

BOARD OF DIRECTORS

Minutes of the Meeting of 26 March 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”) Mrs Sarah Favell, Deputy Director of Corporate Affairs, Legal and Risk, Minute Taker</p>
Observers:	<p>Dr Neeraj Bhala, Gastroenterology Dr Sharon Balamoody, Radiology Dr Sheldon Cooper, Gastro/Endocrine Dr Parvez Ellahee , Anaesthetics Mr Azzam Farroha, Plastics & Burns Miss Kaori Futaba, General Surgery Dr Jennifer Pinney, Renal Medicine Dr Elizabeth Sapey, Acute Medicine</p>

D15/38	<p>WELCOME AND APOLOGIES FOR ABSENCE Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. Apologies were given for Mr Andrew McKirgan, Director of Partnerships.</p>
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D15/39	<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.
D15/40	<p>DECLARATIONS OF INTEREST None</p>
D15/41	<p>CHAIR'S REPORT AND EMERGING ISSUES The Chair noted and congratulated the Chief Executive for her appearance in a recent HSJ article on leading Chief Executives.</p> <p>The Chair reported on the NHS advisory meeting for chairs and non-executives which took place on 19 March. David Bennett and Chris Hobson from Monitor were present. They highlighted the poor financial state of many Trusts. Monitor estimates there is currently a cumulative deficit of £855M across the NHS.</p> <p>David Bennett's view was that, despite challenging efficiency targets, more could be done. He also spoke of tariff negotiations in relation to NHS England. His focus was on improvement architecture with Monitor focusing on driving improvement through buddying and chains. Monitor will be setting up a new Directorate to provide additional support to providers in achieving improvement goals.</p> <p>David Behan (CQC) had also spoken at the meeting about the current inspection regime and reported that there tended to be more Good and Outstanding ratings in Social/Primary Care sectors than in Acute sector.</p>
D15/42	<p>PATIENT CARE QUALITY REPORT The Board considered the paper presented by the Executive Chief Nurse</p> <p>It was reported that the CQC report, following the recent inspection, was in its final draft stages and receipt was expected 6 April. The Trust would then have two weeks to respond on issues of factual accuracy. Provisionally, the quality summit will be held 5th/6th May, and the report would be published within 48 hours following the summit.</p> <p>The number of patient feedback responses continues to be at a high level, with increases on positive responses on care, privacy and cleanliness. Seven questions produced a drop in positive responses in February, five of which decreased by 1-3%. Although there had</p>

been improvements with regard to patients sleeping at night in previous months, this had since dropped again. Whilst this is only one month's data, work is being undertaken to review causes and to drive improvement. Other high achieving Trusts have been contacted for advice.

The National Inpatient Survey for 2014 is now complete and final data has been submitted to the CQC. It is due to be published in April/May.

The Trust is back on track to achieve CQUIN targets for friends and Family, with additional work being undertaken in A&E. The department continues to see increasing levels of activity, which can sometimes mean staff forget to ask patients for their feedback. The need to undertake this is being reinforced with staff and volunteers.

There was discussion regarding circumstances in which a member of staff would not introduce themselves to a patient. The CN confirmed that proper introductions are an expectation of all staff, but examples of where it may get missed is where care is being provided in a group environment. Whilst there are no particularly poor areas, an issue has been identified that curtains perhaps do not act as much as a subconscious reminder as walking into a patient's room. This is the subject of ongoing feedback to staff

A new Lead Nurse for End of Life Care, Bereavement and Chaplaincy Services has been appointed and will take up post in April 2015. It is intended that this will prompt a review of the services.

The Trust outcomes for the NHS Safety Thermometer 2014/15 show that the percentage harm to patients has been improving over the last six months. There is now 96.6% harm free care. The Chair commended the improvement over the relevant period.

Areas identified for focus in the Continence Action Group included number of catheters used and length of time they were left in place. The Trust is working with its urology consultants to identify improvements and is seeing a positive impact

Previous audits of medicines management identified problems with security and storage but these were isolated incidents and the improvements put in place have led to a consistent level of performance. Recent CQC inspection had no issues with medicines management.

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

D15/43	<p>CLINICAL QUALITY MONITORING REPORT</p> <p>The Medical Director reported that there was no Clinical Quality Report due to there being no CQMG since the last Board meeting and prior to the deadline for Board papers. A CQMG was held yesterday and no concerns were raised. A detailed report will be brought to the next Board meeting.</p>
D15/44	<p>PERFORMANCE INDICATORS REPORT</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). 6 are not met, 5 of which relate to cancer services.</p> <p>With regard to the 62 day target, the perennial problem of late referrals remains an issue. This has been raised with Monitor and the CCG but, as yet, no proposals from them as to how this will be addressed. One referral was received on day 205. Other factors impacting against achievement of this target relate to an increase in activity and the timeframes for cancer treatment, with knock on impact on all targets as they are interlinked. The Trust, as a tertiary centre, is not alone in facing these issues. There are a number of factors which have led to an increase in activity; increased referrals from GPs/other providers, public health campaigns are the most relevant. There was general discussion regarding the failure of primary care or public health organisations to co-ordinate or inform providers of intended public health campaigns which leads to a lag between public awareness and capacity to meet the increased referrals. The DComms advised that she had repeatedly requested information regarding campaign diaries but had not been provided with the same.</p> <p>The main areas of focus with regard to cancer targets are the urology and liver departments. There has been a 47% increase in referrals due to recent public health campaigns. It was noted that it would be useful for the Trust to receive notice from the Clinical Commissioning Groups of such campaigns in order to effectively deal with the rise in activity.</p> <p>There are currently 26 foundation trusts under review by Monitor, seven of which are affected by cancer performance. Four of the Shelford Group foundation trusts are under review. There is an increase in referrals due to public health campaigns and an increase in emergency activity.</p> <p>There was discussion about the issue of late referrals to the Trust by third parties not being addressed, with concern expressed regarding potential adverse impacts on patients. This was</p>

acknowledged by the Chair and Chief Executive who explained that as the breach was only measured once treatment had commenced with the receiving Trust, then there is little implication for the referrer. It was suggested that perhaps a split target may achieve improvement within the CCG structure. However, at the moment, the problem probably appears small to individual CCGs who do not see the overall volume of patients referred to the Trust as a tertiary centre.

It was reported that there is a backlog in Referral to Treatment Times. It was noted that a breach is only counted when the patient is treated, so if the patient is never treated there will be no breach reported. The issue is common across the country and a small amount of additional funding has been made available. The targets and the associated financial fines were suspended in September until December. They were further extended in February. It is therefore unclear whether the fine will be applied for January.

Of the 16 national targets monitored locally through the CCG Contract, the Trust is on track for 10 and has a remedial action plan for 3, including cancelled operations not rearranged within 28 days. The Trust had previously met the target for this but the fall is the result of the increase in activity. The Trust is in the process of ensuring that the fall is only a result of issues with capacity, and not administration.

Despite improvements in performance, the Trust is below target for six week diagnostic waits, having not met its 99% target. There is an action plan in place where the target is not being met.

Ambulance handover data is beginning to improve with more assurance as to its accuracy but there are still anomalies in the data. The ambulance GPS cannot differentiate between the Women's hospital, the Mental Health hospital and the Trust. Issues with GPS and its impact on delay are exacerbated where ambulance crews come in from other areas and as a result of the poor signage in Edgbaston. It was noted that some signs say that there is no A&E at the hospital and lead to a dead end. The Council have been notified of the issue and the Communication team is continuing its efforts to achieve a satisfactory resolution with the Council. The Chair asked if the improvement in the handover data is as a result of improved performance or improvements in the accuracy of the data. The EDoD and COO felt both were factors.

The Chief Executive reported that there will be no imposition in this financial year of the financial penalty for the Trust as it is accepted there are issues with the data from the ambulance service. However, the new contract removes CCG discretion on financial penalties for the next financial year. This, combined with the drive for service improvement, is why the focus on achieving accurate

data continues.

It was noted that the staffing figures have been published.

The Board discussed early warnings, and noted that February/March has been a challenging time for A&E. The Trust would not achieve the March with up to four hour wait target as it was already outside the tolerance (as at 26 March) and last week had been the busiest week of the year. The COO reported that, in addition to increased attendance, the Trust had also seen a decline in patients who were fit to be discharged being actually discharged. There are a number of relevant factors; the recent closure of a local care home as a result of infection had reduced community beds available. Numbers of discharge ready patients had fallen to 75 but now it is up to 130. Unlike paediatric A&E, adult A&E is increasingly reliant on social services who are not meeting demand.

The COO advised that the Trust has opened an additional capacity ward (20 beds) with the intention to open Sunday to Tuesday, these being the busiest times. However, by itself this is neither a sufficient nor a long term solution and the Trust's community partners need to find places/support for those patients who are fit to be discharged to the community. The COO and the DoP are working hard to get that message across to community partners but local social service capacity is very low, running at 25% over the Easter period which is bound to have consequent impact on discharge delay. The CFO also noted that it is the end of the financial year for Social Services which may have an impact on capacity.

The Board noted that staff sickness has risen above target, at 4.34%. It was suggested that this was due to a seasonal blip which is continuing for longer than usual, perhaps because of the ineffective flu jab. Most sickness absence is short term. Long term issues were mainly due to musculoskeletal illnesses and stress/anxiety. In order to address this the Trust has introduced a mindfulness programme and there is a psychological service available. An examination of the data showed that 50% of absence due to stress was not work related and largely related to the current economic climate. CDU, ED and ITU suffered comparatively more from this issue due to the nature of the environment but the Trust has various targeted support programmes.

It was noted that there appears to be an error in the figures for the pre-assessment of patients. It records a fall from 59.2% to 62.4%. The EDoD will check the figures before the next Board.

Resolved: to accept the report on progress made towards achieving performance targets and associated actions and risks

D15/45	<p>FINANCE AND ACTIVITY REPORT FOR THE PERIOD ENDING 28 FEBRUARY 2015</p> <p>The Board considered the paper presented by the Chief Financial Officer.</p> <p>The year to date actual income and expenditure surplus is £1.7m; lower than the planned surplus of £2.8m. It is likely that the Trust will maintain a 2 star risk Monitor risk rating.</p> <p>It was noted that completion of the sale of Selly Oak Hospital is due to take place this financial year, though it is currently conditional and therefore cannot be relied upon in this year's accounts. The income on disposal will be £3.5m. However the purchase of office accommodation for staff will be offset against this.</p> <p>It was noted that discussions are ongoing with NHS England over the contract and Project Diamond. Shelford Group is taking a co-ordinated approach to concerns regarding the significant reduction of Project Diamond and the implications of the proposed tariff options.</p> <p>Looking forward to the financial plan for the next year, the CFO reported that the current proposals from Monitor and NHS England would mean that the Trust would need to set a deficit budget. There was discussion regarding the disappointing financial situation, which is likely to remain difficult for some time. The CFO reported that a report would be submitted to Monitor before 7 April which will be indicative and will show, based on best estimates, a deficit of between £23-24 million.</p> <p>There was then a general discussion regarding the national CIP target which is set high and over time become increasingly unachievable if we are to deliver quality patient services to meet activity/demand.</p> <p>Resolved: to receive the report</p>
D15/46	<p>INFORMATION GOVERNANCE TOOLKIT ASSESSMENT</p> <p>The Board considered the report presented by the Director of Corporate Affairs, setting out the Trust's Information Governance Framework.</p> <p>The Board considered the results relating to the mandatory annual assessment against the Information Governance Toolkit.</p> <p>The Trust will submit a score of 76% for the 2014-2015 Information Governance Toolkit Assessment, a decrease of 4% from last year, largely as a result of changes in the toolkit which was not published until after the first quarter of the year. It was noted that this is still</p>

	<p>satisfactory and fulfils all the requirements to maintain our current score.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. to approve the Trust's Information Governance Framework; 2. to approve submission of the self-assessed score; and 3. to authorise the Director of Corporate Affairs to sign and submit the Information Governance Assurance Statement.
D15/47	<p>ANNUAL CYCLE OF BUSINESS</p> <p>The Board considered the proposed Annual Cycle of Business for the forthcoming year.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. Approve the attached annual cycle of business; and 2. Agree that the Chair may approve amendments to the Annual Cycle during the course of the year.