

# BOARD OF DIRECTORS

Minutes of the Meeting of 29 March 2018  
Lecture Theatre 2, Education Centre QEMC

Present: Rt Hon Jacqui Smith, Chair  
Dame Julie Moore, Chief Executive Officer (“CEO”)  
Dr Dave Rosser, Executive Medical Director (“MD”)  
Ms Michele Owen, Acting Chief Nurse (“ACN”) from item D18/52 onwards  
Mr Mike Sexton, Executive Chief Financial Officer (“CFO”)  
Ms Fiona Alexander, Director of Communications (“DComms”)  
Mr Kevin Bolger, Executive Director of Strategic Operations (“DSO”)  
Mr Tim Jones, Executive Director of Delivery (“EDOD”)  
Ms Cherry West, Executive Chief Operating Officer (“COO”) from item D18/49 onwards  
Mr Lawrence Tallon (“Director of Corporate Strategy, Planning and Performance (“DCSPP”)  
Ms Jane Garvey, Non-Executive Director  
Mr Andrew McKirgan, Director of Partnership (“DoP”)  
Ms Catriona McMahan, Non-Executive Director  
Mr David Waller, Non-Executive Director  
Mr Jason Wouhra, Non-Executive Director  
Mr Harry Reilly, Non-Executive Director  
Mr David Burbridge, Director of Corporate Affairs (“DCA”)

In Attendance: Ms Berit Reglar, Deputy Foundation Secretary – Minute Taker

Observers: Dr Owen Cain (Pathology)  
Dr Paul Gazzani (Dermatology)  
Mr Georgios Tsermoulas (Neurosurgery)  
Miss Sarah Addison (Colorectal)  
Mr Max Almond (Sarcoma Surgery)  
Mr Vijaya Ganesh (Breast Surgery)  
Mr Charles Fong (Oncology)  
Dr Deborah Foong  
Mrs Sandra Haynes MBE (Governor-public)  
Jill Williams (GMC)  
Stephen Hildraw

<b>D18/41</b>	<b>WELCOME AND APOLOGIES FOR ABSENCE</b> Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. Apologies were received from Ms Angela Maxwell, Non-Executive Director.
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<p><b>D18/42</b></p>	<p><b>QUORUM</b> The Chair noted that:</p> <p>i) a quorum of the Board was present; and</p> <p>ii) the Directors had been given formal written notice of this meeting in accordance with the Trust’s Standing Orders.</p>
<p><b>D18/43</b></p>	<p><b>DECLARATIONS OF CONFLICT OF INTERESTS</b> The following conflicts of interests were declared:</p> <p>Dame Julie Moore – interim Chief Executive at HEFT Rt Hon Jacqui Smith – interim chair at HEFT, Safeguarding Committee, Sandwell Children’s Trust David Rosser – Deputy Chief Executive and Executive Medical Director at HEFT David Burbridge – interim Director of Corporate Affairs at HEFT Kevin Bolger – Deputy Chief Executive at HEFT</p>
<p><b>D18/44</b></p>	<p><b>MINUTES OF THE BOARD OF DIRECTORS MEETING ON 25 JANUARY 2018</b></p> <p><b>Resolved: The minutes of the meeting held on 25 January 2018 were approved as a true and accurate record of the meeting subject to the following amendment to the second paragraph in the Performance report which should read as follows:</b></p> <p>“It was clarified that there had been no ‘black alerts’ at the Trust and the ambulance handover figures were better than the national average.”</p>
<p><b>D18/45</b></p>	<p><b>MATTERS ARISING FROM THE MINUTES</b> There were no matters arising from the minutes of the meeting on 25 January 2018.</p>
<p><b>D18/46</b></p>	<p><b>CHAIR’S REPORT &amp; EMERGING ISSUES</b> The chair reported that the proposed acquisition of Heart of England NHS Foundation Trust had been approved by both Boards of Directors and Councils of Governors. NHSI have issued the Grant of Acquisition) and therefore the transaction could proceed as planned on Sunday, 1 April. Staff briefings were held on Tuesday and further public announcement made yesterday. The relevant constituencies and leaders of Solihull Council and Health and Wellbeing Board have been notified and the DComms reported that all media broadcasts have been well received.</p> <p>[The COO arrived.]</p>

	<p>The DoP reported that the CQC was reviewing the process of transfer of care. The challenges around fragmentation of systems have been recognised, but it was also positively acknowledged that significant progress has been made under the new leadership of the STP. The CQC has made some recommendations which the Trust is already acting upon. There is a summit on 1 May. In the meantime, the Trust would feed back to the CQC on the findings.</p>
<p><b>D18/47</b></p>	<p><b>PATIENT SAFETY REPORT – EXCEPTIONS ONLY</b></p> <p>The Board considered the report presented by the MD. CUSUM remains a regular trigger as previously discussed. The blue and red lines in the graph were explained. It was noted that Heartlands hospital, Good hospital and Solihull hospital (HGS) remain on the dotted line. HSMI/SMI data are both based on HES data, not the data which the Trust produces and it takes approximately three months before the Trust receives the joint data for the HGS and QEHB sites.</p> <p>Learning from death continues to be a helpful process. The unannounced governance visit to the Catheter Laboratory was positive, a view which was supported by the NEDs who had attended. The other unannounced governance visit to EOU has flagged up some significant procedural issues which will be followed up.</p> <p><b>Resolved: To accept the report.</b></p>
<p><b>D18/48</b></p>	<p><b>PATIENT CARE QUALITY REPORT – EXCEPTIONS ONLY</b></p> <p>[This item was taken as the last agenda item on the agenda of the open board meeting.]</p> <p>The Board considered the report presented by the ACN. The Trust has had 0 MRSA cases and 5 C. Difficile at year end which is under trajectory. A letter from NHSI has been received in which the Trust's performance pertaining to Infection Control was commended. The new trajectory for 18/19 will be challenging, but the ACN was confident that it could be met.</p> <p>The Trust has seen disruptions caused by the vomiting and diarrhoea virus. Today, no wards were closed, but there have been 9 closures of wards during 17/18 when there is usually no more than 3 or 4 per financial year. The Trust had to put up additional signage to restrict visiting times on some occasions to negate the spreading of the virus to other wards.</p> <p>The flu endemic also had a huge impact this year, affecting patients and staff despite the vaccine target having been met for this year. It was noted that the vaccine target will increase for 18/19. The board</p>

	<p>discussed whether reasons for staff sickness could be analysed to show how many flu related absences had occurred. However, whilst this might be insightful, it was also acknowledged that sickness reporting in terms of sickness category was not consistently accurate.</p> <p>The data around the safety thermometer was discussed. It was noted that the Safety thermometer provides only a snapshot and not real time data. Level of harms remains low. Due to the high level of catheter usage within the Trust, staff training in this area continues. Education and patient experience remain the focus of the Continence Group. Observation from care remains the most essential indicator for dignity in care. Only 2 negative outcomes have been observed and most wards have shown interactive behaviour which enhances patients' experiences.</p> <p><b>Resolved: To accept the report.</b></p>
<p><b>D18/49</b></p>	<p><b>PERFORMANCE INDICATORS REPORT</b></p> <p>The Board considered the report presented by the DCSP. The effects of the sustained winter pressure, particularly on A&amp;E and elective surgery were discussed. The cancer target remains slightly below standard. RTT is marginally above target, but the Trust is outperforming other hospitals at a national level. In terms of local indicators there has been a small improvement of admitted antibiotic and non-antibiotic doses. Both short and long term sickness has increased beyond expected levels during the winter period. There has been a fall in letter turnaround time in December and it was noted that the target will increase from 10 days to 7 days on 1 April, rendering it even more difficult to meet the target. It is believed that the main reason for the failure to meet this target is the current pressure on consultant time. Other matters such as tertiary work and transplantation work come also into play. The new target will focus more on waiting times since this is a national issue.</p> <p><b>Resolved: To accept the report.</b></p>
<p><b>D18/50</b></p>	<p><b>INFORMATION GOVERNANCE TOOLKIT ASSESSMENT</b></p> <p>The Board considered the report presented by the DCA. It was noted that the latest upload of evidence has resulted in an IGT score of 70%, the same as in 2016/17. The Trust has achieved its best ever performance for IG training despite the challenges due to the changing landscape (GDPR, new Data Security and Protection (DSP) Toolkit, data opt-out, Network and Information System Directive, etc.). The DSP Toolkit will have an increased focus on information security and the IG and IT departments already collaborate closely to ensure compliance with the same.</p>

	<b>Resolved: To accept the report.</b>
<b>D18/51</b>	<p><b>DRAFT ANNUAL FINANCIAL PLAN 2018/19</b></p> <p>The Board considered the report presented by the CFO. The Trust has a surplus of £17.802 which is a positive variance of £0.865. This reflects receipt of the additional STF funds for 16/17 which were only paid in 17/18 and the winter money received. The Trust is hoping to be allocated additional bonus and STF incentive payments. This will not be announced until early April. The current cash reserves are better than in most trusts. The CIP has been delivered at 89% of year to date target date. The CFO explained that this has only been achieved due to the support by the rest of the Executive team who closely monitor their targets.</p> <p><b>Resolved: To accept the report.</b></p>
<b>D18/52</b>	<p><b>BOARD AGENDA – AGREE ANNUAL CYCLE OF BUSINESS 2018/19</b></p> <p>The Board considered the report presented by the DCA. It was noted that the annual cycle might have to undergo some minor adjustments to take account of the acquisition and changes in reporting structures, etc. Any such changes would be submitted to the chair for approval.</p> <p>[The ACN arrived and the Patient Care Quality Report (A18/48) was discussed.]</p>

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Chair

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Date