

BOARD OF DIRECTORS

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

Draft – ■ indicates text to be redacted from published version

Present: Rt Hon Jacqui Smith, Chair
Dame Julie Moore, Chief Executive (“CEO”)
Ms Gurjeet Bains, Non-Executive Director
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”)
Mrs Andrea Maxwell, Non-Executive Director
Mr Andrew McKirgan, Chief Operating Officer (“COO”)
Dr Catriona McMahon, Non-Executive Director
Mr Philip Norman, Chief Nurse (“CN”)
Mr Harry Reilly, Non-Executive Director
Dr David Rosser, Executive Medical Director, (“MD”)
Mr Michael Sheppard, Non-Executive Director
Mr Mike Sexton, Chief Financial Officer (“CFO”)
Mr David Waller, Non Executive Director

In Attendance: Mr David Burbridge, Director of Corporate Affairs (“DCA”)
Mrs Fiona Alexander, Director of Communications (“DComms”)
Ms Morag Jackson, Director of Projects (“DoP”)
Mrs Viv Tsesmelis, Director of Partnerships (“DP”)
Dr Beryl Oppenheim, Director of Infection Prevention and Control (up to and including item D14/45)

Observers Consultants: Mr Naren Basu; Mr Mark Foster; Dr Tom Hayton; Dr Luca Laghi and Mr Keith Roberts

Mr Stuart Annan, Mr Kevin McGee, Ms Jenny Erwin and Mrs Sarah Favell

D14/37 WELCOME AND APOLOGIES FOR ABSENCE

Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. In particular, she welcomed Catriona McMahon to her first meeting.

There were no apologies.

D14/38 QUORUM

The Chair 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.

D14/39 DECLARATIONS OF INTEREST

None

D14/40 MINUTES OF BOARD OF DIRECTORS MEETING 22 MAY 2014

The minutes of the meeting held on 22 May 2014 were approved as a true record.

D14/41 MATTERS ARISING FROM THE MINUTES

None.

D14/42 CHAIR'S REPORT AND EMERGING ISSUES

The Chair reported that Stuart Annan and Kevin McGee, chair and chief executive of George Eliot Hospital respectively, were observing this meeting as part of the buddying arrangements. She congratulated them on GEH being moved out of special measures following their recent CQC inspection.

It was agreed that item 11 on the agenda would be moved to the closed part of the meeting.

D14/43 CLINICAL QUALITY MONITORING REPORT Q1

The Directors considered the report presented by the Executive Medical Director. There was nothing specific to report with regard to the on-going investigations into doctors.

There was discussion regarding the Cumulative Summary Mortality Indicators. The Medical Director reported that these related to very small numbers of patients in very low mortality groups. He did not have any cause for concern as it was inevitable that over a 12 month period there would be a breach, because the expected mortality was less than one.

Both the SHMI and HSMR mortality indicators were within the expected range. The Trust's HSMR rate had come down over the year due largely to the changes in coding reported to the Board earlier in the year.

The Board reviewed the reported serious incidents. One incident has been reported to commissioners.

The Governance Visit to the Cancer Centre had been very positive. Some comments from regular patients regarding parking charges were being considered.

Resolved: to accept the report

D14/44 INFECTION CONTROL REPORT FOR JUNE 2014

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

The Trust has had no MRSA bacteraemia to date this year and is therefore on its trajectory for Quarter One.

There were 9 reportable C.Difficile cases in June, 4 of which were post 48 hours and attributable to the Trust, bringing the total for the quarter to 16. This is within trajectory. All cases have been reviewed jointly with commissioners against avoidability criteria; those deemed unavoidable being excluded from consideration of penalties. For June, 1 case was considered avoidable, bringing the total number of avoidable cases for the quarter to 3.

Staff are clearly focused on measures that can be taken to eliminate avoidable CGI cases and actions are set out in section 4.2 of the report.

There have been no ward closures in the reporting period.

There was discussion as to what measures are effective in relation to infection control. Dr Oppenheim reported that hand hygiene played a major role as did the early identification of patients who are at risk so that they could be appropriately isolated or escalated. Source isolation was an important weapon in the war against infection as was proper control over antibiotic prescribing so the appropriate antibiotics could be prescribed at the appropriate time. The appointment of an antimicrobial pharmacist who is now in post would have a significant impact on this aspect. Dr Oppenheim also confirmed that there was now a medical representative on the infection prevention and control committee.

With regard to the investigation into problem transmission of tuberculosis from a patient to a healthcare worker, the Chief Nurse reported that the potential incident took place 18 months ago in the critical care environment. Actions are centred on precautions taken when patients are identified as positive and the immunisation status of staff.

Resolved: To accept the report

D14/45 INFECTION PREVENTION & CONTROL ANNUAL REPORT 2013/14

The Board considered the report presented by Dr Beryl Oppenheim, Director of Infection Prevention and Control.

2013/14 was a challenging year for Infection Prevention, with national objectives regarding bloodstream, for example, aimed at delivering a zero tolerance approach to avoidable infections, and a number of new national guidelines and directives requiring urgent attention.

Whilst the NHS continues to face the threat of multiple antibiotic resistant organisms, only two, namely methicillin resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile Infections (CDI), are the subject of national monitoring.

With regard to MRSA, during 2013/14, five MRSA bloodstream infections were apportioned to the Trust, against its objective of zero. One of the five was assessed as unavoidable. All cases were reviewed through the post infection review process, with cases assessed as having potentially avoidable factors also being taken for Chief Executive Root Cause Review and action plans to address learning points have been developed and are being monitored to ensure implementation.

The national approach to MRSA bacteraemia will be the same for 2014/15. There is a zero tolerance approach and all cases will need an urgent post-infection review across the relevant health economy to assess which organisation the case will be apportioned to. The process requires a transparent, thorough and timely response, not only to the investigation, but also to the follow up of any learning and action points.

For CDI, the objective for Trust apportioned cases for 2013/14 was no more than 56 cases. The total number apportioned to the Trust was 80; however, no regulatory action was taken, as Monitor was satisfied with the action taken by the Trust. With regard to contractual penalties, with agreement from commissioners all Trust apportioned cases of CDI were reviewed against avoidability criteria, using a similar process to that described for MRSA bloodstream infections, and those deemed unavoidable were excluded from consideration of local penalties. Of the 80 Trust apportioned cases, only 16 (20%) were deemed to have some potentially avoidable factors, most commonly related to deviations from best practice in antimicrobial prescribing.

The Trust's approach was widely communicated across the wider

healthcare community and a national working group was set up to develop arrangements for this financial year and beyond. For 2014/15 a similar system to the one developed at UHB has been recommended for use across England with our tool for post infection reviews commended as an example of good practice.

Future national priorities are likely to concern Gram Negative Rods. To date, the Trust has only seen a few cases, which makes it difficult to focus on the necessary preparations for outbreaks. The cases that have been seen were associated with individuals who had received healthcare abroad, particularly in Eastern Europe, the Middle East and the Indian subcontinent. Efforts are needed to prevent transmission with focus on identifying patients at risk of carrying these strains and screening them. Often, these strains may have only one, or sometimes no, antibiotics which can be usefully employed for treatment, making this a serious concern to patient management and treatment. Isolation at an early stage is clearly important. There is no evidence that staff from the countries mentioned are likely to be carrying these organisms.

There has also been national focus on *Pseudomonas Aeruginosa* infections, following a number of high profile outbreaks on neonatal units. These infections can be transmitted via water, especially in augmented care units or where highly immunosuppressed patients are being treated. National guidance has been issued, which included requirements to set up Water Safety Groups, undertake risk assessments, monitor water sampling and clinical surveillance data, and take action where any concerns are noted. A Water Safety Group under the chairmanship of the DIPC has been set up which reports quarterly to the Infection Prevention and Control Group.

The Trust was already engaged in research into *Pseudomonas aerugi* wavelengths and *nosa* through the NIHR SRMRC. This is continuing with funding from the DH to look at all hospitals in England and the Trust is working closely with those bodies producing guidance.

Themes for the plan for the current year include:
Implementing the learning from incident reviews;
Addressing all national guidance;
ensuring the audit programme is robust; and
Continuing to ensure prudent use of antibiotics.

Information will be provided to patients in discharge letters regarding use of antibiotics.

Updates on the plan will be included in the regular infection prevention and control report.

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

D14/46 PATIENT CARE QUALITY REPORT

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

The numbers of patient feedback responses continues to be at a high level. Work is being undertaken with regard to the issues that consistently show up as less positive responses, these being noise at night and patient/relatives receiving conflicting information. Some noise comes from equipment that is needed to monitor/support patients. Whilst some improvements have been made in relation to the noise from this equipment, there is a limit to how much can be done here. With regard to conflicting information, detailed work has been undertaken to ensure that staff explain when a patient's circumstances have changed so that the change in the information being given is understood.

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. In October, the Friends and Family test will be extended to outpatients and day case patients. The guidance has recently been issued and is very specific, requesting demographic information from patients. The Trust is currently working through the guidance and will produce a detailed plan shortly. The Trust intends to use SMS text messaging to optimise the number of returns from patients, at a cost of approximately £80,000. It was disappointing to note that the use of tokens, which had been so successful in the Emergency Department, has now been banned.

With regard to the Safety Thermometer, Venus from the symbolism is now included. The Trust has seen an increase in the percentage of its patients who are harm free. Following the last six months of work where there has been a focus on pressure ulcers, it is now three months since the Trust had a grade 3 or grade 4 hospital-acquired pressure ulcers.

Resolved to: Receive the report

D14/47 PERFORMANCE INDICATORS REPORT AND 2014/15 ANNUAL PLAN UPDATE

The Directors considered the report presented by the Executive Director of Delivery. Slot availability has been removed from the report as it is not considered to be a useful measure of the management of referrals.

With regard to the 15 targets set by monitor, 11 are on target, one is slightly below target and three are subject to remedial action.

In June, the Trust achieved 94.2% against the target of 95% for the four hour A&E target. In addition, two sub indicators were missed. This was the busiest month in the A&E department ever recorded by the Trust with an average of 293 attendees each day. There was discussion regarding the reasons for such high levels of attendance. The Chair commented that during the governance visits she had personally spoken to five patients, three of whom said that they had attended A&E because they had been unable to get an appointment with their general practitioner or that their GP had advised them to go to the Emergency Department. The fourth patient said that they had previously gone to Sandwell, but had had such a bad experience that they now drove past to come to the QE.

The Chief Operating Officer reported that current levels were equivalent to the levels of attendance usually seen in winter. Breaches of this target attract financial penalties under the commissioners' contract. However, commissioners' behaviour is properly contributing to the issue and the Trust is meeting with commissioners next week to discuss. Work undertaken regarding catchment areas and inappropriate attenders. Actions have been agreed regarding the growth in referrals so that patients, identified as being out of the Trust's catchment area, will be referred back to their GPs or other more appropriate secondary care locations. The commissioners appear sympathetic to this approach and both Heart of England FT and City & Sandwell have indicated agreement to the concept of catchment areas.

In May the Trust did not achieve three of the cancer targets, the 62 day target fell to 74.2% against 85%, the 31 day first treatment performance fell below target to 94.6% and the 31 day subsequent surgery also fell below target to 90.5%.

For the 62 day target, later referrals continue to be an issue. With regard to the 31 day targets, the performance is mainly due to growth in urology referrals, which has proved challenging to accommodate. The Trust is reviewing patient pathways so as to increase capacity. However the 62 day target and the 31 day first treatment target will be missed for the quarter. This was identified as a risk in the Trust's original plan.

There was discussion regarding referral patterns. It appears that some GP referrals which would have perhaps been expected to go to more local urology services are now coming to the Trust. The Alexandra hospital had lost its urology service and patients who would have gone there are now coming to the Trust. Constraints on space mean that the Trust is unable to expand, but is looking at the efficiency of processes again. The onus will need to be on primary

care as other hospitals are already requiring primary-care to take certain actions before referring to them. However, this is not the case for the Trust. Choose and book has now been switched off for areas outside the Trust's catchment, as commissioners have a responsibility to ensure that patients are seen within a reasonable period of time.

Of the 14 local monitor targets, 12 are on target. With regard to the Referral to Treatment 18 week target, the Trust is meeting the target overall, but certain specialties are missing the target. This is due to growth in referrals and the impact of the growth in emergency admissions. With regard to the ambulance handover target, the issues around data have still not been resolved and the Trust is resisting any fines.

Of the 53 local indicators currently included in the report, 30 are currently on target, 3 are currently being developed for reporting, 15 are slightly below target and 5 have remedial action plans in place.

Performance against three of the Trust's CQUINS is slightly below plan. At this stage of the finance year, this is not a great concern and actions are being taken to ensure that the requirements are achieved by the end of the year.

Resolved to:

- 1. Note the progress made towards achieving performance targets and associated actions and risks**
- 2. Approve the Quarter 1 2014/15 performance update against the Trust Annual Plan**

D14/48 FINANCE AND ACTIVITY REPORT FOR THE PERIOD ENDING 30 JUNE 2014

The Board considered the report presented by the Chief Financial Officer. The present surplus of approximately £700,000 is slightly below plan but in line with expectations. The high activity levels have impacted on the Trust's cost base, an issue which is exacerbated by the lower tariffs for ED work when contrasted with elective work and the punitive tariff for emergency admissions above previous levels. Additional Cost Improvement Plans (CIPs) savings to reduce costs are being identified.

Whilst CIP performance is currently behind plan, it is in line with historic performance. Approximately 75% of CIP plans are in line with expectations as set out to Monitor. However, it is becoming increasingly difficult to achieve efficiency savings whilst meeting the ever increasing number of quality standards and in the face of commissioners seeking to take a share of savings on in areas such

as drugs and devices.

It is expected that the Trust will remain rated at 2* for the Continuity of Services Risk Rating for the first quarter. This requires the Trust to make a negative declaration.

Monitor has asked FTs to declare any trading activities. The Trust will be declaring one trading activity which is consolidated into its returns. Once the renal satellite project commences there will be two additional trading activities. This is an area over which Monitor appears to be taking greater interest.

There was discussion regarding bad debtors. Commissioners were getting slower at paying in a process that has always been very slow. However cash balances are usually caught up by the end of the year. It was confirmed that the Trust has very few payables that were more than 90 days overdue, although it maintains a policy of not paying any trusts who have a poor payment record themselves.

Resolved:

1. **Receive the contents of the report; and**
2. **Agree that Monitor's in year governance statement should be submitted with a negative finance declaration for Quarter 1 2014/15 and confirming that one subsidiary has been consolidated into the financial return.**

D14/49 CAPITAL PROGRAMME UPDATE REPORT

The Directors considered the paper presented by the Director of Projects. Actual capital expenditure at the end of quarter 1 of the 2014/15 financial year was £2.80m, 15% below plan. This is partly due to phasing and there has been no adverse impact on clinical services. However, Monitor requires Trusts to resubmit capital expenditure forecasts if the actual expenditure varies by more than 15% so the Trust is required to submit a profiled capital expenditure plan for 2014/15. This requirement is because Monitor considers that a slowdown on capital spend can often indicate that a FT may be heading towards financial distress and because Monitor is also concerned about trusts who are spending more on capital than they are generating.

It was agreed that the capital programme update will be included in the finance paper from the next quarter onwards.

Resolved to:

1. **Note the £2.80m expenditure to date and the progress**

on capital projects; and

2. Note the requirement to reforecast capital expenditure to Monitor

D14/50 BOARD ASSURANCE FRAMEWORK

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

There were no risks added to the Board Assurance Framework during Quarter 1 2014-15 and one risk was removed, this being "Patient experience fails to match expectations".

A review is being undertaken of the risks on the BAF and those reported elsewhere, to ensure they are aligned. Once this is complete, any proposed amendments will be submitted to the Board for approval.

Additionally, a new BAF risk register template is being developed for roll-out during Quarter 2 2014-15. This will include the development of a clearer report.

Resolved: to approve the Board Assurance Framework

D14/51 COMPLIANCE AND ASSURANCE REPORT

The Board considered the paper presented by the Director of Corporate Affairs. Compliance with the Provider Licence and assurance from external visits has been added to the report. There was discussion regarding the mortality and other risk indicators used by the CQC.

Resolved: to accept the report

D14/52 ANNUAL HEALTH & SAFETY REPORT

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

Resolved: to receive the report

D14/53 ANNUAL WORKFORCE REPORT INCLUDING STAFF SURVEY ACTION PLAN

The Board considered the report as presented by the Executive Director of Delivery. The report includes the workforce statistics that the Trust is required to publish under the Equality Act 2010.

The Trust's Transformation Team has been involved in over 35

workforce transformation projects during the year. This year's National Staff Survey results have been extremely good with the Trust recording scores in the top 20% of acute trusts nationally in 15 out of 28 factors measured. The Trust's response rate was also recorded in the top 20% of acute trusts at 60%. The results place the Trust at the top of all acute trusts in the local health economy and second of the Shelford group of trusts. New health and wellbeing initiatives have been implemented to support staff health and wellbeing, with a corresponding decrease in sickness absence from 3.89% to 3.48% which is the lowest rate of absence in the West Midlands.

The next phase of the development of the Trust's staff portal "Me@QEHB" has been planned, with the Electronic Staff File expected in winter 2014.

Continued expansion of clinical services has led to another significant increase in the Trust's permanent workforce, which has grown by a further 6.4% from last year. The key issue for Medical Resourcing has been to ensure the Trust is able to provide sufficient resource in this area, through the development of new roles, running parallel systems for recruiting and organising junior doctors and setting up a Locum register.

There was discussion regarding the gender balance of staff. The current proportions were normal for health providers, but growth in the proportion of female medical staff is leading to new challenges as career paths need to take account of maternity leave and career breaks. Career breaks are becoming more popular amongst all staff.

Resolved:

1. to accept the 2013/14 Workforce Report; and
2. to approve the publication of the Annual Workforce Report

D14/54 PROPOSED EXPANSION OF THE CARDIAC DIAGNOSTIC SERVICE

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

Resolved: To approve the appointment of a Consultant Cardiologist plus associated infrastructure, as set out in the paper.

D14/55 EXPANSION OF RENAL TRANSPLANT SURGERY

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

Resolved: To approve the proposed strategy for the expansion of renal transplant surgery, as set out in the paper.

D14/56 Date of Next Meeting :

Thursday 25 September 2014, 13:00

Meeting Rooms 1 & 2, Trust HQ, QEMC