Heart of England NHS
NHS Foundation Trust

Meeting of the Council of Governors
4.00 – 6.00pm on 27 March 2017
Rooms 2 & 3, The Education Centre,
Birmingham Heartlands Hospital

A G E N D A

		Indicative Timings (minutes)
1.	Apologies	1
2.	Minutes of Previous Meetings 2.1 23 January 2017 2.2 27 February 2017	5
3.	Matters Arising	5
4.	February (M11) performance and financial position (Oral – K Bolger/ J Miller)	30
5.	Site Strategy (K Bolger)	60
6.	Any Other Business Previously Advised to the Chair	10
7.	Next Meeting (Formal) – 24 April 2017, Rooms 2 & 3, Education Centre, Birmingham Heartlands Hospital	

Light refreshments will be available from 3.00pm when NEDs will be available to Governors

David Burbridge
Interim Director of Corporate Affairs
09 March 2017

Heart of England NHS
NHS Foundation Trust

Council of Governors

Minutes of a meeting of the Council of Governors of Heart of England NHS Foundation Trust held in Rooms 2 & 3, Education Centre, Birmingham Heartlands Hospital on 23 January 2016

PRESENT: Rt Hon. J Smith (Chair)

Mr S Baldwin	Mr B Orriss
Mr A Cannon	Mrs L Passey
Mr K Fielding	Mrs J Teall
Mr D Hoey	Mrs J Thomas
Mrs S Hutchings	Mr D Treadwell
Mr P Johnson	Dr M Trotter
Mrs V Morgan	Mr D Wallis
Mr G Moynihan	Mr T Webster
Mrs S Nicholl	Mr L Williams

IN ATTENDANCE:

Ms F Alexander	Dr M Kinski
Mr J Brotherton	Mrs K Kneller
Mr D Burbridge	Mr J Miller
Mr A Edwards	Dame J Moore
Mrs S Foster	Dr D Rosser
Mrs J Hendley	Prof M Sheppard
Mrs A Hudson (Minutes)	Mrs H Wyton

17.001 WELCOME and APOLOGIES for ABSENCE

The Chair welcomed everybody to the meeting.

Apologies for governors had been received from Mrs K Bell, Dr N Burgess, Mrs C Doyle, Mr A Fletcher and Mrs A McGeever.

The Chair advised the meeting that Dr Needham, the stakeholder governor for University of Birmingham had resigned her position from 1 January 2017.

Apologies for directors had been received from Mr Bolger and Prof Glasby.

17.002 DECLARATIONS OF INTEREST

There were no new declarations noted from Governors or Directors.

17.003 MINUTES OF PREVIOUS MEETING

24 October 2016

There were some minor amendments noted subject to which the minutes of the meeting were approved as a true record.

Further to the discussion at the last meeting on the current style of recording discussions held at meetings the Chair reiterated that it was good practice that minutes reflected an overview of the general discussion and the decision taken and it was

unusual for persons to be named.

There was a discussion around the recording of Governors who attended Board Meetings and it was agreed that Governors attendance would be noted.

17.004 MATTERS ARISING

16.071.1. Update on progress of STP to a future meeting. There was an update provided as part of the Chairs Report. Complete.

16.082. Provide report on Calm Care Nursing – The Chief nurse would bring an update to the next meeting.

16.082 Chair/Governor Breakfast meeting on role of ACP. A date would be agreed and circulated.

17.005 CHAIRS UPDATE

The Chair reported that the work of the Sustainability and Transformation Plan (STP) continued. There was a new board to direct the work and it was focussed on pushing forward the work on new models of care; better integration with adult social care and a new focus on prevention and working with other bodies to improve the overall health of the Birmingham and Solihull population. There would also be a new push to engage more widely on the work. The Chair had addressed the NHS Providers conference on the governance lessons from chairing two NHS trusts. A meeting had been held with the chair of NHS Improvement to talk about our STP and progress here at HEFT. The Chair and CEO had met with Simon Stevens from NHSE to talk about local progress and challenges as well as the need to support the work of the national organisations rather than interference.

The Chair had opened the first NHS Litigation Authority conference held in Birmingham.

The Chair and CEO had attended the excellent Building Healthier Lives Awards that acknowledged those individuals and teams who had constantly gone that extra mile in caring for our patients or improving their experience at our hospitals and community services over the past 12 months.

The Chair had met with the Police, clinicians and voluntary sector organisations to consider how we can better support the victims of violence who present at our Emergency Departments. There was real scope for intervening and signposting people at this critical moment for them, but with the departments under so much pressure, there was a need to find external support for this to work alongside our staff.

The Chair had visited the Coroners' Office with Liam Byrne MP as part of a continued interest in how the Trust could support the families of the bereaved. Dawn Chaplin, Head Nurse and Clinical Dean - Patient Experience would be presenting our approach to councillors in February.

The Chair had met all the NEDs individually to carry out the new style appraisals. These would be reported to the CoG via the CoG Appointments committee who would consider and agree the detail of the appraisals and objectives.

Resolved: to receive the report.

17.006 CHIEF EXECUTIVE'S UPDATE

The Chief Executive reported she had nothing further to add to the Chair's update.

17.007 PERFORMANCE

The Council of Governors considered the update given by the Director of Operations. Following the NHS Improvement consultation that ended in August 2016, the new final framework had been introduced from 1 October 2016. The key principles of the new framework remained. Providers would be 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 remedial action plans were in place. There had been a 0.63% rise in activity in December compared to the previous month. The Trust had failed to meet the STF trajectory for quarter 3 and the associated funding was at risk. The Trust would be following the appeal process to NHSI for the loss of income.

There was a discussion around the failure to achieve the A&E 4 hour target and examples of the remedial action being undertaken were given these included admission avoidance at the front door and DTOCs. The main reason for breaching the A&E target was patients waiting in A&E for beds. January performance had dropped to 75% in line with national performance.

In terms of the other performance targets, the Trust had met the 18 week referral to treatment target, the 62 Day Cancer target, and % of patients waiting less than 6 weeks for 15 key diagnostic tests target. There had been one case of MRSA in December bringing the year to date total to 4 and 6 cases of CDiff in month against a target of 6, the Trust remained ahead of the year to date target of 46 having had 56 cases in total. Three urgent operations had been cancelled for the second time. Further scrutiny of the target would be undertaken at the next Divisional Review Meeting. There had been one mixed sex breach that had affected 3 patients at GHH.

The Trust had failed to meet the DTOC target in month work was underway to improve performance. It was noted that at any one time the Trust had between 60 and 100 patients in acute beds who could be discharged.

The Directors of Operations gave an overview of the actions implemented as part of the Winter Plan to deal with increased activity seen during January when demand had increased above planned activity. The Trust's bed model was running at close to, if not at, 100% occupancy. Actions implemented included the transfer of some surgical procedures to the private sector. The day-case unit at GHH had been closed and had been reassigned as an inpatient area. A separate area had now been opened as a day-case unit whilst the de-escalation plan was managed. The Trust had agreed a temporary increase in the rate paid to bank staff from the start of January for 6 weeks to encourage the use of bank staff compared to agency staff. Although difficult to predict, it was expected that the winter pressure had peaked although it would take time to return to a more standard way of working. It was noted that levels rarely dropped to those seen prior to a peak in winter activity.

There was a discussion around patients transferred to the private sector and it was noted that the private sector had the ability to accept the type of procedures they wish to take. As part of the actions in place in the FRP the Trust had deliberately restricted the use of the private sector.

There was discussion held on the increased number of ambulance handovers breaches against the 30 minute target as well as the 60 minute target, in particular on the GHH site. The increase was a reflection of the rise in activity. December had been extremely busy with the largest number of ambulances handovers on record. A discussion on the patient pathway for arrival by ambulance was held and the meeting was informed that patients were offloaded and admitted into a cubicle where they were reviewed by a nurse; however ambulance crews remained with the patient until they were formally handed over.

There were two quarterly maternity indicators that were non-compliant and would be reviewed at the next divisional review meeting. An update would be presented to the next meeting.

Health visiting KPIs had shown an improvement following a detailed review of performance.

Time to recruit continued to improve. Turnover had increased but was being scrutinised through exit monitoring. In response to a question it was noted that staff turnover was between 100 and 200 leavers per month with an average of around 12k per annum.

The Trust had achieved the planned Trust Flu Immunisation Programme which exceeded the 75% vaccination target.

Resolved: to accept the report

17.008 CARE QUALITY REPORT

The Council of Governors 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 on 20 December 2016. There were currently six investigations into doctors' performance in progress.

CUSUM (cumulative summation). One group, Peritonitis and Intestinal Abscess, had breached the mortality threshold in September and was subject to review. A report would be presented to the next meeting on the outcome of the review. The Medical Director in response to a request explained that the size of dot on the graph represented the number of cases, the bigger the dot the higher the occurrence in that number of cases. The Board received and monitored the results at every Board and Quality Committee meeting.

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

CRAB (Copeland Risk Adjusted Barometer). The Trust had been reviewing the utility of CRAB tool that had to date not alerted the Trust to any surgical mortality outliers. A meeting was to be held with the company who supplied the software to consider whether to renew the contract.

The Chair advised that the Board had, earlier in the day, held a lengthy discussion on the feedback from the recent Board of Directors' unannounced visit to the Children's Assessment Unit (CAU) at GHH. In order to optimise medical skill mix for Paediatrics across the Trust, the potential for rotating medical staff was be reviewed and implemented as appropriate. There were challenges presented by the environment on CAU and a full Estates review would be undertaken in conjunction with a programme of rationalising equipment and optimising storage space. An action plan had been sent to the Divisional Management Team for completion.

In response to a query the Clinical Director advised that the monitoring of FGM was a requirement.

Resolved: to accept the report

17.009 CARE QUALITY REPORT

The Council of Governors considered the Care Quality Report presented by the Chief Nurse. There was one MRSA bacteraemia reported for October 2016 in division five. A post infection review had been carried out with the clinical teams and there were no breaches in policy and no lapses of practice identified although it was not possible to determine the focus of infection. A review of the cleaning strategy was underway. It was noted that the Trust no longer had decant wards which made deep cleaning more of a challenge.

There had been a reduction in the number of avoidable grade 2 pressure ulcers and two avoidable grade 3 pressure ulcers, both in Division 5. Wards where there was non-compliance had presented at divisional quality meetings and action plans including daily metrics had been put in place. Further to a request at the last meeting, the Chief Nurse had included photographs of the different grades of ulcers within the papers. Poor documentation remained a key area for improvement. The recent CoG Patient Experience Committee had also discussed increased monitoring for areas not compliant.

The number of patients not screened for VTE (Venous thromboembolism) in October had been the highest in the previous 12 months and risen by 85 on the previous month. Action plans had been implemented and were subject to review.

Sepsis. Actions had been taken to improve compliance in the completion of the Sepsis audit process in all areas including education and training for all matrons who undertook audits and the re-issuing of the sepsis video that highlighted the importance of screening. Further work was to be undertaken by the Clinical Directors in each specialty to review the audit process and improve compliance. More specifically, division three was revising its current process within the Emergency Department.

Nurse staffing. Compliance for staffing in October was 100% with the exception of division 2 who were at 94% for qualified staffing in both Neonatal and Paediatric High Dependency. Qualified predictive starters for December 2016 had been 49 and 132 for January 2017.

The CoG held a discussion on the challenges faced by the Trust to recruit nursing and medical staff. The impact of Brexit was still unknown. The Trust continued to work with recruitment companies throughout the EU. There was no real trend on the nationality of nurses recruited as it varied. Nurses who were recruited from the EU had to have a level 7 English qualification to be eligible to apply. The CEO advised that with an increasing elderly population, a lack of increase in funding and the closing of the EU borders, recruitment of trained staff would become increasingly more difficult.

There was a further discussion on the huge amount of pressure put on trusts to deliver targets in the ever increasingly difficult circumstances of increased activity and funding not rising to cope with demand. The CEO reported that in the past there had been a system of rewarding good practice but that was no longer the case. The Trust would continue to do the best it could to manage activity with patient safety and quality taking precedence over numerical targets. The Trusts performance had improved despite the increased pressures.

The Trust at times of increased activity and reduced capacity within the Emergency Department (ED) at Heartlands Hospital would, when required, allocate patients to a designated corridor space prior to being assessed in a cubicle. As a result of this, in September 2016, the Intentional Rounding Care Plan was re-designed and implemented. The document provided a prompt to nursing staff to ensure that care needs were met when a patient was allocated to the corridor ahead of assessment. To provide assurance of clinical practice regular audits were undertaken.

There was a discussion on the results of the planned audit around non cubicle nursing in the ED undertaken in November 2016 that had outlined good compliance against the revised Intentional Care Plan. The Trust did not formally record the number of patients being managed in non-cubical nursing but was working with IT to build a tool to monitor and record activity. It was reaffirmed that only in times of increased pressure were patients nursed in a non-cubicle environment.

Resolved: to accept the report

17.010 PATIENT EXPERIENCE REPORT

The Council of Governors considered the report presented by the Chief Nurse. Progress against the Trust Complaints Handling policy and contractual requirements had been made. Targeted work with Divisions 3 and 5 was being undertaken to reduce the number of older complaints. Training and complaints refresher sessions for ward sisters, matrons and operational staff had been arranged.

Positive responders against all areas of the Family and Friend Test had shown improvement. Staff attitude remained the most likely to generate a comment, both positive and negative.

Resolved: to accept the report

17.011 FINANCE REPORT

The Council of Governors considered and discussed the reported presented by the Director of Finance. It was noted that the Trust has agreed a planned deficit of (£13.6m) for the 2016/17 financial year, in line with the control total set by NHSI. During month 9 the Trust had reported an overall I&E deficit of (£0.7m). This was (£0.2m) adverse against the plan of (£0.5m). As at Q3 the year to date the deficit was (£13.2m) which was (£0.3m) above the planned deficit. It was reported that the position included a £0.3m favourable variance related to asset donations, which was excluded by NHSI from their evaluation of delivery against plan for the purposes of accessing STF. Within the position, (£0.7m) of STF had been removed for the under-performance against the A&E target trajectory in quarter 3. Under the double jeopardy principle, this was discounted for the purposes of accessing the remaining STF for the quarter. It was expected that the A&E deduction would be recouped in February following an appeals process and therefore the forecast of (£13.6m) was predicated on the Trust obtaining full STF of £23.3m for 2016/17. The December deficit included an adverse variance of (£2.7m) on NHS clinical income in addition to the loss of STF described above. The seasonal decrease in elective and outpatient income had been greater than in recent years and had not been mitigated to the expected level by increases in non-elective income. Further work was underway to validate this position in particular around work in progress at the end of the month.

The cash balance at the end of December was £23.0m against a planned overdraft of

(£0.9m), a favourable movement of £23.8m. The previously introduced cash management initiatives were continuing and it continued to be likely that the need for interim revenue support may be pushed back past the year end.

The deficit at the equivalent point last year was (£5.6m) in month and (£51.4m) cumulative.

CIP delivery was (£0.6m) below plan YTD but forecast to be fully achieved by year end. FRP slippage was (£1.6m) YTD largely due to procurement and nursing schemes but partially offset by MARS savings and the payroll transfer.

Capital expenditure at Q3 was £6.1m although a further £3.8m of orders had been placed by 31 Dec taking the committed total to £9.9m. Year-end expenditure was forecast to be around £17.5m with the main risk of slippage related to some IT schemes.

The Trust was broadly in line with plan at month 9, and was forecasting a year end deficit in line with the control total, albeit with some risks over the next few months.

Financial Plan 2017/18

The Finance Director reported that the Trust had submitted a plan for a deficit of (£7.5m) in 2017/18 and a surplus of £0.6m in 2018/19 after £21.3m of STF in each year. This complied with the control total for 2017/18 and the requirement for further improvement in 2018/19. This would necessitate total efficiencies of around £25m pa in each of the next 2 years, in line with the previously approved Financial Recovery Plan. Development of CIPs was on-going with around 60% of the target identified to date. At this stage there had been no feedback from NHSI but it was likely that they would schedule a visit in the next 6-8 weeks to review the plan. In line with the national timetable, contracts had been agreed with commissioners for the next 2 years. These were based on full Payment by Results although there was some detail still to be resolved around CQUINs, terms and conditions, etc.

The Chair opened the floor to questions and discussion.

Medical Expenditure. There was a new policy within operations that ensured demand and capacity was aligned. A number of new consultant posts had been agreed and it was expected that the position would improve. The rate per session was no higher than UHB but volume was.

Income owed by CCG's. The Finance Director reported that the Trust was in a much better position and fewer queries had been raised than in previous years. There was an issue around increased activity in AMU patients at GHH and a meeting had been arranged to seek resolution, provision had been made in the accounts.

Burton Hospital owed the Trust £2.5m for which bad debt provision had been made in the accounts. It was unlikely that the Trust would be able to recover more than 30% of the sum due. The CCG had never provided funding to make payments and it was proving difficult to establish the process.

It was reported that capital spend programme was set at the start of the financial year and there was no carry over into the following financial year if the money was not spent. Any slippage in spend against equipment would be prioritised for the following year.

Resolved: to accept the report

17.012 QUALITY ACCOUNTS UPDATE

The Council of Governors considered and discussed the report presented by the interim Director of Corporate Affairs. It was noted that the Quality Account was an annual report to the public from providers of NHS services. Its primary purpose was to encourage boards and leaders of NHS organisations to assess the quality of services provided. Guidance had recently been received from NHS England and NHS Improvement advising that there would be no change to reporting requirements and the recommended audits arrangements for the Quality Accounts for 2016/17. The HEFT 2016/17 Quality Account was subject to internal review, external consultation and assurance from KPMG, the External Auditors, and needed to be compliant with the reporting requirements. In line with previous years the Council of Governors were required to select an indicator for Audit by the Trusts External Auditors.

The priorities for improvement 2016/17 were:

1. Improve Friends and Family Test in ED
    - Positive recommender rate
2. Reduce avoidable medication harm to Parkinson's disease patients
    - % administration of PD medicines within 30 minutes of dose being due over time
3. Improve early recognition and management of sepsis
    - % use of sepsis screening tool, where applicable
    - % antibiotics within 1 hour of intravenous stat dose being prescribed
4. Reduce maternal harm through the category Caesarean section 1 Quality Improvement Programme (QIP) pathway
    - Time from decision to delivery for cat 1 ELSCS

The Council of Governors were asked to discuss and nominate one of the above to priorities for audit. Following discussion it was agreed that priority 3: Improve early recognition and management of sepsis - % antibiotics within 1 hour of intravenous stat dose being prescribed be chosen as the indictor.

Resolved: to accept the report
agree Priority 3 indicator be selected for audit.

17.013 Compliance and Assurance Report

The Council of Governors considered the paper presented by the interim Director of Corporate Affairs. In September and October 2016 the CQC carried out an unannounced inspection. This had included medical and surgical wards, critical care, the Chest Clinic and Community Services. Paediatrics and Maternity services had not been included.

A planned external review of Obstetric services had been commissioned by HEFT to take place during October which coincided with the main CQC visit.

The draft reports for both reviews were awaited.

The Trust had commissioned a separate review of Maternity services and had now received the draft report. Once the report had been finalised feedback would be received.

For 2016/2017, HEFT was currently participating in all 60 active national audits it was eligible to participate in.

A review of total NICE guidance to-date had been undertaken with 961 published NICE

guidelines reviewed. The Trust was fully compliant with 81% of applicable guidelines. Where actions were outstanding a proper process was in place to achieve full implementation.

37% of Clinical Guidelines housed on the Intranet were out of date. This was stable but an improvement from the 50% reported for quarter 1.

An information sharing agreement was now in place between the Trust and NCEPOD for participating in NCEPOD studies from January 2017. The information sharing agreement defined arrangements between the two organisations to facilitate and govern the efficient, effective and secure sharing of good quality information. The Trust was one of the few trusts in the country to have such an information sharing agreement in place.

Resolved: to accept the report

17.014 ANY OTHER BUSINESS

An update on the Case for Change was requested. The Chair advised that, until the case for change project work had been completed, no update would be made. The CoG was represented by the CoG Project Review Group and they were being kept informed of progress.

Disposal of Meeting Papers – any unwanted meeting papers should be returned to the Senior Executive Assistant to the Chair who would dispose of them by way of confidential waste.

Head of midwifery vacancy recruitment plans – this was not appropriate for discussion.

EXCLUSION OF THE PRESS AND PUBLIC

The Council of Governors 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

17.015 APPOINTMENT OF NON-EXECUTIVE DIRECTOR

17.016 DATE OF NEXT MEETING

The next meeting (Focus) was scheduled for 27 February 2017, to be held in the Education Centre, Heartlands Hospital.

There being no further business the meeting closed.

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Chair

Heart of England NHS
NHS Foundation Trust

Council of Governors

Minutes of a meeting of the Council of Governors of Heart of England NHS Foundation Trust held on 27 February 2017 at 4.00pm in the Education Centre, Birmingham Heartlands Hospital

PRESENT: Rt Hon. J Smith (Chair)

Mr S Baldwin
Mrs K Bell
Mr A Cannon
Mrs C Doyle
Ms S Edwards
Mr D Hoey
Mrs S Hutchings
Mr P Johnson
Ms A Khan
Mr G Moynihan
Mr B Orriss
Mrs L Passey
Mrs J Thomas
Mr D Treadwell
Dr M Trotter
Mr D Wallis
Mr T Webster

IN ATTENDANCE:

Ms F Alexander
Mr A Edwards
Miss M Lalani
Mrs A Hudson (Minutes)
Mrs K Kneller
Dr M Kinski
Mr J Miller
Dame J Moore
Mrs H Wyton

17.017 WELCOME and APOLOGIES for ABSENCE

Apologies for Governors had been received from Mr Fletcher, Mr Fielding, Mrs McGeever and Mrs Nicholl.

Apologies for Directors had been received from Mr Brotherton, Mr Burbridge, Mrs Foster, Mrs Hendley, Dr Rosser and Prof Sheppard.

Non-executive Director

The Chair welcomed and introduced Ms Mehrunnisa Lalani, who had been appointed as a NED with effect from 1 February 2017.

Mehrunnisa gave a short overview of her experience. She had a diverse background, having worked for a range of public sector organisations from local Government to the prison service. She had started her career working with older people and Black & Minority Ethnic (BME) communities experiencing mental health difficulties. More recently, she had been Director of Inclusion for the Solicitors Regulation Authority (SRA), leading on Consumer affairs, corporate complaints and equality, diversity and inclusion. Mehrunnisa had also held a number of non-executive positions in the health and voluntary sector. She had served as a Lay member on the Leicestershire, Northampton and Rutland Strategic Health Authority and was a member of the East Midlands ACCEA. She had also completed a 4 year term as Independent Lay Member of the Leicester City Clinical Commissioning Group (CCG) and had been chair of the CCG's Quality and Clinical Governance Committee and the lead member involved in establishing the CCG's Patient and Community Engagement Group (PCEG) and its first Chair. Ms Lalani also served as a member of the CCG's audit and remuneration committees and was the three CCG's representative on the Better

Care Together Transfer of Care Task Group and the Independent Funding Review Panel. Mehrunnisa was very much looking forward to working with the Board and Governors over the coming months.

The governors extended a warm welcome to Mehrunnisa.

17.018 PERFORMANCE & FINANCIAL POSITION REPORT

17.018.1 *Performance*

The Council of Governors considered the update given by Mr K Bolger, interim Deputy Chief Executive – Improvement, on the Trust's performance. NHS Improvement (NHSI) had introduced a Single Oversight Framework (SOF) which had replaced the Risk Assessment Framework (RAF). The framework looked at 5 themes and a set of measures and triggers which determined the level of support required. Of the 5 indicators in the Single Oversight Framework, 4 were on target.

The A&E 4 hour wait trajectory had not been met. Attendance had increased slightly compared to the previous period, but not significantly. Nevertheless, activity in January was 7% (1,518 attendances) above the STF projection for the month.

The Trust has failed to meet the STF trajectory for five consecutive months. An appeal paper had been submitted to NHSI, the purpose of which was to present evidence that there had been a material change in the underlying assumptions that underpinned the Q3 16/17 A&E trajectory that had resulted in the Trust missing the Q3 A&E trajectory and the associated £728k STF.

The CEO reported that Jeremy Hunt, Secretary of State for Health, had visited the Trust on 14 February and had seen first-hand the issues faced by the Trust and how hard staff were working and how committed they were to the service they delivered. There had been an opportunity to highlight the problems caused due to the number of community beds that that had been closed. Following the visit, a small number of community beds had been re-commissioned and more were expected to be reinstated. The Chair and CEO had also held discussions with Birmingham City Council on how to move forward. However, since that meeting, there had been changes in the senior leadership at the BCC and talks were now on hold. The biggest single factor affecting ED was patients waiting for social worker input and packages of care.

The 18 week Referral to Treatment incomplete pathway performance had been achieved in January. Two areas had failed the target: T&O and Gynaecology. Action plans to achieve the target were in place and being monitored.

The Trust had met both the 62 day cancer targets (referral from GP and referral from screening service), achieving 93.17% and 100%, respectively in December and had met the standard for 11 of the last 12 months. The Trust was now in the top 10 best performing Trusts in the country in relation to cancer.

There had been one urgent operation cancelled for the second time, both cancellations had been due to list scheduling. A route cause analysis (RCA) was being undertaken.

A review of the Health Visiting KPIs was underway.

There had been six cases of clostridium difficile in December 2016 and ten In January 2017. The Trust had breached the overall trajectory of 47 cases year to date with the current total being at 66. There was one MRSA Bacteraemia in Division 4 in December 2016. MRSA screening was at 88.79% in January 2017. Staff had been reminded of the importance of screening, cleaning and handwashing.

Ambulance handover target for patients waiting less than 30 minutes had not been achieved. 562 patients had waited over 30 minutes in January. This had been due to the significant operational pressures and associated 4 hour performance experienced in the ED. The 60 minute handover target had been achieved.

Medical staff had been reminded of the importance of completing the dementia screening tool. The screening tool at the Trust was not automated.

The Chair opened the floor to questions from Governors.

In the past the Trust had charged BCC for DTOCs, that had resulted in fines of circa £4m of which the Trust had received £2m of revenue on the promise that delays would not happen in future. The CEO advised that during the recent negotiations with the BCC there had been an agreement for an upfront payment from BCC of £3.2m however with the resignation of the CEO the situation was now unclear.

A&E performance was comparable with other trusts both regionally and nationally.

As BCC struggled to reconcile their budget there was a need for social care to be reviewed.

The declining financial situation of other trusts within the region was noted and the enormous amount of work that had taken place at HEFT to recover their financial position was recognised.

There was a discussion on the pressures faced by all staff at the Trust from front line staff to board level. There was recognition that the board and executive directors were supporting teams and staff. The Director of Workforce and OD reported that initial feedback from the staff survey indicated that staff felt more engaged which was an improvement on previous surveys.

The Lead Governor complimented the CEO on her recent appearance on the BBC Newsnight programme. It had been pleasing to hear how supportive the CEO had been of the work and contribution of staff during what had been a very difficult winter.

17.018.1 Finance

The Director of Finance gave an update on the financial position for the period ending January 2017. The revised forecast for 2016/17 was in line with the control totals. There was an increased focus on medical pay and medicines, both being areas of overspend.

Operational pressures had driven the financial pressures and the reported position recognised a (£1.0m) loss against the performance element of STF

income in respect of Q3 and M10 A&E performance. The deficit at the equivalent point last year had been (£4.6m) in month and (£56.0m) cumulative.

CIP delivery was (£0.8m) below plan YTD but was forecast to be fully achieved by year end. FRP slippage was (£2.1m) YTD. NHSI had confirmed that any capital expenditure slippage could be carried into 2017/18.

The Trust's cash balance at the end of December was £19.8m, down (£3.2m) in month but remained £19.1m above plan. This had been due to slippage on capex and favourable working capital movements (creditors above plan). As a consequence it was likely that interim revenue support could be avoided until 2017/18 and therefore the distressed funding application has not been submitted. Cash remained £19m ahead of plan.

Resolved the report was received.

17.019 ANY OTHER BUSINESS

There was none.

17.020 DATE OF THE NEXT MEETING

The next meeting (focus) was scheduled for 27 March 2017, to be held in Rooms 2 and 3, the Education Centre, Birmingham Heartlands Hospital

There being no further business the formal part of the meeting closed and the Chair and Executive Directors left the meeting.

17.021 NED / GOVERNOR MEETING- CASE FOR CHANGE UPDATE

The Lead Governor chaired the meeting with support from Mrs Kneller for this section of the meeting.

No notes were taken for this portion of the meeting.

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Chair