

BOARD OF DIRECTORS

Minutes of the Meeting of 25 July 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
Mr Tim Jones, Executive Director of Delivery ("EDOD")
Angela Maxwell, Non-Executive Director 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")
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")
Dr Beryl Oppenheim, (Item D13/ only)

D13/45 WELCOME AND APOLOGIES FOR ABSENCE

Sir Albert Bore, Chairman, welcomed everyone present to the meeting.

D13/46 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.

D13/47 DECLARATIONS OF INTEREST

None

D13/48 MINUTES OF BOARD OF DIRECTORS MEETING 23 MAY 2013

The minutes of the meeting held on 23 May 2013 were approved, amended as initialled by the Chairman.

D13/49 MATTERS ARISING FROM THE MINUTES

None.

D13/50 CHAIRMAN'S REPORT & EMERGING ISSUES

The Chairman reported that:

1. the Council of Governors had approved the re-appointment of Professor Michael Sheppard as a non-executive director for a further term of up to three years, commendation from the Councils Committee, commencing on 5 December 2013 and subject to annual re-appointment; and
2. the Executive Appointments and Remuneration Committee had accepted the recommendation from the Nominations Committee regarding the position of Chief Nurse and had approved the appointment of Philip Norman as Chief Nurse, taking over on Kay Fawcett's retirement.

The DCA reported that the Council of Governors had received a report from the Chief Financial Officer regarding the "non-principal" activities included within the Trust's plan and had confirmed that:

1. it was satisfied that the "non-principal" activities outlined in the report will not significantly interfere with the fulfilment by the Trust of its principal activity (the provision of goods and services for the purpose of the health service in England); and
2. the Board of Directors of the Trust can be informed of this determination.

D13/51 CLINICAL QUALITY MONITORING REPORT Q1

The Directors considered the report presented by the Medical Director, who tabled an addendum providing further explanation of section 5 of the report.

With regard to the investigation referred to in section 2 of the report, the MD advised that the investigation report would be finalised very shortly.

There was discussion regarding the Cumulative Summary Mortality Indicator (CUSUM), in section 3 of the report. The MD explained

that this indicator was similar in concept to the HSMR, but was aimed at specific disease groups.

With regard to the “Other psychoses”, the MD reported that this covers cases of undiagnosed confusion which may have been triggered by underlying illness or medication. The ultimate diagnosis is added as a secondary diagnosis but is likely to be the serious condition which leads to the patient’s death. In any event, the indicator triggers a review of case notes and often the patients are found to be complex elderly patients with significant co-morbidities.

There has been an increase in coding of patients with a diagnosis of confusion, which may be attributed to the national dementia CQUIN that requires a mandatory confusion test. GPs are informed if patients are confused when admitted.

With regard to the “Cancer of testis” group, the Trust sees a very small number of these cases. The case notes for the patient have been reviewed and no concerns have been identified.

Again, with Burns, the number of patients is small and mortality tends to fluctuate quite widely. A review of a number of burns patients in relation to Acinetobacter was undertaken and the unit was closed whilst the review took place, but this cluster of patients was not found to have contributed to the rise in the mortality indicator.

There was discussion regarding the Trust’s position as a borderline outlier for the HSMR. The Board has previously discussed the concerns around this indicator and it would appear that the DH are coming to a similar position, The MD reminded the Board that Dr Foster changes the methodology behind the HSMR each year.

The Board discussed the general increase in mortality across the NHS and the likelihood that this was, in part, due to the success of life-prolonging interventions such as flu vaccinations and renal dialysis resulting in more elderly and frailer patients being admitted at a later stage.

During discussion regarding section 6 of the report, the MD reported that the Trust’s increase in neurosurgery mortality is most likely the result of both a drift of more complex cases from UHNS and Coventry and Warwick, and a more general increase in patients with serious head injuries being taken to specialist neurosurgery centres. However, a detailed review is being carried out and the MD will report to the Board and Commissioners if a satisfactory explanation cannot be reached.

The roll-out of the Junior Doctor Monitoring System is going very well, with good results being demonstrated by doctors who have had a review. The Deanery has accepted the use of the system.

The Board discussed the incidents included within the report and the outcome of the governance visit to Ward 620.

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

D13/52 REPORT ON INFECTION PREVENTION AND CONTROL UP TO 30 JUNE 2013

The Board considered the report presented by the Executive Chief Nurse. The Trust has had 24 C.Difficile cases up to the end of June against its annual trajectory of 56. All cases have been reviewed each month by the Trust and the Commissioners, who have agreed that only six of the cases to date were considered avoidable. 54% of Trusts are now above their annual trajectory and the present methodology used by Monitor and the DH, which does not align with the approach taken by Commissioners, is an issue. Dr beryl Oppenheim, the Trust's Director of Infection Prevention and Control, is arranging to discuss the issue with NHS England's expert, in an attempt to get clarity, especially in cases where the Trust is detecting the existence of C.Difficile absent of disease.

The Chief Nurse reported that ribo-typing of cases has confirmed that this organism is not being spread around the hospital. However, further effort is being made with regard to the isolation of patients.

With regard to the annual infection prevention and control plan, the Chief Nurse was satisfied that all actions were underway and that there were no concerns regarding progress.

A more detailed report on the work of the Water Quality Group would be submitted to a future meeting.

ACTION:CN

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

D13/53 PATIENT CARE QUALITY REPORT Q1

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

There was discussion regarding the introduction of the Friends and Family Test into A&E. IT has proved difficult to get responses from patients, who are not inpatients and therefore often respond that the questions asked are silly. Work is being undertaken to try and improve the data obtained and to compare it with data on NHS Choices and ward level data.

With regard to the Safety Thermometer, the Trust's level of prevalence is very low when compared to that of other Shelford Group members. A review of the number of incidents against prevalence has been undertaken and the Chief Nurse is satisfied that data is being collected properly.

Work being undertaken with regard to nutritional screening is expected to improve performance regarding pressure sores.

The customer care work has helped with complaints and it is apparent that more issues are being dealt with at the point at which they are raised.

The Trust has received favourable comments regarding its revised menu system, with the recognition of religious dietary needs being welcomed by the community.

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

**D13/54 ANNUAL INFECTION PREVENTION AND CONTROL REPORT
APRIL 2012 - MARCH 2013**

The Directors considered the report presented by Dr Beryl Oppenheim.

The year had been very successful, with the Trust meeting both national objectives, i.e. MRSA and C.Difficile.

2012/13 was a successful year for Infection Prevention in meeting national objectives related to Clostridium difficile infection and MRSA bacteraemia, as well as making inroads into many other important areas of prevention of HCAs.

Dr Pauline Jumaa stood down as DIPC at the beginning of 2012 and Dr Beryl Oppenheim took up this role, and in March 2013 Dr Mercia Spare left her post as Associate DIPC. Alison Heseltine has now been appointed to this post.

Emerging antibiotic resistance is a serious and growing risk for the NHS and could potentially limit our ability to undertake healthcare of the sort we have become accustomed to such as complex surgery, bone marrow and solid organ transplantation or maintaining patients in intensive care settings. Nationally, the emphasis remains on MRSA and C.Difficile.

The national approach to MRSA bacteraemias has changed for 2013/14. There is a zero tolerance approach and all cases will need an urgent post-infection review across the relevant health economy to identify the organisation to which the case will be apportioned.

Screening of all relevant admissions for MRSA remains mandatory.

However, Trust data has shown a dramatic fall in the number of positive results from screening, in common with that of other organisations and it is considered likely that some further guidance or direction will be made available nationally on changes to the programme.

With regard to *C. Difficile*, numbers of cases are now low and probably at or near the irreducible minimum. However, there remains valid concern around possible transmission of *C. Difficile* in hospital. Within the Trust, strains have been sent for typing in cases where there were possible clusters on wards, generally increased numbers in particular areas, or severe or fatal cases, identifying very little evidence of possible transmission and no particular endemic strains.

Turning to *Acinetobacter*, efforts to prevent transmission have been furthered through collaboration within the NIHR Surgical Reconstruction and Microbiology Research Centre, including the use the newly emerging technology of high throughput sequencing to allow detailed tracking of chains of transmission.

Antimicrobial stewardship is becoming increasingly important in efforts to conserve the effectiveness of existing antibiotics. The DIPC and the Chair of the Antimicrobial Steering Group, Dr Martin Gill, have been working closely together to strengthen the role of the Group and develop a clear programme of work encompassing all aspects of antimicrobial stewardship.

Resolved to : accept the Annual Report on Infection Prevention and Control

D13/55 PERFORMANCE INDICATORS REPORT AND 2013/14 ANNUAL PLAN UPDATE

The report was presented by the Executive Director of Delivery.

Of the 15 indicators currently included in Monitor's Compliance Framework, 10 are currently on target and 3 are on target but close to the threshold. Each of the remaining two, *D. Difficile* and A&E Four Hour Wait, has a remedial action plan in place.

The 7 cases of *C. difficile* for June brought the total for Quarter 1 in to 24, against a Monitor trajectory of 14. The Trust declared a risk to achievement of this target in its Strategic Plan to Monitor. The Trust's failure to achieve the in-year Monitor trajectory of 14 cases over Quarter 1 will affect the Trust's governance rating. In combination with the failure to achieve the A&E target this may result in a 'Red' Monitor governance rating for Quarter 1.

With regard to the contractual target, joint work has been undertaken with the CCG to produce a more meaningful measure for *C. difficile* as some cases are unavoidable. Agreement has

therefore been reached that they will consider avoidability when applying the contractual penalty. Following review of June cases with the CCG it has been agreed that 1 case was avoidable, 4 were unavoidable and 2 require further investigation before a decision can be made about avoidability. The Trust's total number of cases reported to the CCG will therefore be between 5 and 7 cases for the Quarter.

The Trust's A&E department experienced an extremely challenging period in the first three weeks of April where there were unprecedented emergency pressures nationwide and only 90.1% of patients attending the ED met the target. Despite improved, above target, performance in May and June, the target was missed for Quarter 1 with performance of 94.1%. Nevertheless, the Trust continues to outperform the majority of other West Midlands trusts and the national and West Midlands average for trusts with the same type of A&E.

The Trust has been below target for three consecutive quarters. It is therefore expected that Monitor should give the Trust a 'Red' Monitor governance rating and will consider escalation. However, 22 other FTs have received a 'Red' Monitor governance rating and Monitor has only investigated three.

The Board discussed the possible reputational impact of a red rating and whether there was a need to reassure patients. It was felt that there had been sufficient media activity regarding the challenges faced by A&E nationally.

The Trust has seen a significant increase in the number of cancer referrals being made to it outside the 62 day target and is working with the referring hospitals to improve their performance.

Of the 50 internal indicators currently included in the report, 24 are on target, 18 are slightly below target and 8 have remedial action plans in place.

With regard to Stroke – Length of Stay, increased activity connected to service reconfiguration in City & Sandwell and Walsall, without consultation or notice, and general emergency bed pressures have led to difficulties meeting this target. Additional resource is being made available.

Good progress has been made with Mandatory Training and six indicators are now above target; five indicators remain slightly below and four require remedial action to hit the Trust target. Further work to improve performance is being undertaken.

External Agency Spend was above target at 3.87%, linked to the additional capacity opened in the Trust to deal with the increased activity.

The Trust's performance remained below the newly calibrated

internal target in June for both omitted antibiotic and non-antibiotic doses. However, Trust performance remains better than any national comparator.

The Trust's CQUINS for 2013/14 are valued at around £12.3 million. All CQUINs with agreed baselines are being met.

For Annual Plan Objectives, 92% of key tasks are on plan, 8% of key tasks are slightly below plan, and there are no key tasks where remedial action is required.

Resolved to:

- 1. accept the report on progress made towards achieving performance targets and associated actions and risks; and**
- 2. accept the year to date 2013/14 performance update against the Trust annual plan**

D13/56 FINANCE AND ACTIVITY REPORT FOR THE PERIOD ENDING 30 JUNE 2013

The Directors considered the report presented by the Chief Financial Officer. The Trust remains above plan year to date, with an actual surplus of £2.729m being realised in the first quarter of the financial year against the planned surplus of £0.029m. Notwithstanding that this is due in part to £2.306m of income (budget and actual) being recognised during June in respect of the donation of the Cyberknife by QEHB Charities, the underlying position remains above plan and is a true reflection of the Trust's strong financial position.

Activity levels are also indicative of a strong performance, although need to be validated.

CIPs are at 81% of plan, although that is more or less as expected at this point of the year, as CIPs are profiled in equal twelfths across the year.

The Financial Risk Rating remains at 3 based on self assessment of the financial performance in the first three months of the 2013/14 financial year.

There was discussion about any negative impact of the underspends in the Corporate budgets and the CFO confirmed that Corporate areas were not being pressured to underspend.

Resolved to:

- 1. receive the contents of the report; and**

2. **agree 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.**

D13/57 CAPITAL PROGRAMME UPDATE REPORT

The Directors considered the paper presented by the Director of Projects. The bulk of construction works are being undertaken in the retained estate. The Institute of Translational Medicine project has commenced and a major office move is set to take place in September. The capital programme is broadly on track.

Resolved to: note the £3.4m expenditure against the 2013/14 capital programme

D13/58 BOARD ASSURANCE FRAMEWORK – PRINCIPAL RISKS

The Directors considered the tabled report as presented by the Director of Corporate Affairs

Resolved to:

1. **Approve the Board Assurance Framework Risks, as tabled; and**
2. **Agree the process for review and monitoring, as set out in the paper.**

D13/59 COMPLIANCE AND ASSURANCE REPORT

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

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

D13/60 ANNUAL HEALTH & SAFETY REPORT

The Directors considered the paper as presented by the Director of Corporate Affairs. There was discussion regarding the level of staff reporting experience of work-related stress and the role played by Occupational Health.

Resolved: To receive the report.

D13/61 ANNUAL WORKFORCE REPORT

The Directors considered the report presented by the Executive Director of Delivery.

The Trust has seen a 6.6% increase in the number of staff, a

planned increase in line with service delivery. The staffing of the recruitment team has been increased to meet this demand.

The Transformation Team have been involved in over 60 planned workforce transformation projects over the last 12 months, including extending the working day and strengthening the medical workforce.

Several initiatives with local third sector organisations have been conducted, to assist in meeting Equality Act requirements, such as the work with the Guide Dogs Association to provide a place for patients and visitors to leave guide dogs.

The national annual staff survey was conducted by the Department of Health and distributed to a sample of staff between September and December 2012. In addition to the Department of Health sample, the Trust decided to give all staff the opportunity to complete the survey. The results from both surveys were comparable. Responses are grouped into 28 key findings and benchmarked against other acute trusts nationally. The Trust had no findings in the bottom 20% and two below average (working longer hours and discrimination at work). Action plans to improve these are being put in place, although much of the discrimination reporting is about the attitude/conduct of some patients towards staff.

se results then enable us to determine whether our staff experience is in the 20% best or worst Trusts, and where we sit in comparison to the national average.

It was agreed that the Annual Report should include reference to work being undertaken in the A&E department.

Resolved to:

- 1. Accept the 2012/3 Workforce Report**
- 2. Approve the publication of the Annual Workforce Report, amended as agreed**

D13/62 RESEARCH ANNUAL REPORT 2012/3

The Directors considered the paper as presented by the Executive Director of Delivery.

Resolved to: Accept this research activity annual report for 2012/3

D13/63 AUDIT COMMITTEE REPORT

The Directors considered the report presented by the Audit Committee Chair, David Waller, who further reported that the Committee had more recently met on Tuesday 23 July. The Committee had considered the External assurance report on the

Trust's Quality Report. Going forward, it had been recognised that auditors will need to consider their ability to provide assurance on future Quality Reports, given the need for clinical input.

The Committee had also received an Internal Audit report regarding data security and had noted the recommendations regarding further developments around protection against risk caused by removable devices. Overall, it was felt that security was strong where needed, but technology was constantly changing, so a pro-active approach needs to be maintained.

The Chair of the Audit Committee further reported that the Committee had considered a report regarding Reference Costs collected annually by the DH. The annual retrospective costing submission is a mandated data collection. The DoH requires all Boards to be aware of the annual reference costs to ensure national costing principles and standards are met. The DH and Monitor require Board approval (which may be delegated to an appropriate sub-committee) of the Trust's costing processes and systems and that the submission will be submitted in accordance with the guidance. The Board approved the Trust's Service Line Reporting/management processes in 2007/08.

The Committee was satisfied with the report regarding the operation of costing and information capture systems and the resources provided to complete the return accurately and within the timescale required. The Board was requested to ratify the submission of this year's return and delegate authority for these matters to the Audit Committee for future submissions.

Resolved to:

- 1. Note the content of the report;**
- 2. Ratify the submission of the return regarding Reference Costs; and**
- 3. Authorise the Audit Committee to approve Reference Costs returns for future submissions.**

D13/64

EXECUTION OF A LEASE AGREEMENT BETWEEN CBRE AND THE TRUST FOR PREMISES IN MELCHETT ROAD KINGS NORTON, BIRMINGHAM

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

Resolved that:

- 1. The Chief Financial Officer and the Director of Corporate Affairs jointly and severally to exercise the powers of the Trust in relation to negotiating, approving and**

amending the Lease Agreement and any associated documents, without limitation save that such authority may only be exercised to the extent that the Lease Agreement is materially as described in the Report, and to do all such acts and things as may be required in order to give effect to the Resolution(s) resulting from the Report and implement the Lease Agreement including the finalising and delivery of all such notices, confirmations, applications, letters, transfers, appointments, certificates, powers of attorney, deeds, forms, notice of drawing, notice of withdrawal or notice of utilisation and any other documents as required; and

2. any one or more Directors of the Trust and, in the case of any documents that are Deeds, the Foundation Secretary, severally to sign, execute and deliver the Lease Agreement and any associated documents save that, where any such other documents are Deeds, execution will be by any two Directors or a Director and the Foundation Secretary.

D13/65 APPROVAL OF POLICIES

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

Resolved: To approve the amendments to:

1. The Risk Management Strategy and Policy
2. Policy for Research Governance

D13/66 BIRMINGHAM & THE BLACK COUNTRY COMPREHENSIVE LOCAL RESEARCH NETWORK (BBC CLRN) FUNDING ALLOCATIONS 2013/14

The Directors considered the paper as presented by the Executive Director of Delivery.

Resolved: To approve expenditure of CLRN funding with minor amendments of up to £100,000.

**D13/67 Date of next meeting:
Thursday 26 September 2013 13:00
Meeting Rooms 1 & 2 Trust HQ QEMC**