duration of use.</p> <p>MRSA: There were no Trust reported cases of MRSA in March 2016. In total for 2015/16 and as previously reported, we had 8 Trust apportioned MRSA bacteraemia, against an annual target of 0 avoidable cases. Quarter 1 & 2 being the months of concern. A Trust wide MRSA reduction plan was put in place and agreed with the Clinical Commissioning Group.</p>

The plan has a specific focus on hand hygiene, MRSA screening, decolonisation and care of devices.

A progress update on the Abloy Cliq system was provided. The system is aimed at:

- Further improving the safety and security of medicines
- Ensuring patients receive their medication in a timely manner
- Releasing more nursing time to care for patients (e.g. eliminates the need for nursing staff to 'search' for the member of staff who has the medicine key. Pilots have shown that, on average, during a 12 hour shift up to 75 minutes was spent 'searching' for the medicine keys).

The roll out of this system is going well and has received positive feedback from staff. Roll out to all Wards will complete by mid-May, following which the roll out to Theatre areas will commence.

An observational medicines round audit tool is currently being developed to compare pre and post installation medication round activity, time taken to access medications and time to administer the medicine to the patient. This observation will take place in a variety of ward settings during 2016/17.

The first annual nursing conference will be held in the Education Centre on Thursday 12th May 2016 (national nurses' day). This years' conference theme is Dignity and Compassion. There will be a balance of speakers from our Divisions and from visiting speakers.

As outlined in sections 4.2 to 4.6 of the paper, various work streams continue around further improving staff knowledge, awareness and skills in caring for individuals living with dementia or a learning disability and to further embed training and development within our established programmes.

The Trust is also signed up to the National Dementia Action Alliance and the new Birmingham Dementia Action Alliance.

As outlined in p.24 to 27 of the report, focused work continues to further improve nutrition and hydration, especially in the frail and elderly patient group. This includes improved crockery, improved MUST (Malnutrition Universal Screening Tool) training, audits and partnership working with the other 9 Trusts within the Shelford Group re shared learning etc.

Resolved: To accept the content of the report.

<p>D16/71</p>	<p>NURSE STAFFING – BI-ANNUAL PROGRESS REPORT</p> <p>The Board considered the report presented by the CN. The report provides the 6 monthly update for the Board of Directors in line with the requirements set out by the National Quality Board (NQB).</p> <p>The report provides an update on the current nursing workforce position and the plans and actions being undertaken in relation to the nursing workforce. In addition the report references the outcome of the assessment of staffing levels following the review of all inpatient ward establishments which was completed and implemented in Quarter 3 2015.</p> <p>Table 1 (p.3 of the report) provides an overview of the current nursing workforce by agenda for change pay band. As can be noted in the table, the current nursing vacancy position is 4.3%; which compares well to the reported national vacancy position (around 9%). Main vacancies are at Band 5 Staff Nurse level, which is reflected nationally and work continues to recruit to remaining posts with success (over 90 job offers have recently been offered at Band 5).</p> <p>As previously advised, the Trust has a robust process in place to review the ward nursing establishments 6 monthly or more frequently if service change occurs. The last review completed in Quarter 3 2015, led to number of changes as outlined in the paper and in Table 2 (page 8 of the report).</p> <p>Every month the Trust submits data which is published on the NHS Choices website which details the planned and actual nurse staffing levels for wards, expressed as a percentage of the planned hours. The Board of Directors receives an update on this data at each meeting (via the performance indicators report).</p> <p>The Trust data for the past 12 months is outlined in Table 3 (page 32 of 264). As outlined in the table, the Trust is able to continuously provide or exceed planned staffing levels across the organisation.</p> <p>Pages 5 to 8 of the report outline the key actions and work streams underway.</p> <p>Resolved: To accept the content of the report.</p>
<p>D16/72</p>	<p>PERFORMANCE INDICATORS REPORT, 2015/16 ANNUAL PLAN YEAR END UPDATE AND 2016/17 ANNUAL PLAN UPDATE</p> <p>The Board considered the report presented by the EDOD. The Board was advised that NHS Improvement (formerly Monitor) is looking to change Monitor’s Risk Assessment framework. The plan is to introduce a single oversight framework for both NHS and NHS Foundation Trusts during 2016/17. An update on this will be</p>

provided following Quarter 1 of 16/17.

Of the 12 indicators monitored by Monitor, 9 were on target in the most recent month. However, 2 cancer targets and the A&E target were not met. The Trust has seen the highest A&E attendance ever recorded (9851 in March 2016). A similar trend is seen nationally. As for the cancer targets, the Trust did not meet its 62 day GP referral target of 85% and narrowly missed the 31 day subsequent surgery target. The guidance on reallocation of breaches, which was published in March, introduced a requirement for tertiary providers to treat patients within 24 days of referral or trusts will be allocated half of the breach. In addition, breaches for patients referred before day 38 are allocated to the receiving trust. The guidance will be applied from 1 October 2016. The Trust is currently working with the CCG to agree a cancer 62 day improvement trajectory for 2016/17 based on the new breach allocation rules. Access to the STP Fund is dependent on the achievement of the improvement trajectory.

Reference was made to table 2 (A&E improvement trajectory) on page 4 of the report. It was noted that an increase is predicted for December and January, but performance appears to drop again in February/March. It was explained that the trajectory is based on numerous assumptions as set out in the report.

Other missed targets include the RTT target at treatment function level (Neurosurgery, Ophthalmology and General Surgery). Action plans are in place to address this.

Of the 16 national targets not included in Monitor's Risk Assessment Framework but included in the CCG contract, the Trust is on target for 13, has a remedial action plan in place for 2 and slightly below target for 60 minute ambulance handover.

There were 9 breaches of the 28 day cancelled operation guarantee in March 2016. A recovery plan has been agreed with the CCG which commits to a month on month reduction to a maximum of 2 breaches per month from Q4.

Of the Trust's 53 local indicators 32 (61%) are currently on target, 17 (32%) are slightly below target and 4(7%) have remedial action plans in place. The increase in bank spend reflects the recent uplift in nursing establishments.

In terms of key tasks, 93.8% are on plan and 6.2% are slightly below plan. This is an excellent achievement given that the Trust has seen a higher increase in activity than had been planned for.

It followed a discussion about how the Trust could further improve its performance levels as many targets are continuously missed despite the implementation of agreed action plans. It was noted that

	<p>the Trust is measured against more than 2,000 targets in total. Many of these targets are counterintuitive and/or conflict with one another. Population in the Trust's catchment area continues to grow rapidly and tertiary providers are simply expected to function whilst funds are cut and penalties increased. Performance during the strike days shows that the targets can be met when demand is low.</p> <p>Resolved: To accept the content of the report.</p>
<p>D16/73</p>	<p>FINANCE & ACTIVITY PERFORMANCE UPDATE INCLUDING CAPITAL PROGRAMME UPDATE</p> <p>The Board considered the report presented by the CFO. The Trust recorded a deficit of £4.65m before adjustments for revaluations and impairments. This is £1.95m better than the planned annual deficit of £6.6m. This favourable variance is due to healthcare and other income gains along with a benefit from Commissioners, not levying certain fines and sanctions. The external revaluations has had the following impact:</p> <ul style="list-style-type: none"> • £17.143m impairment of the new QEHB building (PFI) for which VAT is now excluded; • £1.001m impairment of Regent Court and Yardley Court office buildings • £3.069m increase in Heritage building asset valuation to reflect the opening of the ITM facility. <p>The Trust's cashbook balance shows a health £59.2m at 31 March 2016 which is £19.1 above plan. This is due to the latest payment for the Selly Oak estate, as well as receipt of quarterly education funding and settlement of invoices by commissioners.</p> <p>The External Auditors commenced their audit this week.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. To receive the content of the report; 2. To approve the submission of the Quarter 4 governance statement to NHS Improvement together with the finance declarations contained in the report.
<p>D16/74</p>	<p>EMERGENCY PREPAREDNESS UPDATE REPORT</p> <p>The Board considered the report presented by the DSO. During the staff call out on 17 February, the response rate was lower than expected in the following staff categories: Pharmacy, RCDM and Trauma doctors. Investigations have revealed that this was mainly due to unrecorded changes of rotas and staff not acknowledging that this was an emergency preparedness call out. It was agreed that it should be further investigated whether the number could be displayed differently so that staff are aware that this was not 'cold</p>

	<p>call'.</p> <p>A summary of various other major incidents and business continuity exercises was provided. All of them have provided good learning which will be shared with other organisations.</p> <p>Resolved: To accept the content of the report.</p>
D16/75	<p>BOARD ASSURANCE FRAMEWORK REPORT</p> <p>The Board considered the report presented by the DCA.</p> <p>Resolved: To accept the content of the report.</p>
D16/76	<p>COMPLIANCE AND ASSURANCE REPORT</p> <p>The Board considered the report presented by the DCA. Reference to the CQC cardiac surgery inspection was made (see D16/40 above). Reports on progress will continue to be provided to the Cardiac Surgery Steering Group and Cardiac Surgery Oversight Group.</p> <p>The Trust is looking to relocate the Mental Health Assessment Room. There are a high number of registered new NICE guidance documents. All external visits, bar one, were successful. The inspection by the Health and Safety Executive identified the need for safer 'sharps'.</p> <p>Resolved: To accept the content of the report.</p>
D16/77	<p>REVIEW OF STAKEHOLDERS</p> <p>The Board considered the report presented by the DoP. It was noted that the list appended to the report is not exhaustive.</p> <p>Resolved: To approve the attached schedule of key stakeholders of the Trust.</p>
D16/78	<p>MEMBERSHIP RECRUITMENT AND ENGAGEMENT REPORT</p> <p>The Board considered the report presented by the DComms. It was agreed that the Trust would not fund a major recruitment campaign as such a campaign would cost between £12,000 and £15,000 to only yield 3,000 new members.</p> <p>Resolved: To accept the content of the report.</p>
D16/79	<p>DECLARATION OF DIRECTORS INTERESTS</p> <p>The Board considered the report presented by the DCA.</p> <p>Resolved: To approve the contents of the report.</p>
D16/80	<p>TRUST SEAL – TO APPROVE AUTHORISED OFFICERS AND ANNUAL UPDATE</p>

	<p>The Board considered the report presented by the DCA.</p> <p>Resolved: To approve the contents of the report.</p>
D16/81	<p>REQUEST FOR SUBSTANTIVE APPOINTMENT – APPOINTMENT OF A HEAD & NECK SURGEON MAXILLOFACIAL SURGERY</p> <p>Resolved: To approve the appointment of a Head and Neck Maxillofacial Surgeon.</p>
D16/82	<p>Date of next meeting: Thursday, 19 May 2016</p>

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