

BOARD OF DIRECTORS

Minutes of the Meeting of 6 February October 2013
Board Room, Trust HQ, QEMC

Draft – ■ indicates text to be redacted from published version

Present: Rt Hon Jacqui Smith, Chair (“JS”)
Dame Julie Moore, Chief Executive. (“CE”)
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”)
Mr Andrew McKirgan, Interim Chief Operating Officer (“COO”)
Mr Philip Norman, Chief Nurse
Mr Harry Reilly, Non-Executive Director
Mr David Rosser Executive Medical Director, (“EMD”)
Mr Mike Sexton Chief Financial Officer
Mr Michael Sheppard, Non-Executive Director
Mr 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”)

D13/132 WELCOME AND APOLOGIES FOR ABSENCE

Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. Apologies were noted from: Angela Maxwell, Non-Executive Director, Viv Tsesmelis, Director of Partnerships and Gurjeet Bains, Non-Executive Director.

D13/133 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.

D13/134 DECLARATIONS OF INTEREST

None

D13/135 MINUTES OF BOARD OF DIRECTORS MEETING 24 OCTOBER 2013

The minutes of the meeting held on 24 October 2013 were approved.

D13/136 MATTERS ARISING FROM THE MINUTES

None.

D13/137 CHAIR AND CHIEF EXECUTIVE'S EMERGENCY ACTIONS

The DCA reported that the Chair and the Chief Executive had, since the last meeting of the Board, approved the following as Chair and Chief Executive Emergency Actions:

- Approval for NIHR Collaboration for Leadership in Applied Health Research and Care West Midlands (CLAHRC WM);
- Approval for NIHR CRF Contract Variation No.3; and
- Monitor Quarterly Governance Declaration Q3.

D13/138 CHAIR'S REPORT & EMERGING ISSUES

The Chair reported that she had met with the new Chair of Birmingham Children's Hospital, who had expressed a keenness to work with the Trust. Their long term strategic aim remains a move to the QEHB site, but there is much that can be done in the meantime.

A new forum for the Chairs of West Midlands providers, Clinical Commissioning Groups and community care has been set up. Discussions centred around the Better Care fund of £3.8 million, innovation and integration. Whilst the discussions were interesting, they were at the level of principles, although the Better Care outline plan is due to be submitted by 14 February.

With regard to the Alexandra Hospital, Redditch, the DSO reported that the independent clinical panel had now reviewed services across Worcestershire and reported on what services they felt should be delivered from the three Worcester Acute Hospitals ("WAH") sites. However, the panel has only relied on data provided by WAH and did not seek views from any providers outside Worcestershire. The panel identified services that it felt should be provided from the Redditch site, which were very similar to those identified by UHB two years ago, albeit the panel felt that WAH would remain as the provider.

The DSO and the CFO have attended a meeting with commissioners, where they expressed the Trust's concerns

regarding the decision making process and queried the ability of WAH to deliver on the proposals. The panel did not undertake any financial assessment of the viability of WAH continuing to provide the identified services at Redditch.

The Redditch and Bromsgrove Clinical Commissioning Groups have expressed support for the panel's view on the services that should be provided from the Alexandra, subject to the caveat that they are financially viable and sustainable.

Going forward, the Trust will be represented on a group to consider new patient pathways, which will include the impact of patients coming to the Trust. The Chairs and Chief Executives of the Trust and WAH are to meet to ensure that the impact of services provided at the Alexandra and elsewhere in Worcestershire is fully understood.

D13/139 CLINICAL QUALITY MONITORING REPORT

The Directors considered the report presented by the Executive Medical Director, who confirmed there were currently three investigations into doctors underway, all of which concerned consultants.

With regard to section 3 of the report, the triggering mortality indicators related to conditions with very low numbers of expected deaths. These effectively result in random triggers and it is believed the CQC are considering dropping them. The mortality score for intercranial injuries has moved back from the last report and is now within the trigger boundaries. The DComms reported that a Radio Four programme, File on Four, would be discussing the use of mortality indicator later this month.

There was discussion regarding the significance of case mix adjustments in mortality indicators. The MD reported that many of the adjustments are based on data that is twenty or so years old and that the Trust and other hospitals are now treating patients with levels of co-morbidity who would not have been treated that long ago.

With regard to section six of the report, a detailed review has been undertaken and the MD is satisfied that it is a case-mix issue. This is a particular problem with head injuries because minor and major head injuries are coded identically. The review had shown that most of the deaths were attributable to patients who had been brought directly to QEHB rather than from other hospitals, which would be appropriate given the major Trauma Centre status.

There was discussion regarding the two SIRIs that involved insulin omission. The MD reported that work in this area was being

undertaken as the proliferation of different types of insulin can be confusing for clinical staff. There would be more diabetologist input to patients not directly under the care of the diabetes service and additional rules for PICs are being considered. Blood sugars are checked for all A&E attendees with lack of consciousness.

The Board discussed the outcomes of the Governance visits and agreed that they were very positive, especially taking into account that the areas visited were in the retained estate.

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

D13/140 REPORT ON INFECTION PREVENTION AND CONTROL UP TO 31 DECEMBER 2013

The Board considered the report presented by the Executive Chief Nurse. After a period of twelve months without a single MRSA bacteraemia, it was disappointing that three have been reported for December. Reviews of all three cases have identified learning around communication, antibiotic use and urinary catheter care.

The Trust has had 65 cases of C.Difficile to date, against the annual trajectory of 56. Of these, 13 have been agreed with Commissioners as being unavoidable, so there will not be any financial penalty. The Trust and the commissioners joint process is robust and Monitor and Health Protection England are reviewing this approach.

In January, two wards were closed due to noro-virus. Both closures were for short periods of time, the outbreaks were contained and both wards are now open.

With regard to the Annual Infection Prevention and Control plan, all actions are on track and the plan for FY 14/15 is being prepared.

Resolved: to receive the report on infection prevention and control process.

D13/141 PATIENT CARE QUALITY REPORT

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

The Trust is collecting a considerable amount of patient feedback, through responses to the bedside survey, much more than its peers. Consideration is being given to working with other Shelford Group trusts to develop comparators. Some very positive scores are seen in most areas, with privacy and cleanliness amongst the highest scores.

Noise at night from staff and being given conflicting information scored lowest and action is being taken to improve these aspects of care.

Reports from national surveys are due out in the next few weeks and the new adult inpatient survey will survey a sample of 850 patients, with results reported in May 2014.

Response rates for the Fiends and Family test have improved, following the introduction of a token system in the Emergency Department. The test is to be rolled out to out-patients and staff. National guidance regarding a zero target for negative responses has now changed.

With regard to the Safety Thermometer, a lot of work is being undertaken to reduce pressure ulcers. The increase in "old harm" refers to pressure ulcers arising in the community and the Trust has met with the Clinical Commissioning Group to look at issues regarding this.

Although the numbers of falls has not varied much, there has been a decrease in the number of falls resulting in harm. The past two months had been harm-free. Work is being undertaken to look at the times of falls and repeat fallers.

Complaints have decreased and are running at an average of 55 to 57 a month. This was against a steady increase in activity. The increase of numbers of complaints in Division D can be accounted for in part due to neurosurgery cancellations as a result of the increase in emergency admissions. The Complaints Process is being reviewed with a view to improving both response times and responses.

There was discussion regarding communications with patients around discharge. Issues often arose about the sufficiency of information and patients being given conflicting information. The CN will bring further detail regarding this to a subsequent meeting.

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

D13/142 PERFORMANCE INDICATORS REPORT AND 2013/14 ANNUAL PLAN UPDATE

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

All indicators included in the Trust's performance framework are now included in the report save for four indicators, development of which is continuing.

Of the 15 indicators currently included in Monitor's Risk Assessment Framework, 11 are currently on target and 4 have a remedial action plan in place.

There were 4 cases of *C. difficile* in total in December, bringing the total number to 65 against an annual trajectory of 56. Review by the joint Trust/CCG panel of the December cases determined that three of the cases were unavoidable. The avoidability of the remaining case is still to be formally determined but internal review indicates that it is likely to be considered avoidable. Therefore, the Trust's CCG trajectory is likely to increase to 14 when that case is included.

The national picture is that a large number of trusts are struggling to meet their trajectories. 33 trusts have already exceeded their full year trajectory. A further 66 trusts of which 42 are foundation trusts are above their year to date trajectory but still within their full year trajectory.

With regard to the Cancer Targets, the Trust did not achieve three of the national cancer targets in November. In addition the national target relating to 62 day consultant upgrade that is contractually managed by the CCG was also not achieved.

Achievement of the 62 day referral target continues to suffer from late referrals. For November, 11 out of 13 tertiary referrals were received after day 42. Of these, 4 were received after day 62. A meeting is to be held with the CCG and Strategic Clinical Network regarding future management of late referrals and breach allocation.

In addition, the Trust has seen a 12% increase in radiotherapy referrals associated with patients both within and outside the Birmingham area. Although extended working hours are in place and some patients are also now being treated in the private sector, the additional capacity will not be sufficient to sustainably deliver the target. Additional actions are being identified and meetings scheduled with commissioners to review referral patterns and develop a strategy to further increase capacity, manage demand and ensure delivery of the targets.

Of the 14 national targets monitored locally through the CCG Contract, the Trust is on target for 10, 1 is slightly below target, 1 has a remedial action plan in place and fully validated data is not available for 2.

The Trust is above target for referral to treatment time targets overall but is not achieving the contractual requirement that all treatment functions (high-level specialties) should individually be above target. Action plans for the affected specialties are in place.

The national Ambulance Handover target continues to constitute a significant risk to the Trust due to issues around data quality and the CCG's insistence in relation to application of the contractual penalty from November, even though the data quality issues have yet to be resolved.

Of the 46 Internal Performance Indicators included in the report, 25 are on target, 13 are slightly below target and 8 have remedial action plans in place.

The Trust is still in dispute with the CCG regarding the retrospective target for the Friends and Family test.

Resolved:

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

D13/143 BOARD ASSURANCE FRAMEWORK

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

Resolved: to approve the update to the BAF.

D13/144 FINANCE AND ACTIVITY REPORT FOR THE PERIOD ENDING 31 DECEMBER 2013

The Directors considered the report presented by the Chief Financial Officer. A surplus of £4.17 million has been realised in the first nine months of the 2013/14 Financial Year, representing a favourable variance of £0.770 million against plan.

Monitor's Q3 combined governance statement has been submitted on the basis that the Board is unable to confirm that the Trust will continue to achieve a Continuity of Services Risk Rating of 3 over the next 12 months. However, no regulatory action is expected.

A surplus in the region of £5 million is now forecast for the end of the year. This represents a strong performance, especially in the context of activity and capacity pressures. Further challenges will be faced for the forthcoming year.

Resolved:

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

2. **note that Monitor's Q3 combined governance statement has been submitted on the basis for Finance the Board cannot confirm that it anticipates that the Trust will continue to achieve a COSRR of 3 over the next 12 months.**

D13/145 CAPITAL PROGRAMME UPDATE REPORT

The Directors considered the paper presented by the Director of Projects. Capital project expenditure of £11.37m has been incurred during the first nine months of the financial year. By the end of the year it is expected that there will be a small overspend (£0.36m) representing 2.5% of the approved budget.

The Trust has gone out to tender for the Institute Of Translational Medicine. Windows are likely to be sourced from the original manufacturer.

Resolved:

1. **note the £11.37m of capital project expenditure in the first three quarters of 2013/14; and**
2. **note the total capital expenditure (including new hospital payments) of £21.93m over the same period.**

D13/146 COMPLIANCE AND ASSURANCE REPORT

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

Resolved: to accept the report.

D13/147 AUDIT COMMITTEE REPORT

The Board considered the report presented by the Audit Committee Chairman, David Waller.

Resolved: to receive the report.

D13/148 APPROVAL OF POLICIES

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

Resolved:

1. **to approve the Equality and Diversity in Employment Policy; and**

2. to approve the Maintaining High Professional Standards in the Modern NHS Policy

D13/149 APPOINTMENT OF A SUBSTANTIVE REPLACEMENT CONSULTANT IN BURNS AND PLASTIC SURGERY

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

Resolved: to approve the appointment of a full time Consultant in Burns & Plastics.

D13/150 REPLACEMENT CONSULTANT DERMATOLOGIST

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

Resolved: to support the appointment of a replacement Consultant in Dermatology

D13/151 APPOINTMENT OF A REPLACEMENT COLORECTAL SURGEON

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

Resolved: to approve the appointment of a replacement Colorectal Consultant Surgeon

**D13/152 Date of Next Meeting :
Thursday 27 March 2013 13:00
Meeting Rooms 1 & 2 Trust HQ QEMC**

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