

BOARD OF DIRECTORS

Minutes of the Meeting of 25 April 2013
Board Room, Trust HQ, QEMC

Present: Sir Albert Bore, Chairman
Dame Julie Moore, Chief Executive. ("CE")
Prof David Bailey, Non-Executive Director
Mrs Gurjeet Bains, Non-Executive Director
Mr Kevin Bolger, Executive Director of Strategic Operations ("DSO")
Mrs Kay Fawcett, Chief Nurse
Mr David Hamlett, Non-Executive Director ("DWH")
Mr Tim Jones, Executive Director of Delivery ("EDOD")
Ms Angela Maxwell, Non-Executive Director ("AM")
Mr Andrew McKirgan, Interim Chief Operating Officer ("COO")
Mr David Ritchie, Non-Executive Director ("DR")
Dr Dave Rosser, Medical Director ("MD")
Mr Mike Sexton Chief Financial Officer
Prof. Michael Sheppard, Non-Executive Director ("MS")
Mr David Waller, Non Executive Director.

In Attendance: Mrs Fiona Alexander, Director of Communications ("DComms")
Mr David Burbridge, Director of Corporate Affairs ("DCA")
Miss Morag Jackson New Hospitals Project Director
Mrs Viv Tsesmelis, Director of Partnerships ("DoP")
Ms Imogen Gray, Head of Quality Development (Item D13/ only)

D13/01 Welcome and Apologies for Absence

Sir Albert Bore, Chairman, welcomed everyone present to the meeting. There were no apologies.

D13/02 Quorum

The Chairman noted that:

- i) a quorum of the Board was present; and
- ii) the Directors had been given formal written notice of this meeting in accordance with the Trust's Standing Orders.

D13/03 Public Minutes of Board of Directors meeting 28 March 2013
The minutes of the meeting held on 28 March 2013 were approved, amended as initialled by the Chairman.

D13/04 Matters Arising from the Minutes
None

D13/05 Chairman's Report & Emerging Issues
Following NHS Worcestershire's joint service review (JSR), which primarily focussed on the acute services, it was agreed that 2 options would be explored further. The first was that services at the Alexandra hospital be delivered by Worcester Acute and the second that services would be delivered by other providers.

UHB have expressed a willingness to explore the potential for delivering services in conjunction with BCH and BWH. All 3 trust boards have confirmed this position.

The Trust has developed an outline of services that it believes it would be able to deliver. However, at this time there has been no sharing of information which would allow UHB to fully assess the potential.

The Trust continues to be in touch with Redditch and Bromsgrove CCG and, as soon as the process has been agreed on how to take this issue further, will participate fully.

D13/06 CLINICAL QUALITY MONITORING REPORT
The Directors considered the paper presented by the Executive Medical Director, who further reported that the Care Quality Commission (CQC) had accepted the Trust's response regarding the CUSUM outlier for head injuries reported in section 3 of the report. There was discussion about the availability of appropriate benchmarking data for major trauma centres (MTCs). The MD reported that the data was not available at present. However, all MTCs trigger this particular indicator which does not differentiate between head injuries of differing severity.

The Board discussed the omissions rate for Enoxiparin. It was accepted that some omissions would be appropriate but that the current level of 35% was felt to be too high. The issue was not linked to particular areas of the Trust, although Trauma and Orthopaedics performed well as did surgery generally speaking in comparison to medicine. Focus at present was on individual compliance, although the MD was aware of the potential wider issues.

There was discussion regarding the answering of telephones. The

CN confirmed that external calls were only prioritised over internal calls at switchboard and not at the wards. Work was being undertaken to improve performance. It was agreed that the Board would receive an update in six months.

ACTION:MD

Resolved to: note the contents of the report and approve the actions identified.

D13/07 CHANGE IN PRACTICE OF CLINICAL CODING OF PALLIATIVE CARE

The Board considered the report presented by the Executive Medical Director, who confirmed that the proposal would bring the Trust into line with national guidance. Application of the proposed rule was likely to increase the numbers of patients coded as palliative care, which in turn would impact on the HSMR. The SHMI would not be affected and there would be on impact whatsoever on the quality of care provided to patients.

Resolved to: approve the proposed change in Clinical Coding practice in relation to Palliative Care and the consequential impact on the HSMR Mortality Indicator

D13/08 REPORT ON INFECTION PREVENTION AND CONTROL UP TO 31 MARCH 2013

The Directors considered the paper presented by the Executive Chief Nurse, who was pleased to report that the Trust had achieved a year end performance at or below trajectory for both MRSA and C.Difficile. The Board agreed to record its thanks to all staff involved regarding this achievement.

Trajectories for the present year were even more challenging, being zero avoidable MRSA bacteraemia and 56 cases of C. Difficile. There was no financial penalty associated with the MRSA trajectory and Monitor was maintaining its de minimis level of six cases before there would be an impact on the Trust's Governance Risk Rating. Identified bacteraemia would need to be reviewed rapidly to ensure all unavoidable ones were accepted as such.

There was discussion regarding the appropriate level of the Trust's housekeeping performance indicator. It was agreed that a 95% threshold was appropriate at present and that the threshold should be increase incrementally so that it assisted with measures to improve performance.

It was agreed that the annual plan for the current year would be presented to the Board at its July meeting.

ACTION: CN

Resolved to: accept the report on infection prevention and control progress.

D13/09 PATIENT CARE QUALITY REPORT

The Directors considered the report presented by the Executive Chief Nurse, who further reported that the national benchmarking data for the National Patient Survey had now been published, although local comparators were still awaited. The Trust had significantly improved its scores for the fifth consecutive year, and was in the top quartile for two of the ten categories and in the middle for the remaining eight. The score regarding delays in discharge was below average.

Work is being undertaken regarding communications and priorities for dying patients, such as training in the breaking of bad news.

The number of complaints had fallen in March, following the rise in January and February. That increase was thought to be reflect complaints relating to the Christmas period being made later and also to the increase in activity. The follow up of complaints was now being monitored so as to ensure that the Trust's responses satisfy the complainants without the need for further correspondence.

There was discussion regarding the Trust's Friends and Family score, which was on trajectory. The Safety Thermometer was also discussed.

Resolved: to receive the report on the progress with Care Quality

D13/10 UPDATE ON EMERGENCY PREPAREDNESS

The Directors considered the paper presented by the Executive Chief Nurse, who reported that the Trust continued to test its major incident plans at a more granular level. Training on radios was now being provided.

It was agreed that a further report would be received at the Board's July meeting.

ACTION: CN

Resolved: to accept the report on emergency preparedness.

D13/11 FINANCE AND ACTIVITY PERFORMANCE REPORT FOR THE PERIOD ENDING 31 MARCH 2013

The Directors considered the report presented by the Chief

Financial Officer. The report set out the end of year position and the draft annual accounts were in line with the report, although subject to audit. The CFO confirmed that the impairment of approximately £10 million was not taken into account when Monitor calculates its Financial Risk Rating (“FRR”). It was confirmed that the impairment would be explained in a note to the accounts.

The Trust’s cash position was very positive, being some £25 million ahead of plan. On current annual planning, the CFO recommended that the Trust should confirm that it expects to maintain a minimum FRR of 3 for the next 12 months. However, Monitor are intending to change the way they assess the FRR part way through the financial year.

The Trust’s financial plan, which would normally have been considered at this meeting, has been delayed due to protracted contract negotiations with specialist and local commissioners, due in part to difficulties at the DH in allotting responsibility and funding for services between the commissioners.

Resolved:

- 1. to receive the contents of the report; and**
- 2. that Monitor’s combined Governance Statement should be signed to confirm the Board expects the Trust to maintain a minimum FRR of 3 for the next 12 months.**

D13/12 CAPITAL PROGRAMME REPORT

The Board considered the report presented by the Director of Projects. The report set out the final position on capital expenditure for 2012/13. Whilst there had been an under spend against the plan, it was confirmed that there had been no detriment to patient care.

The plan for 2013/14 may need review in light of additional business cases and future developments relating to the re-development of the old QE site.

Resolved to:

- 1. Note the £10.23 million expenditure against the 2012/13 capital programme;**
- 2. Approve the 2013/14 capital expenditure budget of £14.24 million; and**
- 3. Note the estimated impact of the total capital expenditure for 2013/14.**

D13/13 PERFORMANCE INDICATORS REPORT, 2012/13 ANNUAL PLAN UPDATE & FINAL 2013/14 ANNUAL PLAN UPDATE

The Board considered the report presented by the Executive Director of Delivery. There had been no changes to the draft Annual Plan following its review by the Board at its last meeting and, therefore, formal approval of the plan was sought.

The report incorporated the changes agreed at the previous meeting of the Board.

With regard to national indicators, A&E activity levels remained high, with a 7.3% increase for March compared against the previous March. Performance against the 4 hour target is just below 95%, but remains above the national and regional averages (90% and 84% respectively). There was discussion regarding the underlying causes of the sustained increase in A&E activity. The Chief Executive reported that data was being collated from trusts in the Shelford Group to provide some information regarding causation. At present, she believed that the causes include the effects of an aging population with more complex co-morbidities, failings to provide appropriate services in community care and patients declining to use GP out of hours services, exacerbated by a hard winter and the impact of the recent re-organisation of commissioners. Examples of the latter included the lack of any winter planning action by commissioners until 21 December and the introduction of the NHS111 service against the advice of provider Chief Executives.

Delayed Transfers of Care were significantly higher than previous years, due to shortfalls in community commissioning and social care services, with the added impact of patients refusing to be discharged to allotted places.

As previously reported, the Trust has opened additional capacity in retained estate. Welcome 1 currently has 16 beds open and this will increase to 24 next week. A considerable amount of work is being undertaken in the private sector for urology, cardiac and GUCH, and this is likely to continue given current levels of emergency activity. The actions being taken by the Trust will be included in the Quarter 3 report.

There had been a general increase in performance across most aspects of mandatory training, despite the requirements having also increased. There was discussion about the increase in uptake of falls training compared with an increase in the number of falls. The Chief Nurse reported that she felt the increase in falls reported could be attributed to better reporting by those undergoing the training. It was also agreed that, given the challenging Infection

Control targets, completion of infection control by all staff should be a clear priority.

Performance against the Time from Approval to Recruitment target was not meeting the required level at present, although the Trust is performing at a level in the middle of the range across hospitals nationally and the data does not yet fully reflect the impact of systems implemented. It is clear that large hospitals with high numbers of trials perform less well against this indicator than small specialist hospitals with low numbers of trials.

The Trust has achieved all of its CQUINs with the exception of that related to peritoneal dialysis, which was missed by 0.07% and has a financial impact of £12,000.

Turning to the annual plan, 91% of objectives have been met, with actions being taken for the remaining 9%. The plan for 2013/14 has no significant amendments, save for the inclusion of the 9% amber flagged objectives.

There was discussion about the Trust's ability to ensure the quality of care for work contracted out to the private sector. The quality of the care remains the Trust's responsibility, and whilst the contracts with the private sector do contain quality standards, they providers do not have UHB systems. All patient support remains provided by the Trust.

Resolved to:

1. **Accept the report on progress made towards achieving performance targets and CQUIN schemes and associated actions and risks;**
2. **Accept the 2012/13 year end performance update against the Trust Annual Plan; and**
3. **Accept finalisation of the 2012/13 Trust Annual Plan.**

D13/14 BOARD ASSURANCE FRAMEWORK

The Board considered the report presented by the Director of Corporate Affairs. Following approval of the Annual Plan, the process of reviewing the Board Assurance Framework had commenced. Initial review by Executive Directors will be followed by a Board review at its seminar in July.

ACTION: DCA

Resolved to: Approve the update to the Board Assurance Framework.

D13/15 COMPLIANCE AND ASSURANCE REPORT

The Board considered the report presented by the Director of Corporate Affairs, who further reported that the Trust was still waiting for a substantive response from the CQC regarding compliance with outcome 16.

A mock NHSLA assessment was being undertaken today and the outcome of this would be reported at the next meeting.

Resolved to: receive the report on compliance with CQC Essential Standards, NHSLA Risk Management Standards, NICE guidance and other key indicators.

D13/16 PROPOSAL TO PUBLISH EXTERNAL CLINICAL DASHBOARD: 'mystay@QEHB'

The Board considered the report by the Executive Medical Director and reviewed a demonstration of the proposed dashboard on screen. There was discussion regarding the positive steps being taken with regard to the Trust's stated direction of travel, being an open approach to publishing information. The proposal had proved very popular with patients in trials.

The Board recognised the risk of the Trust publishing data which was not published by other hospitals and the risk of increasing the number of patients choosing to come to the QEHB. It was noted that other hospitals might want to use this dashboard, but that they would need systems similar to UHB's in order to do so.

Resolved to:

- 1. Approve the concept of the external Clinical Dashboard named mystay@QEHB; and**
- 2. Authorise the Medical Director and the Director of Communications to agree a go live date; and**
- 3. Authorise the Medical Director with the Director of Communications to agree changes to the content of mystay@QEHB reporting by exception as detailed in 7.2.**

D13/17 MEMBERSHIP REPORT

The Board considered the report by the Director of Communications, who reported that the focus of the strategy was on quality rather than quantity. In comparison with other FTs, the Trust had a relatively large membership but also a very active one. No major recruitment campaigns are planned.

The new Rest of England Constituency now had 416 members and it was expected that this would grow during the year.

Resolved to: Note the progress made and approve the recruitment and engagement strategy and costs for 2013/14.

D13/18 USE OF TRUST SEAL

The Board considered the report by the Director of Corporate Affairs.

Resolved to:

- 1. Authorise those officers, details of whom are listed in Appendix A, jointly and severally to authorise use of the Trust Seal; and**
- 2. Note the register of sealing and record its receipt in the minutes of the meeting.**

D13/19 DECLARATION OF INTERESTS – MEMBERS OF THE BOARD OF DIRECTORS AS AT 1 APRIL 2012

The Board considered the paper presented by the Director of Corporate Affairs. An updated list of interests was tabled, with additions relating to two of the Directors. It was agreed that the Chairman's position as Leader of the City Council should be added.

Resolved to:

- 1. Accept the Declaration of Interests;**
- 2. Record their Acceptance in the minutes of the meeting; and**
- 3. Enter them in the Register of Interests**

D13/20 AUDIT COMMITTEE AND INVESTMENT COMMITTEE TERMS OF REFERENCE

The Board considered revised terms of reference for the Audit Committee and the Investment Committee as tabled by the Director of Corporate Affairs.

Resolved: to Approve the revised Terms of Reference of the Audit Committee and the Investment Committee with

immediate effect.

D13/21 APPROVAL OF POLICIES

The Board considered the paper presented by the Director of Corporate Affairs.

Resolved: to approve the amendments to the Health and Safety Policy and the Immunisation Policy.

D13/22 APPOINTMENT OF A NEW SUBSTANTIVE CONSULTANT IN RHEUMATOLOGY

The Board considered the report by the Chief Operating Officer.

Resolved: to Approve the appointment of a new substantive Consultant in Rheumatology.

D13/23 APPOINTMENT OF AN ELECTRONIC PATIENT RECORD (EPR)/RENAL MEDICINE CONSULTANT POSITION

The Board considered the report by the Chief Operating Officer.

Resolved: to Approve the appointment of an EPR/Renal Medicine Consultant Position.

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Chairman

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Date