

BOARD OF DIRECTORS

Minutes of the Meeting of 23 July 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”) 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”) Mr Andrew McKirgan, Director of Partnerships (“DoP”) Mrs Sarah Favell – Minute Taker</p>
Observers:	<p>Aprella Fitch Elizabeth Hensel Consultants Mr Tom Beech Dr Robert Stevenson Dr Shireen Velangi Dr Steven Watkins Alexandru Achiti</p> <p>Richard Beeken, CEO Wye Valley NHST Museji Takolia, Chair Wye Valley NHST Lauren Thomson, Junior Doctor, UoB Medical School Katherine Stewart, Occupational Psychology Master, UoB Medical School Ms Andrea Gordon Mr Neil Harrison (BT Health & Government)</p>

D15/87	<p>WELCOME AND APOLOGIES FOR ABSENCE Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. There were apologies from Fiona Alexander, Director of Communications, Kevin Bolger, Executive Director of Strategic Operations.</p>
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	<p>The Chair welcomed the Chair and Chief Executive of Wye Valley NHST.</p>
D15/88	<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.
D15/89	<p>DECLARATIONS OF INTEREST None</p>
D15/90	<p>MATTERS ARISING FROM THE MINUTES The Board noted that the minutes from the 23 April 2015 were approved.</p>
D15/91	<p>CHAIR'S REPORT AND EMERGING ISSUES The Chair noted that there was nothing to report other than the recent visit by the Oman Health Ministry which was going very well and reflected positively on the team who had invested so much in cementing the continuing relationship.</p> <p>The Chair had also attended the Annual Volunteer Lunch which had been a very positive affair and an opportunity to give our thanks and present certificates for the excellent contribution by our very committed volunteers.</p>
D15/92	<p>ACTIONS FROM THE CARE QUALITY COMMISSION (CQC) INSPECTION The Board considered the Report presented by the Executive Chief Nurse and the Director of Corporate Affairs.</p> <p>It was explained that the CQC Inspection (January 2015) and subsequent report had included significant positive comment on services. However it was recognised that there were discreet areas that required improvement and so an action plan had been developed.</p> <p>The Chief Nurse confirmed that all actions were on track and being monitored by the Risk & Complinance team with quarterly updates by exception.</p>

	<p>There was discussion regarding the need for robust evidence based feedback to be provided to the CQC Chief Executive and Interim Chair when they visit in August. The Chief Executive was clear this would be provided and we would also use the visit to provide an opportunity for the staff to provide feedback on the Inspection experience.</p> <p>Resolved: to receive this update on the actions from the CQC Inspection</p>
D15/93	<p>CLINICAL QUALITY MONITORING REPORT</p> <p>The Board considered the paper presented by the Executive Medical Director. It was noted that the reference to 'careers' in section 7, paragraph 7.2, should read 'carers'.</p> <p>The Medical Director provided an update to section 2 of the Report. There are seven ongoing investigations under MHPS.</p> <p>At section 3, it was confirmed that the Trust would hit the CUSUM trigger for deaths following intracranial injury but this is not unexpected as the Trust is a Major Trauma Centre which brings additional complexities to the calculation of mortality indicators.</p> <p>The review of mortality rates for emergency admissions confirmed the trend analysis was positive with an overall decrease in A&E mortality; the slight increase since September 2014 has been assessed and is considered to be due to a random variation (Appendix 1). This positive trend reflects the work undertaken by the medical managers within A&E with a focus on tighter processes. For example complete full 12 hour observations are above 90% over the last 3 years. Whilst you cannot prove a direct contribution to the life saving of an individual such a rigorous systemic approach has obvious benefits for patients.</p> <p>There was discussion regarding whether it was possible to check/benchmark our data against other Trusts. It was confirmed that we do benchmark against other trusts across England and generally are providing better results.</p> <p>Board members expressed the view that this data would be useful in the provision of feedback to the CQC. Whilst the Chief Executive concurred, she expressed concern that CQC had not fully understand the data provided to date.</p> <p>Resolved: to discuss the contents of this report and approve the actions identified</p>

D15/94

CARE QUALITY REPORT (including Infection Prevention and Control)

The Board considered the paper presented by the Executive Chief Nurse.

It was confirmed that there have been no new MRSA bacteraemias since the last Board meeting. There were 4 earlier in the year but immediate actions have been put in place to remind both staff and patients of essential infection control practices i.e. hand hygiene, use of personal protection equipment (PPE) and a robust cleaning regime.

A review of all cases over the past 5 years has been conducted to ensure tailored actions and that the organisation continues to learn and avoid complacency.

The Trust is taking a new approach to cleaning of ward areas; in addition to the normal cleaning regime the Trust is undertaking a programme of decanting one ward at a time, moving wards in their entirety to a new location whilst the normal ward area is deep cleaned. This also allows Cofely to carry out maintenance including decorating without impacting on patient care.

The response to the Patient Experience Survey has improved with 95% positive responses; relating to overall ratings of care, privacy when treated, cleanliness and admission to single sex bay/ward. We continue to address issues raised regarding hospital food, pain control and bell response but overall the responses are overwhelmingly positive.

New questions have been added to the National Patient Survey to address specific issues the Trust is focusing on, in particular the discharge and immediately post-discharge experiences of patients. Discussion ensued as to how the Trust seeks to obtain feedback from those discharged and it was confirmed that there were various strategies in place to obtain feedback immediately pre discharge and on subsequent contacts, such as out-patients. The Trust is receiving enquiries from other trusts about our methods of obtaining feedback.

It was reported that there has been an overall decrease in falls during the period April-June 2015, the majority being no or minor harm. There has been a lot of focused work/analysis of each fall and although April had 11 falls those investigations did not disclose a particular causative theme. Nevertheless falls education/awareness is continuing across the Divisions led by the Falls Prevention team.

A discrete piece of work is being undertaken regarding the use of urinary catheters involving both medical and nursing staff. It was

	<p>asked why this was felt necessary and it was explained that it is an invasive procedure and therefore should only be carried out for robust treatment reasons. Also, by its very nature it carries an infection risk so a group has been formed to consider clinically appropriate usage, guidance on duration and general education in an effort to reduce unnecessary procedures and the risk of infection. The recent intake of junior doctors will be asked to complete the audit tool as part of their educational audit cycle. By simply raising awareness we are already seeing positive changes in practice.</p> <p>A discussion took place regarding the issue of discharge management. It was recognised this has been an area of considerable work over the past 12 months, particularly complex discharges. Improvements are being seen, led by the Director of Partnerships' team which is working closely with the Local Authority. Efforts are ongoing to get the Local Authority hospital social care team embedded within the Trust team but it is difficult whilst they are not subject to Trust management. For example we have no control over annual leave and in March all of the social workers went on mandatory training at the same time, creating a bottleneck.. We are continuing to engage with the Local Authority to address these and funding issues. It was recognised that the Local Authorities, due to financial constraints, may struggle to see the value of embedding resource within the hospital. However the discharge team is clear there is evidence to support the operational value of such an approach. Director of Partnerships is continuing to explore this with the Local Authority as well as other options.</p> <p>A further piece of work is being undertaken by a Junior Doctor looking at a separate bottleneck in the discharge process, the TTO process (prescribing and providing of medicines for patients to take home on discharge). It was confirmed this was the biggest cause of delay, the waiting for discharge letters to be written and drugs dispensed. A pilot where pharmacists take the lead in the prescription of TTOs is being considered.</p> <p>Resolved: to receive the report on progress with Care Quality</p>
D15/95	<p>ANNUAL INFECTION PREVENTION AND CONTROL REPORT APRIL 2014 – MARCH 2015</p> <p>The Board considered the report presented by the Executive Chief Nurse.</p> <p>It was recognised that this is a continuing challenge UK wide. A new Infection Control team has been established with new management and is making significant progress, having already identified key actions (section 11 report).</p> <p>Education continues within the Divisions regarding hand hygiene to</p>

	<p>avoid complacency as well as changes to hand gel dispensers and an audit of compliance in clinical areas. Mandatory training is being monitored with 93.8 % compliance. The balance does include those on long-term leave or off-site (Regents Court) where the requirement is not so immediate. A process is in place to escalate individual employee non-compliance. Additionally failure to complete mandatory training will be a bar to pay progression from this year onwards so a further increase should be expected (although there will never be 100% due to the reporting lag).</p> <p>There was then a discussion about the need to ensure both the infection control policy and education is relevant and important to staff otherwise it is human nature to ignore what is perceived as irrelevant.</p> <p>Resolved: to accept the Annual Report on Infection Prevention and Control</p>
D15/96	<p>PERFORMANCE INDICATORS REPORT AND 2015/16 ANNUAL PLAN QUARTER 1 UPDATE</p> <p>The Board considered the papers as presented by the Executive Director of Delivery. The contents of the report were verbally summarised by the Executive Director of Delivery. There was discussion regarding the following:</p> <p>Cancer Targets</p> <p>It was noted that the Trust has met 10 of the 14 national targets included in Monitor's Risk Assessment Framework (RAF). 4 were not achieved in May and a remedial action plan has been put in place. Monitor is happy with the Trust's action plan. We should be back on track by Q2.</p> <p>Although Monitor is no longer scoring the RTT targets it is still requiring trusts to continue to monitor performance and report.</p> <p>Recent introduction by Monitor/TDA/NHS England of a national programme to improve cancer performance has included 8 new self-assessment requirements for Trusts. Although they are drafted at a high level the expectation is that Trusts will have to report at a granular level.</p> <p>Ambulance Handover</p> <p>There has now been an agreement as to the validation process for 60 minute breaches and this has resulted in a reduction in the number of claimed 60 minute breaches from 12 to 3 (confirmed).</p> <p>It has not yet been possible to agree a validation process for 30</p>

	<p>minute handovers. The Trust is very conscious there are financial penalties and is working hard to both agree the validation process and reduce the number of confirmed breaches.</p> <p>External Agency</p> <p>The Trust continues to monitor external agency spend and is not complacent, although one of the better performing Trusts when benchmarked against peer provider organisations. The need to continually focus on prompt and appropriate management of sickness absence etc was discussed by the Board generally. It was noted that the Divisions are focused on the issue and the weekly Finance Improvement Group considers each division's position on a rotating fortnightly basis.</p> <p>Complaint Responses</p> <p>It was recognised by the Board that performance appears to have dropped initially in April but was improving in May. It was also acknowledged that this was in the context of the Trust imposing a tougher target of 30 day (rather than 40 day) response requirement.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. to accept the report on progress made towards achieving performance targets and associated actions and risks; and 2. to accept the Quarter 4 2015/16 performance update against the Trust Annual Plan.
D15/97	<p>FINANCE AND ACTIVITY REPORT FOR THE PERIOD ENDING 30 JUNE 2015</p> <p>The Board considered the paper as presented by the Chief Financial Officer.</p> <p>The Chief Financial Officer confirmed the planned overall deficit was expected to be approximately £9.50m in current financial year. The primary reason behind this is the deterioration in the national position across the NHS regarding financial resourcing. It is also considered unlikely that the Trust will achieve the proposed efficiency savings of 7/8% but were on target to achieve a more realistic target of 3-4% without compromising patient safety. Research has confirmed that level of saving was achievable and not counter-productive.</p> <p>Consequently it was recommended that the Board should approve</p>

	<p>the submission of a governance statement to Monitor with a negative finance declaration.</p> <p>Senior management recently met with Monitor to discuss the financial plan and a further meeting is scheduled for mid September. Monitor are keen to have evidence of the Trust's efforts to mitigate the impact of the budget restrictions but the Trust has been clear that it has little internal flexibility to improve its position. The Board was assured that we are being transparent and prudent in our reporting to Monitor regarding the Trust's financial position and Monitor appeared to accept our approach.</p> <p>It was confirmed that for Quarter 1 the Trust is £0.3m over the anticipated planned budget deficit and this reflects the pressures on the Divisions to meet access targets.</p> <p>Discussion ensued regarding the psychological and actual impact of a deficit on staff and stakeholders. It was acknowledged that considerable work was put in across the Trust last year to constrain spending and it would become increasingly more difficult to achieve savings easily, but we were continuing to see efforts across the Divisions. This is clearly difficult for staff but the Board were satisfied that the approach being adopted across the Trust is pragmatic and sensible with clinical and operational staff recognising the need to 'keep a grip' on spending.</p> <p>It was recognised that much would depend on the outcome of current contractual negotiations. Clearly the tariff/payments we receive under the provider contract will have a direct impact on the Trust's financial position.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. to receive the contents of the report 2. Approve the submission of the Quarter 1 governance statement to Monitor with a negative finance declaration and confirming that three subsidiary companies have been consolidated into the financial return.
D15/98	<p>QUARTER 1 BOARD ASSURANCE FRAMEWORK</p> <p>The Board considered the paper as presented by the Director of Corporate Affairs who reported that the Board Assurance Framework has been reviewed by all relevant leads and been amended appropriately as set out in the report.</p> <p>There was discussion regarding the scoring of the risk around the Trust's financial position, given the outcome of the Financial Risk Rating process and the present outlook. The Board took into</p>

	<p>account the Trust's track record on achieving CIPs and the performance of other trusts and agreed to leave the risk scoring at the present level for the time being. However, it was agreed by the Board that item 1 BAF (underlying financial performance) risk scoring may need to be reviewed by Quarter 4.</p> <p>Resolved: to approve the revised BAF</p>
D15/99	<p>QUARTER 1 COMPLIANCE AND ASSURANCE REPORT The Board considered the report as presented by the Director of Corporate Affairs.</p> <p>The CQC recent report rated the Trust as 'Good' overall with 'Outstanding' for 'Well Led' with 85% of areas assessed as either good or outstanding. At present the Trust had not received the CQC's risk rating (Intelligent Monitoring Report) for Quarter 1.</p> <p>Resolved: to receive the report.</p>
D15/100	<p>ANNUAL HEALTH & SAFETY REPORT The Board considered the report presented by the Director of Corporate Affairs.</p> <p>The Board expressed its approval of the updated report format and noted the process improvements made by the team and increased focus of both the Health and Safety team and Divisions on the continuous monitoring of relevant health and safety requirements.</p> <p>Resolved: to receive the report.</p>
D15/101	<p>ANNUAL WORKFORCE REPORT The Board considered the report as presented by the Executive Director of Delivery.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1. to accept the 2014/15 Workforce Report; and 2. to approve the publication of the Annual Workforce Report
D15/102	<p>APPROVAL OF POLICY The Board considered the paper as presented by the Director of Corporate Affairs</p> <p>The Board discussed the report which attached the updated</p>

	<p>Infection Prevention and Control Policy. This policy reflects the improvements made by the Team recently as set out by the Chief Nurse in his report on Care Quality.</p> <p>Resolved: to approve the Infection Prevention and Control Policy</p>
D15/103	<p>REPLACEMENT MEDICAL ONCOLOGY CONSULTANT The Board considered the paper provided in her absence by the Chief Operating Officer and approved the appointment.</p> <p>Resolved:- to approve the appointment of a replacement Medical Oncology Consultant</p>
D15/104	<p>Date of next meeting: Thursday 23 October 2015</p>

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