

BOARD OF DIRECTORS

Minutes of the Meeting of 26 January 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
Mr David Ritchie, Non-Executive Director (“DR”)
Dr Dave Rosser, Medical Director (“MD”)
Mr Mike Sexton, Director of Finance (“FD”)
Prof Michael Sheppard, Non Executive Director (MS”).
- 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: Mr Alastair Denniston, Consultant Ophthalmologist
Dr Patricia Glynn, Respiratory Consultant
Dr Anwar Shah, Consultant Anaesthetist
Dr Catherine Snelson, Consultant Anaesthetist

D12/01 Welcome, Apologies for Absence and Declarations of Interest

Ms Angela Maxwell, Non-Executive Director (“AM”)
Mr David Waller, Non Executive Director (“DW”)

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

D12/02 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.

D12/03 Declaration of Interests

Mr David Hamlett declared an interest in Agenda Item D12/016. It was resolved that he may remain in the meeting for this item.

D12/04 Minutes of the previous meeting

The minutes of the meeting of 22 December 2011 were accepted as a true record, amended as initialled by the Chairman.

D12/05 Matters Arising

None

D12/06 Actions List

The actions list was reviewed.

D12/07 Chairman's Report and Emerging Issues Review

The Chairman had nothing to report.

D12/08 BNHP MONTHLY PROGRAMME STATUS REPORT

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

[redacted text]

The Trust intends to submit the outline planning application for the Selly Oak site in February. It is necessary to agree Heads of Terms for the Section 106 agreement with Birmingham City Council, regarding provision of public spaces and affordable housing etc. The Board noted that the draft Special Planning Guidance, which had not been approved by the Council, had proposed an affordable housing element of 25% but that other recent applications had been granted with substantially lower levels. It was agreed that the Trust would need to seek an appropriate level that balanced the requirement to achieve best value for money from the site with its role as a public body.

The public consultation about the Trust's plans for the site had been attended by approximately 500 people. The responses were generally favourable and there was little support for any employment

use on the site.

The Board discussed the options regarding smoking on the QE site. The difficulties in enforcing an absolute prohibition were noted, particularly with regard to patients and relatives who had just been given bad news. Birmingham City Council had relaxed its position regarding the provision of smoking shelters, provided that they were sympathetic to the design of the new hospital. The Board agreed that it would be more practical to move to a policy where smoking was permitted in designated areas and that such a policy should be enforced particularly with regard to staff. It was agreed that shelters should be located so as to achieve a balance between accessibility and discretion.

Resolved:

1. **to accept the progress reported in the New Hospitals Project Director's report;**
2. **Accept the variations instructed in this month;**
3. **To amend the Trust's Smoking Policy so that smoking would be permitted for visitors and staff only in designated smoking shelters; and**
4. **To authorise the Chief Executive and The Executive Director of Finance to agree and execute the Heads of Terms for the Section 106 Allocation in respect of the Selly Oak outline planning application.**

D12/09 TRUST CAPITAL PROGRAMME REPORT

The Directors considered the report presented by the New Hospitals Project Director. It was noted that none of the slippage reported had impacted on the Trust's ability to deliver clinical care.

Resolved: to accept the report regarding expenditure to date against the 2011/12 capital programme

D12/10 CLINICAL QUALITY MONITORING REPORT

The Directors considered the report presented by the Executive Medical Director.

The issue of delays in reporting test results had yet to be fully resolved. However, the laboratories would be moving to the new hospital in six to eight weeks' time, which would remove the element of travel from the contributory factors.

It was noted that the ethical issues regarding live liver transplant donors and face and hand transplants had yet to be addressed by

national bodies.

The increase in mortality on ward 302 was discussed. It was noted that there had been a change of use for the ward and it had several medical outliers, which may have accounted for the increase. Further work was being undertaken, but so far nothing of concern had been revealed.

There was discussion regarding the SIRI, particularly with regard to information given to patients. It was noted that work was on-going.

The Chief Nurse confirmed that all actions for Ward 514 were being addressed or had been completed.

It was agreed that it was unfortunate that the December governance visit had been cancelled due to the lack of non-executive directors. The Board recognised the importance of these visits and it was agreed that the dates of forthcoming visits would be re-circulated to the non-executive directors to ensure future visits were adequately staffed.

ACTION: CHAIRMAN

Resolved: to accept the report and approve the actions identified

D12/11 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 target. Performance had improved and the target had been achieved for Quarter 3 as a whole. Issues remained with regard to late referrals and the COO was engaging with the PCT and the cancer network with regard to all referrals made after 42 days being counted against the referrers. It was noted that, whilst individuals within the PCT were inferring that financial penalties might be applied to the Trust with regard to this target, the PCT generally appeared to understand that much of the problem lay with the referrers. There was discussion about the Trust declining to accept post 42 day referrals; it was agreed that this would be detrimental to patient care and the Trust should not put achievement of the target above patient care. Late referrals were now being discussed with referrers on receipt of the referral rather than following treatment;

Stroke Care. This indicator had not been included in Monitor's framework for next year but would remain a contractual measure, although there was no financial penalty attached. December had seen a high number of stroke cases occurring concurrently which had caused problems with securing beds on the stroke unit.

Performance had improved during January. The Trust was working on a concept of a virtual stroke unit, aimed at ensuring that stroke patients get the appropriate care irrespective of their physical location;

Delayed transfers of care. Performance had slipped back in January;

Accident & Emergency 4 hour target. This had been achieved for the quarter and continued improvement had been made with regard to the other A&E targets. The Trust was working closely with the ambulance services and it was noted that some recent communications issued by West Midlands Ambulance Service had misrepresented the Trust's performance.

The Trust was on trajectory to meet all of this year's CQUIN targets, worth 1.5% of total contract value. Next year the PCT is intending to put a lot more into CQUINs, although the Trust has yet to receive any detailed proposals. The financial element is expected to be 2.5% (£13 million).

With regard to internal targets, an increase in the short-term sickness rate was noted. A greater number of staff were now involved in formal sickness processes. Healthcare assistants remained the group with the highest sickness absence rates, in common with the rest of the NHS, and work was being undertaken in Division B to address this issue.

There was discussion regarding the decrease in the number of Health and Safety audits undertaken in the last two quarters. The DCA reported that he understood that most of this was a result of audits being cancelled by the relevant ward or department. It was agreed that a report would be brought to the Board of Directors regarding the reasons for cancellations and the escalation process.

ACTION: DCA/COO

Resolved:

1. **to accept the report on progress made towards achieving performance targets and associated actions and risk; and**
2. **to accept the report on progress with the Trust's CQUIN schemes.**

D12/12 ANNUAL PLAN 2011/12 PERFORMANCE UPDATE

The Directors considered the paper presented by the Executive Director of Delivery. Of those targets rated as amber, all but four had been reported in the Performance Indicators report earlier in the meeting. With regard to the remaining four, rates of completion of PICS assessments were improving and additional work is being

undertaken to improve average length of stay. Improvements in reporting of compliance with NICE Guidance were expected. For the NICE guidance issued regarding a specific drug for myocardial infarction, the decision not to comply with this guideline had been made at CQMG. With regard to the quality of patient administration processes, the Trust's electronic inpatient and outpatient systems had been adapted so that discharge letters were now sent directly to GPs from PICS. A separate piece of work is being undertaken to identify delays in the letters process, with an initial target of a 10 day turnaround. The monitoring had already identified some anomalies in letter management.

Resolved: to accept the year to date 2011/12 performance update against the Trust Annual Plan.

D12/13 MONITOR QUARTERLY GOVERNANCE DECLARATION

The Directors considered the report presented by the Executive Director of Delivery. As the Cancer 62 day target had been achieved for Quarter 3, the recommendation was that the Trust make declaration 1.

It was reported that the CQC now considered the Trust to be compliant with Outcome 9, following the Farwell audit of the new aseptic unit.

Resolved:

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

D12/14 REPORT ON INFECTION PREVENTION AND CONTROL UNTIL 31 DECEMBER 2011

The Directors considered the report as presented by the Executive Chief Nurse. The Trust remained below trajectory for MRSA and C.Difficile. For January to date there had been two pre-48 hour MRSA bacteraemia and six CDI cases, two of which had been on one ward, although there did not appear to be a connection.

One ward had been closed for eight days following an outbreak of norovirus.

All actions on the Trust infection prevention and control annual plan were on track.

The Trust was currently in discussion with the PCT regarding infection control trajectories for next year. Trajectories may be as low as five MRSA cases and 65 CDI cases for the year. The latter trajectory would have the additional challenge of increased detections following the introduction of the new two stage test.

Resolved: to accept the report.

D12/15 FINANCE AND ACTIVITY PERFORMANCE REPORT FOR THE PERIOD ENDING 31 DECEMBER 2011

The Board agreed that the Trust should declare that the Trust expected to maintain a minimum Financial Risk Rating at level 3 for the next twelve months. It was noted that a change in the accounting treatment of donated assets would be applied for the current year's accounts, such that the value of the asset would be accounted for in the year of receipt with depreciation over the life of the asset.

Resolved:

1. **to receive the contents of this report; and**
2. **to agree that Declaration 1 should be signed for Q3 confirming that the Board expects the Trust to maintain a minimum FRR of 3 for the next 12 months.**

D12/16 INVESTMENT COMMITTEE REPORT

In the absence of the Chair of the Investment Committee, the FD reported that the Committee had reviewed the Trust's Cash Investment Policy and recommended that an amended version of the policy be considered by the Board today. However, discussions had subsequently been had with Monitor regarding cash on deposit for more than 3 months being classified as a liquid asset. This matter had now been resolved and amendments to the policy would be proposed at the next meeting of the Board.

ACTION:FD

The Committee had resolved to invite PwC to attend a meeting of the Committee to discuss future collaboration over the HED application. The Trust now had 15 or 16 HED clients, the latest being Guys and Thomas's. There was discussion regarding the possibility of other joint enterprises between PwC and others such as Johns Hopkins University.

An update on the Outpatient Pharmacy subsidiary would be brought to the next meeting of the Board, which would include a proposal for the structure of the board and the governance arrangements of the subsidiary. The Committee had been pleased to note that the

average waiting time was less than 10 minutes.

Resolved: to accept the report

D12/17 THE SEALING & SIGNING OF A LEASE TO MAVERICK TELEVISION FOR PREMISES AT QUEEN ELIZABETH HOSPITAL

The Board considered the paper presented by the Director of Communications.

Resolved: to authorise the sealing and signing of the Lease

D12/18 APPROVAL OF POLICIES

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

Resolved: to approve the following policies:

- 1. Complaints Policy;**
- 2. Discharge and Transfer of Care Policy;**
- 3. Infection Prevention & Control Policy;**
- 4. Being Open Policy; and**
- 5. Medicines Policy**

D12/19 APPOINTMENT OF REPLACEMENT CONSULTANTS IN CRITICAL CARE AND ANAESTHESIA

Resolved: to approve the appointment of 3.35 WTE replacement Consultants in Critical Care and Anaesthesia

D12/20 APPOINTMENT OF REPLACEMENT CONSULTANT AND SENIOR CLINICAL LECTURER IN RHEUMATOLOGY

Resolved: to approve the appointment of a replacement Consultant in Rheumatology (7 PAs) and an additional Senior Lecturer (3 PAs)

D12/21 APPOINTMENT OF AN ACADEMIC ESTABLISHMENT OF A WEST MIDLANDS REGIONAL ACADEMIC UNIT OF HEAD &

NECK SURGERY

Resolved: to approve the proposed appointment of an academic ENT surgeon joint with University of Birmingham

D12/22 Date of Next Meeting:

Thursday 23 February 2012 1.00pm Board Room Trust HQ QEMC

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Chairman

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Date