Heart of England NHS
NHS Foundation Trust

Minutes of a meeting of the Board of Directors of Heart of England NHS Foundation Trust held in the Harry Hollier Lecture Theatre, Partnership Learning Centre, Good Hope Hospital on 11 May 2016 at 12.30 p.m.

PRESENT:
J Smith, interim Chair
J Brotherton, Director of Operations
A Edwards, Non-executive Director
S Foster, Chief Nurse
J Glasby, Non-executive Director
H Gunter, Director of Workforce & OD
K Kneller, Non-executive Director
J Miller, interim Finance Director
J Moore, interim Chief Executive Officer
J Rao, Non-executive Director
D Rosser, interim Medical Director

IN ATTENDANCE:
F Alexander, interim Director of Communications
K Bolger, interim Deputy Chief Executive - Improvement
D Burbridge, interim Director of Corporate Affairs
R Cashman, Project Director
A Hudson, Minutes
K Smith, Company Secretary

Governors
S Hutchings
J Thomas
V Morgan

and members of the public.

16.055 APOLOGIES & WELCOME

The Chair welcomed everyone present to the meeting.

There were no apologies.

16.056 APPOINTMENT OF MEDICAL DIRECTOR - RATIFICATION

The Chair referred to the pre-circulated paper and reported that the Nominations Committee had met and approved the appointment of Dr David Rosser as interim Medical Director (a voting director position) and Responsible Officer with effect from 1 March 2016. The Board ratified the appointment.

16.057 DECLARATIONS OF INTEREST

The Secretary reported that the only change to the Register of Directors' Interests was in relation to A Edwards becoming a business mentor for the Prince's Trust. The Chair reminded the Directors to inform the Secretary of any further changes.

16.058 MINUTES

The minutes of the meeting of 2 March 2016 were approved as a true record.

16.059 MATTERS ARISING

15.141 Report back on financial modelling for and progress with Priority Programme for Frailty - R Cashman advised that Solihull Council had commissioned the Good Governance Institute (GGI) to undertake a review of governance for the Vanguard Project and Frailty Model.

16.033 In relation to cancelled operations; check whether there are any diversity issues (eg learning difficulties) - K Bolger reported that a snapshot review had been undertaken and no evidence had been found of any diversity issues.

16.060 CHAIR'S UPDATE

The Chair reported that there had been a good response in relation to the advert for the vacant Non-executive Director posts; around 50 applications had been received. The CoG Appointments Committee had met earlier in the week and had reduced the list to 15 to proceed to first stage interviews, following which further shortlisting would take place with final interviews to be held at the beginning of June.

The Government mandated Sustainability & Transformation Programme (STP) was designed with the intention of bringing together local healthcare partners and councils for Birmingham and Solihull. However, there was some frustration over the level of central interference within the local group, which had pushed back to maintain local ownership. Progress had been made with the Birmingham & Solihull footprint, resulting in groups being formed including a Leaders and Chairs Group, led by Bob Sleigh, Leader of Solihull Council, a CEO Group and an Executive Leads Group. Former health secretary, Stephen Dorrell, had been appointed to chair the Birmingham & Solihull System Board.

The Chair had also held separate meetings with Bob Sleigh and John Clancy (Birmingham City Council) and local MPs, as well as having attended a meeting with representatives from the community to discuss bereavement services.

The Chair reported that she had compered Solihull Better Together Awards and was pleased to report that teams from the Trust had been nominated for, and received, awards; she had also attended the Jean Robinson Award celebrations on the Frailty Assessment Unit at Good Hope Hospital.

16.061 CHIEF EXECUTIVE'S UPDATE

J Moore reported that she had nothing further to add to the Chair's update.

16.062 PERFORMANCE REPORT

The Board considered the report setting out the Trust's performance against national indicators and targets, presented by K Bolger. The report covered indicators and targets included in the Monitor Risk Assessment Framework, as well as local priorities and material risks to the Trust's provider licence or governance ratings, finances, reputation or clinical quality resulting from performance against indicators, in order to give an overall view of the position of the Trust and set out the actions for those indicators that were failing to achieve compliance with targets.

Monitor Risk Assessment Framework

Of the 14 indicators set out in the RAF 12 were on target; the two targets missed were the 4-hour A&E wait target and the in-month C.diff target.

March's A&E 4-hour wait performance was 85.1% compared to 85.05% in February and 83% in March 2015. The number of attendances during March was 23,634 compared to 21,786 in March 2015; overall the Trust had seen an average of 60 attendances more per day compared to the same period in 2015. There had been no 12 hour trolley breaches.

All cancer targets had been met in February, the first time in over a year. The 2 week wait from referral to appointment performance was 97.07% against a target of 93%. The 2 week wait breast cancer referral performance was 95.45% against a target of 93%; this indicator had been met for the second month in a row. The 85% 62-day cancer referral target had been achieved in February with performance at 87.78%. Sustainability was now key.

The Trust had met the incomplete 18-week Referral to Treatment Time (RTT) target of 92% for the second consecutive month at 92.01% which was ahead of trajectory. As part of the STP, the Trust had agreed a revised trajectory to deliver sustained performance against this indicator from the end of September 2016.

There had been 7 cases of C.diff in March against an in month target of 5. This was the fourth month that the Trust had exceeded its target.

There was discussion regarding the increased number of A&E attendances at Heartlands. K Bolger reported that Heartlands Hospital housed the hyper-acute stroke unit, was a trauma site and was affected by the catchment population having less GP and related resources, so this was less surprising. The Trust was looking with its partners at a system wide approach to manage growth that included different ways of staffing; such as a front door pilot scheme triaging patients and directing them to primary care where appropriate. The continued rise in demand was a significant risk. It was hoped the trial may be able to explain the cause of increased demand and if it was not due to GP referrals, the Trust may need to find extra resources.

It was noted that, in spite of the increase in demand, performance was better than the same period the previous year; all other access targets were being achieved and the Board formally recognised the contribution of everyone involved. J Brotherton was asked to convey the Board's thanks to staff, particularly around performance against the cancer targets and their efforts in the face of increased demand **(Action: JB)**.

National targets monitored through CCG contract

Of the 17 national targets not included in the RAF but included in the CCG contract the Trust had delivered eleven with six behind plan.

6 week diagnostics had improved to 99.31% against the 99% target; this was the second month that the target had been achieved against a significant increase in activity; again sustainability would be key.

There had been in an increase of 7% in ambulance attendances compared to January 2015. The number of 30 minute breaches was similar to February 2016 but the number of 60 minute breaches had doubled.

There had been 2 urgent operations cancelled for the second time in March. Both cancellations had been in Trauma & Orthopaedics and were due to previous cases overrunning. Both patients had since been treated.

The Trust had failed to meet its contractual requirement for VTE assessment for the first time since July with performance at 94.75% against a target of 95%. The main areas of non-compliance related to short stay areas such as AMU. A review of the Trust methodology for measuring this

target was being undertaken to ascertain if any changes to the 'cohort's' of patients that could be block risk assessed, could be made; the Trust had begun the work of researching the methodology use to collect information.

The tables in the appendices listing of all the targets that the Trust reported on had been included following a request at the last Council of Governors meeting.

Local indicators – contract

There were a number of contractual maternity screening indicators that the Trust's performance was measured against. As maternity screening indicators were reported a full quarter in arrears, the meeting received the performance against Q3 2015; of the 12 indicators in the contract 5 had not been met. A performance review meeting with the Women's & Children's Division had taken place the previous day and it had been agreed that local indicators and targets required revision. Performance by site would be provided to the next meeting.

Breast feeding rates had improved in March to 70.21% compared to February (69.64%) against the 72% target.

The Trust had failed to meet the nursing care indicator relating to tissue viability compliance with an overall compliance score of 94% against a target of 95%; the sub-measure that had impacted most on the overall score was the metric to ensure that repositioning frequency is adhered to for 3 days which only achieved 83% against a 90% target.

Falls and pressure ulcers would be covered in more detail by S Foster as part of Care Quality Report.

Appraisal rates had increased to 81% in April above trajectory but still below the 85% target.

Local indicators – internal

The Trust had 13 workforce indicators of which 8 were not compliant. The March position for the workforce KPI's had shown no significant shift from the February position with continued underperformance in four areas: staff in post versus budget establishment; average time to recruit; voluntary turnover and Trust wide agency spend. Active recruitment continued; 90 nurses were due to start between April and June 2016. Recruitment of theatre nurses continued to be a problem area. On a positive note, there had been a reduction in the number of staff leaving but further focus was required on retention.

The Trust continued to overspend on agency at 7.35% in March, against target of 3%; this had been due to the number of flex beds that remained open. The Trust continued to comply with the Monitor rate caps.

Delayed Transfer of Care (DTOC) performance had improved in March to 3.86% from February's position of 4.73%; further work to address this was being undertaken through the financial recovery programme.

There had been 4 patients who had waited over 100 days for their first definitive cancer treatment; all of which were complex cases. RCAs were being undertaken for those cases in line with national requirements.

The Board would receive a fuller report on Solihull Community Contract to the next meeting **(Action: KB).**

The Trust had achieved £10.9m against a target of £13.3m for 2015/16. Targets for 2016/17 were

expected to be better due to stronger negotiation.

There was discussion regarding the impact on the Trust of the junior doctors' strike. K Bolger advised that there had been no operations cancelled due to the planned doctor's strikes. The response to the strike by medical and nursing staff had been exceptional with A&E 4 hour performance achieving 90% on strike days although there had been an increase in activity in the following 2 – 3 days.

RESOLVED: To accept the report.

16.063 CLINICAL QUALITY REPORT

The Board considered the Clinical Quality Report, presented by D Rosser. This was a new style report emanating from the first meeting of the Clinical Quality Monitoring Group (CQMG).

Investigations into doctors' performance

There were currently eleven medical practitioners within the formal review process; nine cases predominantly related to conduct matters and two to capability matters. A robust process was being followed. Some investigations were outside of prescribed timescales but D Rosser explained that this was normal in such cases. Nominations from each of the Divisions for the case investigation training programme had been received and dates were being finalised.

Mortality indicators

D Rosser explained that the CUSUM (cumulative summation) Hospital Standardised Mortality Rate (HSMR) methodology looked at deaths over time and required careful interpretation. Any Clinical Classification System (CCS) group that moved to the right of the CUSUM threshold of 5 would trigger a requirement from the CQC for an explanation, such as cardiac dysthymias in the January chart. Coding was very important; multiple coding in patient notes sometimes meant that identifiers were not related to the cause of death. Performance was reported three months in arrears as it was reliant on national data. The patient case lists for all four CCS groups that exceeded the threshold of 3 had been reviewed by the CQMG and to date no issues had been identified but investigations would continue.

Patients admitted with a diagnosis of GI haemorrhage had been the subject of a CQC mortality outlier alert between December 2014 and April 2015, following a run of higher than expected mortality. The Trust had corresponded with the CQC who had advised that they were assured of Trust actions.

The interventional radiology scanner at Heartlands had deteriorated to the extent it was no longer suitable for use on large patients. The scanner needed to be rebuilt; this was not ideal as it would need to re-installed in any new interventional radiology facility at some point in the future. The Board was informed of an incident involving a patient where the clinician had made a reasoned decision to continue with a procedure where the level of radiation necessary to obtain the desired effect was high and that, subsequently, the Trust had engaged expert advice to assess the level of radiation the patient had been exposed to – this would lead to an explanation being given to the patient when the facts were known. Divisions were working on theatre schedules, including the use of the new hybrid theatre, whilst the rebuild took place. Delays could be expected for elective patients. The Queen Elizabeth Hospital was assisting with emergency work as and when required. A more detailed report on the cost and impact to patients would be presented to the next Board meeting **(Action: DR)**.

There was discussion regarding the state of the Trust's estate and equipment. J Moore advised that an inventory of equipment and buildings that needed replacing was available and it was

agreed that this would be included in the Finance Report to the next Board meeting **(Action: JM)**.

The Trust's April 2015 – December 2015 SHMI of 92.29 was acceptable but was subject to the caveat previously reported on the historic corrupt data issue, which would take time to work its way out of the data set.

The Trust's CRAB 30-day surgical mortality ratio continued to show a level below or equal to 1, which was acceptable.

Board of Director's unannounced governance visits

The planned visit for March didn't take place due to Non-Executive Directors not being able to attend. The most recent visit took place on 15 April 2016 to ward 14 (Trauma & Orthopaedics) at Good Hope Hospital. The visit had been very positive; the action plan was currently being finalised and would be shared with the Divisional management team. A detailed action plan would also be presented to the Quality Committee.

Timely Delivery of Antibiotic Stat Doses

D Rosser gave an overview of the project led by A Keogh and the ICT department that had commenced in June 2013 and was aimed at increasing the timeliness of the administration of antibiotic stat (one off) doses being given to improve outcomes for patients with sepsis. There was clear evidence that first dose of antibiotics from diagnosis, if administered within 60 minutes, massively reduced mortality risk. The project supplied pagers that bleeped to inform nurses that a stat dose had been prescribed and continued to bleep at 15 minute intervals until the stat dose was administered or the time to administer the dose had lapsed. Performance relating to the timely delivery of the dose was measured at Trust, site, ward and administrator level. The bleep system had initially been implemented at Birmingham Heartlands Hospital (BHH) in January 2015 and had since been rolled out across all three hospital sites. Results had shown that HEFT was 75.2% compliant with the one hour target in the last 30 days compared with 72.9% in the last twelve months. The worst performing ward from each site would be invited to the next available Executive Root Cause Analysis (RCA) Care Omissions meeting, along with the best performing ward(s) to review performance and identify improvement actions.

Open and Recently Closed Serious Incidents (SIs)

The open and recently closed serious incident investigations at the Trust had been reviewed and progress would be monitored through the CQMG with a summary reported thereafter to the Board.

RESOLVED: To accept the report.

16.064 CARE QUALITY REPORT

The Board considered the Care Quality Report, presented by S Foster, summarising the Trust's performance against national quality indicators and targets, including those set out in Monitor's Risk Assessment Framework, and local priorities.

The Trust had met its C.diff target of 64 for 2015/16 with 61 cases. There had been no cases of post 48 hour MRSA bacteraemia in March. The overall Trust compliance for MRSA screening for March had improved to 86%. The Trust had seen an increased transmission of *Serratia marcescens* in maternity, S Foster confirmed that the infection caused no harm in babies. Three wards one at Good Hope and two at Heartlands had been closed during March due to outbreaks of Norovirus.

The Trust had failed to achieve the 2015/16 targets for both grade 2 and grade 3 pressure ulcers

with performance for avoidable grade 3 and necrotic pressure ulcers at 51 cases against a target of 29 for the year and for grade 2 ulcers, 190 cases against target of 187 for the year. However, there had been an overall reduction in the total numbers of hospital acquired pressure ulcers year on year. The Trust was contining the drive to document actions to demonstrate compliance, which would be helped with a steady workforce.

The Trust had achieved a 10% reduction in overall falls rates per 1,000 occupied bed days with a year to date position of 6.32 against a target of 6.36 with only two months (January and March 2016) having fallen outside of the trajectory. The Trust was working to reduce the number of falls further with a focus on patients who fell more than once. A new visual report was being piloted by site and ward including ensuring Divisions received all of the relevant information they required.

Turnover of nursing staff had decreased. A recruitment fair in Dublin had been attended the previous week and an agency had been engaged to recruitment from the wider EU. The current number of vacancies stood at 158 wte (whole time equivalent) across adult wards and AMUs; an improvement of around 30% compared to October 2015. There were 34 EU and 20 newly qualified registered nurses awaiting PIN numbers, once in post this would reduce the vacancies by 54 wte. Specialty areas (theatres, paediatrics, critical care and ED) continued to have vacancies and the Trust continued to utilise temporary staff to cover these.

More detail would be included in the report to the next Board meeting on the new metric of core hours per patient per day. This might be a more helpful metric than the more rigid UNIFY reporting.

A nursing workforce review had been undertaken, which included AMU and SAU at Good Hope Hospital, following service redesign and potential changes in acuity, in addition to the routine adult inpatient review across based wards (reported further below).

The complaints process continued to show improvement with the CEO or Chief Nurse personally reviewing all written responses; the Divisional teams were stepping up.

There was discussion regarding the Patient Consultative Panels. S Foster reported that these were working well. A six months review had been promised. It was anticipated that feedback would be received from Governors at the Council of Governor's meeting later in the day.

There had been investment in the Safeguarding team in order to ensure that the Trust had responded adequately to the recommendations of the CQC.

S Foster referred the Board to the appendices (1) the National Inpatient Survey 2015, (2) the Ward to Board Assurance Report and (3) the proposed CQUINs for 2016/17.

RESOLVED: To accept the report.

16.065 NURSE STAFFING REVIEWS

The Directors considered the report regarding Nurse Staffing Reviews, presented by S Foster. It was noted that, in June 2015, the Board had endorsed the plan to undertake a repeat review of areas that had been identified as of concern in the workforce review completed in May 2015 as well as new patient areas or areas where there had been a service reconfiguration. The review had been completed and included seventeen clinical areas across the Divisions. Feedback indicated that the current staffing levels on fourteen out of the seventeen areas were at safe levels. There were three areas that required increased staff resource; wards 12, 24 and 26 in Division 3, on the Heartlands site. The additional posts would require an investment of around £263k and would be funded from within existing budgets or through the business case process.

RESOLVED: To accept the findings of the review and endorse the requirement to uplift the nursing establishment.

16.066 2015 NATIONAL STAFF SURVEY RESULTS

The Directors considered the report regarding the National Staff Survey results, presented by H Gunter, who explained that the Trust undertook two compulsory surveys each year, one annually and one quarterly. The National Staff Survey typically went to around 850 staff but the Trust had decided to send it to all staff in both 2014 and 2015. The 2015 results had shown an improvement in the overall engagement score at 3.63 compared to 3.53 in 2014. The Trust remained in the bottom 20% of Acute Trusts at 97th out of 99 acute trusts nationally; however it was noted that the score was the Trust's highest since 2009. It was acknowledged that there remained a huge amount of work to be done in terms of improvement.

Out of the 32 key findings, 9 had improved over last year, 2 were worse and 10 were new with no comparators, Divisions and directorates were working on actions plans that would be monitored on a regular basis.

Results from the quarterly staff survey undertaken at the end of March 2016 had shown an improvement by 12%, leading to some optimism that things were improving. There was discussion regarding the high percentage of staff experiencing violence from other staff, H Gunter advised that this was being investigated and would be dealt with separately.

RESOLVED: To accept the report.

16.067 FINANCE REPORT

The Board considered the Finance Report, for the period ending 31 March 2016, presented by J Miller. The Trust had reported an income & expenditure deficit of £3.8m for March, after a net impairment gain of £0.9m, leading to a cumulative deficit of £46.1m for the 2015/16 financial year leading prior to any audit adjustments. The reported position for the year included a £0.9m impairment gain (asset revaluation) realised in month 12 and the previously declared £18.6m benefit from a capital to revenue transfer; the underlying position was a deficit of £4.7m in month 12 and £65.6m for the year. The underlying trend showed some improvement with March being the third consecutive month with a deficit below £5m compared to only two instances in the first nine months of the year. The reported position was in line with the most recent forecast of £66.0m deficit but represented a £55.7m adverse variance against the original plan deficit for the year of £9.9m.

The main expenditure variances for the year were medical pay £12.2m adverse that was £0.5m adverse in month versus trend of £1.1m adverse; there had been a slight increase across consultant spend offset by lower spend on junior doctors. Nursing £11.1m adverse where expenditure had been in line with the previous month. Unachieved CIP £27.3m adverse that had included £16.9m relating to prior years. Other expenditure £16.5m adverse, of which the largest item was a bad debt provision against CCG for over-performance invoices.

Income was £38.8m above plan with main variances being NHS clinical £23.1m but this had been offset by bad debt. Other income £15.9m had included an £18.6m capital to revenue transfer. Emergency admissions had been 0.1% below plan in March even though A&E attendances had been 3.1% above plan. Elective and day case activity was 10% above plan in month and 3.8% up for the year as a whole. CIP delivery for the current year stood at just under 75% for the year (£6.1m slippage) and had included £4.4m of run-rate schemes (reducing unfunded expenditure). In total £5.8m of CIP has been delivered non-recurrently (and would need replacement schemes to

be identified for 2016/17).

Cash had reduced to £31.5m at the end of March, £17.6m below the original plan but £9.2m above the forecast produced at the end of January. The Trust's Financial Sustainability Risk Rating remained at a 1 (the lowest possible rating).

The Trust had agreed to set a planned deficit of £13.6m for 2016/17 in line with the control total set by NHSI. The main movements from the outturn deficit of £65.6m to the plan value was reliant upon the key assumptions of £12.7m net cost of inflation less tariff increase, £23.3m from the provider sustainability fund, £15.2m benefit from suspension of fines and penalties. This left a total efficiency challenge of £30.2m broken down as follows, £12.0m of local CIPs (2%), of which £9.2m had been identified as deliverable and £2.8m of further ideas continued to be explored; £7.5m FYE of 2015/16 recovery, £5.5m of new FRP savings with a further stretch target of £5.2m.

NHSI had visited the Trust during the previous week to review the plans and had been satisfied with both the quality of the plans and the level of engagement from Divisional teams; the challenge for the Trust was delivering the plans.

The Trust had not yet signed a contract with the CCGs; it had also been confirmed that readmissions fines would not be included within the suspension of fines and penalties that had previously been assumed and resulted in the forecast for 2016/17 being £19.0m deficit rather than £13.6m deficit.

RESOLVED: To accept the report.

16.068 CORPORATE IDENTITY

F Alexander delivered a presentation that set out work that had been undertaken with over 1,500 members of staff over the last 15 months to develop and articulate the Trust vision and values. The proposed vision statement was "to build healthier lives" and proposed values were Caring, Honest, Supportive and Accountable. In order to support these it was proposed that the corporate identity was updated; all the design the work had been undertaken in-house by Medical Illustration. Each of the hospital sites would have its own identity. A task and finish group would be implemented to roll out the branding, that include website rebranding, all new documents would carry the new branding going forward but this would be an incremental introduction to avoid unnecessary cost.

There was discussion regarding the extent of the re-branding and how it fitted with the STP. F Alexander advised that the work was not connected to the STP but had been undertaken in order to give the organisation a uniform brand, with each of the hospital sites and community services having its own strong identity.

RESOLVED: To approve the vision, values and branding proposals.

The Board thanked the teams involved for the enormous amount of work undertaken.

16.069 BOARD COMMITTEE MINUTES AND REPORTS

Audit Committee
The Committee had met on 30 March and 6 May, the minutes would follow.

Donated Funds Committee
The Committee had met on the 21 April and the minutes were received.

Monitor Standing Committee
The Committee had met on 29 April to approve the Monitor quarter 4 return; the minutes were received.

16.070 MODERN SLAVERY ACT

K Smith reported that the Modern Slavery Act had been passed by Parliament in March 2015 and the provisions of the Act had come into effect in October 2015. The Act consolidated slavery and trafficking offences, strengthened powers of enforcement and introduced tougher penalties. It also included a transparency clause that required all UK based organisations with a turnover of over £36m to make an annual statement on the steps it had taken in the previous financial year to ensure its business and supply chains were free from Modern Slavery, which the Act defined as slavery, servitude, forced or compulsory labour and human trafficking. The Trust was obliged to publish a statement under the Act on the Trust website. In common with many organisations in the UK, the Trust had just started work to address the issue and the draft statement reflected the progress during 2015/16 and included an action plan to take this forward in 2016/17.

RESOLVED: To approve the plan and statement.

16.071 QUALITY COMMITTEE – TERMS OF REFERENCE

The Chair referred to the circulated paper that was taken as read. The Board approved the terms of reference.

16.072 BOARD BUSINESS PLAN 2016/17

K Smith presented the draft Board Business Plan 2016/17. Further work around the timings for meetings was to be undertaken and would be bought back to a future meeting.

The Board approved the Board Business Plan 2016/17.

16.073 ANY OTHER BUSINESS

There was none.

16.074 DATE OF NEXT MEETING

The next meeting was scheduled for 6 July 2016, to be held in in the Education Centre, Birmingham Heartlands Hospital.

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."

16.075 PART TWO

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Chair