

## BOARD OF DIRECTORS

Minutes of the Meeting of 24 March 2016  
Meeting Room 1&2 Trust Headquarters QEMC

Present:	Rt Hon Jacqui Smith, Chair Dr Dave Rosser, Executive Medical Director (“MD”) Ms Jane Garvey, Non-Executive Director Mr David Hamlett, Non-Executive Director Mr Tim Jones, Executive Director of Delivery (“EDOD”) Mr Philip Norman, Chief Nurse (“CN”) Mr David Waller, Non-Executive Director (left at the end of D16/54) Mr Harry Reilly, Non-Executive Director Mr Mike Sexton, Chief Financial Officer (“CFO”) Mrs Cherry West, Chief Operating Officer (“COO”) Mr Kevin Bolger, Executive Director of Strategic Operations (“DSO”)
In Attendance:	Mr David Burbridge, Director of Corporate Affairs (“DCA”) Ms Fiona Alexander, Director of Communications (“DComms”) – left after item D16/41 Mrs Berit Reglar, Associate Foundation Secretary (“AFS”) – Minute Taker
Observers:	Mr Paul Newman, GE Healthcare Mr Nasir Ali, Emergency Medicine Dr Michael Allan, Anaesthetics Dr Abigail Ford, Anaesthetics Dr Ashish Garg, Neurophysiology Dr Christos Mikropoulos, Oncology Dr Guy Pratt, Haematology Dr Argyro Xyda, Radiology

D16/34	<b>WELCOME AND APOLOGIES FOR ABSENCE</b> Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. Apologies were received from Dame Julie Moore (“CEO”), Prof Michael Sheppard, Non-Executive Director, Ms Angela Maxwell, Non-Executive Director, Mrs Rachel Cashman, Project Director (“PD”), Mr Andrew McKirgan, Director of Partnership, Ms Catriona McMahon, Mr Jason Wouhra, Non-Executive Director.
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D16/35	<p><b>QUORUM</b></p> <p>The Chair noted that:</p> <ul style="list-style-type: none"> <li>i) a quorum of the Board was present; and</li> <li>ii) the Directors had been given formal written notice of this meeting in accordance with the Trust's Standing Orders.</li> </ul>
D16/36	<p><b>DECLARATIONS OF INTEREST</b></p> <p>None</p>
D16/37	<p><b>MINUTES OF THE MEETING ON 28 JANUARY 2016</b></p> <p>The minutes of the meeting on 28 January 2016 were approved as a true and accurate record of the meeting save for the following amendment:</p> <p>D16/06 should read as follows: "The Chair commended the Trust's participation in Radio 5 Lives' full day of broadcasting from the Trust, which was well led."</p>
D16/38	<p><b>MATTERS ARISING FROM THE MINUTES</b></p> <p>There were no matters arising from the minutes.</p>
D16/39	<p><b>CHAIR'S REPORT &amp; EMERGING ISSUES</b></p> <p>The Chair reported that the Trust has received a letter from Monitor regarding preventable deaths. The MD explained that 40 sets of notes will have to be audited during 7 consecutive days. The audit will start on Wednesday, 30 March 2016. It is not yet clear what information will be used for this audit. However, it is anticipated that the clinicians involved will have to spend a considerable amount of time on this.</p>
D16/40	<p><b>PATIENT SAFETY REPORT – EXCEPTIONS ONLY</b></p> <p>The Board considered the report presented by the MD.</p> <p>There are currently six investigations underway into doctors' performance. One Specialist Doctor, who was subject to these investigations, has resigned.</p> <p>The CUSUM figures show an unexpected 'blip' in cerebral infarction (Oct) the reasons of which are investigated. The outcome of this investigation will be reported to the next Board of Directors meeting. As a result of this increase, the Trust's overall CUSUM figure has slightly increased as shown by figure 2 on page 3 of the report.</p> <p>The Trust's SHMI performance is slightly below the predicted expected mortality of 100. The Trust's HSMR figures are slightly above the expected mortality of 100. The latter is related to some</p>

	<p>complex transplant surgeries having been carried out at the Trust. There are some capacity issues for more complex surgeries nationwide. A meeting has taken place to discuss this with the relevant teams.</p> <p>The external review of cardiac surgery has been completed and the Trust is awaiting the draft report.</p> <p>The outcome of the Board of Directors unannounced governance visit was discussed.</p> <p><b>Resolved:</b> To accept the content of the report.</p>
D16/41	<p><b>PATIENT CARE QUALITY REPORT - EXCEPTIONS ONLY</b></p> <p>The Board considered the report presented by the CN.</p> <p>To date, the Trust has seen 62 cases of Clostridium Difficile Infection (CDI). 10 of these were seen in February of which 7 are Trust apportioned. This is slightly above the annual trajectory. The microbiology team have tracked the national CDI trend and for the first time in recent years have observed an increase at a level higher than that seen at the Trust. The reasons for this increase in CDI cases are not clear yet. However, it is suspected that it might be due to a greater awareness of sepsis for which antibiotics are given within 1 hour of the onset of signs. This conflicts with the CDI agenda. A new Antimicrobial Consultant is in post to focus on this.</p> <p>The Trust has seen one case of MRSA in February. However, as the test was positive on patient admission, this case is not Trust apportioned. This is a significant improvement for the Trust and likely to be the result of the introduction of universal screening and early decolonisation.</p> <p>A new dashboard has been developed which will allow divisions to see at a glance which of their areas are not achieving required targets.</p> <p>There is a decline in response rates to the Friends and Family test. Patients have commented that they have been asked too many times.</p> <p>A full report on the national inpatient survey for 2015 will be presented to the next Board of Directors' meeting. The national patient survey programme for 2016/17 includes an Inpatient and an Emergency Department Survey.</p> <p><b>Resolved:</b> To accept the content of the report.</p>

D16/42	<p><b>PERFORMANCE INDICATORS REPORT</b></p> <p>The Board considered the report presented by the EDOD.</p> <p>The draft operational plan for 2016/17 highlights the difficulty in meeting the A&amp;E 4 hours target, as well as the cancer 62 day GP referral target.</p> <p>In February 2016 the Trust's A&amp;E target was at 85.7% which is below the target of 95% and the lowest seen in the last 6 years, but relatively 'high' when compared to other A&amp;E departments in the West Midlands. It followed a discussion about the Trust's efforts to meet these targets. It was made clear that the Trust is in no way complacent about not meeting the targets despite the general context. It was agreed that in A&amp;E in particular, it was a capacity and resource issue and access to A&amp;E would need to be more controlled. Several attempts to drive patients away from A&amp;E have resulted in the opposite effect. For instance, the Public Health 'Choose Well' Campaign on local buses has resulted in an increase in A&amp;E attendance. Attempts to deflect patients away from A&amp;E once they presented at the department have also had little impact. Discussions with CCGs and primary care providers about this issue are ongoing.</p> <p>The focus of the discussion shifted towards existing action plans, aiming to address the aforementioned shortfalls and it was agreed that these should be 'stress tested' as some are based on assumptions which might not be entirely accurate.</p> <p><b>ACTION:</b> 'Stress test' action plans in relation to national targets.</p> <p>The Trust has failed to meet the cancer 62 day urgent GP referral target with a performance of 75.6% against the agreed 85% target. The draft operational plan highlights the difficulty in meeting this target unless a national system of reallocation for late tertiary referrals is introduced. It is proposed that tertiary referrals received after day 38 are allocated to the referring Trust as a breach. Analysis has shown that, if this rule were to be adopted, the Trust would achieve the 62 day referral target.</p> <p>The 31 day diagnosis to treatment target has been exceeded in quarter 3. Table 1 on page 4 of the report shows the clear improvement made in relation to the following cancer targets: 62 day screening, 62 day upgrade, 31 day first treatment and 31 day subsequent treatment. Staff was commended for their efforts.</p> <p>Neurosurgery and General Surgery failed to meet their referral to Treat (RTT) target at treatment level function. Remedial action plans are in place.</p> <p>Of the 16 national targets not included in Monitor's Risk Assessment</p>
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	<p>Framework, but included in the CCG contract, the Trust is on target for 13, has a remedial action plan in place for 2 and is slightly below one target (60 minute ambulance handover). The 28 day cancelled operations guarantee has seen a slight deterioration during the last 5 months.</p> <p>New guidance is expected for ‘safer staffing levels’ which is a complex area. The Trust has provided some recommendations as to how safe staffing levels are best calculated.</p> <p>The Trust has seen 108 cancelled elective operations in January 2016. It was clarified that the Trust only has 28 days to re-schedule these operations and does not get paid when undertaking them on the rescheduled date. There are multiple reasons as to why operations might be cancelled in the first place, including staff resource issues, sickness and lack of theatre space.</p> <p><b>Resolved:</b> To accept the content of the report.</p>
D16/43	<p><b>INFORMATION GOVERNANCE TOOLKIT ASSESSMENT</b></p> <p>The Board considered the report presented by the DCA. The Trust has completed its IG Toolkit self-assessment and been audited by its Internal Auditors on 8 of the required 45 standards. All standards have achieved a level 2 score as a minimum and 8 have achieved a level 3 score, this being the highest possible score. This has resulted in an overall score of 72% compared to 76% in the last FY. However, an annual update to the Toolkit renders it difficult to make a direct comparison year on year. It is expected that the IG Toolkit will undergo a significant change in 2016/17 and thus any further work to move from a level 2 to a level 3 will only be undertaken if of real benefit to the Trust. The Trust has further been advised that the CQC will inspect IG standards in future. Details on this are still awaited.</p> <p>The Board considered the IG Framework.</p> <p><b>Resolved:</b></p> <ul style="list-style-type: none"> <li>1. To approve the Information Governance Framework; and</li> <li>2. To agree that the Trust submits a score of 72% for the IG 2015/16 IG Toolkit assessment.</li> </ul>
D16/44	<p><b>WORKFORCE &amp; EDUCATION UPDATE REPORT</b></p> <p>The Board considered the report presented by the EDOD. The Board was advised that the new Junior Doctor contract will be imposed from August 2016. Details of the Terms and Conditions are not yet known. It is further not yet clear which doctors are rotating to the Trust. However, it is clear that the new contract will trigger an</p>

	<p>immense workload for the Trust. The Trust has 83 rotas for junior doctors. All of these rotas will need to be run against the new algorithms. It is further anticipated that there will be cost implications for the Trust as the Trust needs to be cost neutral to doctors in training. Junior Specialist Doctor (JSDs) sit outside this national framework, but their pay is also being reviewed to attract staff of the desired quality. A more detailed report will be brought back to the Board of Directors.</p> <p>The Board considered the update on education on pages 4 to 7 of the report. Compliance with mandatory training and appraisal requirements remains strong. The National Apprenticeship Levy arising from the 2015 Comprehensive Spending Review will come into effect in 2017. For the Trust this amounts to circa £1.5m against a total pay of circa £300m annually. Some of the shortfall is met by providing training in other trusts. The impact of the withdrawal of bursaries for non-medical undergraduate programmes is not yet fully understood and the Trust is collaborating with its two local university providers on workforce supply and management of student placements. The national staff survey for 2015 demonstrates that the trust remains an employer of choice, outperforming all other Trusts in the Shelford Group. The number of reported cases of bullying and harassment has increased, but still remains one of the lowest in the country. In relation to sickness levels amongst unregistered Nursing Assistants reference was made to previous board meetings.</p> <p><b>Resolved: To accept the content of the report.</b></p>
D16/45	<p><b>FINANCE AND ACTIVITY REPORT FOR THE PERIOD ENDING 29 FEBRUARY 2016</b></p> <p>The Board considered the report presented by the CFO. The Trust's cash position remains strong compared to other Foundation Trusts across the country. The reported actual deficit is £0.949m below plan. As for the new contract the biggest risk is in relation to CQUIN which might be taken out. The contract is to be agreed by 31 March 2016 even though it was only just released. Monitor is continuously sighted on the Trust's financial position and the Trust has sent a letter to NHS England and Monitor on its financial strategy.</p> <p><b>Resolved: To accept the content of the report.</b></p>
D16/46	<p><b>POLICIES FOR APPROVAL</b></p> <p>The Board considered the report presented by the DCA.</p> <p><b>Resolved: To approve the following policies:</b></p>

	<ol style="list-style-type: none"> <li>1. <b>On Call Policy (new),</b></li> <li>2. <b>Staff Code of Conduct (new); and</b></li> <li>3. <b>Organ Donation Policy (revised).</b></li> </ol>
D16/47	<p><b>REQUEST FOR SUBSTANTIVE APPOINTMENTS</b></p> <p>The Board considered the report presented by the COO. The recruitment of a replacement Consultant Cardiothoracic Surgeon was considered.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>To approve the substantive appointment of a Consultant Cardiothoracic Surgeon into vacant funded post.</b></li> <li>2. <b>To approve the appointment of a Consultant Cardiothoracic Surgeon following retirement of an existing Surgeon.</b></li> </ol> <p>The appointment of one substantive and one 12 month locum Consultant Colorectal Surgeon were considered.</p> <p><b>Resolved:</b></p> <ol style="list-style-type: none"> <li>1. <b>To approve the substantive appointment of a Consultant Colorectal Surgeon with an interest in Functional Bowel.</b></li> <li>2. <b>To approve the appointment of a twelve month locum Consultant Colorectal Surgeon.</b></li> </ol> <p>There was discussion regarding the proposed appointment of four new Consultant Histopathology posts and a Biomedical Scientist Workload Allocator. It was noted that the associated Business Plan had been approved by the Chief Executive. There were sound reasons for this investment. The Trust has seen a growth of services (planned and not planned) which are reliant on histopathology and there would be scope for further growth in activity with the appropriate investment in place. There is also talk about nationalising pathology in the region which would put the Trust in a stronger position if these posts were recruited to. A detailed review of current workloads and job plans has shown that there is a net difference of 23.67 Programmed Activity (PAs) in order to maintain the current level of activity. An expansion of the workforce is therefore urgently required. The Board acknowledged the need for the proposed new posts. It was agreed that future reports should focus more on benefits and the context of recruitment.</p> <p><b>Resolved:</b> <b>To approve the appointment of 4 new Consultant Histopathology posts and a Biomedical Scientist Workload Allocator.</b></p>

	<p>The appointment of a Consultant and Clinical Fellow in Spinal Neurosurgery was considered.</p> <p><b>Resolved: To approve the appointment of a Consultant and Clinical Fellow in Spinal Neurosurgery.</b></p> <p>The Board considered the development of the orthogeriatric medicine service and the provision of named consultant cover for 12 geriatric medicine beds on ward 518.</p> <p><b>Resolved: To approve the proposed appointments.</b></p>
D16/48	<p><b>BOARD AGENDA – AGREE ANNUAL CYCLE OF BUSINESS 2016/17</b></p> <p>The Board considered the revised annual cycle presented by the DCA.</p> <p><b>Resolved: To approve the revised Board of Directors annual cycle for 2016/17.</b></p>
D16/49	<b>Date of next meeting: Thursday, 28 April 2016</b>