

BOARD OF DIRECTORS

Minutes of the Meeting of 23 February 2012
Board Room, Trust HQ, QEMC

- Present: Sir Albert Bore Chairman
Ms Julie Moore, Chief Executive
Mrs Gurjeet Bains, Non Executive Director (“GB”)
Mr David Bailey, Non Executive Director (“DBa”)
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”)
Dr Dave Rosser, Medical Director (“MD”)
Mr Mike Sexton, Director of Finance (“FD”).
Mr David Waller, Non Executive Director (“DW”)
- In Attendance: Mr David Burbridge, Director of Corporate Affairs
Ms Morag Jackson, New Hospitals Project Director (“NHPD”)
Mrs Fiona Alexander, Director of Communications (“DoC”)
Mrs Viv Tsesmelis, Director of Partnerships (“DoP”)
- Observers: Dr Robert Warner – Burns & Plastics SpR

D12/23 Welcome and Apologies for Absence

Sir Albert Bore, Chairman, welcomed everyone present to the meeting. Apologies were received from Mr David Ritchie, Non-Executive Director and Prof Michael Sheppard, Non Executive Director.

D12/24 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.

D12/25 Declaration of Interests

There were no declarations of interest.

D12/26 Minutes of the previous meeting

The minutes of the meeting of 26 January 2012 were accepted as a true record.

D12/27 Matters Arising

D12/10 – The Chairman thanked the non-executive directors for their positive response to the request for participation in governance visits, which are now back to the desired level of two per month, with the exception of December.

D12/28 Actions List

The actions list was reviewed and updated.

D12/29 Chairman's Report and Emerging Issues Review

The Chairman reported that Alison Dayani had left the Birmingham Mail and that the Director of Communications was looking forward to meeting her replacement, once appointed.

D12/30 BNHP MONTHLY PROGRAMME STATUS REPORT

The Board considered the report presented by the New Hospitals Project Director.

[redacted text]

There was discussion regarding the proposals for the relocation of HARC. A considerable number of options had been considered and a substantial amount of work had taken place in order to arrive at the present position. The option involving conversion of space in Nuffield House was both the most viable of the options and the most acceptable from the clinicians' viewpoint. The conversion would be funded using designated funding in the capital programme, albeit it was not specifically designated against HARC.

Resolved:

1. to accept the progress reported in the New Hospitals Project Director's report;
2. to approve the allocation of £1.03 million from the 2012/13 capital budget to fund the required works for the relocation of Hearing Assessment Rehabilitation Centre (HARC);
3. to delegate the signing of the construction contract up to the maximum value of £1.03 million to two Executive Directors.

D12/31 CLINICAL QUALITY MONITORING REPORT

The Directors considered the report presented by the Executive Medical Director, who confirmed that there were no current investigations into doctors.

Whilst delays in reporting test results were still being monitored, there was no evidence that any such delays were impacting materially upon the quality of care.

The report contained a proposal (para. 5) to change the reporting process for Serious Incidents Requiring Investigation (SIRIs). Following discussion, it was agreed that the first option should be adopted, so that the Board was sighted on the issues arising out of SIRIs at the earliest opportunity. It was further agreed that definitive action plans for key SIRIs would be included as a follow up to the initial reporting of the SIRI to Board.

ACTION:MD

During discussion of the two SIRIs in the report, it was noted that, with regard to the missing swab incident, any failures to follow procedures had been followed up with the staff concerned and that staffing levels were at safe minimum levels. Immediate actions had been taken at the time of the event, minimising the harm to the patient.

The governance visit to ward 302 was discussed. The ward had been selected for the visit following concerns raised by medical staff. Executive Directors had already reviewed the ward's performance with the Divisional leadership but remained unsatisfied with the rate of improvement. A decision had been taken to [redacted text] provide additional qualified nurses from other areas to cover vacancies. On a wider basis, a review of the training and support given to new ward managers was being undertaken and Associate Directors of Nursing would be asked to review the performance of all ward managers in their divisions.

Resolved: accept the report and approve the actions

identified.

D12/32 QUALITY ACCOUNT UPDATE FOR Q3 2011/12

The Directors considered the report presented by the Executive Medical Director, who confirmed that it was intended to introduce PICS into the Emergency Department. The new ED Patient Administration System had been implemented in October and the Trust was now working with CSE to mesh PICS and Oceano together. This was expected to take several months.

There was discussion regarding the results of the patient surveys with regard to information being provided to patients regarding the side effects of their medication. It was confirmed that work was being undertaken with regard to this issue.

Resolved: to approve the content of the Quality Account Update for Quarter 3 2011/12 for external publication.

D12/33 PERFORMANCE INDICATORS REPORT

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

Four national targets were reported as exceptions/at risk, as follows:

Cancer 62 day upgrades. The Trust had made good progress on the 62 day GP referral target and was now above target for the year to date, although a response was still awaited from the network regarding the treatment of late referrals. However, the Trust had missed the upgrade target for January. This target did not contribute towards the Trust's governance risk rating, but could have contractual implications;

Stroke Care – Length of Stay. Performance had slipped back in January, following improvements in December. The situation was quite volatile, with the need to constantly balance capacity against demand. A review of the process out of “normal” working hours was being undertaken. There was discussion about the role played by community services providing stroke care and it was reported that, notwithstanding the performance against this target, it was very much the case that patients in the Trust who would benefit from being on a stroke unit would be located there. The target did not

necessarily take account of stroke patients with other needs which might be better met by being located in other areas such as neurosciences or end of life care. This indicator had not been included in Monitor's framework for next year but would remain a contractual measure.

Delayed transfers of care. The number of delayed transfers of care had increased in January.

Accident & Emergency. The Trust was achieving the 4 hour target and had continued to improve against the other A&E targets, with the exception of the re-admission target. It was noted that the latter was an issue common to all other EDs in the city.

The Trust was on trajectory to meet all of this year's CQUIN targets, worth 1.5% of total contract value. Benchmarking data from the London Strategic Health Authority had been obtained, which showed that London trusts have managed to achieve very few of their CQUINs. Nevertheless, there is likely to be increased focus on CQUINs next year.

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.**

D12/34 REPORT ON INFECTION, PREVENTION AND CONTROL UNTIL 31 JANUARY 2012

The Directors considered the paper presented by the Executive Chief Nurse. The Trust remained under trajectory for both MRSA and Clostridium Difficile. More challenging trajectories would be set for next year, although it was noted that the DH had yet to set trajectories for bacteraemia acquired in the community or nursing homes.

In addition to the trajectory being reduced for CDI next year, the introduction of the dual test is likely to result in an increase in positive results. Further details would be reported to Board next month.

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

D12/35 PATIENT CARE QUALITY REPORT

The Directors considered the report presented by the Executive Chief Nurse. Causes of noise at night had been identified and it is clear that patients themselves were the source of some of this noise. Harm from falls had decreased. Following a discharge quality audit, focus was being placed on the contents of discharge letters.

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

D12/36 FINANCE AND ACTIVITY PERFORMANCE REPORT FOR THE PERIOD ENDING 31 JANUARY 2012

The Directors considered the report as presented by the Executive Finance Director. The Trust was on trajectory to comfortably achieve the planned year end position. There was discussion regarding the fall in private patient income. It was expected that the new tomotherapy unit would act as a differentiator and that private patient radiotherapy work would increase over the next six months. In addition, there was potential for referrals of patients from the Middle east and there had been recent developments with regard to plastic surgery private patients where there was a preference for procedures being undertaken in an environment offering the support of an NHS facility. This might extend to other specialties in time. Careful work was being undertaken with regard to the promotion of such activity.

Whilst small additional CIPs may be required to address the dip in the Trust's cash position to approximately £30 million set out in the long term plan, the current position was such that this was unnecessary at present.

Resolved: to accept the report.

D12/37 DRAFT FINANCIAL PLAN 2012/13

The Directors considered the report as presented by the Executive Finance Director, who confirmed that a further draft would be presented to the Board in April. The deficit of £3 million in the draft plan was not unusual at this stage of planning. The CIP challenge had reduced from £24 million to £18 million, with the intention being that the balance was made up elsewhere. The resulting impact of the CIP target would not be so onerous so as to affect patient safety or the quality of care.

Further work need to be undertaken in the area of activity that was moving from PCTs to specialist commissioners. The trust had held encouraging discussions with consortium leads. There was discussion about the impact of block contracts being entered into both by the Trust and other Trusts, and about the impact of any CIPs on staff. It was confirmed that no large scale redundancies were

envisaged planned, although re-configuration and reviewing of vacant posts would continue.

Resolved: to receive the contents of the report.

D12/38 COMMERCIAL PHARMACY SUBSIDIARY – PERFORMANCE FOR THE 6 MONTHS TO 31 DECEMBER 2011

The Directors considered the report as presented by the Executive Finance Director. Operational performance continued to be satisfactory and in line with the long term strategy. Although the venture was not achieving any profit yet, significant operational improvements had been realised.

Resolved:

- 1. Receive the contents of this report;**
- 2. Approve the proposed directors of the subsidiary; and**
- 3. Agree to extend the loans to the subsidiary until 31 March 2013.**

D12/39 CUSTOMER CARE PROGRESS REPORT

The Board considered the paper presented by the Executive Director of Delivery. Standards for reception staff were being developed, recognising that the first contact with patients was key. All new staff receive customer care training during induction and it has been incorporated into the standing training prospectus.

Work was now being done to imbed the learning into everyday work, using identified performance indicators to monitor progress. The Chief Nurse reported that the focus on the training in key front line areas appears to have contributed to a reduction in complaints.

Resolved: to receive the progress report on customer care training.

D12/40 AUDIT COMMITTEE

The Director of Corporate Affairs reported that, following a tendering process carried out by a Task & Finish Group appointed by the Committee, the Committee had recommended to the Council of Governors that KPMG should be appointed as the Trust's internal auditors for a period of three years commencing 1 April 2012 with an option of extending the appointment for two years.

The Council of Governors had met on 20 February to consider the recommendation and had approved the appointment of KPMG.

Resolved: to receive the report

D12/41 NEUROSURGERY STRATEGY

The Directors considered the paper presented by the Chief Operating Officer. It was noted that this was a successful service which continued to grow, against a background of little other provision in the region. The waiting list currently stood at 900 and there were particular issues with highly complex and emergency work. The high number of telephone referrals (up to 50 per day) could impact on the quality of care so a new triage system and pooled list system is proposed, together with the appointment of a designated group manager.

There was discussion regarding the conflict between emergency and elective work and the impact of cancellations. It was confirmed that the proposal would tackle this issue and also address the likely increase in neurosurgical work that would result from the Trust's designation as a Major Trauma Centre.

Resolved: to approve the investment required as part of the action plan.

D12/42 PROPOSAL TO BECOME A DESIGNATED LEVEL 1 MAJOR TRAUMA CENTRE

The Directors considered the paper presented by the Chief Operating Officer. The Trust would become operational as a Major Trauma Centre on 26 March and the project was to be implemented in three phases, of which this was the first. This proposal addresses the infrastructure needed to meet required standards with regard to ED consultants. Interest has been expressed by consultants both in and out of the West Midlands. There has already been a drift of major trauma work towards the trust, with 50% of the projected increased activity already being realised.

A further paper would be brought to the Board later in the year.

ACTION:COO

Resolved:

- 1. to approve the investment necessary to delivery the activity associated with Phase 1 and 2 of the Major Trauma Centre project; and**
- 2. to agree to receive a further paper post MTC implementation containing an update on delivery, risks and finances**

D12/43 THE SEALING OF A DEED OF SURRENDER OF LEASED PREMISES IN THE QUEEN ELIZABETH HOSPITAL

Resolved:

1. to note that the early vacation of Trust premises by the tenant is to be documented by way of a formal surrender;
2. to approve the use of the Trust Seal, pursuant to Standing Order 6.1; and
3. to approve the Recommendation above

THE SEALING OF A DEED OF NOVATION OF A CONTRACT FOR CAPITAL WORKS AT THE QUEN ELIZABETH HOSPITAL

Resolved:

1. to note that the contract will be novated in its entirety to the New Supplier;
2. to approve the use of the Trust Seal, pursuant to Standing Order 6.1; and
3. to approve the Recommendation above.

THE SEALING OF A LEASE AGREEMENT BETWEEN THE TRUST AND UHB CHARITIES FOR PREMISES ON THE QUEEN ELIZABETH HOSPITAL SITE

Resolved:

1. to note that the Tenant's occupation of Trust premises is to be documented by way of a formal lease;
2. to approve the use of the Trust Seal, pursuant to Standing Order 6.1; and
3. to approve the Recommendation above.

D12/44 CHANGES TO THE TREASURY MANAGEMENT POLICY
The Board considered the paper presented by the Executive Finance Director.

Resolved: to approve the proposed changes to the Treasury Management Policy

D12/45 Date of Next Meeting:

Thursday 22 March 2012 1.00pm Board Room Trust HQ QEMC

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Chairman

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Date