

BOARD OF DIRECTORS

Minutes of the Meeting of 26 April 2012
Board Room, Trust HQ, QEMC

Present: Sir Albert Bore Chairman
Ms Julie Moore, Chief Executive
Mrs Gurjeet Bains, Non Executive Director (“GB”) (from item D12/75 forwards)
Mr Kevin Bolger, Chief Operating Officer (“COO”)
Mrs Kay Fawcett, Chief Nurse (“CN”)
Mr David Hamlett, Non-Executive Director (“DHa”)
Mr Tim Jones, Executive Director of Delivery
Ms Angela Maxwell, Non-Executive Director (“AM”)
Mr David Ritchie, Non-Executive Director
Dr Dave Rosser, Medical Director (“MD”)
Mr Mike Sexton, Director of Finance (“FD”).
Prof Michael Sheppard, Non Executive Director
Mr David Waller, Non Executive Director (“DW”)

In Attendance: Mrs Fiona Alexander, Director of Communications (“DoC”)
Mr David Burbridge, Director of Corporate Affairs
Ms Morag Jackson, New Hospitals Project Director (“NHPD”)
Mrs Viv Tsesmelis, Director of Partnerships (“DoP”)
Miss Imogen Gray, Head of Quality Development (Item 12/079 only)

D12/69 Welcome and Apologies for Absence

Sir Albert Bore, Chairman, welcomed everyone present to the meeting.

D12/70 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.

D12/71 Declaration of Interests

There were no declarations of interest.

D12/72 Minutes of the previous meeting

The minutes of the meeting of 22 March 2012 were accepted as a true record, amended as initialled by the Chairman.

D12/73 Matters Arising

None

D12/74 Actions List

The actions list was reviewed and updated.

D12/75 Chairman's Report and Emerging Issues Review

The Chairman reported that the bid for the Birmingham & Solihull Local Enterprise Partnership had been submitted, with the presentation including the proposal for the Institute of Translational Research. The cost of the project is estimated at £25 million, to which both the Trust and the University of Birmingham will contribute, subject to the approval of their boards. The EDoD will be presenting a paper to the Board regarding this at its meeting in June.

ACTION:EDoD

The Chairman further reported that the Board seminar regarding site options was to be postponed until June, to allow a more detailed consideration to take place. The seminar slot for 11 May was to be vacated.

The Chief Executive reported on the development of the strategy of the Birmingham Women's Hospital and Birmingham Children's Hospital. BCH is considering the issue at its Board meeting today and it is believed that their preferred option will be to move to the QE site on the basis that such a move would improve the ability to deliver quality care. The NHPD is to commence work on an options appraisal for BWH in June.

Gurjeet Bains joined the meeting.

The Chief Executive reported that the draft guidance for Academic Health Science Networks (AHSNs) had been revised since publication of the first draft. Whilst improved, certain issues still remain problematical, such as the proposals around AHSNs being responsible for procurement. AHSNs are to have independent chairs, appointed by the NHS Commissioning Board. The agenda for AHSNs is likely to move rapidly, although it is yet to be decided whether membership is to be voluntary or obligatory for NHS Trusts or whether members will be expected to make a financial contribution. The Trust needs to develop a list of potential partners

as it is likely to be leading an AHSN.

D12/76 BNHP MONTHLY PROGRAMME STATUS REPORT

The Board considered the report presented by the New Hospitals Project Director. All moves to the new hospital were now complete and had been successful.

[redacted text]

It was agreed that, now that the moves into the new hospital were complete, it was no longer necessary for this report to be a standing agenda item.

Resolved: to accept the progress reported in the New Hospitals Project Director's report.

D12/77 TRUST CAPITAL PROGRAMME REPORT

The Directors considered the report presented by the New Hospitals Project Director. The report set out the final position for 2011/12. It was agreed that the three year outline plan would be circulated to directors.

ACTION:NHPD

Going forward, there would be less flexibility in the capital programme than had been the case in recent years, as the majority of capital funds were already committed. Whilst lifecycle maintenance for large items of medical equipment was included within the PFI, replacements were to be funded by the Trust, although this would not be required for some time.

David Ritchie reported that QEHB Charities were progressing well with the fundraising for the cyberknife and expected to reach the target by raising a further £900,000 by the end of the year.

Resolved to:

- 1. Note the expenditure against the 2011/12 capital programme;**
- 2. Approve the 2012/13 expenditure budget of £13.9 million; and**
- 3. Note the provisional capital programme for the two years following 2012/13 and the expected impact on the Trust's cash balance.**

D12/78 ANNUAL PLAN 2011/12 PERFORMANCE UPDATE AND FINAL TRUST ANNUAL PLAN 2012/13

The Directors considered the report presented by the Executive

Director of Delivery. 52 objectives had been completed in accordance with plan. For the remaining twelve, there had been some slippage but all were expected to be completed before year end. Of these, five were dealt with in the KPI report and one in the separate report on Delayed Transfers of Care.

With regard to Key Task 2.1 (PICs), all indicators were moving in the right direction and it was expected that the objective would be achieved in the first quarter of 2012/13.

For Key Task 3.1 (Length of Stay), work was being undertaken to reduce length of stay and so create additional capacity.

The outlier for NICE compliance (key Task 4.1) concerned a drug used in cardiology and the decision not to follow the NICE guidance had been taken on the basis that the cardiologists used another drug that was as effective as the one recommended by NICE, as did most cardiology departments in the country.

Key Task 6.1 – key performance indicators for each medical secretary for every letter were now being monitored. The document management system had been rolled out to 66% of staff and there had been a slight increase in patient administration complaints in quarter 4.

For Key Task 10.1, results from the national staff survey showed staff satisfaction was slightly lower than the previous year's score, but generally the Trust was performing well. A small sample of 400 staff had participated, many of whom would be ancillary staff who would not have found the clinical questions relevant. There was discussion regarding the potential for the Trust to influence the design of the survey. An action plan would be brought to the Board in May.

ACTION:EDoD

With regard to Key Task 10.2, the START recruitment application was now operational and recruitment times were coming down. There have been several expressions of interest from other Trusts.

Finally, the EDoD reported that the annual plan for 2012/13 had been amended following the discussion at the joint council of governors/board of directors meeting on 27 March and the information regarding CQUINs had been inserted.

Resolved:

- 1. Accept the performance update against the 2011/12 Trust Annual Plan; and**
- 2. Approve the final version of the Trust Annual Plan**

D12/79 DRAFT QUALITY REPORT FOR 2011/12

The Directors considered the paper presented by the Executive Medical Director and Imogen Gray, Head of Quality Development. Amendments to pages 49 to 53 were tabled.

42% of the indicators in the report showed improved performance, with a further 44% remaining static. The programme for the current year would be to focus on the 14% of indicators where performance had dropped. There was discussion regarding these 14% of indicators. The Board was reminded that they were signed off by the QUORU board and to maintain the engagement of clinicians, they should remain indicators that reflect quality of care as opposed to being seen as another set of performance management indicators. The indicators would be reviewed through the Executive RCA process and this would include consideration of the appropriateness of the targets.

The Board discussed the wording on pages 23 and 24 and agreed that the standard wording required by Monitor was inappropriate as it was not possible for the Board to review all the data held by the Trust. The alternative wording was agreed.

The Medical Director reported that the DH and Monitor had suggested additional content be included in this year's quality report. However, the required methodologies conflict with other DH guidance and the published data relates to previous years. Therefore, some of these areas have been included in the report calculated using the Trust's own data and available external data.

The MD reminded the Board that the increase in emergency mortality had been discussed at the previous Board meeting.

There was discussion regarding particular indicators and data quality. The Board was reminded of the four stage process in the development of the indicators.

Resolved :

- 1. to discuss the proposed content of the Trust's 2011/12 Quality Report;**
- 2. to recommend supplementary wording and/or changes to the content; and**
- 3. to approve the content of the Trust's 2011/12 Quality Report for review by NHS South Birmingham and Birmingham LINK.**

D12/80 FINANCIAL PLAN 2012/13

The Directors considered the paper presented by the Executive Director of Finance, which built on the paper considered by the Board at its meeting in February, but with an income position improved by £3.7 million. It was noted that there would be no restructuring costs going forward. The forecast surplus was less than indicated in the 10 year plan as the CIP target had been reduced to what was considered a more realistic figure of £18 million.

The projected income position was now reasonably firm, with contracts having been agreed with the PCT and close to agreement with the special commissioners.

The three year forecast assumed a small surplus of £0.5 million for 2013/14 with a CIP target of 4% and 3.5% for 2014/15. Transitional support for those years would be £9 million and £7 million respectively. These figures were consistent with the ten year plan.

Key risks facing the Trust include: CQUIN delivery with a total value of £10 million at stake, although the Trust had a good track record of delivering its CQUINs; contract penalties, particularly for C. Difficile; and CIP delivery, where the risk had reduced by the adjustment of the target.

There was discussion regarding the activity growth risk set out on page 7 of the plan. The FD stated that the forecasts were conservative in the context of overall growth and would be offset by underlying growth.

In summary, the plan forecast a small surplus, slightly ahead of the 10 year plan trajectory, which would result in the Trust maintaining its financial risk rating of three. A key risk to this risk rating exists in the way in which Monitor calculates the liquidity ratio. The Trust's historical performance and the flexibility available from the use of transitional funding provided a degree of contingency whilst the Trust built its income base.

Resolved:

- 1. to approve the detailed Financial Plan for 2012/13; and**
- 2. to approve the summary 3 year Financial Plan as the basis for the Annual Plan to be submitted to Monitor before the end of May 2012.**

D12/81 CLINICAL QUALITY MONITORING REPORT

The Directors considered the report presented by the Executive Medical Director, who updated the Board regarding progress on the

two investigations listed at paragraph 2.

With regard to delays in results reporting, the operational commissioning of the pneumatic tube system had been delayed by three residual issues, which were expected to be resolved by the end of the following week.

There was discussion regarding the section of the report about CUSUM. The MD confirmed that the outcome of the case note review was in line with international evidence regarding the percentage of cases where potentially preventable deaths are identified. He confirmed that learning points arising from the review were disseminated.

There was discussion regarding the incidents set out in section 5 of the report, with the MD confirming that short term actions have been taken with regard to the incident concerning blood transfusion.

The Directors discussed the report of the Governance visit to Outpatients Area 1, particularly regarding signage and disabled car-parking, in connection with which it was noted that a variation was being agreed with Consort for the provision of more disabled parking spaces, at the cost of staff spaces. The reported coldness of the area was also under review, with each room being checked with Consort. Now that the building was fully occupied, the heating system needed to be rebalanced.

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

D12/82 REPORT ON INFECTION PREVENTION AND CONTROL UNTIL 31 MARCH 2012

The Directors considered the report as presented by the Executive Chief Nurse, who confirmed that the Trust had achieved below trajectory performance for the year for both Clostridium Difficile (CDI) and MRSA.

More stringent trajectories have been set for 2012/13 and the Trust has had 1 MRSA bacteraemia to date, against an annual trajectory of 5.

The trajectory for CDI is 76. Additional risk to the Trust regarding this is posed by the introduction of the more sensitive test and significant and disproportionate penalties under the commissioning contract. However, the DH has issued guidance that provides for increases above trajectory as a result of secondary testing will not trigger the penalties. To date, the Trust had recorded seven post-48 hour CDIs, some of which would not have been detected with the previously used test.

Work undertaken in Critical care and the Burns unit appeared to be

having a positive impact on the prevalence of Acinetobacters.

Particular focus would be placed on catheter associated infections, lines and cannulae.

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

D12/83 PATIENT CARE QUALITY REPORT

The Directors considered the report presented by the Executive Chief Nurse. The results of the national inpatient survey (undertaken in respect of admissions in June 2011) were similar to last year, with a 50% response rate. The Trust's own survey provided data from a much larger sample size and on a timelier basis.

There was discussion regarding the Trust's net promoter score, which was included in the report for the first time. The Board noted the inconsistency in results to date and agreed that monitoring of the score over a longer period would be needed before any significant conclusions could be gained from it.

The Board discussed the work being undertaken with regard to the pathway for care of the dying, including the intention to provide improved support for patients and relatives receiving bad news.

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

D12/84 OUTPATIENT DEPARTMENT SURVEY 2011

The Directors considered the report as presented by the Executive Chief Nurse, who drew the Board's attention to the overall outcome for the Trust, namely that it was in the top 20% of trusts for 13 of the indicators, the bottom 20% for three and within the average band for the remainder. The Trust had scored over 90% for important indicators such as respect and dignity and provision of conflicting information.

The action plan had been reviewed at the Care Quality Group meeting and clearly recognised scope for improvement in several areas. The CN reported that the Trust was engaging, through the Shelford Group, with similar Trusts whose top 20% performance indicated that they might be useful sources of best practice in these areas.

Resolved:

- 1. to note the 2011 Care Quality Commission Outpatient Department Survey report which provides a comparison of the results from NHS Trusts;**

2. **to note the contents of this report and the key findings of the survey; and**
3. **to note the action plan to improve the patient experience of the Outpatient Department.**

D12/85 PERFORMANCE INDICATOR REPORT

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

With regard to key risks as discussed in previous reports, the 62 day wait target had been achieved for the third quarter. Looking forward, the SHA had confirmed that a revised breach sharing protocol would apply for the current year, so that late referrals would be recorded against the referring trust.

Further action has been taken with regard to the Stroke Care target, in respect of which the Trust is currently at 70.1% against the target of 80%. Although this target was not included within Monitor's governance risk rating, it does pose contractual and reputational risk to the Trust. There was discussion about the appropriateness of the stroke unit for certain patients, such as cardiac patients and those at end of life, and the concept of a virtual stroke unit where automatic referrals of stroke patients to relevant specialists would ensure that they received appropriate care irrespective of their physical location.

With regard to delivery of CQUINs, the Trust was engaged with Commissioners regarding the renal home therapy target, which had been missed as a result of the clinical deterioration of a number of patients. It seemed likely that the Commissioners would take into account the Trust's over performance against other CQUINs.

Turning to internal targets, slot availability has improved in ENT, but there have been a number of lost slots in cardiology due to a high number of primary PCIs leading to clinic cancellations. Measures are being implemented to remedy this issue by the next quarter.

Short term sickness rates increased during January and February but have decreased for March. 508 staff are on formal sickness reviews and additional HR resource has been specifically employed to deal with the backlog. The Trust policy will deal appropriately with those genuinely sick as well as those who are not. There has been an increase in the number of staff leaving the Trust following level three referrals. As the Trust is seeking to achieve a cultural change in attitudes to sick leave, it is likely that the number of referrals has yet to peak before reducing.

Resolved:

1. **to accept the report on progress made towards**

achieving performance targets and associated actions and risks; and

- 2. to accept the report on progress with the Trust's CQUIN schemes.**

D12/86 UPDATE ON DELAYED TRANSFERS OF CARE

The Board considered the report delivered by the Chief Operating Office and Director of Partnerships. Numbers of delayed transfers of care are now half the level seen two years ago and, in addition the length of delays has reduced. Whilst some gaps in service provision remain, funding for the Kendrick Centre has been agreed for a further year. It has become evident that some delayed transfers result from patients with social care problems who should not have been admitted and the Acute Medical Clinics and the Older Person's Assessment and Liaison Service should help with this. This month there has been a 20% decrease in the numbers of admissions of patients over 70 years old.

Resolved: To accept the report

D12/87 MONITOR QUARTERLY GOVERNANCE DECLARATION

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

Resolved:

- 1. to agree that declaration 1 on governance should be signed on behalf of the Board of Directors for Quarter 4 2011/12;**
- 2. to accept that if declaration 1 is signed this will result in the Trust being rated 'Green' by Monitor for governance for the Quarter; and**
- 3. to agree that declaration 1 on quality should be signed on behalf of the Board for Quarter 4 2011/12.**

D12/88 FINANCE AND ACTIVITY PERFORMANCE REPORT FOR THE PERIOD ENDING 31 MARCH 2012

The Directors considered the paper presented by the Executive Director of Finance. The provisional end of year position showed an overall surplus of £2.37 million, which was £1.8 million ahead of plan. £1.2 million of this was as a result of a technical change to the way donated assets are treated in the accounts. Leaving this aside,

the Trust remains £667k ahead of plan.

A lower impairment value will now apply due to the latest valuation of the new hospital.

The Trust will end the year with a financial risk rating of 3 and has utilised £11 million of transitional support against a planned figure of £13 million.

The Board recognised the achievement of staff in delivering CIPs.

Resolved:

1. **to receive the contents of this report;**
2. **to agree that Declaration 1 should be signed for Q4 confirming that the Board expects the Trust to maintain a minimum FRR of 3 for the next 12 months.**

D12/89 UPDATE ON EMERGENCY PREPAREDNESS

The Board considered the paper presented by the Executive Chief Nurse, who confirmed that, following extensive testing, emergency preparedness plans appeared robust.

Resolved:

1. **to accept this update on Emergency Preparedness; and**
2. **to agree to receive another update in 6 months time**

D12/90 MEMBERSHIP REPORT

The Board considered the paper presented by the Director of Communications. The Trust had recruited approximately 1,000 members during the year but lost 2,000. However, its membership remains the fifth highest amongst all FTs.

Resolved:

1. **to note the progress made; and**
2. **to accept the recruitment and engagement strategy for 2012/13**

D12/91 ANNUAL CYCLE OF BUSINESS – BOARD OF DIRECTORS

The Board considered the paper presented by the Director of Corporate Affairs

Resolved:

1. to approve the attached annual cycle of business (with the deletion of the new hospital project report as a standing item); and
2. agree that the Chairman may approve amendments to the Annual Cycle during the course of the year

D12/92 INSTALLATION OF CYBERKNIFE LINEAR ACCELERATOR (FRAMELESS ROBOTIC RADIONSURGERY SYSTEM)

The Board considered the paper as presented by the Chief Operating Officer

Resolved: to approve the installation of the Cyberknife machine into existing bunker Room 9

D12/93 DECLARATION OF INTEREST – MEMBERS OF THE BOARD OF DIRECTORS AS AT 1 APRIL 2012

The Board considered the paper as presented by the Director of Corporate Affairs

Resolved:

1. to accept the Declaration of Interests;
2. to record their acceptance in the minutes of this meeting; and
3. to enter them in the Register of Interests

D12/94 THE SEALING OF A LEASE AGREEMENT BETWEEN THE TRUST AND THE POWYS TEACHING LOCAL HEALTH BOARD FOR PREMISES LLANDRINDOD WELLS COMMUNITY HOSPITAL POWYS

The Board considered the paper as presented by the Director of Corporate Affairs

Resolved:

1. to note that the Trust's occupation of the premises is to be documented by way of a formal lease with responsibilities being passed to Fresenius under a sub-lease;
2. to approve the use of the Trust Seal, pursuant to Standing Order 6.1; and

3. to approve the Recommendation above

D12/95 USE OF TRUST SEAL

The Board considered the paper as presented by the Director of Corporate Affairs

Resolved:

1. to agree that any two of the officers from the attached list, acting together, are authorised to use the Trust Seal on their behalf; and
2. to note the register of sealing and record its receipt in the minutes of this meeting

D12/96 MINUTES OF THE AUDIT COMMITTEE

The Board considered the paper as presented by the Director of Corporate Affairs

Resolved: to accept the minutes

**D12/97 Any Other Business
None**

D12/98 Date of Next Meeting:

Thursday 24 May 2012 1.00pm Board Room Trust HQ QEMC

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Chairman

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Date