BOARD OF DIRECTORS

Minutes of the Meeting of 23 October 2014
Meeting Room 1 & 2, Trust HQ, QEMC

Draft – ▮ indicates text to be redacted from published version

Present:	Rt Hon Jacqui Smith, Chair Dame Julie Moore, Chief Executive ("CEO") Dr David 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") Ms Angela Maxwell, Non-Executive Director Dr Catriona McMahon, Non-Executive Director Mr Andrew McKirgan, Director of Partnerships ("DoP") Mr Philip Norman, Chief Nurse ("CN") Mr Harry Reilly, Non-Executive Director Mr Mike Sexton, Chief Financial Officer ("CFO") Mr Michael Sheppard, Non-Executive Director Mrs Cherry West, Chief Operating Officer ("COO")
In Attendance:	Mr David Burbridge, Director of Corporate Affairs ("DCA") Mrs Fiona Alexander, Director of Communications "DComms") Mrs Berit Reglar, Associate Foundation Secretary
Observers	Consultants Dr Helen Benghiat, Dr Sarah Bowater, Dr Ghazia Kaushal, Dr Homoyoon Mehrzad Medway NHS FT Dr Philip Barnes, Acting Chief Executive; Ms Shena Wing, Chair; Ms Patricia Barnes, Director of Health Informatics; Mr Tim Bolot, Interim Financial Director; Mr Tony Moore, Non- Executive Director; Dr Paul Ryan, Acting Medical Director; Ms Sheila Stenson, Deputy Financial Director. George Eliot Ms Kath Kelly, Acting Chief Executive BCH NHS FT Mr Sharif Khalid, Surgeon Governors Mr David Spilsbury

D14/90	**WELCOME AND APOLOGIES FOR ABSENCE** Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. Apologies were received from: Mrs Viv Tsesmelis, Director of Partnerships ("DP") Ms Gurjeet Bains, Non-Executive Director Mr David Waller, Non-Executive Director
D14/91	**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.
D14/92	**DECLARATIONS OF INTEREST** Mr David Hamlett declared a conflict of interest in relation to agenda item 22 (D14/112).
D14/93	**MINUTES OF BOARD OF DIRECTORS MEETING 25 SEPTEMBER 2014** The minutes of the meeting held on 23 September 2014 were approved as a true record.
D14/94	**MATTERS ARISING FROM THE MINUTES** None.
D14/95	**CHAIR'S REPORT AND EMERGING ISSUES** The Chief Executive reported that the NHS 5 year plan had been published in the morning. The plan, led by Simon Stevens, provided a co-herent summary of the already existing strands such as primary, secondary and tertiary care providers, etc. There was nothing new in the plan. It had been agreed that Wye Valley NHS Trust would be a new partner under the buddying scheme. The Trust has commenced to refuse GP referrals from outside the new catchment areas so as to deal with pressures in the system (in particular ED, A&E and general surgery). Tertiary referrals from all areas have been, and would continue to be accepted. Before any patients have been turned away, the Consultants carried out a risk assessment. Thus, patients' health was not at risk.

	All CCGs have been sent an explanatory letter and a meeting has been held to which all CCG board members had been invited. At the meeting the Trust made it clear that it had no intention to stop the implementation of its new plan to create additional capacity. The Trust had obtained backing from Monitor which confirmed that this was not a regulatory matter and that the Trust was acting within the remit of its constitution. The Trust is now in the process of carrying out investigations as to why it received so many patients from outside the catchment area. The feedback received to date confirmed that GPs were not confident in making referrals to the local hospitals due to concerns over the quality of services provided; some of the local hospitals lacked appropriate partnership arrangements. Once fully evaluated, the findings of these investigations would be shared with the CCGs. The CCGs have threatened to treat the refusal to accept referred patients as a 'serious untoward incident'. This would be strongly refuted by the Trust as no patient was put at risk of harm. It was further noted that Commissioners continued to exceed the predicted rate of tertiary referrals. The Executive Director of Delivery provided a summary of the impact of the industrial actions which took place on 13 October by Unison members and on 20 October by the radiographers. On 13 October only 160 members of staff took action. All followed the previously agreed protocol which meant that the impact had been minimal and no disruption to patient services had been caused. The industrial action by the radiographers on 20 October had been slightly more disruptive as a higher proportion of staff went on strike. However, all patient appointments had been re-arranged in time and there had been no cancellation as a result. The chair reported that she had attended the first Patient Experience Conference hosted by the Trust. This had been extremely well attended and received and would be repeated. She had also attended the Academic Health Science Network (AHSN) summit.
D14/96	**CLINICAL QUALITY MONITORING REPORT Q2** The Directors considered the Clinical Quality Monitoring Report for Q2 presented by the Executive Medical Director. There are currently 11 investigations into Doctors' performance underway relating to 2 Consultant Grade Doctors, 3 Junior Specialist Doctors, 5 Health Education West Midlands Trainees and 2 Associate Specialists.

	The Trust has not breached the Cumulative Summary Mortality Indicator (CUSUM) for any Clinical Classification System (CCS) Groups. The group atherosclerosis and other heart diseases have moved toward the breach trigger line. However, all of these cases are extremely complex. VTA prescribing compliance rate has improved since the changes to PICS. There has been one 'never event' where a guide wire had been left in situ which resulted in direct temporary harm to the patient. It is not yet understood how this incident had occurred and due to the delay in reporting, it might be difficult to establish who was to blame. The governance visit to ED has evidenced that good processes are in place. The department has a queue of nursing staff wanting to work on the ward; patient feedback was overall positive. The facilities were found in a clean and tidy condition. **Resolved: to accept the report**
D14/97	**INFECTION PREVENTION & CONTROL REPORT (Q2)** The Directors considered the report presented by the Executive Chief Nurse. The Trust has been no MRSA bacteraemia case in September. During the year to date there has been one case and an action plan has been devised to learn lessons from this case. There have been 7 reportable C.Difficile cases in September all of which were post 48 hours and therefore attributable to the Trust. Of the 7 Trust apportioned cases, only 1 was assessed as avoidable. There have been no outbreaks of vomiting and/or diarrhoea. Public Health England and NHS England have published their guidance on Ebola. Both have been reviewed and the Trust assesses itself as compliant. 350 staff (mainly in CDE, ED and A&E) have been trained. A training video produced by the military staff will be made accessible to other members of staff to increase awareness. There is sufficient supply of masks and other staff equipment. An exercise, organised by the emergency planning lead, will take place next week. The Trust is not one of the four national Ebola treatment centres which means that when patients are screened for Ebola and found infected, they would not be referred to the Trust. However, military staff not infected by Ebola would be referred to the Trust.

	Resolved: To accept the report
D14/98	**PATIENT CARE QUALITY REPORT (Q2)** The Directors considered the report presented by the Executive Chief Nurse. The numbers of patient feedback responses continued to be at a high level. In September, 2,135 responses to the electronic bedside inpatient survey and 188 responses to the Emergency Department survey have been received. Positive responses were received in particular in relation to the overall rating of care, privacy when needed, cleanliness of the hospital, wards and toilets and patients admitted to a single sex ward. A positive drop has been noted in relation to 'noise at night' which demonstrates that appropriate action plans have been devised and implemented. These would be shared with other hospitals. However, fewer positive responses have been received in relation to 'finding someone to talk to about worries and fears'; 'pain control' and 'hospital food'. Since only one month's worth of data is available, no trends have been identified yet. Questionnaires relating to the national inpatient survey have been disseminated to a sample of patients drawn from June 2014. The Trust continues to roll out the friends and family test ahead of the implementation date. The feedback received to date shows there is a continuous issue with car parking and the distance between the car parking facilities and the hospital. Other outpatient issues concern waiting time and cancellation of appointments. There has been a drop in avoidable hospital acquired pressure ulcers. **Resolved to: Receive the report**
D14/99	**EMERGENCY PREPAREDNESS UPDATE REPORT** The Directors considered the report presented by the Executive Director of Strategic Operations. As a category 1 responder, the Trust has a statutory duty to ensure it can respond to emergency situations and continue to provide essential services at times of operational pressure or in the event of an emergency. Consequently, the Trust tests its automated call out system every 3 to 4 months to selected groups of staff and carries out a table top exercise every 6 months and a live exercise every three years. The Trust has further assisted the Ministry of defence and Nottingham Queen Medical Hospital with a table top exercise to

	test the RAMP plan which had been previously cancelled. **Resolved: to Receive the report**
D14/100	**PERFORMANCE INDICATORS REPORT AND 2014/15 ANNUAL PLAN UPDATE** The Directors considered the report presented by the Executive Director of Delivery. The report focuses on exceptions only, i.e. where national targets are 'on target but close to threshold'; 'slightly below target' or where 'remedial action is required'. Local indicators are only reported where 'remedial action is required'. Of the 15 indicators currently included in Monitor's Risk Assessment Framework, 7 are currently on target. 5 cancer targets were not achieved in August and have a remedial action plan in place. One further cancer target was close to the threshold. September, normally a relatively quiet month, was the third busiest month the Trust has seen for ED attenders and ambulance arrivals. An average of 98 ambulances arrived per day. As a result, the national target of 95% of patients leaving A&E within 4 hours of arrival has been missed by 2 percentage points in September. The Trust has plans in place to deal with general capacity issues and delayed transfers. The discharge liaison team is being expanded by two band 5 nurses, a formal escalation system is being developed and a business case is being drafted to increase Emergency Nurse Practionners' hours. The Trust is in the process of investigating the causes for delays in discharge or transfers. For this, divisions have been asked to review all patients with a stay exceeding 14 days. It is clear that, in part, pressures in the system are to blame for the delays. Whilst in 2010 there was a delay in discharge/transfer for an average of 18 patients, there is now a delay for 125 patients over the same time period. Social care providers appear to struggle to provide required services in a timely fashion despite the increase in resources made available under the 'better care fund'. Due to the breach in the A&E target the Trust is likely to be fined a penalty of £35,000. In addition, the Trust's rating with Monitor and the general reputation amongst the public could be affected. However, nationally the target continues to be failed by most trusts. In October, the target of 95% has been achieved. The Referral To Treat (RTT) performance for admitted patients was below the target of 88.9% in August. This is line with the national initiative of a managed failure to reduce the RTT backlog with

	additional payments for additional activity and the suspension of contractual penalties. Of the 16 national targets not included in Monitor's Risk Assessment Framework the Trust is on target for 11, has a remedial action plan in place for 2 (cancer 62 day upgrade and never events) and is on target but close to the threshold with one (30 and 60 mins turnaround of ambulance handovers). Of the 54 local indicators two are currently being developed for reporting and of the remainder 30 are on target, 16 are slightly below target and 6 have remedial action plans in place. The Trust did not meet its target to minimise the number of operations cancelled on the day of surgery due to the high emergency demand. The process for cancelling operations, including escalation plans, is being reviewed. It was agreed that patients and relatives are advised of the capacity issues as reasons for the cancellations. The Trust's performance in relation to recruitment of patients for clinical trials is slightly below target in August. This is attributed to a seasonal peak in annual leave. The Trust is on track with its Annual Plan. **Resolved to:** **1. Accept the progress made towards achieving performance targets and associated actions and risks; and** **2. Accept the Quarter 2 performance update against the Trust Annual Plan.**
D14/101	**FINANCE AND ACTIVITY REPORT (Q2)** The Board considered the report presented by the Chief Financial Officer. The current surplus of £0.097m is slightly below the budgeted surplus of £0.300m for the month. The cumulative surplus at Q2 is £1.183m which is £0.717m lower than the planned surplus of £0.1900m for the period. The decreased surplus is related to operational overspend which, to date, has been largely balanced by underspends across corporate budgets and use of Trust's specific reserves. Key pressures on the operational budgets include activity and capacity related cost pressures such as usage of unfunded beds, waiting list initiative payments and utilisation of private sector capacity; deliverability of cost improvements and workforce issues. The delivery of the Cost Improvement Plan (CIP) is line with the Trust's long term predictions. The Trust continues to receive a Continuity of Services Risk rating

	(COSRR) of 2* which means that it is classified by Monitor as 'material (financial) risk but stable'. Due to the adverse impact of the PFI scheme on the metrics it is unlikely that the Trust will improve on this rating. **Resolved to: Receive the contents of the report.**
D14/102	**CAPITAL PROGRAMME UPDATE (Q2)** The Board considered the report presented by the Chief Financial Officer. There has been some slippage with regards to expenditure in Q2 which is down to operational decision making. Additional expenditure on new office facilities and revenues associated with the sale of the Selly Oak estate will require the Trust to submit to Monitor a further re-forecast of its capital expenditure plan. **Resolved to: Receive the contents of the report.**
D14/103	**BOARD ASSURANCE FRAMEWORK REPORT** The Board considered the report presented by the Director of Corporate Affairs. The Board Assurance Framework contains currently 7 significant risks. The inclusion of some, or all, of the following 6 new risks were discussed: • Staffing issues (wider than medical workforce) • Emergency department 4 hours wait • Monitoring • Cancer targets • RTT targets • Capacity risks regarding tertiary patients/reputational risk regarding out of area secondary care referrals policy It was agreed that all should be included but amalgamated, where possible, under a more encompassing heading such as 'referrals/capacity issues'. **Resolved to: Approve the Board Assurance Framework, subject the aforementioned amendments.**
D14/104	**COMPLIANCE REPORT** The Board considered the report presented by the Director of Corporate Affairs. The Trust will be inspected by the CQC in the next quarter. The Trust has set up a project board which oversees the preparations for this assessment. The Quality and Safety Visits Process is in the process of being aligned to the new CQC Key Lines of Enquiry. The purpose of these visits is to pick up any gaps in assurance and to provide feedback to the Divisional Clinical Quality Groups as well as the Board of Directors, as required. The latest version of the CQC Intelligent Monitoring Data will be

	published on 27 October. It is difficult to predict whether there will be any changes to the indicators. **Resolved to: Receive the contents of the report.**
D14/105	**AUDIT COMMITTEE REPORT** The Board considered the Audit Committee Report. **Resolved to: Receive the contents of the report.**

Date of Next Meeting :
Thursday 29 January 2015, 13:00
Meeting Rooms 1 & 2, Trust HQ, QEMC