

BOARD OF DIRECTORS

Minutes of the Meeting of 28 January 2016
Meeting Room 1&2 Trust Headquarters QEMC

Present:	<p>Rt Hon Jacqui Smith, Chair Dame Julie Moore, Chief Executive (“CEO”) Dr Dave Rosser, Executive Medical Director (“MD”) Ms Jane Garvey, Non-Executive Director (left after D16/23) 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 David Waller, Non-Executive Director Mr Harry Reilly, Non-Executive Director Mr Mike Sexton, Chief Financial Officer (“CFO”) Prof Michael Sheppard, Non-Executive Director Mrs Cherry West, Chief Operating Officer (“COO”) Dr Jason Wouhra, Non-Executive Director Fiona Alexander, Director of Communications (“DComms”) Kevin Bolger, Executive Director of Strategic Operations (“DSO”) Mrs Rachel Cashman, Project Director (“PD”)</p>
In Attendance:	<p>Mr David Burbridge, Director of Corporate Affairs (“DCA”) Mr Andrew McKirgan, Director of Partnerships (“DoP”) Mrs Berit Reglar – Minute Taker</p>
Observers:	<p>Mr Andy Toogood, Divisional Director, Division D Mr Sam Foster, Chief Nurse (HEFT) Mrs Hazel Gunter, Director of Workforce & Organisational Development (HEFT) Mr Simon Dulku, Ophtalmology Mrs Samuel Ford, Gerenal Surgery Mr Manish Gupta, Hand Surgery Dr Silvia Thomas Hernandez, Radiology Dr Pasquale Innominato, Oncology Dr Gill Lowe, Haematology Mr Safia Rehman, A&E Dr Yuko Smith, Urology Mr Paul Darby (Governor) Mrs Bernadette Aucutt (Governor) Jane Turner (member of the public) Dr Rana Turner (member of the public)</p>

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D16/01	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. A particular welcome was expressed to Mrs Rachel Cahsman, Project Director who attended her first UH Board meeting. No apologies were received.</p>
D16/02	<p>QUORUM</p> <p>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.
D16/03	<p>DECLARATIONS OF INTEREST</p> <p>None</p>
D16/04	<p>MINUTES OF THE MEETING ON 22 OCTOBER 2015</p> <p>The minutes of the meeting on 22 October 2015 were approved as a true and accurate record of the meeting.</p>
D16/05	<p>MATTERS ARISING FROM THE MINUTES</p> <p>There were no matters arising from the minutes.</p>
D16/06	<p>CHAIR'S REPORT & EMERGING ISSUES</p> <p>The Chair reported that she had met with Ed Smith, Chairman of Monitor and Chair-designate of NHS Improvement, in January 2016. The new regional approach which aims to develop more 'earned' autonomy was briefly discussed.</p> <p>The Chair praised the well led '5 lives' event at QEHB.</p>
D16/07	<p>CLINICAL QUALITY MONITORING REPORT</p> <p>The Board considered the report presented by the Executive Medical Director.</p> <p>There are eight ongoing investigations into doctors' performance. 5 relate to Consultant grade doctors, two to Associate Specialists and one to a Junior Doctor grade.</p> <p>The CUSUM report shows two CCS groups with higher than expected mortalities. However, the threshold has not been breached.</p>

There has been a CQC inspection into cardiac surgery. The visit was triggered by the release of data in September 2015 by the National Institute for Cardiovascular Outcomes Research which suggested that the Trust was an outlier in terms of mortality. The data has been disputed as it relates to two surgeons who no longer work at the Trust and data in relation to 132 patients had been excluded. However, the Trust accepts the improvement suggestions.

The Trust has commissioned an external review. The External Review Team, in part consisting of CQC clinical advisors, have confirmed that they are satisfied patients are safe at the Trust. There will be a revisit by the CQC as some questions could not be answered. The Trust has now handed out more data which is believed to have been passed onto CQC's specialist advisors. Nothing new has been identified.

It was agreed that an oversight group should be set up to provide assurance to the Board with regard to the Cardiac Surgery Quality Improvement Plan. The Chair reported that Dr Catriona McMahon and Professor Michael Sheppard have agreed to assist with this going forward and that Catriona will chair the group, reporting back to the Board on the progress made.

An update on the Board of Directors Governance Visit was provided. Nursing staffing levels were discussed. It was confirmed that every ward will be reviewed.

A letter has been received from Monitor which requests a report on 'potentially preventable' deaths. This will pose difficulties as there is no clear definition of what 'potentially preventable' means. Complex algorithms would need to be used which would only produce crude results as the Trust is a specialist hospital. Current monitoring would come to a result of two potentially preventable deaths in the given time frame. Concerns were raised that this could be interpreted as complacent. However, when comparisons were drawn with other Trusts in the Shelford Group it appeared that they had come to similar conclusions.

As for the process, the MD explained that several Consultants consider the data at a weekly basis and flag up any issues. Their review includes death certificates, bodies in the mortuary and survey forms following death.

It was agreed that the Trust should respond with 'two' but provide sufficient context to explain the result.

Resolved: To approve the actions identified.

D16/08

PATIENT CARE QUALITY REPORT (including Infection Prevention and Control)

The Board considered the exception report presented by the Executive Chief Nurse.

In relation to CDI, a total of 8 cases were reported in December 2015, of which 6 were Trust apportioned. To date there have been 51 Trust apportioned cases this year. This is slightly above the annual trajectory of no more than 63 Trust apportioned cases. However, microbiology colleagues have been tracking the national CDI trend and for the first time in recent years, this is increasing and at a rate higher than the Trust is currently experiencing. Actions to further improve CDI performance continue with a specific focus on antimicrobial prescribing, choice of antibiotic and duration of use.

There was 1 case of MRSA reported during December 2015, however this sample was taken on admission to hospital and is therefore non-Trust apportioned. As previously reported, there has been 7 Trust apportioned MRSA cases this year. The last Trust-apportioned case was in October 2015. A Trust wide improvement plan is in place and has been agreed with the Clinical Commissioning Group. The plan has a specific focus on hand hygiene, MRSA screening, decolonisation and care of devices.

As outlined in the paper, there were a total of 728 patient falls in Quarter 3 (October to December 2015) compared to 624 falls in Quarter 2. The percentage of falls resulting in 'no harm' remains between 79-80%, with minor harm at 18%. The percentage of moderate and severe harm has reduced from 1% to 0.8%. During December 2015, there were no severe harm falls.

Focussed actions (as outlined in the paper) continue to further reduce the incident of falls.

As outlined in the paper, significant work continues to further improve discharge management and pathways. Improvements are being seen in many areas as is outlined, however continued focus is enquired as there is evidence that we are beginning to experience some increases in the number of patients experiencing a delayed transfer of care. Work continues to manage this.

As outlined in the paper, focused work continues to further improve nutrition and hydration, this includes improved crockery, improved MUST (Malnutrition Universal Screening Tool) training and partnership working with the other 9 Trusts within the Shelford Group re shared learning etc.

The paper provides an update on the areas of focus following the last survey undertaken in 2013. Preparation for this years' survey is now underway.

	<p>Resolved: to receive the report on progress with Care Quality.</p>
<p>D16/09</p>	<p>PERFORMANCE INDICATORS REPORT AND 2015/16 ANNUAL PLAN UPDATE</p> <p>The Board considered the paper as presented by the Executive Director of Delivery.</p> <p>Of the 12 indicators currently included in Monitor’s Risk Assessment Framework (RAF), 9 were on target in the most recent month. 2 cancer targets were not met and the A&E 4 hour wait target was not met. The latter is due to a new record of attendance in A&E in January 2016. This is a patterns seen nationally. Remedial action plans are in place.</p> <p>In November the Trust did not meet two of the cancer targets; 62 day urgent GP referral and consultant screening. The number of late tertiary referrals has increased over the past few months and within this the number of referrals received after day 62 has also grown. This is putting future achievement of the target at risk.</p> <p>The volume and lateness of tertiary referrals is distorting the ratio of breaches to non-breaches, making delivery of the national 85% target impossible or high risk for some tumour sites. Breach allocation rules are being considered nationally and it is proposed that tertiary referrals received after day 38 are allocated to the referring Trust as a breach. Analysis has shown that the Trust would achieve the 62 day target if this rule was applied. The timely treatment of diagnosed patients, which is completely under the control of the Trust, is now being achieved consistently.</p> <p>Incomplete pathway performance was achieved at aggregate level again in December with a performance of 93.7%. At treatment function level Neurosurgery, Ophthalmology and General Surgery did not achieve the incomplete target. Remedial action plans are in place for General Surgery and Ophthalmology and both aim to recover the target by end of March 2016. Meetings are being held with Commissioners to review the pathway for neurosurgery spinal patients across the whole health economy.</p> <p>Of the 16 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 13, has a remedial action plan in place for 1 (cancelled operations not rearranged within 28 days) and is slightly below target for 60 minute ambulance handover.</p> <p>There were 7 breaches of the ‘28 day cancelled operation guarantee’ in November and 8 in December against a recovery plan</p>

	<p>trajectory of 3. This is attributed to increased activity and transplants coming in which displace those patients.</p> <p>Overall staffing levels are within the expected levels planned. NHS England has asked NICE to discontinue its work on staffing guidelines but NICE has indicated that it still intends to publish its guidance for safe staffing of A&E departments.</p> <p>Of the Trust's 53 local indicators 35 (66%) are currently on target, 12 (23%) are slightly below target and 6 (11%) have remedial action plans in place.</p> <p>In December the long term sickness rate was 2.2%, a slight increase on November's rate of 2.1% and above the target rate of 1.8%. This target has now not been achieved for 6 consecutive months. Reasons for long term sickness have been reviewed and appear to be legitimate. There are two main reasons, stress and musco-skeletal. Staff are being made aware of free access to physiotherapy. However, the most vulnerable staff groups (e.g. porters) are difficult to reach (limited access to email) and have doubts as to the effectiveness of the treatment. More tailored communication streams are being considered.</p> <p>The pathway for 16 and 17 year olds with mental health issues continues to pose a problem across the whole of Birmingham. The plan to deliver a joined up emergency care system remains unclear.</p> <p>The project to support the delivery of the Your Care Connected Initiative is still in proof of concept stage and the team has been advised that Phase 1 of the project for 1.6 million patients will be delayed until April 2016. This is out of the Trust's control. There are technical issues with the filtering of patient data, a lack of consensus as to the data to be shared (e.g. previous IVF treatment) and the consent process.</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. 2. To accept the Quarter 3 2015/16 performance update against the Trust Annual Plan.
D16/10	<p>FINANCE AND ACTIVITY REPORT (Q2) INCLUDING CAPITAL PROGRAMME UPDATE</p> <p>The Board considered the paper as presented by the Chief Financial Officer.</p>

	<p>In December 2015, the Trust recorded a deficit of (£1.311m); this was £0.089m above the planned monthly deficit of (£1.400m).</p> <p>Year to date, the Trust is reporting an actual deficit of (£3.482m) compared to the planned deficit of (£3.600m), a favourable variance of £0.118m.</p> <p>The Trust remains on track to deliver the planned reported deficit of (£6.6m), excluding the one-off grant and ITM income donation, the underlying deficit is expected to be circa (£21.5m).</p> <p>As main financial pressures, workforce, activity and capacity related cost pressures and CIP delivery were mentioned. Operational divisions are continuing to work through action plans to reduce the monthly 'run rate' and implement new controls on agency expenditure in line with recent Monitor guidance.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. To receive the contents of the report. 2. To approve the submission of the Quarter 3 governance statement to Monitor with the finance declarations contained in the report.
<p>D16/11</p>	<p>UPDATE EMERGENCY PREPAREDNESS</p> <p>The Board considered the paper as presented by the Executive Director of Strategic Operations.</p> <p>Following on from the Paris attacks, the threat level for the UK remains unchanged since August 2014 at SEVERE, the definition for this level is that an attack is highly likely. SEVERE is the second highest level with CRITICAL being the highest, the definition for CRITICAL is that an attack is imminent.</p> <p>On 9th December 2015 Dame Barbara Hakin, National Director, Commissioning and operations NHS England wrote to all Trusts advising them that following the terrorist attacks in Paris, NHS England and the Department of Health and other national agencies are reviewing and learning from the incidents that occurred and will ensure that this is then reflected fully in the NHS England established Emergency Preparedness Resilience and Response (EPRR) procedures.</p> <p>As a result the Trust has reviewed the following:</p> <ol style="list-style-type: none"> 1. Cascade system for call out; 2. Staff access to sites in circumstances where there may be disruption to transport;

	<p>3. Significant increase in critical care capacity and capability over a protracted period;</p> <p>4. Access to specialist advice on blast and ballistic injuries.</p> <p>Assurance was given to the board that appropriate Emergency Preparedness Resilience and Response (EPRR) procedures are in place to cover all of the above points.</p> <p>Resolved: To accept the assurance provided in the report.</p>
<p>D16/12</p>	<p>BOARD ASSURANCE FRAMEWORK (BAF) REPORT</p> <p>The Board considered the paper as presented by the Director of Corporate Affairs.</p> <p>The BAF has been reviewed by the relevant leads and cross-checked with the Q3 performance reports to ensure all risks are either captured on the relevant Executive Risk or, if applicable, captured on the BAF. The key updates are:</p> <p>An additional action has been identified under the risk 'Breach of terms of Monitor Provider Licence/Material non-compliance with external regulatory requirement'. The action is to scope a monitoring process in relation to specialties with a view to ensuring key governance/quality/safety measures are in place. The options for this process are being scoped during Q4 by the Risk and Compliance and Service Improvement teams.</p> <p>Resolved: To accept the report.</p>
<p>D16/13</p>	<p>QUARTER 3 COMPLIANCE AND ASSURANCE REPORT</p> <p>The Board considered the report as presented by the Director of Corporate Affairs.</p> <p>The CQC carried out an announced inspection of the Trust in January 2015 and published its findings in May 2015. The Trust was assessed as being fully compliant with the CQC essential standards.</p> <p>Reference was made to the CQC's focused inspection in relation to cardiac surgery on 21 and 22 December which had already been discussed under D15/122 above.</p> <p>The Trust either meets all NICE recommendations, or is working towards meeting all the recommendations, in 76% of cases. There were 5 external visits in quarter 3. Compliance for quarterly review of risk registers is 93%.</p> <p>Resolved: To receive the report.</p>

D16/14	<p>APPROVAL OF POLICY The Board considered the paper as presented by the Director of Corporate Affairs.</p> <p>Resolved: To approve the Medicines Policy.</p>
D16/15	<p>REQUEST FOR SUBSTANTICE APPOINTMENT The Board considered the requests for substantive appointments.</p> <p>Resolved: To approve the substantive appointment of:</p> <ul style="list-style-type: none"> a) Consultant Position Emission Tomography (PET) Radiologist Posts (Div A) b) Expansion of Hepatology workforce (Div B) c) Replacement Consultant in Neurosurgery (Cranial) and Appointment of Neuro-Oncology Fellow (Div D)
D16/16	<p>Date of next meeting: Thursday, 24 March 2016</p>