

**Minutes of the Public Meeting of the Board of Directors
of Heart of England NHS Foundation Trust
held in Room 2, Education Centre, Birmingham Heartlands Hospital
on 24 July 2017 at 12.30 pm.**

PRESENT: Rt Hon J Smith, interim Chair
Mr J Brotherton, Director of Operations
Mr Edwards, Non-executive Director
Mrs S Foster, Chief Nurse
Mrs J Hendley, Non-executive Director
Miss M Lalani, Non-executive Director
Mr J Miller, interim Finance Director
Dame J Moore, interim Chief Executive Officer
Dr D Rosser, interim Medical Director
Prof Sheppard, Non-executive Director
Mrs H Wyton, Director of Workforce & OD

IN ATTENDANCE: Ms F Alexander, interim Director of Communications
Mr K Bolger, interim Deputy Chief Executive - Improvement
Mr D Burbridge, interim Director of Corporate Affairs
Mrs A Hudson, Senior Executive Assistant (Minutes)
Mrs T Watkins, Administrative Assistant

GOVERNORS Mr S Baldwin, Governor
Mrs S Hutchings, Governor
Mrs V Morgan, Governor
Mrs J Thomas, Lead Governor

17.077 APOLOGIES & WELCOME

The Chair welcomed everyone to the meeting. Apologies had been received from Mrs Alexander, Prof Glasby, Ms Kneller and Dr Kinski.

17.078 DECLARATIONS OF INTEREST

Changes to the Chair and CEO declarations were noted and the register updated.

Resolved

- To receive the report
- Update the register

17.079 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 24 April 2017 were considered and approved as a true record.

17.080 MATTERS ARISING

There were none.

The Deputy Chief Executive – Improvement reported that, following the CQC inspection of our hospitals and community services in October 2016, the Trust had

received the regulator's resulting report and had reviewed it for factual accuracy. The majority of comments had been included in the updated report. An overall rating had not been included in the new published report as it was a focussed inspection; therefore the 2014 rating of 'requiring improvement' remained. However, the CQC had acknowledged that significant positive change had been made in a number of areas and the Trust was rated 'good' for 'well-led'. It was expected that the CQC would publish the report on 29 July 2017.

The CQC had not requested that the Trust hold a Quality Summit at the present time.

A communication for staff was planned for the day of publication.

The Board received assurance that actions to address issues identified by the CQC would be incorporated into appropriate action plans, rather than a stand-alone CQC action plan. Indeed, many actions had already been implemented.

Resolved: the report was received.

17.081 CHAIRS UPDATE

The Chair reported that it had been stated that Ian Paterson could have his prison term increased. Paterson had been sentenced to 15 years in May. The case was being reviewed under the Unduly Lenient Sentence scheme to examine if a longer sentence was appropriate following a concern raised by a complainant.

As part of the virtual MTD review of the mastectomy cohort of Paterson patients, all patients had now been reviewed by the independent review panel. The final group had been due to be seen in clinic during July, unfortunately due to sickness in the clinical team the remaining 17 patients would be seen by October.

The independent report was not yet complete and would be presented to the September meeting of the Board.

The content of the letter to be sent to wide local excision patients was being finalised along with the response process and it was expected that letters would be sent towards the end of August. All patients would be offered a range of options as part of the review process.

Case for Change. The Trust had submitted the full business case to NHSI. The Chair and CEO were holding a series of stakeholder briefings and would be attending the Birmingham and Solihull Scrutiny Committee to give an update on progress.

The first grading for STPs had been published – Birmingham had received advanced.

The Chair and CEO had attended the Trust's first awards ceremony for 50 of our long serving volunteers to recognise the huge contribution they made.

Resolved: to receive the report

17.082 PERFORMANCE REPORT

The Board considered the Performance Report presented by the interim Deputy CEO Improvement, summarising the Trust's performance against targets and indicators in the Single Oversight Framework, contractual targets and internal targets. Of the five operational performance indicators, the Trust had delivered against 4. The A&E 4 hour standard had not been met and remained a risk. Performance had improved slightly in June at 83.54% compared to 83.3% in May with 22,675 attendances in

June 2017 (an average of 756 patients per day).

In terms of the other performance targets, the Trust had met the 18 week referral to treatment target. The only specialty failing to meet the target in month was Trauma and Orthopaedics at 85.88%. Work was underway to address the problem.

The Trust had met the CCG ambulance handover target of 95% of patients waiting less than 30 minutes (97.19%) and 60 minutes (99.91%) in month. The Trust had implemented a new agreed joint validation process for ambulance delays which had been in operation since late May. This was supported by dedicated HALO presence on all three sites, combined with a daily validation process between the Trust and WMAS.

The Trust had failed to meet the DTOC target in month, achieving 2.70% against a target of 1.4%.

Of the 14 maternity screening indicators (reported quarterly in arrears), the Trust had failed to meet 4. Divisions were working with providers within the network to monitor and report monthly on progress. A report would be presented to a future meeting.

A letter from NHSI and NHSE Midlands and East had been sent to Trusts and CCGs in May 2017 regarding public reporting and quality review of cancer long waits. It set out two national objectives to increase the number of providers delivering the 85% cancer 62 day standard to over 70% and for all Trusts to achieve the standard from September 2017. In addition, immediate action had been put in place that required Trusts and CCGs to routinely report the number of <62 day and <104 day breaches, plus outcomes and learning from RCAs, to public board meetings. As at 30 June, the Trust had 3½ patients who had breached the <104 day cancer pathway, the half breach was where the trust shared patient care with another provider.

The Trust had achieved the Stroke target in May, achieving 86.9% against an 80% target.

The Trust had failed to achieve the target for the proportion of patients who present at A&E and are discharged with a TIA, and were scanned and treated within 24 hours, with 45% against a target of 63%. The service had reported that 90% of patients were seen within 30 hours.

The Board discussed the workforce indicators and it was noted that mandatory training, appraisal and recruitment were all above target. Sickness and absence was slightly up in month. The new on line exit monitoring tool trial, in conjunction with Picker Institute, was set to launch in July.

Resolved:

1. to accept the report
2. to note progress made.

17.083 CLINICAL QUALITY MONITORING REPORT

The Board considered the Clinical Quality Monitoring (CQM) report presented by the interim Medical Director. The report provided assurance on clinical quality and detailed action being taken following the CQM Group meetings held in June and July 2017. There were currently six investigations in progress into doctors' performance.

There had been two CCS (Clinical Classification System) diagnosis groups with higher than expected results in March 2017: Cardiac arrest and ventricular fibrillation (107) and 'Other gastrointestinal disorders (155)'. The case lists had been reviewed

and no clinical issues had been identified.

The Trust SHMI (Summary Hospital – Level Mortality Indicator) and HSMR (Hospital Standardised Mortality Ratio (HSMR) performance were within acceptable limits. The information presented now included comparison with UHB. The Board discussed the difference in results and it was noted that, as the majority of the case load at UHB was elective, it would always show as an outlier.

The Trust's CRAB (Copeland Risk Adjusted Barometer) 30 day surgical mortality O/E (outcome versus expected) ratio had been reviewed and was within the normal range.

The recent Board of Directors' unannounced visit to ward 3 (Renal) at Birmingham Heartlands Hospital on 20 June 2017 had been largely positive from a staff perspective and the visit team noted the positive culture on the ward.

Resolved: to accept the report

17.084 CARE QUALITY REPORT

The Board considered the Care Quality Report presented by the Chief Nurse. There had been no post 48 hour MRSA bacteraemia reported in June 2017. Two cases of pre-48 hour MRSA bacteraemia had been reported and, following a joint review with the CCG, both had been attributed to third party. There had been no lapses in practice identified from either the Trust or the community. There had been five cases of post 48 hour C.Diff reported in June 2017. This was within the Trust's monthly trajectory of five. The total number of cases this year was 10 against a year to date trajectory of 15 cases and an annual trajectory of 64 cases.

There had been an outbreak of Vancomycin-Resistant Enterococci (VRE) declared on ward 19 at Birmingham Heartlands Hospital in June 2017 with three patients identified as having VRE bacteraemia of the same strain. Screening of inpatients on the ward had revealed a high proportion of inpatients as being colonised with VRE, there was an on-going action plan being implemented.

There had been 2 avoidable grade 2 pressure ulcers and no reported hospital acquired pressure ulcers (grade 3) in June 2017.

The Trust dementia screening target was 90%, performance for June 2017 was 88.03%. Significant work within divisions was underway.

The Trust target that 90% of all Parkinson's medication was administered within 30 minutes had improved to 82% in June 2017.

Nurse staffing. There were no areas of concern for June 2017. Hot spot areas were Intensive Care Unit BHH, Neonatal Unit and Ward 4 HDU, assurance had been given by Head Nurses that staffing had been maintained at levels suitable for acuity of patients with no shortfalls.

The Trust was the lead partner in the Birmingham and Solihull Partnership that formed one of the national pilot sites for the Nursing Associate programme. Forty-one Nurse Associate Trainees had commenced the training programme in April 2017, with no leavers to date.

Compliance against the 30 day working standard for complaints in May 2017 was 57.3%.

The Friends and Family Test positive responders for May was 95%. The ED had shown a decrease of 3% at 84% for positive responders compared to the previous month.

Resolved: to accept the report

17.084.1 Infection Prevention & Control Annual Report for 2016/17.

Dr Abid Hussain, Consultant Microbiologist and Associate Medical Director for Infection Prevention & Control presented the Annual Report for 2016/17 and reported that, for 2016/17, there had been 7 MRSA Bacteraemia attributed to the organisation, there had been an over-performance of C.diff infection against trajectory and a clustering of multiple outbreaks in Q4 2016/17 due to organisation pressures, in terms of patient flow and footfall. There had been some failure of IPC procedure, work to improve the fabric of the wards was required and there was a lack of effective isolation facilities.

Corrective action undertaken in 2016/17 comprised a review of C.diff diagnosis and treatment, reinforcement of Trust cleaning strategies, deployment of new modalities, re-investment in patient bathing products and refurbishment of key clinical areas.

Priorities for 2017/18 included joint working with UHB IPCT, alignment of policies and practice, a review of internal governance structures and IPC delivery across all sites and trajectories.

Resolved: to accept the report.

17.084.2 Adult inpatient acuity and dependency workforce review May 2017

The Board considered the report presented by the Chief Nurse, setting out the findings and recommendations from the review undertaken in May 2017. The review included fourteen adult inpatient wards across Divisions 3, 4 and 5. The wards had been included due to concerns raised as part of the Trust wide review undertaken in August 2016 when immediate action had not been required but a further review was necessary.

Four out of the fourteen wards reviewed required further action and had been RAG rated red. Each of those four wards had high rates of vacancies and between 10-20% agency usage. Each of the four areas had a Trainee Nursing Associate in post as part of the national pilot with a view to this role being developed to help to fill the skills gap in the future.

The Board discussed the impact on quality when using agency compared to substantive staff and it was advised that there should be no difference, however leadership and the ward manager role was key to ensuring quality was maintained.

Resolved: to accept the report.

17.085 FINANCE REPORT

The Board considered the report presented by the interim Finance Director that provided an update on the Trust's financial position for period ended 30 June 2017 (month 3). The Trust had delivered an overall deficit of (£4.7m) for month 3 of the 2017/18 financial year, an adverse variance of (£2.3m) against the planned deficit of (£2.4m) pre STF. This moved the year to date deficit to (£13.5m) an adverse variance of (£6.3m) against the planned deficit pre STF of (£7.2m). As a result of under-delivering against the financial plan, the year to date allocation of £3.2m of STF had not been assumed.

The main components of the variance were healthcare income which was (£0.2m) in month / (£1.5m) YTD below seasonal plan. Activity related income was (£1.1m) in month / (£1.9m) YTD. Maternity spells / pathways accounted for 84% of the total variance, following a detailed review it had been identified that maternity spells income had been under recorded by £936k during Q1 due to births being incorrectly categorised between 'standard' and 'with complications'.

There had been some CIP slippage circa (£0.8m) YTD, further work was required to ensure that projects were being delivered upon.

The cash balance at the end of June was £21.7m against the plan of £10.3m at this point, a favourable movement of £11.4m.

Resolved: to accept the report.

17.086 BOARD ASSURANCE FRAMEWORK

The Board considered and discussed the paper presented by the interim Director of Corporate Affairs. The Board Assurance Framework (BAF) provided assurance that the Board was aware of the risks to its key objectives and had a robust system of internal control. The BAF had been reviewed and updated in the first quarter of the year and there were currently 13 risks on the register of which 6 were scored as red and 7 as amber.

One new risk was proposed that related to reputational risk associated to the Paterson high profile court case.

Resolved:

1. to accept the report
2. to approve and add the risk identified.

17.087 QUALITY ACCOUNT UPDATE Q1 2017/18

The Board considered the report presented by the interim Medical Director that provided an update on against each of the 4 priorities and progress was noted. The report had been presented to the Audit Committee earlier that day. The approved update report would be published on the Trust website.

Resolved: to accept the report.

17.088 COMPLIANCE AND ASSURANCE REPORT

The Board considered the report presented by the interim Director of Corporate Affairs. The report set out the actions being taken on the internal and external assurance processes. As reported earlier in the meeting, the draft CQC report had been received in June and following a factual accuracy check, returned to CQC. The final report was awaited.

Quarterly Divisional Quality Governance reports now included newly published NICE guidance or updates and Directorate status. There had been a comprehensive review of NICE guidance. There had been 63 National Audits identified as applicable for 2017/18, the Trust was participating in 60.

There were a total of 74 local audits logged on the clinical audit database. It was considered that the number should be higher and divisions were being encouraged to log all audits. Work had been completed to close clinical audits dated pre-2014

logged on the database. The Board received assurance that there was now more rigour in the system to monitor clinical audits at the Trust.

Resolved: The report was received.

17.089 HEALTH & SAFETY REPORT

The Board considered the report presented by the interim Director of Corporate Affairs. The report set out the process to ensure that compliance against key requirements the Trust's Health and Safety Policy remained robust. The focus for the health and safety team over the reporting period had been to give continued support to operational colleagues by providing training, advice, inspection and audit; preparation for external visits (as and when required) including HSE inspection, ensuring compliance with the Trust Health And Safety Policy and giving increased support to investigating managers and handlers in order to improve learning from incidents.

The Board discussed the number of reported verbal and aggressive incidents against staff by patients and carers (356 and 283 respectively). The number included incidents by patients who lacked capacity. The Trust had issued 24 yellow cards and 6 red cards to patients and/or carers. Further investigation into how the Trust could manage incidents better was being undertaken. The difficulties in managing patients who lacked capacity was discussed and the Board was reassured to note that specific staff training was in place to enable them to do so.

Resolved: The report was received.

17.090 AUDIT COMMITTEE ANNUAL REPORT

The report was deferred to the November meeting.

FOR APPROVAL

17.091 BUSINESS CASES FOR APPROVAL

The Board considered the following business cases

15.1 Elderly Care Replacement Consultant

15.2 Replacement Paediatric Medical Workforce

15.3 BHH SID Expansion

15.4 Diabetes Replacement Consultant

Resolved: to approve the proposed business case.

17.092 POLICIES

The Board received the following policies presented by the interim Director of Corporate Affairs.

- Risk Management Policy
- Patient Complaints and Concerns Policy
- Grievance Policy
- External Visits Policy

Resolved: The Board accepted and approved the policies.

17.093 ANY OTHER BUSINESS

The Chair reported that Sam Foster, Chief Nurse, would be leaving the Trust at the end of August and formally recorded a vote of thanks for her contribution and dedication during her time at the Trust and wished her well for the future.

17.094 DATE OF NEXT MEETING

The next public meeting of the Board of Directors was scheduled for Monday 23 October 2017, to be held in the Education Centre, Birmingham Heartlands Hospital.

The Chair reported that the planned private session of the Board had been cancelled.

Being no further business the meeting closed.

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Chair