

BOARD OF DIRECTORS

Minutes of the Meeting of 26 September 2013
Board Room, Trust HQ, QEMC

Present: Sir Albert Bore, Chairman
Dame Julie Moore, Chief Executive. ("CE")
Mrs Gurjeet Bains, Non-Executive Director
Mr Kevin Bolger, Executive Director of Strategic Operations ("DSO")
Mrs Kay Fawcett, Chief Nurse
Mr David Hamlett, Non-Executive Director
Mr Tim Jones, Executive Director of Delivery ("EDOD")
Ms Angela Maxwell, Non-Executive Director Mr Andrew McKirgan, Interim Chief Operating Officer ("COO")
Mr David Ritchie, Non-Executive Director ("DR")
Dr Dave Rosser, Medical Director ("MD")
Mr Mike Sexton Chief Financial Officer
Prof. Michael Sheppard, Non-Executive Director ("MS")
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")

D13/76 WELCOME AND APOLOGIES FOR ABSENCE

Sir Albert Bore, Chairman, welcomed everyone present to the meeting. In particular, he welcomed the Rt Hon Jacqui Smith to her first meeting.

D13/77 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.

D13/78 DECLARATIONS OF INTEREST

None

D13/79 MINUTES OF BOARD OF DIRECTORS MEETING 25 JULY 2013
The minutes of the meeting held on 25 July 2013 were approved, amended as initialled by the Chairman.

D13/80 MATTERS ARISING FROM THE MINUTES
None.

D13/81 CHAIRMAN'S REPORT & EMERGING ISSUES
The Chairman had nothing to report.

D13/82 CLINICAL QUALITY MONITORING REPORT
The Directors considered the report presented by the Medical Director. The CUSUM indicators where the Trust was likely to trigger all had an expected level of mortality of less than one. Discussions with the CQC as to whether it is appropriate to include triggers arising from such indicators, so as to allow focus on more objective disease groups, are continuing. The MD considered that the Trust's overall CUSUM level is as expected given the nature of the services provided by the Trust.

There was discussion regarding the SHMI and HSMR indicators. The Board acknowledged previous discussions and the agreed position of the Trust that the indicators were of little relevance in relation to the quality of the care provided by the Trust. It was noted that, based on Dr Foster's methodology used last year, the Trust fell on the borderline for "outliers". As is usually the case, Dr Foster is expected to change its methodology for the current year.

The MD reported that, based on current data, the Trust's HSMR rate would be below 100. However, this reflects the previously agreed changes to coding practice to bring the Trust into line with the guidance and not any change in clinical care.

The Board discussed the Emergency Mortality rate, noting the fall in February 2009 and the increase in June 2011. The MD reported that this pattern was consistent with the introduction of a life-saving intervention, as those patients whose deaths were avoided initially later come back into hospital older, frailer and with different terminal conditions.

Analysis of the volume and case mix relating to the Trust's increase in mortality compared against other local trusts indicates that this is most likely to be as a result of a drift of more serious cases to the Trust across the region. The MD was confident of this explanation, but further analysis is being undertaken to compare the regional mortality rate with the national rate – if the regional rate is consistent with the national pattern, that would support the supposition as to case mix change.

The automatic incident process had been temporarily suspended due to a technical issue. As this is not a live clinical support system, there are no concerns regarding quality or safety.

There was discussion regarding the impact of the Clinical Portal on missing medical records incidents. With regard to the number of incorrect filing incidents, these related to a small, and decreasing, number of documents being scanned to the wrong patient record. Numbers were higher when using paper records as it was much easier to track and was not reported previously.

The Directors reviewed the Serious Incidents Requiring Investigation (SIRI). The MD reported that the incident in question occurred three years ago and that the Radiology Department had implemented system improvements and revised training programme. He was confident that the new processes were effective. With regard to the internal SIRIs, the MD reported that these are incidents which the Trust considers merit the same level of investigation as a SIRI, although they do not fall within the national definition, usually because no actual harm resulted. In the case of the patient death in the Emergency Department, the MD had no serious concerns regarding the death of the patient.

With regard to the issues arising out of the Governance visit to Harborne, the challenges around discharging patients to appropriate external care were noted.

Resolved: to discuss the contents of the report and approve the actions identified

D13/83 PERFORMANCE INDICATORS REPORT

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

Of the 15 indicators currently included in Monitor's Compliance Framework, 12 are currently on target, 1 is on target but close to the threshold, 1 is slightly below plan and 1 has a remedial action plan in place. Of the 13 national indicators not included in Monitor's Compliance Framework 11 are on target and fully validated data is awaited for the other 2.

Based on performance in Quarter 1, the Trust was at risk of a Red rating for governance. However, Monitor took into account the mitigating actions taken by the Trust and external factors and applied an Amber Red rating.

Of the 45 internal indicators currently included in the report, 24 are on target, 12 are slightly below target and 9 have remedial action plans in place.

The Trust's CQUINS for 2013/14 are valued at around £12.3 million.

All are on target to date.

There was discussion regarding the Discharge Planning CQUIN and the ability to compare the Trust's performance against peers. It was noted that the availability of TTOs needed for discharge had improved, but it was difficult to compare other stages of the process where paper record systems were being used.

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

D13/84 REPORT ON INFECTION PREVENTION AND CONTROL UP TO 31 AUGUST 2013

The Directors considered the report presented by the Executive Chief Nurse, who further reported that the Trust's level of MRSA bacteraemia remained at zero to date. However, given the absolute nature of the zero trajectory, it was essential to maintain focus on this issue.

The position regarding the C.Difficile trajectory was of greater concern, with the Trust having 40 attributed cases against and annual trajectory of 56. The difference in the approach of Monitor and the CCGs was frustrating, with the former still declining to modify their approach so as to focus on avoidable hospital acquired cases. With regard to the local position, the Trust was well within trajectory, with 10 cases agreed as avoidable, with a further case under review.

The CN was due to meet with her counterparts amongst the Shelford Group to discuss this issue as many high performing trusts were in a similar position to that of UHB and there was a real risk that the current approach of Monitor could lead to patients in need of antibiotics not being managed safely.

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

D13/85 PATIENT CARE QUALITY REPORT

The Directors considered the report presented by Executive Chief Nurse.

In August there were 2590 responses to the electronic bedside inpatient survey and 163 in the A&E Survey, bringing the total to date for this year to 13,651 for the inpatient survey and 624 for the A&E survey.

The patient experience team have been leading improvements to enhance rest and sleep at night and have been successful in procuring a sleep kit, consisting of an eye mask and ear plugs, which has now been added to the product list for NHS Supplies, so

available across the NHS. This is supported by some guidelines for patients and staff that enhance the restful environment at night. The Patient Experience have been short listed for a Nursing Times Award regarding their work tackling noise at night, the results will be known at the end of October 2013.

A review of the results of the National Cancer Survey is to be undertaken by the Chief Nurse and the Chief Operating Officer. Promising results are expected from the survey of relatives of patients with dementia.

There was discussion regarding the Net Promoter Family and Friends Response. It was reported that the mandatory inclusion of the Emergency Department in the collection of the Family & Friends Test has created a challenge in the collection of the responses from the volume of patients that attend the department each day. The Trust's score, having continued to increase to a high of 81 in July, dropped to 75 in August.

The Trust has very low numbers of harms measured against the NHS Safety Thermometer standardised data collection/improvement tool. For incident reporting, the Trust remains a high performer measured against other Shelford Group Trusts, and the information used to populate the Safety Thermometer is considered to be very accurate.

There was discussion regarding the potential for sponsored provision of Wi-Fi access to patients. The MD reported that, whilst the principle of providing Wi-Fi access to patients was accepted, further work was needed with the Trust's third party infrastructure provider to ensure that the present wireless network achieved required levels of stability before extending the scope of the facility.

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

D13/86 SAFEGUARDING CHILDREN AND VULNERABLE ADULTS ANNUAL REPORT 2012-13

The Board considered the report presented by the Executive Chief Nurse. The change in terminology from "Vulnerable Adult" to "Adults at Risk" was noted.

The Trust's arrangements for Safeguarding training were noted. During discussion regarding the increase in the number of referrals, it was clarified that, with regard to the table on page 5, there had been referrals to Children's Service in 2011/12.

Resolved: to receive the annual report

D13/87 FINANCE AND ACTIVITY REPORT FOR THE PERIOD ENDING 31 AUGUST 2013

The Directors considered the report presented by the Chief Financial Officer.

A surplus of £2.994m has been realised in the first five months of the financial year resulting in a favourable variance of £0.094m against the planned surplus of £2.900m. The in month surplus was £0.181m against a plan of £0.100m, a positive variance of £0.081m in the month.

The reported position includes a (£7.253m) year to date overspend across operational budgets, caused primarily by capacity pressures, increased staffing costs and CIP slippage. The latter is broadly consistent with delivery at the same stage in recent years and reflects the profile of schemes throughout the year. Overall performance is expected to improve to at least 90% by the end of the financial year and a further update on CIP achievement will be provided at the end of Quarter 2.

The operational overspend is being offset by Trust specific and general reserves. However, Divisions have developed year end forecasts and action plans to address the main areas of over spend and review meetings will be held with the Chief Financial Officer and the Chief Operating Officer.

The Trust's cash balance at 31 August 2013 was £58.5m which is below plan. However, this is largely attributable to increased stock levels, incurred to take advantage of time-limited discounts and trade payables lower than plan, and are expected to move back in line with plan over the remainder of the financial year.

The Trust's Financial Risk Rating remains at 3.

Resolved: to receive the contents of the report.

D13/88 BOARD ASSURANCE FRAMEWORK UPDATE

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

**D13/89 Resolved: To approve the Board Assurance Framework
AUDIT COMMITTEE REPORT (FROM MEETING ON 23 JULY 2013)**

The Directors considered the Report as presented by David Waller, Chair of the Audit Committee.

Resolved: to receive the report.

D13/90 APPOINTMENT OF A REPLACEMENT VASCULAR SURGERY CONSULTANT

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

Resolved: to approve the appointment of a replacement Consultant in Vascular Surgery

D13/91 APPOINTMENT OF A REPLACEMENT CONSULTANT SURGEON WITH A SPECIAL INTEREST IN BREAST
The Directors considered the report presented by the Chief Operating Officer.

Resolved: to approve the appointment of a Consultant Breast Surgeon

D13/92 EXPANSION OF LIVER SERVICES
The Directors considered the report presented by the Chief Operating Officer.

Resolved: to approve the appointment of 2 consultants and associated clinical and administrative infrastructure.

D13/93 PROPOSED ESTABLISHMENT OF A SENTINEL LYMPH NODE BIOPSY SERVICE
The Directors considered the paper as presented by the Chief Operating Officer

Resolved: to approve the recruitment of a Plastic Surgery Consultant to establish a Sentinel Lymph Node Biopsy Service at UHB

**Date of Next Meeting :
Thursday 24 October 2013 13:00
Meeting Rooms 1 & 2 Trust HQ QEMC**