

BOARD OF DIRECTORS

Minutes of the Meeting of 28 July 2011
Board Room, Trust HQ, QEMC

Present: Sir Albert Bore Chairman
Ms Julie Moore, Chief Executive
Mrs Gurjeet Bains, Non Executive Director ("GB")
Mr Kevin Bolger, Chief Operating Officer ("COO")
Mr Stewart Dobson, Non-Executive Director ("SD")
Mrs Kay Fawcett, Chief Nurse ("CN")
Ms Angela Maxwell, Non-Executive Director ("AM")
Mr David Ritchie, Non-Executive Director ("DR")
Ms Clare Robinson, Non-Executive Director ("CR")
Dr Dave Rosser, Medical Director ("MD")
Mr Mike Sexton, Director of Finance ("FD")
Prof Michael Sheppard, Non Executive Director ("MS").

In Attendance: Miss Louisa Bailey, Senior Manager Corporate Affairs
("SMCA")
Ms Morag Jackson, New Hospitals Project Director
("NHPD")
Mrs Viv Tsesmelis, Director of Partnerships ("DP")

D11/145 Welcome, Apologies for Absence and Declarations of Interest

Sir Albert Bore, Chairman, welcomed everyone present to the meeting. Apologies were received from David Burbridge, Director of Corporate Affairs, Fiona Alexander, Director of Communications, David Bailey, Non Executive Director and Tim Jones, Executive Director of Delivery.

D11/146 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.

D11/147 Minutes of the previous meeting

The minutes of the meeting of 23 June 2011 were accepted as a true record, amended as initialled by the Chairman.

D11/148 Matters Arising

D11/128 – The Chairman reported that the Trust is waiting for Monitor to agree to its proposals and that due to this delay he will be writing to the Governors whose office is due to end to extend it for one month. It was noted that the FD is currently liaising with Monitor to gain a response.

D11/129 – The Chairman requested that NHPD should review the minutes and amend accordingly.

D11/149 Actions List

The actions list was reviewed and updated.

D11/150 Chairman's Report and Emerging Issues Review

[Redacted Text]

[Redacted Text]

D11/151 BNHP MONTHLY PROGRAMME STATUS REPORT

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

The first of the Outpatient moves took place over the weekend of the 2 and 3 July 2011 with further moves planned throughout the summer and autumn. It was noted that the move was successful and that future moves will be managed in a similar way.

[Redacted Text]

The Board noted that the outline planning consent application for the Selly Oak site is due to be submitted to Birmingham City Council in November 2011. In preparation for this, pre-application discussions have commenced with officers. In parallel, the design and advisory teams are working on the outline concept master plans for the site with public consultation due to commence in August 2011. It is also planned to engage the Prince's Regeneration Trust to assist with the plans in relation.

The Chairman informed the Board that a meeting had already been arranged with 3 councillors from Selly Oak to discuss the planning application.

In response to queries as to whether it would be better to wait until May 2012 to submit the planning application the Board noted that due to the future changes in planning regulations it would be more beneficial to submit the application in November 2011. It was also noted that the Trust has been advised by officers of the Council and a

legal advisor to submit the application in November 2011.

In relation to the redevelopment and site master-plan for the QE site it was noted that Glenn Howells Architects are consulting with English Heritage, the Prince's Regeneration Trust and the planners and conservation teams at BCC to establish and influence their respective opinions on the QE site redevelopments. Their report is programmed to be completed by the end of August 2011. The Chairman advised that this had been discussed with Birmingham Women's NHS Foundation Trust and Birmingham Children's NHS Foundation Trust.

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

D11/152 TRUST CAPITAL PROGRAMME REPORT

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

Resolved: to note the expenditure to date against the 2011/12 capital programme.

D11/153 CLINICAL QUALITY MONITORING REPORT

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

[Redacted Text]

There was discussion regarding the incident at Kidderminster Dialysis Unit. It was clarified that the risk of such an incident occurring at a satellite unit is no greater than the risk of occurrence at QEHB, as equivalent governance processes are in place at both types of location. It was noted that the Trust has a nurse and a consultant attached to the units who do quality checks.

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

D11/154 PERFORMANCE INDICATORS REPORT

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

It was reported that there are three new KPIs, completion of drug assessments by new starters, foundation and core medical trainees attending teaching and commercial feasibility questionnaire turnarounds.

The Trust is currently above trajectories for both MRSA and *C. difficile*. Two of the cancer targets were below target in May: 31 day first treatments and 62 day referrals from screening. In June the Trust continued to underachieve three of the five A&E Clinical Quality

Indicators included in the Monitor Compliance Framework. Stroke length of stay performance for May was above target but is still below target for the year to date. There was a further breach of mixed sex accommodation guidance in June and delayed transfers of care also continued to be above the threshold.

It was noted that 1.75% in the second paragraph in section 2.2 should be 0.175%.

It was reported that the DOP had started to visit the GPs of the top 20 frequent attenders to the Emergency Department (ED), to increase their awareness of the problem and to agree shared management plans so that the patient only attends the ED when necessary.

In response to a query regarding the data referring to other trusts in table two, it was noted that it is the role of the SHA to challenge this data.

The Department of Health's (DH) revised definition of the TIA targets which was published at the beginning of July 2011 has had a significant effect on reported TIA performance as patients are now required to be seen strictly within 24 hours of referral rather than the next day. The DOD has written to the DH challenging this new definition as there is no clinical reason behind it.

Referring to section 2.6 it was noted that the mixed sex accommodation breaches have been assessed and accepted as legitimate breaches by South Birmingham PCT.

It was noted that the Trust is meeting with the City Council, the SHA and the regional office with responsibility for social care with the aim of identifying whether there are any further steps that Social Services can take to improve performance for those patients awaiting assessment before they can be discharged from hospital which will improve the Trust performance around delayed transfers of care.

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

D11/155 MONITOR QUARTERLY GOVERNANCE DECLARATION

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

The Board noted that in quarter 1 2011/12 the Trust exceeded its internal trajectory for post-48 hour MRSA cases, having had three in three months against a full year trajectory of seven cases. However as the Trust's external trajectory is 'front-loaded' with three cases in Quarter 1 this target will not have to be reported as a risk to Monitor this quarter.

It was also noted that the Trust is above trajectory for post-48 hour

Clostridium Difficile cases at the end of quarter 1 by 0.5 cases. It is considered that this does not present a risk to the Trust achievement of the full year trajectory at this time.

The Board were informed that the Trust has now hit its target for 31 day cancer treatments for quarter 1.

It was noted that there are risks around the both the A&E and stroke target. In relation to the A&E target the Trust is currently not meeting three of the indicators which will be included in quarter 2 which could lead to a deterioration in its rating to Amber-Green. In relation to the stroke target Monitor is yet to release a definition for this.

Resolved:

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

D11/156 ANNUAL PLAN QUARTER 1 2011/12 UPDATE

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

As at Quarter 1 2011/12, 78% of key tasks have been fully completed or are demonstrating strong performance against the associated outcome measures and no key tasks have shown significant underperformance or have been deferred to the following year.

It was noted that detailed action plans to deal with any key tasks that are underperforming or at risk of not being delivered in 2011/12 have been devised.

The Board were advised that work has commenced on the refresh of the Trust Strategy which will be submitted to the Board for sign off in October.

Resolved: to accept the quarter 1 2011/12 performance update against the Trust Annual Plan

D11/157 REPORT ON INFECTION PREVENTION AND CONTROL FOR JUNE 2011 INCLUDING UPDATE ON ACTION PLAN FOR 2011/12

The Directors considered the report presented by the Executive Chief Nurse

The Trust is above its year to date trajectory for MRSA bacteraemia by 1.5 cases. Following a Root Cause Analysis (RCA) review a request has been made to the PCT for removal of 1 case from trajectory as the clinical presentation of the patient was such that the bacteraemia was unlikely to have been avoided. *Clostridium difficile* infection (CDI) performance for June is 1.5 cases under monthly trajectory however the Trust remains 0.5 cases over year to date trajectory. Local improvement objectives for meticillin-sensitive *Staphylococcus aureus* (MSSA) bacteraemia and *Escherichia coli* (*E. coli*) bacteraemia of 5-10% remain under discussion. All cases of MRSA bacteraemia and CDI continue to be reviewed through RCA investigation and practice improvement in the Divisions concerned.

The Board were informed that there have been 6 cases of CDI in July which is below the trajectory.

Referring to appendix 3 the CN explained that all agreed infection prevention and control actions are progressing in line with the delivery plan.

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

D11/158 FINANCE AND ACTIVITY PERFORMANCE REPORT FOR THE PERIOD ENDING 30 JUNE 2011

The Board considered the report as presented by the Executive Director of Finance

The Board noted that an actual surplus of £0.482m has been recorded for 2011/12 which represents an adverse variance of (£118,000) against the planned surplus of £0.600m for the period. Overspends have been identified in a number of operational areas and those divisions are being put under pressure to resolve contributing factors by submitting their forecast plans and where they are not acceptable being asked to review those plans again.

Resolved:

- 1. to receive the contents of this report; and**
- 2. that Declaration 1 be signed for Q1 confirming that the Board expects the Trust to maintain a minimum FRR of 3 for the next 12 months.**

D11/159 ADDITIONAL CONSULTANT IN GENERAL SURGERY WITH AN INTEREST IN SARCOMA

The Directors considered the paper as presented by the Executive Medical Director

Resolved: to approve the appointment of a full time Consultant in General Surgery with an interest in Sarcoma.

D11/160 APPOINTMENT OF SUBSTANTIVE PART TIME CONSULTANT RADIOLOGIST WITH A SPECIALIST MUSCULOSKELETAL IMAGING INTEREST

The Directors considered the paper as presented by the Executive Medical Director

Resolved: to approve the case for the substantive part time appointment of a Consultant Radiologist with an interest in musculoskeletal imaging.

D11/161 ORGAN DONATION POLICY

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

Resolved: to accept the Organ Donation Policy

D11/162 ANY OTHER BUSINESS

There was no other business discussed.

D11/163 Date of Next Meeting:

Thursday 22 September 2011 1.00pm Board Room Trust HQ

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Chairman

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Date