

BOARD OF DIRECTORS

Minutes of the Meeting of 28 October 2010
Board Room, Trust HQ, QEMC

Present: Sir Albert Bore, Chairman
Ms Julie Moore, Chief Executive
Mrs Gurjeet Bains, Non-Executive Director ("GB")
Mr Stewart Dobson, Non-Executive Director ("SD")
Mrs Kay Fawcett, Chief Nurse ("CN")
Mr Tim Jones, Executive Director of Delivery ("EDoD")
Ms Angela Maxwell, Non-Executive Director ("AM")
Mr David Ritchie, Non-Executive Director ("DR")
Ms Clare Robinson, Non-Executive Director ("CR")
Mr Mike Sexton, Director of Finance ("FD")
Prof Michael Sheppard, Non Executive Director ("MSh")

In Attendance: Mr David Burbridge, Director of Corporate Affairs ("DCA")
Ms Morag Jackson, New Hospitals Project Director ("NHPD")
Mrs Fiona Alexander, Director of Communications ("DCC")
Mrs Viv Tsesmelis, Director of Partnerships ("DP")
Mr Mike Hammond, Chief Executive, QEH Charities (up to item D10/207)

D10/200 Welcome, Apologies for Absence and Declarations of Interest

The Chairman welcomed everyone present to the meeting. Apologies were received from Dr David Rosser, Medical Director.

Mr David Ritchie declared an interest, as a Trustee of the QEH Charities, in items 6 and 7 on the agenda.

D10/201 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.

D10/202 Minutes of the previous meeting

The minutes of the meeting of 07 September 2010 were accepted as a true record, as amended and initialled by the Chairman.

D10/203 Matters Arising

None

D10/204 Actions List

The actions list was reviewed.

D10/205 Chairman's Report and Emerging Issues Review

The Chairman reminded the Directors that he had circulated an email cancelling the seminar scheduled for 11 November, as the draft legislation relating to the White Paper had been delayed until December – the seminar would be rescheduled in the new year.

The Chairman asked the Chief Executive to update the Board regarding developments from the White Paper and Trauma.

The Chief Executive reported that GPs in Birmingham had retreated from their original intention to form a single consortium and were now organising around seven consortia. There may well be further developments in this area as the detail of the legislation becomes clear. The PCT Provider Arm becomes an NHS trust on Monday 1 November. This is a necessary step before it can become a Foundation Trust. West Midlands Strategic Health Authority had realigned its structure to reflect that of the Department of Health. It had now appointed a lead for provider development and one for Commissioner development. The chief executives of several of the local PCTs had departed to provider arms or other posts. The Secretary of State for Health had been emphatic that there was be no delay to the timetable for the changes to the NHS.

The report from the Overview and Scrutiny Committee into delayed discharges was awaited. In the meantime, the Trust was maintaining its additional capacity. The Trust would be meeting with Social Services to discuss how things might be improved the future. It had been apparent that the convalescing of patients in a single ward had enabled more of them to return home rather than into residential care

The Chairman added that he had met recently with the new Chairman of Monitor and the acting Chief Executive and Director of Strategy of the same organisation. The meeting was also attended by three mental health foundation trust chairmen and the chairman of Central Manchester University Hospitals NHS Foundation Trust. Unfortunately, this meant that the focus of the meeting had tended to be more on mental health issues. However, the Chairman had raised for discussion the future role of governors in the new NHS. There was a clear push to enhance the role of Governors from the Secretary of State who considered that foundation trusts should be accountable through the governors to their local members. This, together with the transition of Monitor to an economic regular meant that there were certain powers that would no longer be appropriate for Monitor to hold. Monitor had no answers to the Chairman's questions regarding how the body of governors would have the necessary skills and experience to exercise powers. The power of intervention with Trusts

in financial difficulties is proposed to transfer to the Department of Health which raises the issue of a loss of independence.

The Chief Executive reported that the Trust was to be appointed as a Trauma Research Centre. This would provide the Trust with £5 million funding, which it would, together with the University, need to match and offered the possibility of attracting further US investment. In addition the Healing Foundation was seeking bids for investment in a burns chair that would fit well with the Trauma Research Centre.

Resolved to: Accept the report

D10/206 QEHB Charity Six Monthly Update

The Board considered the report presented by the chief executive of the Queen Elizabeth Hospital Charities, Mike Hammond, who also provided copies of the latest Charities newsletter for board members. Mr Hammond explained that the Charities had been rebranded and that this would assist with association with the new hospital for fundraising.

Over the past year, the Charities have increased the amount granted to a total of £5.5 million which included £1.7 million for the new hospital. The Trustees were keen to know what the Trust would like the Charities to spend money on in the coming year. A budget of £6 million had been set and the Trustees were keen to receive bids from good quality projects that have the support of the Trust. David Ritchie reinforced Mr Hammond's comments, stating that the Trustees, having learned how to spend the charitable funds, now needed to move into appeal mode.

The Director of Finance asked how the involvement of the Birmingham Clinical Research Academy was ensured and Mr Hammond explained that the director of the Academy, Professor Lilford, also sat as chair of the grants committee which was also attended by the Trust's directors of research, Professors Julian Bion and Nick James.

Mr Hammond confirmed that the Trustees were keen to support the provision of a Faith Centre in the new hospital. Whilst specific funds have been allocated, it was the intention to run a discreet funding campaign. Gurjeet Bains offered to assist the Charities in engaging with certain sections of the community.

There was discussion regarding the proposal for a Forces and Family Centre. The Trust and the Charities had been discussing this in abstract and the Charities now wish to engage formally over this proposal. Following discussion, the Board agreed that, whilst the Trust would want to support a Forces and Family Centre, they would need to consider the whole site issues. It was agreed that the Board would

give its formal support to the concept.

Finally, Mr Hammond said that he felt the relationship between the Charities and the Trust had improved over the past 18 months and he expressed his thanks in particular to the Director of Finance and his team for the support given to the Charities. In response, the Chief Executive, on behalf of the Board, thanked the Trustees and Mr Hammond for the transformation achieved over the last two years.

Resolved: to receive the report; and

to agree that the Trust can engage with the Charity regarding the provision of a Forces & Families Centre

Mr Hammond left the meeting.

D10/207 BNHP Update

The Board considered the report presented by the New Hospital Project Director, who further reported that:

The NHPD reported that the plans for the Phase 2 move, commencing on 16 November, were in place. They were undergoing a final review to take account of certain early handover works which were to the Trust's advantage.

Resolved:

To ACCEPT the progress reported in the New Hospital Project Director's report.

D10/208 Capital Programme Report

The Board considered the report presented by the NHPD.

Resolved to: Accept the report

D10/209 Refresh of the Trust 5 Year Strategy and Update of the Annual Plan 2010/11

The Board considered the report presented by the Executive Director of Delivery, who explained that the strategy had been revised since the publication of the White Paper and that it will continue to be updated as the draft legislation reflecting that paper is published. The main changes were to sections 1 and 2.

Satisfactory progress on all key tasks was currently being made.

Resolved: to approve the proposed revisions and accept the quarter 2 2010/11 performance update against the Trust Annual

Plan

D10/210 Downside Planning – 2010/11 Refresh

The Board considered the report presented by the FD, who further reported that the refreshed downside plan had been reviewed by the Audit Committee at its meeting in September. The refreshed plan was broadly consistent with the previous plan in terms of the bottom line. For example, although the tariff increase had been lower than anticipated, technical adjustments to the accounting treatment of the PFI balanced this. The refreshed plan did envisage a drain on the Trust's cash resources leading to an increase to the CIP target in years 12/13 and 13/14. However, the resulting CIP challenge was still well below that of other trusts, placing the Trust in the bottom quartile of trust CIPs to be achieved.

Stewart Dobson, chair of the Audit Committee, confirmed that the Committee had examined the refreshed downside plan in detail and recommended approval of the plan to the Board.

It was agreed that the refreshed downside plan should be shared with Monitor. It did not contain any inconsistencies with the previous plan and the additional one half percent CIP was within the context of the Trust's long term approach.

The FD further reported that the Comprehensive Spending Review had not contained anything unexpected. There was a 0.1% uplift in the health budget overall, however, £1 billion would be allocated to social services. The impact on tariff uplift would not become clear until next February. Only half of the growth of the NHS funding had filtered through to the tariff.

Resolved: to share the refreshed downside plan with Monitor as recommended by PwC in their review of the Trust's Annual Plan

D10/211 External Standards – Achievement of Targets – Quarterly Board Certification

The Board considered the report presented by the Executive Director of Delivery, who confirmed that the Trust had met the 62 day cancer targets for this quarter, meaning that the risk of being graded red for governance for a third quarter failure had been avoided. It was pleasing that the actions taken had brought the Trust within the thresholds. The Trust would not be reporting either the GP 62 day cancer target or the urgent screening target as a risk.

With regard to the Clostridium Difficile Infection ("CDI") trajectory, the Trust had kept within its trajectory for the second quarter and expected further improvements over the remainder of the year. Accordingly, it was proposed that this should not be reported as a risk

and neither would the MRSA target.

Resolved:

1. **To agree the Monitor governance declaration should be signed in Part 1 on behalf of the Board for Quarter 2 2010/11; and**
2. **Accept that the declaration will result in the Trust being rated as 'Green' for governance.**

D10/212 Performance Indicators Report

The Board considered the report presented by the EDoD. The actions being taken to address the issues in accident and emergency and with regard to primary PCI were noted. The Board also noted that, had the Care Quality Commission (CQC) continued its annual assessment of trusts, it was likely that the Trust would, as last year, have achieved excellent for both financial and clinical performance. However, the CQC had discontinued the annual assessment. The Board noted that the Trust was at or above average for all CQC external targets with the exception of that for cancer urgent referrals where it was slightly below average.

There was discussion regarding the Accident and Emergency Department. The COO reported that the department had now acknowledged the issues and were working through them. Additional volunteers had been allocated to the departments to assist with communications. Consultants from outside the department were being involved in the review. One new consultant had commenced employment and two more expected to commence by the end of December. Whilst the department was meeting the national target, there was further work to be done in order to achieve the level of performance set by the Trust.

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

D10/213 Clinical Quality Monitoring Report

The Board considered the report presented by the EDoD and the CN, who further reported that the doctor referred to in part 2 of the report had now been formally excluded.

There was discussion regarding the naso-gastric tube never event, information governance incidents regarding hand over sheets, and the governance visit to Ward 303, including missed antibiotics, signage and hand washing audits. The Chief Nurse confirmed that directors'

hand washing visits were continuing.

Resolved: to accept the report.

D10/214 Report on Infection Prevention and Control up to September 2010 including update of the Trust Wide Action Plan

The Board considered the report presented by the CN, who further reported that the Trust had four cases of CDI in October to date and no MRSA bacteraemia for the same period. Of the 10 most recent CDIs, nine of these had been in the old Queen Elizabeth Hospital and one in the new hospital, indicating that the new hospital accommodation was having a positive impact on environmental CDI. The CDI plan was attached to the report and contained one new action, which was that the infection control team were deployed to a ward experiencing a CDI to check that the infection control measures had been properly implemented.

The CN reported that the PCT had carried out an unannounced visit regarding infection control and had verbally reported that they were very satisfied with the measures the Trust was taking.

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

D10/215 Finance and Activity Performance Report for the period ending 30 September 2010

The Board considered the report presented by the FD, who further reported that the financial performance was in line with plan. There have been some operational pressures and rectification plans are now being developed. It was proposed that the Trust declare a financial risk rating of three the next 12 months.

Resolved: to receive the contents of this report and agree that Declaration 1 should be signed at Q2 stating that the Board expects the Trust to maintain a minimum FRR of 3 for the next 12 months.

D10/216 Transparency of Public Sector Expenditure – Reporting Spend over £25,000

The Directors considered the paper presented by the FD.

Resolved: to note the HM Treasury guidance on the publication of expenditure information and agree that the Trust will wait for further guidance from Monitor before deciding whether to publish details of expenditure over £25k

D10/217 Safeguarding Children and Vulnerable Adults Annual Report 2009/10

The Board considered the report presented by the CN, who further reported that, whilst the Trust had only been involved in one serious case review, it monitors all of the reviews to ensure that any learning and recommendations are picked up. In particular, the Trust follows through all cases involving patients who have been seen at the Trust's hospitals.

There was discussion regarding the issue of agencies not communicating with each other and the CN reported that social services were now represented on the Discharge Quality Group. There was further discussion regarding the increased raising of alerts by nursing homes. It was noted that most of these related to pressure sores and the requirements to report same to the CQC.

Resolved to: receive this report

D10/218 Update on Emergency Preparedness

The Directors considered the report presented by the CN, who further reported that a significant amount of training had been undertaken, including two tabletop exercises. One more tabletop exercise is planned before the Phase 2 move.

Resolved to: accept the report and agree to receive another update in six months time.

D10/219 Emergency Capacity Planning – Winter Pressures

The Board considered the paper presented by the COO, who further reported that the Trust was already experiencing pressure on capacity. 44 additional beds have already been opened and the Phase 2 move on 16 November has been integrated within the capacity plan. Ward 407 will be used to provide additional capacity if necessary.

The Trust will, as last year, be impacted upon by the performance of the rest of the local health economy. HEFT has been close to Level 4 and City and Sandwell have been at level 4 twice this year. Both trusts had reduced their bed holding this year and the COO confirmed that he had met with both trusts to seek more collaborative working.

Resolved to: receive the report

D10/220 Audit Committee Annual Report to Board of Directors

The Directors considered the report presented by the Chair of the

Audit Committee, Stewart Dobson.

Resolved: to receive the report

D10/221 Report from the Investment Committee

The Chair of the Investment Committee reported that the Investment Committee had met on 22 September. The Committee had considered its standing report on the commercial plan and had in particular noted that the payroll business had now settled down, the Stoke office had been successfully closed and reputational issues had now receded. The marketing of the Trust's HED application was going well and being carried out in a controlled manner.

The Committee had also considered a paper regarding the setting up of a subsidiary company to carry out outpatient pharmacy work. A further paper would be brought back to the Investment Committee and to the Chief Executive's Advisory Group before being presented to the Board of Directors in due course.

It was agreed that additional details regarding the work of the Committee will be included within its annual report.

Resolved: to receive the report

D10/222 Minutes of the Audit Committee 3 June 2010

Resolved: to receive the minutes

D10/223 Appointment of a Consultant Chemical Pathologist

Resolved: to approve the appointment of a Consultant Chemical Pathologist.

D10/224 Appointment of Consultant Oncologists

Resolved: to approve the appointment of two Consultant Oncologists.

D10/225 Appointment of Substantive Breast Surgeon

Resolved: to approve the appointment of a substantive Breast Surgeon

D10/226 Sealing of a Lease Agreement for Units 2, 4, 6 & 8 Birmingham Research Park

Resolved:

- a) to authorise the Executive Director of Delivery and the Senior Manager, Birmingham and Black Country CLRN, to negotiate, approve and amend a Lease for units 2, 4, 6 and 8, Birmingham Research Park and any associated documents; and

- b) to authorise any one or more Directors of the Trust and the Foundation Secretary to sign, execute and deliver the said Lease and any associated documents.

D10/227 Date of Next Meeting:

Thursday 03 December 2010 Board Room Trust HQ

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Chairman

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Date