

BOARD OF DIRECTORS

Minutes of the Meeting of 25 September 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”)
Ms Gurjeet Bains, Non-Executive Director
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
Mr Andrew McKirgan, Director of Partnerships (“DoP”)
Dr Catriona McMahon, Non-Executive Director
Mr Philip Norman, Chief Nurse (“CN”)
Mr Harry Reilly, Non-Executive Director
Mr Michael Sheppard, Non-Executive Director
Mr Mike Sexton, Chief Financial Officer (“CFO”)
Mr David Waller, 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 E Derrett-Smith, Dr M Elshfie, Mr K Kok,
Mr S Metcalfe, Dr A richter, Mr K Roberts, Dr Z Zia
- Governors: Mrs A Fitch

D14/68 WELCOME AND APOLOGIES FOR ABSENCE

Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting. Apologies were received from:

Dr David Rosser, Executive Medical Director, (“MD”)
Mrs Viv Tsesmelis, Director of Partnerships (“DP”)

D14/69 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.

D14/70 DECLARATIONS OF INTEREST

Mr David Hamlett declared a conflict of interest in relation to the chlorine incidents (D14/73) which are currently being investigated by the Trust.

D14/71 MINUTES OF BOARD OF DIRECTORS MEETING 24 JULY 2014

The minutes of the meeting held on 24 July 2014 were approved as a true record.

D14/72 MATTERS ARISING FROM THE MINUTES

None.

D14/73 CHAIR'S REPORT AND EMERGING ISSUES

The Chair reported that, on 22 September 2014, the Council of Governors have approved the (re-appointment or appointment of the following Non-Executive Directors:

David Waller and David Hamlett – for a second 3 year term
Prof. Michael Shepperd – for a further year
Jason Wourha - new appointment to replace Mrs Gurjeet Bains who will come to the end of her second 3 year term in November.

The DCA reported that the Care Quality Commission (CQC) website currently states that the Trust is being inspected. Having clarified this with the CQC, this is not the case, as the CQC are just following up on their findings of previous inspections and, where indicated, will update the Trust's rating on their website.

David Hamlett left the meeting.

The CEO provided an update on the chlorine incidents. 2 members of staff of Cofely have turned to the media and provided a full account of the incident, as well as historical information going back to 2010. Channel 4 is likely to feature the matter in the next week and other media may pick up on this. The Trust had been very open and transparent about its investigation and would continue to co-operate with the media.

David Hamlett re-joined the meeting.

The CEO reported that patient referrals to the Trust continued to grow at an unprecedented rate which has resulted in increased pressure on the system. The growth of secondary referrals was particularly large from areas outside the Trust's traditional catchment area, with patients tend to by-pass their local hospitals in Redditch, Sandwell and City. A recent survey showed that 70% of patients attending A&E did not call their GP as a first point of call and of those who did, only 13% were offered an appointment. There had been several attempts to educate patients through the use of TV adverts, leaflets, banners on buses, etc. However, the latest figures showed that this has led to the opposite effect of further increasing A&E attendance. It was acknowledged that A&E had been the only constant service in a continually changing landscape (introduction of GP consortia; NHS direct; walk-in centre, etc).

The shortage of capacity resulting from the present situation creates real clinical risks to tertiary patients, who need, for example, transplantation or complex cancer surgery, where UHB is often the only realistic provider available, and who are waiting longer for their treatment due to the lack of ward beds. In response, the Trust has opened over 170 beds in the last 18 months. However, the Trust's ability to respond in this way is now almost exhausted and so a process for managing GP secondary care referrals, by declining to accept routine GP referrals for agreed secondary specialties from all CCGs, other than Birmingham Cross City and Birmingham South Central, has been introduced. GP Cancer 2 week and tertiary referrals from other hospitals will continue to be accepted.

There was discussion regarding this policy and it was agreed that it was appropriate to take such measures in order to minimise the impact on tertiary patients, many of who had a greater clinical need than this attending through A & E.

Conversations with the West Midlands Ambulance services are continuing on a similar basis.

D14/74 CLINICAL QUALITY MONITORING REPORT Q2

The Directors considered the Clinical Quality Monitoring Report for Q2 which was presented by the Chief Nurse on behalf of the Executive Medical Director.

There are currently 10 investigations into Doctors' performance underway, the outcome of which would be reported back to the Board.

With regard to the Cumulative Summary Mortality Indicator (CUSUM), the Trust has breached two minor groups, namely the

cancer of testes and cancer of the bone and connective tissue. A full care review would be undertaken and the results and any action plans reported back to the Clinical Quality Monitoring Group (CQMG) and the Board.

The Trust's performance in relation to the Summary Hospital-level Mortality Indicator (SHMI) has been slightly above the expected mortality of 100, but was still within the acceptable limits. The Trust's Hospital Standardised Mortality Ratio (HSMR) for April-May 2014, at 98.14, was 2 points higher than for 2013/14, but was still well within the acceptable limit.

Junior Doctors' (JD) performance has generally improved since the introduction of the JD support clinics in January 2013 and there was a marked improvement in relation to VTE assessments and drug prescriptions.

There are 2 new Serious Investigations Requiring Investigation (SIRIs) and 2 new serious Incidents Requiring Internal Investigation (SIRII).

An Executive Governance Visit has been carried out on ward 624, which is a 36 bedded surgical ward treating Urology, ENT, Maxillofacial and Plastic surgery patients. The overall feedback has been very positive, including comments about the excellent care being provided, good pain management, clean environment and consistent messages being relayed to patients.

Resolved: to accept the report

D14/75 INFECTION CONTROL REPORT FOR AUGUST 2014

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

The Trust has had one MRSA bacteraemia case, the first one to date for this year. The case has been attributed to the Trust and a Root Cause Analysis was underway.

There have been 8 reportable C.Difficile cases in August, 5 of which were post 48 hours and therefore attributable to the Trust. Of the 5 Trust apportioned cases, 3 were assessed as avoidable and 2 as unavoidable. Actions to improve on performance include focussing efforts on ensuring antibiotic prescribing is in line with Trust guidelines; ensuring appropriate documentation is used; ensuring that systems are in place to minimise any chances of transmission of infection and continuation of rapid reviews by the Infection Prevention & Control Team.

There have been no outbreaks of vomiting and diarrhoea.

The Trust has received a series of guidance from the Department of Health and NHS England with regard to treating Ebola patients. This has triggered a review of all Trust related controlled documents which are now in line with the newly produced guidance documents.

Resolved: To accept the report

D14/76 PATIENT CARE QUALITY REPORT

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 July, 2,599 responses to the electronic bedside inpatient survey and 266 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.

Decreasing scores were received in relation to 'noise at night' from staff and 'patients been given conflicting information'. There were limits as to how much further the former could be decreased as some of the noises mentioned were unavoidable such as medical devices. As for conflicting information being given to patients, it was noted that the findings of the survey stood in conflict with what had been recorded in the most recent Executive Governance Visit (D14/74). It was further noted that, whilst it may appear to some patients that they have been given conflicting information, in reality they have been given accurate and consistent messages, but the circumstances and therefore their care plan had changed and this has not been properly understood by all patients.

The national survey has been completed and an analysis of the outcome would be brought back to the next Board meeting. The National Inpatient Survey has been received and fieldwork was underway. A report was expected to be finalised in the next 2 to 3 months.

The Trust is an early implementor of the Friends & Family test in Outpatients and Daye Case Departments. A specific Task & Finish Group has been set up to ensure that work would be carried out within the given deadlines. The main issue with this survey is the volume of questions and complexity of responses as there is now a selection of 5 different questions, some which allow for a free text response.

Avoidable Hospital Acquired Pressure Ulcers remain a hot topic, not least because the CQC focussed on this. The figures for non device related and device related avoidable pressure ulcers were

discussed. It was agreed that future tracking should make reference to percentage figures rather than absolute figures so that any trends could be detected. The CN confirmed that this data was already available and had been analysed. However, no trends had been identified to date.

ACTION: To include percentage figures on Avoidable Hospital Acquired Pressure Ulcers

Resolved to: Receive the report

D14/77 SAFEGUARDING CHILDREN AND VULNERABLE ADULTS – ANNUAL REPORT 2013/14

The Directors considered the report presented by the Chief Nurse. In November the structure of the Trust's Safeguarding team had changed. A new Lead Nurse and a Names Nurse for Safeguarding Children had been appointed and a post for a Senior Sister created. Total numbers of referrals had increased during the last quarter of the year which was considered to be attributable to increased training and awareness of staff. The same trend had been noted in relation to Deprivation of Liberty Safeguards (DoLS), Independent Mental Capacity Assessments and Safeguarding activity related to children. Despite these positive trends, it was acknowledged that further improvement could be made, in particular in relation to Safeguarding Children.

The Trust continues to be an active member of the Children Safeguarding Board and has strong links with the police, local authorities and the Safeguarding Team of Birmingham Children's Hospital with whom training data and lessons are shared with a view to improving the overall quality of safeguarding of children.

Plans for 2014/15 include the development of domestic violence factsheets for patients, workshops for staff and identification of safeguarding champions in each ward.

Since the report has been written the Clinical Commissioning Group has reviewed falls and safeguarding cases at the Trust and the feedback received was very complimentary. Details of this review would be reported back to the Board in the next report.

Resolved: to Receive the report

D14/78 PERFORMANCE INDICATORS REPORT

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

Of the 15 indicators currently included in Monitor's Risk Assessment

Framework, 11 are on target, 1 slightly below target and 3 has a remedial action in place.

In August the national target of 95% in relation to A&E 4 hour waits has been missed and the Trust could be subjected to a fine of £22,400 for this latest breach. Underlying issues which have caused the slippage include increased activity, problems with discharges and, during the summer period, annual leave of staff. The Trust has tried to remove some of the pressure on the system by opening up more beds, turning patients away from outside the catchment areas (see D14/73) and revising the internal escalation plan.

The Trust has also failed to achieve three cancer targets listed in Monitor's Risk Assessment Framework, including the 31 day first treatment, 31 day subsequent surgery and 62 day GP target. As for the latter, 6 referrals had been received after day 42 and were therefore not attributable to the Trust.

2 further public awareness campaigns in relation to cancer treatment are planned for later in the year and the Trust will thus prepare for a further increase in referrals.

Of the 16 national targets which are not included in Monitor's Risk Assessment Framework, but included in the CCG contract, 12 are on target, 2 disputed and 2 below target. Targets that have been missed include MRSA (see D14/74) and 'Referral to Treatment Time' (RTT) in relation to the treatment functions 'General Surgery', 'ENT', 'Neurosurgery' and 'Urology'. Additional activity is being undertaken as part of the national initiative to reduce the RTT backlog. For ENT a specialty review is being undertaken and an action plan has been submitted to the CCG.

The '6 week diagnostic wait' target has been met, but is close to the threshold.

Of the 54 local indicators, 3 are being developed for reporting, 28 are on target, 16 slightly below target and 7 have remedial action plans in place.

Resolved to: Accept the progress made towards achieving performance targets and associated actions and risks

D14/79 FINANCE AND ACTIVITY REPORT Q1

The Board considered the report presented by the Chief Financial Officer. The current surplus of £1.086m is slightly behind plan for the 5 month period to 31 August 2014, but is still ahead of other acute Foundation Trusts. Key pressures include activity and capacity related cost pressures (usage of unfunded beds, waiting list initiatives, utilisation of private sector capacity and maintaining

waiting times in the face of increased demand), deliverability of cost improvements and workforce issues (continued use of locum doctors and agency nurses to cover recruitment gaps in areas of skills shortages). It was agreed that the continuous growth in demand would have to be better controlled in future as the increased use of agency staff and private hospitals (to avoid further penalties from being levied) did not provide best value for money. Reference was made to the earlier discussion (D14/73 and 78).

The delivery of the Cost Improvement Plan (CIP) continues to be behind plan as Commissioners have commenced taking their share in the profit margins to achieve their own CIP targets.

Since the report has been drafted, the contracts with the commissioners have been signed which will improve the current cash position.

Resolved to: Receive the contents of the report.