

BOARD OF DIRECTORS

Minutes of the Meeting of 29 January 2015
Meeting Room 1 Trust Headquarters QEMC

Present:	<p>Rt Hon Jacqui Smith, Chair Dame Julie Moore, Chief Executive (“CEO”) Dr Dave Rosser, Executive Medical Director, (“MD”) Mr Kevin Bolger, Executive Director of Strategic Operations (“DSO”) Ms Jane Garvey, Non-Executive Director Mr David Hamlett, Non-Executive Director Mr Tim Jones, Executive Director of Delivery (“EDOD”) Dr Catriona McMahon, Non-Executive Director Ms Angela Maxwell, Non-Executive Director Mr Philip Norman, Chief Nurse (“CN”) Mr Harry Reilly, Non-Executive Director Mr Mike Sexton, Chief Financial Officer (“CFO”) Prof Michael Sheppard, Non-Executive Director Mr David Waller, Non-Executive Director Mrs Cherry West, Chief Operating Officer (“COO”) Dr Jason Wouhra, Non-Executive Director</p>
In Attendance:	<p>Mr David Burbridge, Director of Corporate Affairs (“DCA”) Mrs Fiona Alexander, Director of Communications (“DComms”) Mr Andrew McKirgan, Director of Partnerships (“DoP”) Mrs Lynne Darby, Minute Taker</p>
Observers:	<p>Catherine Walker Shahanna Khan (George Elliot NHS Trust) Andrea Gordon Heidi Smoult, CQC Tim Cooper, CQC Yasmin Choudhary, CQC Alson Stacey</p>

D15/01	<p>WELCOME AND APOLOGIES FOR ABSENCE Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. In particular, she welcomed Jason Wouhra to his first meeting, following his appointment as a non-executive director.</p>
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D15/02	<p>QUORUM The Chair noted that:</p> <ul style="list-style-type: none"> 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.
D15/03	<p>DECLARATIONS OF INTEREST Mr David Hamlett reminder the Chair of his interest in item D14/96 of the October meeting (this Agenda Item 22)</p>
D15/04	<p>MINUTES OF BOARD OF DIRECTORS MEETING 27 NOVEMBER 2014 The minutes of the meeting held on 27 November 2014 were approved as a true record.</p>
D15/05	<p>MATTERS ARISING FROM THE MINUTES None.</p>
D15/06	<p>CHAIR'S REPORT AND EMERGING ISSUES The Chair reported that the CQC inspection team, comprising about 60 inspectors, were currently on site as part of the inspection. Various members of the Board would need to leave the meeting to attend interviews with the CQC.</p> <p>At the Chair's invitation, the CFO updated the meeting on the proposed 2015/16 tariff, published by Monitor, and NHS England's draft contract rules.</p> <p>The tariff proposed by Monitor was predicated on a 3.8% efficiency saving overall, but contained further structural changes which switched funding from specialist services to general services. The draft contract contains further proposals, such as a 50% marginal rate on specialist services above baseline and removal of local commissioners' discretion over financial penalties. The combined potential financial impact on specialist teaching hospitals is c9% reduction in income, which equates to approximately £60 million for the Trust. The CEO concluded that such a reduction in income would be untenable for the Trust. People survive for longer today as a result of improved healthcare techniques, therefore, with a 9% reduction in income, the Trust would face significant costs even if the numbers of patients coming to the Trust remained at present levels. It was noted by the CFO that his Finance Report shows that the Trust is currently at break-even, so, whilst the Trust has consistently made efficiencies over recent years, savings of the magnitude suggested by the draft rules would be impossible to achieve without stopping services and closing wards. (The Trust had participated in an efficiency review headed up by Lord Carter,</p>

	<p>which identified the Trust as being in the top decile of efficiency. It was noted however, that teaching hospitals are, by their nature, less efficient than non-teaching trusts.) It was agreed that it would be wrong for the Trust to compromise the quality of its healthcare services in this way.</p> <p>Shortly before the Board meeting, Monitor announced that it had received objections to the proposed tariff at a level which triggered a statutory process, whereby Monitor would either have to propose a new tariff and enter into consultation over that or refer the matter to the Competition & Markets Authority. In the meantime, Monitor has stated that the 2014/15 tariff will continue to apply for 2015/16, until a new tariff is accepted. It is not yet clear how NHS England will respond.</p> <p>It was noted that, although the situation may now be better than it was, the Trust must be mindful that the contracting rules still pose a potential risk. The detail of any new proposals will need to be considered and it is uncertain when any substantive revised proposals will be published, particularly given the forthcoming election. The contracting timetable will certainly be affected.</p> <p>The EDOD gave a brief update on the 100,000 Genomes Project, following the West Midlands designation as a NHS Genomic Medicine Centre. The project had significant reputational value.</p> <p>Since the last meeting of the Board in November, the public's focus has been on NHS winter pressures and the failure of a lot of hospitals to meet A&E targets. The Trust succeeded in meeting the A&E target. This was due to the efforts by staff on the front line and new initiatives to enable best use of resources. It was a perfect example of clinicians and administrators working together. The Board recognised the contribution of staff to achieving the target in challenging circumstances.</p> <p>The MD, DoP and COO left the meeting to attend interviews with the CQC inspection team.</p>
<p>D15/07</p>	<p>CLINICAL QUALITY MONITORING REPORT</p> <p>The Board considered the Clinical Quality Monitoring Report paper presented by the EDOD, in the absence of the Medical Director.</p> <p>There are currently six investigations underway into doctors' performance.</p> <p>Deaths in the minor CCS group of Allergic reactions have breached the mortality threshold, although no issues of concern have been identified. The Trust's overall mortality rate however, remains within acceptable limits.</p>

	<p>The Board Governance visit to the Imaging Department had generally been very positive. There had been some concerns raised by patients regarding communication around waiting times and staff were already working to address these issues. Overall the Dept was compared very favourably to other hospitals.</p> <p>It was noted that the January 2015 BoD Governance visit will be reported to the February Board.</p> <p>Resolved: to receive the report and approve the actions identified.</p>
<p>D15/08</p>	<p>PATIENT CARE QUALITY REPORT</p> <p>The Board considered the paper presented by the Executive Chief Nurse</p> <p>The December responses to the electronic bedside inpatient survey and ED survey indicated a 95% positive response, with an increase for 13 questions and a drop in four questions. A Task & Finish Group has been set up to address concerns around noise from staff and equipment at night</p> <p>Staff response times to call buttons are being monitored. Information will be drawn from data including day and night response times, shift handovers, etc and will be used to improve areas of concern.</p> <p>The National Patient ED surveys were recently published. The Trust was rated amber in all eight sections, along with most other trusts. Full results and an action plan will be presented to the Care Quality Group.</p> <p>The Trust continues to improve on Grade 3 and Grade 4 avoidable hospital acquired pressure ulcers. The number of Grade 2 ulcers totalled 36 between September and November 2014, a reduction of 9 compared to the same period in 2013/14. Work continues to reduce this number even further</p> <p>Adult safeguarding referrals were discussed and it was noted that Female Genital Mutilation was included here as a type of abuse for the first time because it is now considered to be a national area of concern.</p> <p>It was disappointing to note that two cases of MRSA were reported in December. This Trust continues to compare favourably against other trusts, and there have been significant improvements across all acute trusts</p> <p>Six new episodes of CDI were apportioned to the Trust in December 2014, bringing the total to 40 avoidable cases and 12 unavoidable.</p>

	<p>This compares to 350 cases in 2009, but further improvement is considered possible. Actions to improve performance are included in the Report. It is noted that the Trust is often asked to share its knowledge and expertise with other hospitals.</p> <p>Resolved: to receive the report on the progress with Patient Care Quality</p> <p>The CEO and DComms left the meeting.</p>
<p>D15/09</p>	<p>PROGRESS REPORT ON NURSE STAFFING</p> <p>The Board considered the paper presented by the Executive Chief Nurse. National Guidance, published in November 2013, sets out 10 expectations regarding safe nurse staffing levels. The progress report demonstrates that the Trust has met all 10 expectations.</p> <p>In the last six months NICE has published guidance that sets out the recommended number of senior nursing staff (RNs CNS, Matrons and Charge Nurses) for each inpatient ward during the day and night. The Trust meets these guidelines and also ensures sufficient support from ward administrators and housekeepers so that the nursing staff can concentrate on patient care.</p> <p>The Trust has also begun to utilise NICE's new Safer Nursing Care Tool which looks in detail at workload intensity and patient dependency. The data gathered from this exercise enabled nursing staff to consider issues including staffing numbers and skill mix and staff/patient ratios. This Tool is now used daily and the information provided will be included in future reports. The COO is undertaking an annual planning review, which will include a review of staffing mix in higher dependency areas such as neurosurgical wards, post-operative areas and rehabilitation areas.</p> <p>There was discussion regarding the actions taken if staffing is low in any particular area. The CN reported that there was a clear escalation process, which allowed senior nurses to move staff around or provide additional staff through the deployment of clinical nurse specialists and staff from the bank.</p> <p>Resolved: to receive the report.</p>
<p>D15/10</p>	<p>PERFORMANCE INDICATORS REPORT AND 2014/15 ANNUAL PLAN QUARTER 3 UPDATE</p> <p>The Board considered the paper presented by the Executive Director of Delivery</p> <p>It was noted that the Trust has met 8 of the 14 national targets included in Monitor's Risk Assessment Framework (RAF). Four of</p>

those not met were in cancer treatments

With regard to A&E waits, the Trust achieved 94.2% four-hour waits against the national target of 95%. This was considered to be very credible, only UCL performed better, and many Trusts fell way below target. The ED saw 4% more patients in December 2014 than in December 2013.

At one point, the Trust did declare EMS4 but this very quickly reverted to EMS2. It was noted that EMS4 cannot be pre-empted; there are no "warning signals". Despite this, the Trust continued to take patients from other hospitals. It was suggested when communicating the Trust's EMS4 status and other incidents, the terminology used by the media can influence the public's perception of how the Trust is performing.

Falling below the 95% four-hour wait target has resulted in fines to date of £84,000.

The Trust did not achieve six of the national cancer targets in November 2014. The Trust has a fairly low tolerance to breaches because it inherits late referrals. The Chair noted the reference to "wrong referrals" for skin cancer which occur when GPs refer healthy but worried patients for tests.

The Trust's performance for the Referral to Treatment Time (RTT) target for admitted patients fell below target in November.

Of the 16 national targets not in Monitor's RAF but included in the CCG contract, the Trust achieved 11 and remedial action is in place for a further 3. Some improvement has been made on ambulance handover performance. However, handover information for other Trusts (eg the Women's) because once ambulance staff arrive on the QEMC site, there is the potential to refer to the Women's Hospital as "QEH"

The Trust missed the 6 week diagnostic target for the first time in December 2014. A Clinical Fellow dedicated to undertaking urodynamic testing will be appointed to resolve capacity problems in this area.

Of the Trust's 54 local indicators, 28 are currently on target and 15 are below target, but are not of concern

With regard to CQUINS, performance fell below target during December in four areas: Friends and Family, Safety Thermometer, COPD and Discharge. Actions are underway to ensure improvements are made over the coming weeks.

An assessment of progress in Quarter 3 indicate that all key tasks

	<p>are currently on target</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. to accept the report on progress made towards achieving performance targets and associated actions and risks; and 2. to accept the Quarter 3 2014/15 performance update against the Trust Annual Plan.
D15/11	<p>FINANCE AND ACTIVITY REPORT FOR THE PERIOD ENDING 31 DECEMBER 2014</p> <p>The Board considered the paper presented by the Chief Financial Officer</p> <p>It was noted that contracts for the sale of Selly Oak Hospital were exchanged on 28 January. The Director of Communications will issue a statement at the appropriate time</p> <p>It was confirmed that potential fines for missing performance targets have been accounted for in the forecast annual surplus of £1.7m</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. to receive the report; 2. to approve the revised capital expenditure plan for 2014/15 3. to agree that the in-year governance statement for Q3 should be submitted to Monitor with a negative finance declaration and confirming that three subsidiary companies have been consolidated into the financial return.
D15/12	<p>QUARTER 3 BOARD ASSURANCE FRAMEWORK</p> <p>The Board considered the report presented by the Director of Corporate Affairs.</p> <p>The BAF has been reviewed and updated to incorporate the changes agreed at the last CCQ.</p> <p>The three most significant risks within the context of the BAF are around capacity, workforce and external factors such as the local and national economy. With the exception of workforce, all other risks were discussed during the course of the meeting.</p> <p>Resolved: to approve the revised BAF.</p>

<p>D15/13</p>	<p>QUARTER 3 COMPLIANCE AND ASSURANCE REPORT</p> <p>The Board considered the paper presented by the Director of Corporate Affairs. With regards to the Trust's compliance against CQC's Essential Standards of Quality and Safety, an internal assessment of Medicines Management found a slight drop in compliance when compared to the previous assessment. Actions to improve this position have been identified</p> <p>It was noted that there is currently 100% compliance for quarterly review of risk registers</p> <p>Of the 4 external visits that took place in Q3 year, feedback from three was positive. HSE have yet to formally report back, although verbal feedback did not raise any concerns.</p> <p>Resolved: to accept the report</p>
<p>D15/14</p>	<p>TRUST PROCESS FOR 'FIT AND PROPER PERSONS' TEST</p> <p>The Board considered the paper presented by the Director of Corporate Affairs</p> <p>The Trust must be able to demonstrate that appropriate systems and processes are in place to ensure that Trust Directors - new and existing - are fit and proper persons in accordance with the new statutory regulations which came into effect in November 2014.</p> <p>In addition to all current Trust pre-appointment checks additional checks as set out in the Paper will be made.</p> <p>Additionally office-holders will be asked to complete an annual declaration and the Trust will revisit the checks made on new appointments every three years. Other measures to ensure ongoing assurance are set out in the paper.</p> <p>Resolved: to approve the process and actions set out.</p>
<p>D15/15</p>	<p>APPOINTMENT OF A SUBSTANTIVE REPLACEMENT CONSULTANT IN ORAL AND MAXILLOFACIAL SURGERY</p> <p>The Board considered the paper as presented by the Chief Operating Officer.</p> <p>Resolved: to approve the appointment of a full time Consultant in Oral and Maxillofacial Surgery with a sub speciality interest in TMJ surgery</p>