

**Minutes of a meeting of the Board of Directors  
of Heart of England NHS Foundation Trust  
held in the Education Centre, Birmingham Heartlands Hospital  
on 24 April at 12.30am.**

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

**IN ATTENDANCE:** Ms Alexander, interim Director of Communications  
Mr D Burbridge, interim Director of Corporate Affairs  
Mrs A Hudson, Minutes

**GOVERNORS** Mr T Cannon, Governor  
Mrs S Hutchings, Governor  
Mrs J Thomas, Lead Governor  
Mr D Treadwell, Governor

**17.038 APOLOGIES & WELCOME**

The Chair welcomed everyone to the meeting. There had been no apologies for the meeting.

**17.039 DECLARATIONS OF INTEREST**

The register was noted.

**17.040 MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 23 January 2017 were considered and approved as a true record.

**17.041 MATTERS ARISING**

There were none.

**17.042 CHAIRS UPDATE**

The Chair reported that the pre-notification document for the Case for Change along with the benefits case, developed with the involvement of staff from both Trusts, had

been submitted to the Competitions and Markets Authority (CMA). The CMA process could take up to 40 days and the NHSI process could take up to a further 3 months. The Chair and Mr Martin Nadin, Project Director for the Case for Change had attended each of the site Patient Carer Panel meetings in March and also met with Staffside to brief them on progress. The next stage in the process was the further development of the Case for Change and Board and CoG seminars would be arranged to allow discussion and review. The earliest date for acquisition was expected to be October 2017.

The Chair reported on the progress of the STP Board. Dame Julie Moore had been appointed as its new leader. It had also appointed a project manager. A refresh of the 5 year plan had been undertaken and priorities set.

Birmingham City Council had appointed Stella Manzie as its new Chief Executive and Paulette Hamilton as Chair of the Health and Well-being Scrutiny Board.

Following the announcement of a general election, it was noted that the Trust had entered a period of Purdah, the pre-election period when specific restrictions applied principally around the activity of those working in central and local government including the NHS. Its purpose was to prevent announcements and activities by public bodies which could influence or be seen to influence the election. The Trust would not be hosting any political visits.

The Chair had attended and compered the recent annual Solihull Together Awards. The awards, established in 2015, celebrated outstanding work by individuals and organisations from across the borough that supported vulnerable and frail people in Solihull.

Ms Kneller, NED, reported that she had recently chaired the first meeting of a new research project. PEARL (Patient Experience And Reflective Learning) was a 3 year project that aimed to improve outcomes for patients and families within the acute care environment by using patient experience to enhance the behavioural skills of clinical staff through reflective practice specifically within the ICU & AMU areas.

**Resolved:** to accept the report

## 17.043

## PERFORMANCE REPORT & 2016 /17 ANNUAL PLAN

The Board considered the Performance Report presented by the interim Deputy CEO Improvement. Following the NHS Improvement consultation that ended in August 2016, a new final framework had been introduced from 1 October 2016. Providers were assessed against five domains (Quality of Care, Finance and Use of Resources, Operational Performance, Strategic Change and Leadership and Improvement Capability (Well-Led). 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. However, performance had improved in March to 83.9% from 80.12% in February. There had been 23,156 attendances in March (an average of 746 patients per day, the busiest month since July 2016).

The Trust had met the CCG ambulance handover target of 95% of patients waiting less than 30 minutes (95.59%) and 60mins (99.97%) in month.

The 52 week breach reported to the last meeting had been investigated and it had not been a breach. The Trust had taken all appropriate actions.

In terms of the other performance targets, the Trust had met the 18 week referral to treatment target. There had been a slight decline due to the consequences of the

winter pressures earlier in the year.

There had been 7 cases of CDiff during March 2017 and as a result the Trust had exceeded the monthly trajectory of five cases for the month. The total number of post 48 hour C.diff cases for the year was 76 compared to the trajectory 64 cases. Of the 76 cases, sixteen were deemed to have been avoidable following clinical review carried out in conjunction with CCG. The C.diff reduction plan for 2017-18 was currently being developed.

Two urgent operations had been cancelled for the second time in March. Both patients had been treated.

There had been one 12-hour trolley breach in March at GHH and a full RCA had been carried out and remedial actions put in place.

The Trust had failed to meet the DTOC target in month. The Board discussed and received assurance of the action being taken to improve performance.

Two quarterly maternity indicators were non-compliant. A review had been undertaken at the divisional review meeting.

With regard to Medicines Management (1b) Reducing inappropriate use of piperacillin with tazobactam (“piptaz”), 100 % have stop date/specified duration. The KPI CQUIN had been had been reviewed and updated for the coming year to look at the number of patients with a review rather than a stop date.

The Trust had failed to meet the Stroke target for the first time this year achieving 74.5% against a target of 80%. Initial indications were that the dip was due to a rise in the number of patients being admitted to Good Hope and later diagnosed with a stroke. A review was underway.

The Committee discussed staff turnover and the Director of Workforce and OD reported that there was a new pilot in place to monitor voluntary staff turnover, some data cleansing was required but initial results were positive. Exit interviews were undertaken by line managers however there was the option to give independent feedback.

**Resolved:**

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

## 17.044 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 held in April 2017. There were currently six investigations in progress into doctors' performance.

There had been three CCS (Clinical Classification System) diagnosis groups with higher than expected results in December 2016: 'Liver disease alcohol-related (150)'; 'Gastrointestinal haemorrhage (153)' and 'Other perinatal conditions (224)'. The case lists had been reviewed and no further actions had been identified.

The Trust SHMI (Summary Hospital – Level Mortality Indicator) and HSMR (Hospital Standardised Mortality Ratio (HSMR) performance were within acceptable limits.

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. Following a meeting, it had been agreed to extend the contract for a further 12 months whilst work to develop the tool was undertaken.

There was a discussion about the recent Board of Directors' unannounced visit to Elderly Care (ward 11) at Good Hope Hospital (GHH) on 23<sup>rd</sup> March 2017 and Ophthalmology Day Surgery and Ophthalmology Out-patients at Solihull Hospital (SH) on 12<sup>th</sup> April 2017. Ward 11 had been chosen as an example of 'calm care'. The main common issues identified on all three visits had been around environment. Action plan had been sent to the visit teams for comment prior to sending to the Divisional Management Team for completion. The action plan from the visit to Ophthalmology Day Surgery and Ophthalmology Out-patients was currently being drafted.

**Resolved:** to accept the report

#### 17.045 CARE QUALITY REPORT

The Board considered the Care Quality Report presented by the Chief Nurse. There had been seven cases of post 48-hour positive clostridium difficile cases during March 2017 and as a consequence the Trust had breached the monthly trajectory of five cases. The total number of cases for the year was 76 compared to the trajectory of 64. A trust-wide deep clean action programme had commenced.

There had been a reduction in the number of avoidable grade 2 pressure ulcers and avoidable grade 3 pressure ulcers. The number of avoidable grade 2 pressure ulcers performed under the year-end trajectory. The number of avoidable pressure ulcer grade 3 had met the year-end trajectory as of March 2017. Tissue viability metrics were compliant at 96% with 'repositioning frequency adhered to' slightly decreased at 89%.

The Trust dementia screening target was 90%, with performance for March 2017 at 87.93%. It was an expectation of the Trust that all patients over the age of 75 are screened for dementia.

The Trust target that 90% of all Parkinson's medication was administered within 30 minutes had improved at 78.81% in March 2017.

Nurse staffing. Compliance with nurse staffing was 100% in March 2017 with the exception was critical care at 87% compliance and Paediatrics at 92% compliance for Registered Nurses. All units within critical care were mitigated and staffed safely according to patient acuity. The new nursing associates were now in post.

Compliance against the 30 day working standard for complaints in February was 54%.

The Friends and Family Test positive responders remained at 94%. The ED had shown an increase of 2% at 85% for positive responders compared to the previous month.

**Resolved:** to accept the report

#### 17.046 FINANCE REPORT

The Board considered the paper presented by the Finance Director that set out the unaudited results for the 2016/17 financial year. The Trust had agreed a planned deficit of (£13.6m) for the 2016/17 financial year, in line with the control total set by

NHSI. However, after the plan had been submitted, it was confirmed that emergency readmission penalties (£5.4m) would continue to be levied by commissioners. As a result the forecast for the year had increased to a deficit of (£19.0m), assuming full receipt of the Sustainability and Transformation Funding (STF). The Trust had incurred a net impairment charge to I&E of (£11.5m) that comprised of a net land / buildings revaluation of (£3.7m) and a (£7.8m) write down of the previous medical record scanning project. Including impairments, the overall reported deficit was (£24.7m), prior to any extra incentive or bonus STF.

In summary, excluding impairments, the Trust had delivered an overall deficit of (£13.2m) for the 2016/17 financial year, which was £0.4m ahead of the financial plan. The full allocation of £23.3m of STF had been recognised and the Trust expected to receive notification of additional STF from the Incentive and Bonus schemes, on 24 April 2017, which would improve the position further. The overall reported deficit including impairments was (£24.7m) prior to any additional STF.

The cash balance at the end of March was £19.2m against the planned overdraft of (£9.6m) a favourable movement of £28.8m. The previously introduced cash management initiatives continued and the drawdown of interim revenue support had now been delayed until 2017/18.

Although the Trust had successfully achieved its plan deficit for 2016/17, this had included some non-recurrent gains and therefore the underlying run rate would need to improve significantly for the Trust to achieve its control total for 2017/18.

The Board formally recorded their thanks to the Director of Finance, the finance team and the operational teams for the year end results.

**Resolved:** To accept the report.

## 17.047 BOARD ASSURANCE FRAMEWORK

The Board considered 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 over the last quarter and there were currently 13 risks on the register of which 6 were scored as red and 7 as amber. One red risk had been closed as the operational structure in place had been superseded. There were no new risks proposed.

**Resolved:**

1. to accept the report; and
2. to approve removal of the risk identified.

## 17.048 REPORT FROM THE CHAIR OF AUDIT COMMITTEE

The Board considered the report from the Chair of the Audit Committee. At its meeting in April, the Committee had agreed to the review of internal audit outstanding recommendations to ascertain whether they were still relevant. Any recommendations for closure would be reviewed by the audit committee. The Committee were concerned about the risk to the organisation from cyber risk and had requested a presentation on actions in place to prevent such happenings. The Committee had received a report on the findings from the ICO audit, the report had reflected the improvements made but some embedding of actions was still required.

The Committee had met earlier that morning to review the draft Annual Report and

Accounts 2016/17 and the Quality Account. The External Auditors still had to undertake their audit but were content with the information that had been presented to date. The Quality Account 2016/17 had also been reviewed and the committee had suggested that some of the language in the report needed to be more positive in terms of action and progress made.

**Resolved:** to accept the report

## TO RECEIVE

### 17.049 NATIONAL STAFF SURVEY REPORT

The Board considered and received the report presented by the Director of Workforce and OD that outlined the main finding from the 2016 National Staff Survey. The survey had taken place between October and December 2016 and all staff had been invited to take part. There had been a 36% response rate, a slight improvement on the previous year's response rate of 29%.

The Trust had improved on 78 of the 88 questions, and significantly improved on 45 of the 88 questions (51%). The questions were grouped into 32 key findings and used for benchmarking against other Trusts. Of the 32 key findings, the Trust had improved on 23 and seen no change on 9. The Trust's overall Staff Engagement score had improved from 3.63 to 3.73 (scores out of 5), against a national average of 3.81. The Trust's benchmarking position for Staff Engagement has improved from 97<sup>th</sup> of 99 Acute Trusts in 2015, to 81<sup>st</sup> of 97 in 2016, which put it just inside the bottom 20%.

The Board discussed the response rate and areas of concern and received reassurance that an action plan was in place and that divisions would be also be developing local actions plans over the next two months and that progress would be monitored.

**Resolved:** to accept the report.

### 17.050 TRUST PARKING

The Board considered and discussed the report presented by the Interim Director of Communications that outlined proposed measures to manage car parking demand and encourage car drivers to change their mode of transport by the implementation of the Travel to Place of Work Eligibility, Heartlands Zoned Parking Eligibility and introduction of Peripatetic Parking Zones.

The report also set out the proposed new tariffs for employee parking from 1 May 2017. The increase was the first since 2014.

The Board discussed the changes to the visitor parking tariffs, the first increase since 2013. An analysis of visitor parking to determine average length of stay by patient and visitors had been undertaken and the average stay was two-hours. It was proposed that a new reduced tariff of £3 (rather than the current £3.75) was introduced and the 30mins -1 hour tariff be discontinued. There was a discussion around whether the 30 minute 'free' drop off and collect allowed sufficient time to do so and it was agreed that feedback would be monitored.

**Resolved:**

1. to agree the proposed changes to manage staff car parking
2. to agree the proposed price amendments to take effect from of the 1 June 2017.

The Chair advised that following the Board's decision the report would be presented to the Council of Governor meeting later that day.

## 17.051 CONSENT –

### BOARD COMMITTEE REPORTS

The Chair reported the minutes of the Donated Funds Committee were presented for information and would be approved unless the Board had any comments.

#### **Donated Funds Committee**

Minutes of the meeting held on 10 February 2016

**Resolved:** to accept and receive the minutes of the meetings.

## FOR APPROVAL

## 17.052 MEMBERSHIP STRATEGY

The Board considered and discussed the report presented by the Interim Director of Communications, setting out the result of a review and rationalisation of the Trust's membership undertaken during 2016/17 and outlining the membership recruitment and engagement strategy for 2017/18, including the costs associated with delivering the strategy and the wider Foundation Trust sector-related activities. The strategy had been developed with the Lead Governor and the Deputy Chair of the CoG Membership and Community Engagement Group (MCE) in consultation with the Council of Governors as a whole. The Strategy was to be presented to the CoG later that day by Deputy Chair of the CoG MCE.

Resolved: the board:

1. noted the progress made to date;
2. approved the Membership and Engagement Strategy for 2017/18 and the costs of delivering it; and
3. approved the costs for other Foundation Trust sector-related activities for 2017/18

## 17.053 BUSINESS CASES FOR APPROVAL

The Board considered the following business cases

#### **Replacement Neurology Consultant**

**Resolved:** to approve the proposed business case.

## 17.054 POLICIES

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

Local Anti-Fraud Policy

Claims Management Policy

**Resolved:** The Board accepted and approved the policies.

**17.055 ANY OTHER BUSINESS**

There was none.

**17.056 DATE OF NEXT MEETING**

The next public meeting of the Board of Directors was scheduled for Monday 24 July 2017, to be held in in the Education Centre, Birmingham Heartlands Hospital.

**EXCLUSION OF THE PRESS AND PUBLIC**

*The Board resolved "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest".*

**PRIVATE SESSION**

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**Chair**