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BOARD OF DIRECTORS

Minutes of the Meeting of 24 October 2013
Board Room, Trust HQ, QEMC

Present: Sir Albert Bore, Chairman
Dame Julie Moore, Chief Executive. ("CE")
Mr Kevin Bolger, Executive Director of Strategic Operations ("DSO")
Mrs Kay Fawcett, Chief Nurse
Mr Tim Jones, Executive Director of Delivery ("EDOD")
Ms Angela Maxwell, Non-Executive Director
Mr Andrew McKirgan, Interim Chief Operating Officer ("COO")
Mr Mike Sexton Chief Financial Officer
Rt Hon Jacqui Smith, Non-Executive Director ("JS")
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")

D13/108 WELCOME AND APOLOGIES FOR ABSENCE

Sir Albert Bore, Chairman, welcomed everyone present to the meeting. Apologies were noted from: David Hamlett, Michael Sheppard, Gurjeet Bains, David Rosser

D13/109 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.

D13/110 DECLARATIONS OF INTEREST

None

D13/111 MINUTES OF BOARD OF DIRECTORS MEETING 26 SEPTEMBER 2013

The minutes of the meeting held on 26 September 2013 were approved, amended as initialled by the Chairman.

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D13/112 MATTERS ARISING FROM THE MINUTES

None.

D13/113 CHAIRMAN'S REPORT & EMERGING ISSUES

The Chairman had nothing to report.

The DCA reported that the Care Quality Commission (CQC) have now published their Intelligent Monitoring Reports for each trust, which places each Trust in a banding 1 – 6 with Band 1 being the highest risk and Band 6 being the lowest. The Trust is currently in Band 3, with a risk score of 7 out of a possible 154. Most risks can score 0 (as expected), 1 (risk) or 2 (elevated risk). The risk score, calculated as a percentage of the maximum possible risk score, is used to determine which Band applies.

The Trust is recorded as having a risk score of 1 for the percentage of staff involved in direct patient care having had the flu vaccination, based on last year's data, and elevated risk scores of 2 for four indicators related to mortality, as follows:

Dr. Foster: Deaths in low risk diagnosis groups

Dr. Foster: Hospital Standardised Mortality Ratio

Dr. Foster: Hospital Standardised Mortality Ratio (Weekday)

Composite indicator: In-hospital mortality - Trauma and orthopaedic conditions and procedures

The two HSMR indicators only count once – i.e. a score of 2 for both of, rather than each of, those indicators. However, for these indicators, there is only the option of scoring 0 or 2 – i.e. the score is as expected or elevated risk.

There are c200 indicators in total, 13 of which do not apply to the Trust as they relate mainly to maternity/orthopaedics. This, however, increases the proportional impact of a risk score as it reduces the denominator used to determine the band within which the Trust falls.

The time period for the data source is varied through the report with data from 2011 – 2013.

Although the CQC state that these reports should not be used as a judgement (rating), the bandings identify which Trusts the CQC should inspect – those in Bands 1-2 will be the high priority. Once an inspection has taken place all the observations and evidence reviewed, along with the indicators ratings will be taken into consideration and a judgement made of inadequate, requires improvement, good or outstanding. Details of the next 19 acute trusts to be inspected have been published. The Trust is not included.

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D13/114 REPORT ON INFECTION PREVENTION AND CONTROL UP TO 30 SEPTEMBER 2013

The Directors considered the report presented by the Chief Nurse, who further reported that the Director of Infection Prevention and Control (DIPC) had met with representatives of Health Protection England (HPE) and the Department of Health (DH) over the matter of the different approaches being taken by Commissioners and regulators as to how performance with regard to Clostridium Difficile Infections (CDIs) should be measured. Both those parties were now considering the approach agreed by the Trust with its commissioners and their initial view was that the approach seemed very sensible.

In the meantime, the Trust remains likely to exceed its trajectory as assessed by Monitor who persists in using the Health Protection Agency data. The Trust's current trajectory is 45, with eight cases apportioned for the current month.

The Chief Executive reported that she would be discussing this issue with Duncan Selby, the Chief Executive of PHE.

The CN confirmed that each CDI underwent a thorough review with any resultant actions being implemented straight away and that doctors, as well as nursing staff, were very engaged.

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

D13/115 PATIENT CARE QUALITY REPORT

The Board considered the report presented by the Chief Nurse. There was discussion regarding the challenges posed by the mandatory introduction of the Friends and Family test into the Emergency Department (ED). The response rate is improving slowly and the Board considered further ways of improving that rate.

The CN confirmed that Discharge Quality Audits are undertaken on a monthly basis and performance against the vast majority of the indicators is improving. Consideration is now being given to different measures to drive improvements in the quality of discharge information and stretch targets.

The Dementia Carer Survey results had underlined the importance of staff introducing themselves to patients and their carers by name, and of planning for discharge. Action plans were being developed to address these issues and the very low score regarding the provision of information on support available to carers and families. The Board agreed to receive an update on the actions in six months.

ACTION: CN

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

The Chairman reminded members of the Board that this was the CN's last meeting as she was retiring next month. On behalf of the Board, he thanked the CN for her excellent contribution to the Trust, in particular with regard to the considerable improvements made with regard to infection prevention and control, for which he congratulated her.

D13/116 UPDATE ON EMERGENCY PREPAREDNES

The Directors considered the report presented by the Director of Strategic Operations. The report covered progress made over the last 6 months. Extensive training to support the Major Incident Plan has continued, enhanced by a video showing how to set up the Command and Control centre. Further video footage has been produced which demonstrates other significant roles within the plan. It was confirmed that Balfour Beatty Workplace staff are included within the training.

Call out testing continues using call an automated system which was purchased by the Trust in February 2013.

With regard to business continuity, a 'black start' test took place on in September. The test went well and provided a significant level of assurance regarding the resilience of Trust systems.

The Board welcomed the very positive feedback on the recently held conference.

Resolved: to accept the update on Emergency Preparedness, and agree to receive another update in 6 months time

D13/117 PERFORMANCE INDICATORS REPORT AND 2014/14 ANNUAL PLAN UPDATE

The Directors considered the report presented by the Executive Director of Delivery. The Chief Nurse had already reported the position regarding the CDI trajectory and the EDoD reported that 55% of Foundation Trusts had already exceeded their trajectories.

Performance against the ED four hour wait target fell below the 95% threshold in September, due to a spike in activity. However, performance in July and August had been very good, so the target was achieved for the quarter. The EDoD confirmed that the general increase in ED activity across the country had not been taken into account with regard to whether the 95% threshold

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remained realistic.

The EDoD was now confident that the Trust would achieve the 62 day cancer referral target. The Chief Executives of all late referring hospitals had been written to.

With regard to CQUINs, commissioners were seeking to impose a retrospective target of a 15% response rate for the Friends and Family test, in the knowledge that the bench-marking data provided by the Trust was below this level, thus allowing the commissioners to levy a contractual penalty. This is being challenged as the contract does not provide for retrospective targets.

One action in the annual plan had been removed following the withdrawal of the West Midlands GP pathology tender. The Trust has written to the commissioners querying the process that led to the withdrawal, as the work involved in responding to the tender by the Trust had incurred considerable expenditure, although it is considered unlikely that the Trust will recover these costs.

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.**

D13/118 FINANCE AND ACTIVITY REPORT FOR THE PERIOD ENDING 30 SEPTEMBER

The Board considered the report presented by the Chief Financial Officer. An actual surplus of £3.250m has been realised in the first six months of the financial year representing a favourable variance of £0.250m against plan.

Significant operational overspends have been incurred the first six months of the year, largely driven by activity and capacity pressures, plus higher than budgeted staffing costs and slippage against Cost Improvement Plan targets. To date, these have been mitigated by the release of Trust reserves and action plans have been drawn up by Divisions to address the main areas of over spend.

Cash balance is currently below plan. This is largely attributable to movements in working capital balances, including intentional increases in inventory and trade and other payables; with the balance relating to changes in the payment profile as a consequence of the new commissioning arrangements. It is

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expected that cash balances will come back in line with the year end forecast. Consideration is being given to mitigating the perceived drop in financial performance.

Looking forward, the CFO reported that he expects next year's financial settlement to be very tough, to the extent that it may restrict the Trust from taking advantage of opportunities that arise. The present system penalises providers who patients choose to come to. This could put the Trust in a difficult position of having to stop providing certain services. A paper regarding this will be brought to the Board soon.

ACTION: CFO

Monitor has changed its planning timetable again so that the Trust is required to submit its financial plan for 2014/15 in March. It is unlikely that the Trust will have reached agreement with commissioners by then and it may even be the case that the tariff for that year will not have been finalised.

Resolved: to receive the contents of the report.

D13/119 CAPITAL PROGRAMME UPDATE REPORT

The Directors considered the report presented by the Director of Projects.

Resolved: to note the £5.61 million expenditure against the 2013/14 capital programme

D13/120 COMPLIANCE AND ASSURANCE REPORT

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

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

D13/121 REPLACEMENT CONSULTANT IN CLINICAL ONCOLOGY WITH A SPECIALIST INTEREST IN HEAD & NECK, THYROID AND COLORECTAL CANCER

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

Resolved: to approve the appointment of a full time Consultant in Clinical Oncology with a specialist interest in Head and Neck/Thyroid and Colorectal cancer.

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D13/122 PROPOSAL FOR THE APPOINTMENT OF TWO SUBSTANTIVE INTERVENTIONAL CONSULTANT CARDIOLOGISTS

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

Resolved: Approve the appointment of two Interventional Consultant Cardiologists and associated staff.

D13/123 Any other business

None.

D13/124 Date of Next Meeting :

Thursday 28 November 2013 13:00

Meeting Rooms 1 & 2 Trust HQ QEMC