

BOARD OF DIRECTORS

Minutes of the Meeting of 3 December 2010
Board Room, Trust HQ, QEMC

Present: Sir Albert Bore, Chairman
Ms Julie Moore, Chief Executive
Mrs Gurjeet Bains, Non-Executive Director ("GB") (from item six on the agenda)
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")

D10/228 Welcome, Apologies for Absence and Declarations of Interest

The Chairman welcomed everyone present to the meeting. There were no apologies.

Mr David Ritchie declared an interest in items six and 16 on the agenda, arising in relation to his position as a trustee of QEHB Charities.

D10/229 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.

D10/230 Minutes of the previous meeting

The minutes of the meeting of 28 October 2010 were accepted as a true record, as amended and initialled by the Chairman.

D10/231 Matters Arising

D10/218 - the Chief Nurse reported that, following a number of incidents where packages containing wiring have been left in hospital accident and emergency departments, the Trust was taking part in a multi-agency exercise with the police. Balfour Beatty Workplace's continuity plans are being reviewed to ensure that they are aligned with the Trust's plans. All on call managers and executives have now received training on the Trust's major incident plans and the Chief Nurse is reviewing the training and contingency planning, including evacuation procedures, to ensure resilience. The security service has been briefed regarding the hoax suspect packages with a view to increasing the security presence in A&E.

D10/232 Actions List

The actions list was reviewed.

D10/233 Chairman's Report and Emerging Issues Review

The Chairman confirmed that the seminar scheduled prior to this meeting had been cancelled. This would be rearranged once more detail regarding the White Paper was available.

The Chairman asked the Chief Executive to update the Board regarding progress on the White Paper. The Chief Executive reported that there appeared to be greater definition around the likely arrangements for GP commissioning within the Birmingham area and it was likely that there would now be seven consortia in total. Leaders for these consortia have been nominated although there is still a lack of clarity as to the constraints that will apply to consortia at a national level and around the arrangements that will be put in place of the work undertaken by the PCT which will not be passed to GP consortia. The Chairman of the National Commissioning Board is yet to be appointed.

The post of Chairman of Monitor is currently being advertised and is likely that a new Chief Executive and additional non-executive directors of Monitor will be recruited.

The Chief Executive had met with the Secretary of State at a dinner in Belfast last week. The Secretary of State was very interested in the work that the Trust is doing and the Chief Executive hoped to be to follow this up soon.

Finally, the Chief Executive reported that the Trust had formed a group with other leading teaching hospitals to facilitate benchmarking and other mutually beneficial activities.

Resolved to: Accept the report

D10/234 BNHP Monthly Programme Status Report

The Board considered the report presented by the New Hospital Project Director who further reported that Phase 2 of the move had gone well with all patients being transferred safely and all equipment bar a small number of items being transferred. The Trust continues to experience a few problems within the new hospital. Whilst Balfour Beatty Workplace's (BBW) performance was improving, it still lacks the ability to deal properly with a building the size of the new hospital. Following discussion, it was noted that, whilst the level of deductions was approximately £370,000 (a figure that had not been contested by BBW), the nature of the deficiencies were such that there was not a significant clinical impact.

[paragraph redacted]

The NHPD further reported that, with regard to the project ICT contractor, the ITC system had been in a stable position prior to the move. Following advice from the Trust's IT team, there was confidence that the system was safe. Contingency plans are now being developed for use if the Trust steps in to replace the contractor.

With regard to the building quality issues, the showers and other health and safety hazards are in the process of being resolved. Following discussion, the board noted the competent way in which the Trust is managing the project. The BNHP reported that the Trust was participating in a Treasury sponsored group on managing PFI contracts.

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

D10/235 Performance Indicators Report

The Directors considered the report presented by the Executive Director of Delivery. Performance against the A&E target remained below the Trust target of 98% but had improved and was above the national target at 96.7%. Whilst the Trust was only achieving 68.2% for Primary PCI against the target of 75%, there was no proposal to declare this as a year-end risk as further improvement is expected in January when the cath labs are co-located with cardiac.

The Trust had achieved the 62 day cancer targets in the third quarter, meaning that it was now above the target for the year and therefore failing to meet this target was no longer a risk to the Trust. Screening remained a low risk, as it was still slightly below the required level.

Delayed transfers of care had reduced and the Trust should achieve a level of 3.5% by the end of the year. Social Services have now agreed to open the Kenrick Centre with committed funding from the PCT and the centre will be operated by the LA. There was discussion

about the amount of effort that this issue has demanded from the Trust's management. It was agreed that the Trust should seek to reimpose fines if the PCT/social services do not follow through on their commitments. It is clear that UHB has borne the cost of managing these patients and therefore should be reimbursed. It was noted that another trust had had to go a fair way down the enforcement route in relation to fines, but had in fact been compensated.

The Trust's figures for stroke care were improving. The additional measures put in place been very effective and the Trust was nearly achieving the required target for time spent in a stroke unit and was already achieving 100% for TIA.

The Medical Director reported that he would deal with issues regarding the Trust's HSMR in his quality report.

With regard to internal key performance indicators, agency and bank usage remained high although it was expected that some movement would be achieved on these with recent appointments to long-standing locum posts. Nursing agency usage was also expected to decrease now that phase 2 of the move had been completed, as a number of posts had been held over to accommodate the new staffing.

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

D10/236 Clinical Quality Monitoring Report

The Directors considered the report presented by the Medical Director, who further reported that Dr Foster had recently published, as part of its Hospital Guide, certain categories of information including the hospital standardised mortality rate (HSMR), another indicator based on certain sentinel conditions, a new indicator for deaths after surgery and information arising from a questionnaire that was circulated to all trusts.

With regard to the questionnaire, the Trust was one of two trusts which had not completed this questionnaire. Despite this, Dr Foster was indicating negative responses to the questions in the questionnaire on its Report Card for the Trust and the Trust would be writing to Dr Foster asking it to change this to indicate that the data was not available,

Deaths after surgery was a new indicator that purported to measure mortality amongst patients with complications. Whilst the Trust was, according to Dr Foster, one of the four worst performing trusts, the Medical Director did not have any concerns that the Trust had a problem in relation to deaths after surgery. The MD explained a number of issues regarding the way the indicator was constructed that

made it unreliable. He reported that the Trust has looked at all the patients that would be caught within the indicator and he was satisfied that the Trust is not doing anything untoward in relation to those patients.

The Medical Director reminded the Board that it had discussed concerns regarding the usefulness of Dr Foster's HSMR in previous meetings. Dr Foster had now provided the Trust with the data behind this indicator and it would appear that certain patients have been included who had been discharged to their homes but then admitted to another hospital, and these should not have been included. Further work was being undertaken to ensure that this indicator was not a cause for any concern.

[paragraph redacted]

There was discussion regarding the "whole pathway" mortality approach to mortality monitoring referred to in the report. Since the report was written, further work had been undertaken to ensure that the data is robust. This has now been checked by a statistician from Cleveland Hospital and similar work has been undertaken in relation to lung cancer. The Trust will be sharing this work with Cancer Research UK.

Resolved: to accept the report

D10/237 Quality Account Update Report April-September 2010

The Board considered the report presented by the Medical Director.

Resolved: to approve the content of the Quality Account Update for April-September 2010 for external publication.

D10/238 Report on Infection Prevention and Control Up to End of October 2010

The Directors considered the report presented by the Chief Nurse who further reported that the Trust remained within its trajectory for MRSA bacteraemia. A case previously recorded in September as an MRSA bacteraemia had now been identified as not being MRSA and therefore the Trust was now below trajectory.

October saw the smallest number of C. difficile infections for the year; however the Trust had 18 in November. These are now being reviewed and. It would appear that further work needs to be undertaken in relation to the appropriateness of testing, as nine of the cases recorded in November involved samples being taken within 12 hours of an enema/laxative being given to the patient. The Board noted that the CDI test was for the toxin and therefore a patient might be colonised but not actually suffering from C. difficile disease as this

diagnosis required tissue typing. It was noted that other trusts have a different test regime which may be reflected in the number of CDI's that they have to declare. The Board agreed that the Trust should test appropriately in the interests of patients and not in order to manage achievement of the trajectory.

The Trust was taking part in a voluntary surveillance group for surgical site infections and this had identified some areas for improvement.

Resolved: to accept this report on infection prevention and control progress.

D10/239 Business Case Outcomes Performance Report

The Board considered the paper presented by the Executive Director of Delivery. It was noted that this report contained confidential information. This was the first report of this nature that had been brought to the Board and is intended that it should come on a six monthly basis.

Business cases had been assessed against a scale of one to five. Of the 17 business cases in total, 10 had been scored at level 1 -- outcomes achieved. Three of the remaining seven were reported as exceptions.

Following discussion, it was noted that, for business case eight, an increase in activity, delayed transfers of care and extended lengths of stay had all contributed to additional cost. With regard to business case 10, income targets had not been achieved as activity levels had not been in line with predictions. Mitigating actions were being taken by, for example, managing vacancies. Oncologists were being used to staff spoke locations and it was expected that this would lead to an increase in activity to counter the lack of the predicted increase in fractions. [remaining wording redacted]

Resolved:

1. **To accept the report on progress against business case outcomes and action taken for exception items; and**
2. **Agree that cases that have been assessed as achieved (risk assessment score of 1) should be removed from the outcome monitoring process.**

D10/240 Finance and Activity Performance Report for the Period ending 31 October 2010

The Directors considered the report presented by the director of finance. There was discussion regarding the achievement of the cost improvement plans. The FD acknowledged that Division Two, in

particular, was lagging behind their target. This was the first financial year in which efficiencies and support services have been allocated to the users, rather than the providers, of a service. This had had a disproportionate impact on Division Two and they have had difficulties in achieving these efficiencies in this first year. Overall, the Trust was in line with plan for achievement of cost improvements and the way in which the support service efficiencies were allocated to Divisions is being reviewed for the following financial year.

The FD also reported that he had been part of the national group looking at quality improvement plans (QUIPP). There has been recent publicity regarding back office efficiencies; this was one of the 12 work streams on the QUIPP agenda. Possibly half of these work streams impact on the acute sector even though they were actually focused on primary care, for example: urgent care; and long-term conditions. The Trust was working with local PCTs to develop defensible processes so that commissioning did not work on an activity basis, but kept the patient at the centre of the system. There is no doubt that patients will feel the impact of some of this work, particularly in relation to restrict access to certain clinical interventions such as carpal tunnel and ganglions.

Other streams of work could impact upon the Trust, such as HR, payroll and IT. The Trust is not mandated to do anything, but it is suggested that the report be used as a benchmarking tool. There was discussion during which it was recognised that the Trust should strive to make savings where it could do so without impacting upon patient care, but that outsourcing services does carry considerable risk, particularly with regard to control.

Resolved: to receive the contents of this report.

D10/241 Patient Care Quality Report

The Directors considered the report presented by the Chief Nurse who further reported that approximately 70 outpatients per month were now providing feedback. "Mystery Shopper" exercises had also been undertaken in Pharmacy and Outpatients and a telephone survey had been conducted regarding the quality of the discharge process.

With regard to single sex accommodation, development in the DH Guidance had resulted in the trolley bays within CDU being included within the type of accommodation subject to the single sex requirements. This had necessitated some urgent work so that male and female patients could be allocated to a specific trolley bay. However, this does mean that cross-specialties are now mixed across the two trolley bays. A procedure for electronically monitoring breaches of the single sex accommodation policy was now in place

and there had been no breaches to date.

Measurable and meaningful nursing quality metrics were now under development and this would be submitted to QUORU for validation.

Resolved: to accept the report.

D10/242 Minutes of the Audit Committee 21 September 2010

Resolved: to accept the minutes of the meeting of the Audit Committee 21 September 2010

D10/243 The Establishment of an Enhanced Organ Retrieval Service

Resolved: to approve the establishment of a 24 hour, 365 day organ retrieval for multi abdominal and cardiothoracic.

D10/244 Development of a Patient Support Centre

The Directors considered the paper presented by the Chief Operating Officer. There was discussion regarding the value of the expertise of an organisation like Maggie's and it was agreed that, although the Trust had operated the Patrick Centre for some time, this proposal was much more complex and the Trust would need to recruit an individual with relevant experience. The Chief Executive reported that the Trust had tried hard to interest Maggie's in running the Trust facility but they were very reluctant to move away from their standard model. Their strong ethic of on-site fundraising would have had a significant impact on QEHB Charities' own fundraising abilities.

It was agreed that the Board of Governors should be fully informed of the reasons behind this decision.

Resolved: that the Trust pursues the option of developing a Patient Information Centre with the QEHB Charities.

D10/245 Memorandum of Understanding between University of Birmingham and UHBFT relating to the Birmingham Clinical Research Academy (BCRA)

Resolved: that any Executive Director be and is authorised to execute the Memorandum of Understanding on behalf of the Trust.

D10/246 The Sealing & Signing of a Sublease and Licence to Sub-Let at 300-301 Melchett Road, Kings Norton Business Centre,

Birmingham

Resolved: to authorise any one or more Directors of the Trust and the Foundation Secretary to sign, execute and deliver the said Sublease and Licence to Sublet and any associated documents.

D10/247 Health and Safety Policy

Resolved to: approve the Health and Safety Policy

D10/248 Date of Next Meeting:

Thursday 27 January 2011 Board Room Trust HQ

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Chairman

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Date