

BOARD OF DIRECTORS

Minutes of the Meeting of 24 April 2014
Board Room, Trust HQ, QEMC

Draft – ■ indicates text to be redacted from published version

Present: Rt Hon Jacqui Smith, Chair (“JS”)
Dame Julie Moore, Chief Executive. (“CE”)
Gurjeet Bains, Non-Executive Director.
Mr Kevin Bolger, Executive Director of Strategic Operations (“DSO”)
Ms Jane Garvey Non-Executive Director
Angela Maxwell, Non-Executive Director, Mr Andrew McKirgan, Interim Chief Operating Officer (“COO”)
Mr Philip Norman, Chief Nurse (“CN”)
Mr Harry Reilly, Non-Executive Director
Mr David Rosser, Executive Medical Director, (“MD”)
Mr Michael Sheppard, Non-Executive Director
Mr David Waller, Non Executive Director

In Attendance: Mr David Burbridge, Director of Corporate Affairs (“DCA”)
Miss Morag Jackson Director of Projects (“DP”)
Mrs Viv Tsesmelis, Director of Partnerships (“DoP”)
Mr Julian Miller, Director of Finance (“FD”)
Miss Imogen Gray, Head of Quality Improvement (Items D14/20 to D14/23 only)

D14/01 WELCOME AND APOLOGIES FOR ABSENCE

Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. Apologies were received from Fiona Alexander, Director of Communications, David Hamlett, Non-Executive Director, Tim Jones, Executive Director of Delivery and Mike Sexton, Chief Financial Officer.

D14/02 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.

D14/03 DECLARATIONS OF INTEREST

None

D14/04 MINUTES OF BOARD OF DIRECTORS MEETING 27 MARCH 2014

The minutes of the meeting held on 27 March 2014 were approved.

D14/05 MATTERS ARISING FROM THE MINUTES

None.

D14/06 CHAIR'S REPORT & EMERGING ISSUES

The Chair had nothing to report.

D14/07 CAPITAL PROGRAMME UPDATE QTR 4

The Directors considered the report presented by the Director of Projects. The report summarised the position at the end of the financial year. Total capital programme expenditure in 2013/14 was £14.32m, marginally above the budget of £14.24m. This end of year position took account of both slippage within approved schemes such as the linear accelerator room 7 replacement and overspend on projects including the Da Vinci robot and the CT Synergy project, all for sound operational reasons.

The finalised budget for 2014/2015 was consistent with the position reported to Monitor in March. It was confirmed that the programme for 2014/15 included payments expected in relation to the Institute of Translational Medicine.

Resolved to:

- 1. Note the £14.32 million capital programme expenditure during 2013/14;**
- 2. Approve the 2014/15 capital project budget of £21.30 million; and**
- 3. Note the total capital investments and sources of funding planned for the 2014/15 financial year.**

D14/08 CLINICAL QUALITY MONITORING REPORT

The Board considered the report presented by the Executive Medical Director.

With regard to investigations into doctors' performance, there was discussion regarding the story reported in the press about a recently dismissed Trust consultant who was now working at Wolverhampton. The Trust had not provided any comment to the media, as the matter is now the subject of Employment Tribunal

proceedings. The MD confirmed that he had not been approached by Wolverhampton for a reference.

The issue of the Health and Social Care Information Centre not providing data to the Trust has now been resolved favourably, albeit on a short-term basis. However, the interruption to supply has meant that the Trust was unable to calculate the indicators mentioned in the report for the reporting period.

Investigations into rates of readmission within 28 days of discharge are continuing. The MD confirmed that the investigations had been commenced following the identification of statistical anomalies as part of the Trust's programme of random analysis. With regard to urology, consideration is being given to any link with capacity pressures and the possibility of the Trust's recovery at home service providing support to borderline discharges. The Chief Operating Officer reported that he was carrying out a review of referral patterns as there appeared to have been up to 38% increases on referrals. The review would encompass the whole of the Birmingham West Midlands area in an effort to identify how much of the increase was due to growth across the region or drift from nearby trusts.

With regard to the level of VTA compliance, the MD reported that he felt that 95% was probably an acceptable level of performance given that prescribing did require an element of judgement.

Automatic instant reporting is allowing the Trust to develop a better view of trends and also brings near miss incidents to the attention of ward managers.

With regard to the governance visits to Ward West 1, there was discussion regarding the suitability of the environment, given the observations regarding the height of the toilets. The Chief Nurse confirmed that only one of the toilets was affected, which had now been adjusted with a higher seat. The overall environment in West 1, being a Nightingale ward, was very suitable for patients with dementia and very positive feedback has been received from patients, relatives and staff.

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

D14/09 PREVENTION INFECTION CONTROL REPORT UP TO 31 MARCH 2014

The Directors considered the report presented by the Executive Chief Nurse.

The Trust had one case of MRSA in March, which was considered

unavoidable. This brought the total for the year apportioned to the Trust to 5. All cases have been the subject of root cause analysis and the actions being taken were set out on page 4 of the report.

Five further cases of C difficile have been identified in March bringing the total to 80 for the year. As previously reported, all of been reviewed with commissioners and of those 5, 1 was considered avoidable bringing the total number of avoidable cases to 16.

The Trust's trajectory for next year will be 67. Regulators have made recommendations that the practice of assessing cases as avoidable or unavoidable is exemplary and should be adopted throughout the NHS. It is hoped that monitor and public health England will take a more realistic view of trajectories as other trusts adapt to this process.

One ward was closed due to an outbreak of diarrhoea and vomiting, following which Norovirus was confirmed. Despite this being one of the older wards within the hospital, there was no spread and the ward was only closed for a few days with no staff absence. Staff have responded well to information about infection control and have been working with visitors and patients with a tendency to wander. This performance compares very favourably with other hospitals within the region where there is considerable spread and closure for longer periods. There was discussion about the identification of patients with diarrhoea and vomiting on admittance to the hospital. It was confirmed that if patients were identified as suffering from symptoms in A&E, they were admitted straight to isolation. This particular outbreak had been tracked back to a visitor who had vomited in several places around the ward.

There was discussion about the penalties associated with missing infection control targets. It was agreed that a clearer presentation of the potential penalties would be of assistance and that these could be provided as an appendix to the KPI report.

ACTION: EDoD

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

D14/10 PATIENT CARE QUALITY REPORT

The Directors considered the report presented by the Executive Chief Nurse.

With regard to patient feedback, the trust has had over 33,000 responses over the year including more than 1700 from the Emergency Department. The vast majority of responses have been very positive in particular in relation to cleanliness. However, issues

are consistently showing up in the less positive responses, these being noise at night and patient/relatives receiving conflicting information. With regard to the latter, there is particular issue regarding information provided to bereaved families. Action plans for improvement in this area are being developed.

The national Emergency Department survey is now underway and will concern patients who were seen in the Emergency Department in March of this year. The national inpatient survey will take place this summer, surveying patients in hospital during June.

The CN confirmed that the Trust had now met its Friends and Family CQUIN with regards to response rates. In addition, satisfaction scores were also improving.

Feedback from the chemotherapy survey showed that patients had concerns about waiting on the actual day of their appointment. A new process regarding the coordination of appointments has already been put in place and positive feedback has been received regarding improvements.

With regard to the Safety Thermometer, the Trust has now gone 65 days without any hospital-acquired grade 3 or grade 4 pressure ulcers. Further action is being taken in regard to appropriate urinary catheter usage.

The CN reported that the increase in safeguarding referrals was thought to be due to increased awareness following the recent initiatives. He confirmed that these referrals did not relate to specific allegations of abuse.

The number of complaints received by the Trust has continued to fall over the past three months. Complaints will be the subject of a forthcoming board seminar.

Resolved: to receive this report on the progress with Patient Care Quality.

D14/11 UPDATE ON EMERGENCY PREPAREDNESS

The Board considered the report presented by the Executive Director of Strategic Operations, who confirmed that the Trust continues to fulfil its statutory duties as a Category One responder. Testing of the major incident plans has taken place together with testing of an automated system callout system that has proved to be successful. Response rates have improved since the last test.

The Trust carried out three tabletop exercises over the last six months and a live exercise in conjunction with the University of Birmingham in March. Training for Chemical, Biological, Radiation

and Nuclear Emergencies (CBRN) has been focused on the Emergency Department. This training is undertaken more frequently as the working conditions are significantly different to normal working conditions. The protective suits have now been replaced by new suits which in turn has enhanced the ability to undertake training.

With regard to mass casualty planning, the Trust's plan is being refined to ensure it is aligned with plans for casualties to be moved around the region reflecting the major trauma centre status of the Trust and two other trusts in the region.

Resolved: to accept this update on Emergency Preparedness, and agree to receive another update in 6 months time.

D14/12 PERFORMANCE INDICATORS REPORT AND 2013/14 ANNUAL PLAN UPDATE

The Directors considered the report presented by the Executive Director of Strategic Operations, on behalf of the Executive Director of Delivery.

Of the 15 indicators currently included in Monitor's Risk Assessment Framework, 12 are currently on target and 3 (C. difficile and 2 cancer targets) have a remedial action plan in place.

Performance regarding C. difficile has been covered by the Chief Nurse in his earlier report. The two cancer targets are: 62 day GP referral and 31 day first treatment. Performance against these measures continued to be affected by the increased demand seen in recent months. The Chief Operating Officer reported that work is being undertaken to improve the Trust's understanding of the sources of activity.

The Trust continues to receive a significant number of late tertiary referrals. In the last month, 12 out of 18 tertiary referrals were received after day 42 of the pathway, of which, 8 were received after day 62. Information on late referrals will in future be submitted to Clinical Commissioning Groups (CCG) to allow the referring trusts to carry out root cause analysis with the aim of preventing a recurrence, in the absence of any system to allow the reallocation of breaches relating to late referrals to the referring trust, although Monitor has recognised this as an issue for tertiary cancer centres.

The Trust has increased radiotherapy capacity through extended working hours and utilisation of the private sector.

Of the 14 national targets that are not included in Monitor's Risk Assessment Framework but are included in the CCG contract the

Trust is on target for 11, on target but close to the threshold for 1 and fully validated data is not available for those relating to ambulance handover (30 minute and 60 minute turnaround). In addition the Trust is above target for all referral to treatment time targets overall but is not achieving the contractual requirement that all treatment functions (high-level specialties) should be above target.

With regard to Ambulance Handover, this continues to constitute a significant risk due to disputes between the Trust and West Midlands Ambulance Service (WMAS) around data quality and, going forward, with the CCG in relation to application of the contractual penalty. In the Trust's contract with the CCG there is a penalty of £200 for each handover over 30 minutes and £1000 for each over 60 minutes. Following a high-level meeting involving the COO, the CCG has now conceded that no fines will be imposed for 2013/14, and there was discussion about applying a similar principle of avoidability to delays as used for C.Difficile.

However, the CCG still wishes to rely in the WMAS time recording system, although will permit the Trust to pilot alternatives. Work is being undertaken to improve PIN (the code provided by WMAS to authenticate handover times) handovers, but there are still 10% of ambulance patients with no PIN handover. The CCG has said that if the Trust can prove a handover did in fact occur within 30 minutes they will delete it from the figures.

There was discussion regarding the cancer targets, including Cancer – 62 day upgrade, which is on target but close to the threshold (90.5% against the 90% contractual target). Whilst activity at the Trust has increased, Coventry and Wolverhampton appear to be underperforming, but commissioners will not allow the Trust to refer patients back to these trusts. This is a conflict of patient choice against the underutilisation of resources. The Trust could refuse to take referrals more than 42 days old, but this would be clearly the wrong thing to do in relation to the patients concerned. Other options were discussed, including the running of services at other sites and the managing of inappropriate referrals to other services (not necessarily cancer). For example, the hand service is receiving referrals from other trusts which do not justify a tertiary referral.

30 of the 46 internal performance indicators currently reported are on target, 11 are slightly below target and 5 have remedial action plans in place. Whilst the Trust's performance for Omitted Drugs - Antibiotics & Non-antibiotics remains better than any national comparator, performance for March was not in line with the deliberately challenging internal target for both omitted antibiotic and non-antibiotic doses. An improvement in performance is expected to be seen when PICS is introduced to theatres, although this will not be for some months yet.

The Trust is now achieving the Friends and Family test CQUIN, which means it will have achieved all CQUINs. The commissioners appear to have drawn back from attempts to impose retrospective penalties regarding the Friends and Family test.

Changes to the proposed indicators were set out in appendix A to the report. There was discussion regarding nurse staffing levels. It was reported by the Chief Nurse that the trust would determine appropriate staff levels and embed reporting systems to measure the actual staffing levels.

For the 2013/14 Annual Plan year to date, 92% of key tasks are on plan, 6% are slightly below plan, and there are none where remedial action is required. One key task, the GP Pathology tender, has been removed due to the commissioners withdrawing from the tender exercise.

Resolved to:

1. **Accept the report on progress made towards achieving performance targets and associated actions and risks;**
2. **Agree the proposed changes to the Trust's performance framework for 2014/15; and**
3. **Accept the full year 2013/14 performance update against the Trust Annual plan.**

D14/13 FINANCE AND ACTIVITY REPORT FOR THE PERIOD ENDING 31 MARCH 2014

The Directors considered the paper presented by Director of Finance, on behalf of the Chief Financial Officer.

An actual surplus of £4.940m has been achieved during the year, representing a favourable variance of £1.040m against the planned surplus of £3.900m. This is before the impact of asset revaluations (impairment gains / losses), accounting adjustments which do not involve a cash transaction and are excluded by Monitor when they assess the Trust's performance. Taking this into account, the Trust will report an overall surplus of £28.933m subject to audit.

Capital expenditure during the year was £14.3million, £0.1m above plan. As expected, CIP delivery improved throughout the year, with over 90% (£15.0m) of the annual target delivered, leaving slippage of £1.7m. This is consistent with performance in previous years.

The Trust has received a 2* Continuity of Services Risk Rating (COSRR) rating from Monitor based on its financial results for

Quarter 3. Self assessment indicates that this rating should be maintained in Quarter 4. Nevertheless, a negative declaration must be submitted, as the Trust did not achieve a score of 3 or above.

There was discussion regarding the shortfall of private patient income against plan. Variable performance in this area was apparent across the Trust's peers, often as a result of the levels of activity and types of services provided. This is a very small proportion of the Trust's income and the shortfall is due, in part, to the pressures arising from over-performance in NHS work.

Resolved to:

- 1. receive the contents of this report; and**
- 2. agree that Monitor's combined governance statement should be submitted with a negative finance declaration for quarter 4 2013/14.**

D14/14 COMPLIANCE AND ASSURANCE REPORT

The Directors considered the report presented by the Director of Corporate Affairs. The Trust is currently risk rated by the Care Quality Commission at Band 4 of 6, with 1 being worst and 6 being the best. The percentage of risk registers that were either compliant or partially compliant is 99%. Substantial assurance had been received from internal audit with regard to the Trust's Board Assurance Framework.

Resolved: to accept the report.

D14/15 DECLARATION OF INTERESTS – MEMBERS OF THE BOARD OF DIRECTORS

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

Resolved:

- 1. to accept the Declaration of Interests;**
- 2. to record their acceptance in the minutes of this meeting; and**
- 3. to enter them in the Register of Interests**

D14/16 USE OF TRUST SEAL

The Board considered the paper as presented 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 records its receipt in the minutes of this meeting.**

D14/17 GASTROENTERGOLOGY CONSULTANT AND NUTRITION SUPPORT WORKFORCE EXPANSION

The Board considered the paper presented by the Chief Operating Officer.

Resolved: to approve the expansion of the gastroenterology specialty workforce.

D14/18 APPOINTMENT OF A CONSULTANT COLORECTAL SURGEON WITH A SPECIAL INTEREST IN FUNCTIONAL BOWEL

The Board considered the paper presented by the Chief Operating Officer.

Resolved: to approve the substantive appointment of a Consultant Colorectal Surgeon with an interest in Functional Bowel.

**D14/19 Date of Next Meeting :
Thursday 22 May 2014 1.00pm
(to receive Annual Report and Accounts)
Boardroom, Trust HQ, QEMC**