

BOARD OF DIRECTORS

Minutes of the Meeting of 24 March 2011
Board Room, Trust HQ, QEMC

- Present: Sir Albert Bore Chairman
Ms Julie Moore, Chief Executive
Mr David Bailey, Non-Executive Director (“DB”)
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”)
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”)
Dr Dave Rosser, Medical Director (“MD”)
Mr Mike Sexton, Director of Finance (“FD”)
Prof Michael Sheppard, Non Executive Director (“MS”)
- In Attendance: Mrs Fiona Alexander, Director of Communications; (“DCC”)
Mr David Burbridge, Director of Corporate Affairs (“DCA”)
Ms Morag Jackson, New Hospitals Project Director (“NHPD”)
Mrs Viv Tsesmelis, Director of Partnerships (“DP”)
- Observers: Dr Mohammad Rasoul Amel-Kashpaz - Histopathology
Dr Joseph de Bono - Cardiology

D11/54 Welcome, Apologies for Absence and Declarations of Interest

Sir Albert Bore, Chairman, welcomed everyone present to the meeting. There were no apologies.

D11/55 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.

D11/56 Minutes of the previous meeting

The minutes of the meeting of 24 February 2011 were accepted as a true record, as amended and initialled by the Chairman.

D11/57 Matters Arising

D11/34 – The Chairman reported that the meeting organised by the local MP was to be held on 26 March and confirmed that he would be attending.

D11/32 – Stewart Dobson reported that there had been some discussion amongst members of the Audit Committee regarding the relationship with Consort and the management of their investigation into the matters raised by the Trust. It was suggested that a seminar be used to examine the issues. The NHPD reported that the Trust's investigation had identified certain anomalies to Consort and was waiting for their response, which the Trust would then need to consider. The investigation had been handled well by the Trust, although Consort has reacted with a degree of upset. There was clear recognition amongst all Board members of the importance of the relationship and it was agreed that, at present, Consort needed to respond to the Trust with their proposals before any further actions were taken by the Trust.

D11/35 – Deloitte's have now been appointed as the Trust Internal Auditors with effect from 1 April 2011.

D11/58 Actions List

The actions list was reviewed and updated.

D11/59 Chairman's Report and Emerging Issues Review

The Chairman reported that the Executive Appointments and Remuneration Committee had met before the Board meeting to consider the impact of the forthcoming non-executive director vacancies (Stewart Dobson, Clare Robinson and Gurjeet Bains) on the Board of Directors. Following discussion, during which the Committee recognised that the experience and skills of both Clare and Stewart would be invaluable over the forthcoming period of uncertainty, it had been agreed that the Committee would make the following recommendations to the Board of Governors' Appointments Committee for Non-Executive Directors:

That Gurjeet Bains be re-appointed for a second term of three years;

That the Trust advertise the other two vacancies, on the basis that candidates with legal and financial experience are sought; and

That, if as a result of that recruitment exercise, suitable candidates were identified, such candidates should be appointed to the Board and SD and/or CR would be asked to serve as Associate Non-executive Directors for a year; or

That, if as a result of that recruitment exercise, no suitable candidates

were identified, SD and/or CR would be asked to serve as Non-Executive Directors for a further year, with the possibility of candidates lacking experience being offered the post of Associate Non-executive Directors for a year.

The Chairman further reported that the Board of Governors had, at their meeting on 15 March, considered the implications of the Health and Social Care Bill on the roles and responsibilities of the Governors and on the Trust's processes for appointment and appraisal of Governors. The Board of Governors had generally accepted the suggestions put forward and had agreed that these should be worked up into formal proposals to be considered at the June meeting of the Board of Governors.

D11/60 BNHP MONTHLY PROGRAMME STATUS REPORT

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

ACTION: NHPD

The NHPD further reported that the Trust had been unable to obtain patient survey data from Premier over the last few weeks. Premier, whose financial status is uncertain, were seeking to charge £30,000 for the data as opposed to the current charge of £13,000 and have denied the Trust access to this data until this matter is resolved. The NHPD was confident that this issue would be resolved in the next four weeks. It was noted that about 50% of the patient survey data was unaffected as it was collected by hand held devices.

Resolved:

1. **To accept the progress reported in the New Hospitals Project Director's report; and**
2. **To receive an update paper in May 2011 detailing the next phase of the QE Site master plan.**

D11/61 PERFORMANCE INDICATORS REPORT & ANNUAL REVIEW OF PERFORMANCE INDICATORS

The Directors considered the report presented by the Executive Director of Delivery. There had been a deterioration in the performance against the 62 day cancer target, which was reflected across the country and was the result of a combination of delay in referral and patients delaying their appointment until after Christmas.

The Sentinel Stroke Audit indicated that the Trust had made improvements in all areas bar one.

The annual review of indicators reflected the decision by the CQC to

cease monitoring certain indicators. However, the Trust will maintain its monitoring of such indicators where they are either continued by Monitor or are considered to be good measures of quality. Additional indicators regarding research have been included as it is likely these will form part of future NIHR funding requirements.

CQUINS have been included as these are now a significant financial issue for the Trust and there are five new Accident and Emergency measures.

With regard to Trust internal targets, performance on sickness has improved, although agency usage remains high. The Chief Operating Officer, the EDoD and the Chief Nurse have put together an action group to address this issue. It was noted that the reference to the sickness action plan in Appendix B should read that the plan is being updated.

There was discussion regarding certain short term sickness and it was confirmed that this was monitored through return to work interviews, a process which would be automatic in the new HR system.

Resolved:

- 1. To accept the report on progress made towards achieving performance targets and associated actions.**
- 2. To agree the proposed changes to the performance framework for 2011/12.**

D11/62 CLINICAL QUALITY MONITORING REPORT

The Board considered the report presented by the Medical Director, who further reported that the first case listed at 2 was currently being reviewed by the case officer.

With regard to the section 3 of the report, temporary measures have been put in place whilst a full review of the process for obtaining blood is undertaken to establish where delays occur.

The Board discussed the incidents listed in the report. With regard to the incident on page 7, the MD confirmed that checks regarding the doctor had been made with the GMC, which revealed that, whilst he had been the subject of warnings, these had expired and therefore would not have been revealed to the Trust on routine checks. As a locum, the onus is on the agency to undertake the primary checks and there is no onus on the individual to declare spent restrictions. Thus the Trust would be unable to take any action against an individual for not declaring spent restrictions unless it can be shown that they have lied.

The MD confirmed that the Pneumothorax incident on page 9 was not

a Never Event, as it was not a surgical procedure. Likewise, the incident involving the administration of incorrect blood on the same page was not a Never Event as the patient had not suffered serious harm. Nevertheless, both incidents are being thoroughly investigated.

With regard to the incident reported on page 10, the Chief Nurse clarified that the patient's bed was not dirty; rather the concerns were about whether the room had been cleaned.

Finally, there was discussion regarding the Executive Visit set out in Appendix A, during which it was confirmed that the nurse mentioned on page 13 had been commended for his conduct.

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

D11/63 PROCESS FOR THE PRODUCTION OF THE TRUST'S 2010-11 QUALITY REPORT

The Board considered the report presented by the Medical Director, who drew the Directors' attention to the three key priorities and explained that these were subject to external comment. Following discussion, the Board agreed with the approach set out in the paper and noted that the report would be reviewed with the Board of Governors on 29 March.

Resolved: To approve the process and quality improvement priorities for 2011-12.

D11/64 REPORT ON INFECTION PREVENTION AND CONTROL UP TO END OF FEBRUARY 2011

The Board considered the report presented by the Chief Nurse, who confirmed that the Trust was currently on trajectory for MRSA, having had 11 cases, and well below the CDI trajectory. Next year's trajectories for MRSA (7) and CDI (114) would present a further challenge to the Trust, but it was evident that, if the Trust continued with the level of performance seen in the second half of the current year, these would be achievable. The trajectories for MSSA and E.Coli were yet to be set.

The Trust had had two outbreaks of norovirus, both of which had been dealt with quickly.

A new Infection Prevention and Control action plan would be presented to the Board at its next meeting, which would take account of the new trajectories and contain the annual report for the current year.

Resolved: To accept the report

D11/65 UPDATE ON EMERGENCY PREPAREDNESS

The Board considered the report presented by the Chief Nurse, who explained that the Trust's emergency preparedness plan had been updated following the Phase Two move. Medical staff have been specifically targeted to ensure that they are aware of their role. The Trust had only received the report regarding its March 2010 exercise in January. However, it does provide a level of assurance regarding the Trust's plans. Since then, the Trust has conducted several call out tests and participated in a regional exercise, which identified some difficulties in communications with external agencies.

The Trust now has a new decontamination tent and a number of trained Loggists, who are gaining experience by attending routine bed meetings.

The Trust will undertake a live test of its mass casualty plan in 2011.

Resolved: to accept the update on Emergency Preparedness, and agree to receive another update in 3 months time.

D11/66 FINANCE AND ACTIVITY PERFORMANCE REPORT FOR THE PERIOD ENDING 28 FEBRUARY 2011

The Directors considered the report presented by the Director of Finance, who confirmed that the Trust was on target to deliver against the plan. The District Valuer has increased their valuation of the new hospital which reduces the impairment by a small amount: nevertheless there remains a considerable impairment loss.

Overspend on nursing has declined and further progress in this area is expected.

Negotiations with South Birmingham PCT and the Specialist Commissioning Team has narrowed the funding gap to approximately £10 million and the FD is meeting with SBPCT tomorrow to discuss re-admission penalties. He is optimistic that the funding gap can be narrowed further. The national picture is that teaching trusts are having similar issues with funding as very few have managed to sign contracts with their commissioners.

Resolved: to receive the contents of this report

D11/67 RESEARCH ANNUAL REPORT 2010/11

The Board considered the paper presented by the EDoD, who highlighted the Trust's increasing research portfolio and the recent announcement of the NIHR centre. The Trust has maintained the £21 million of research funding and has agreed its final funding outcome

for FY10/11 with the CLAHRC. A Head of Operational Research has been appointed.

The Healing Foundation appears to have been very impressed with the Trust's approach to research and the Trust has made it through to a shortlist of five for awards of up to three research centres by this foundation. The Trust is working with the University of Birmingham and Birmingham Women's Hospital with regard to a technology hub of cancer and is now beginning preparation for the next stage of the CLAHRC bid. A business case has been presented to the CLRN for a chronic disease research centre and the Trust is working closer with the University to try to reduce transmission time between research and application to patients.

QEHB Charity has provided a small amount of funding for a research fellow in order to identify new areas for research.

The Trust's recent inspection by the MHRA resulted in a report which made no critical findings but did identify two major issues. The formal report was only received yesterday and will be examined in detail to develop an action plan.

There was discussion about other opportunities for funding for research. The EDoD reported that the Trust was developing its capacity to make proactive approaches to private trust funds with a focus on medicine with the recruitment of a commercial business manager to actively seek out such funding. The Chief Executive confirmed that through her membership of Oscar she was aware that the Trust were developing a good reputation in this area.

The Chief Executive also reported that the decision by the NHS Executive regarding proton therapy has been delayed. The Birmingham Children's Hospital are actively lobbying for a unit to be situated at QEHB.

It was recognised that there was a significant amount of competition, both nationally and internationally regarding research. It was difficult for the UK to compete internationally on cost but it became clear that the quality of the research undertaken is a significant issue when commercial companies are looking for sites for trials. Thus the Trust is focusing on its recruitment to trials to show that it can deliver requirements and is actively participating in national bodies.

Resolved:

- 1. to accept the research activity annual report for 2010/11 and**
- 2. to agree to receive a six monthly progress update against research performance and activity**

D11/68 INFORMATION GOVERNANCE TOOLKIT ASSESSMENT SIGN OFF

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

Resolved: to approve the Trust's self-assessment as reported for submission to Connecting for Health

D11/69 TRANSFER OF BIRMINGHAM SEXUAL HEALTH SERVICES TO UHB

The Directors considered the paper presented by the Chief Operating Officer, who further reported that progress had been made with regard to the finance arrangements and the premises. The DCA was continuing to oversee the negotiation of the transfer agreement and the community services agreement to ensure that they are correctly reflected the agreed position.

Resolved:

- 1. to approve the transfer of Birmingham Sexual Health Services to UHBFT on 1 April 2011, subject to completion of due diligence and agreement of financial envelope; and**
- 2. to delegate signing of the Transfer Agreement and associated documents to the Chief Executive or any Executive Director subject to satisfactory outcomes of due diligence and financial negotiations.**

D11/70 QUALITY GOVERNANCE REPORT

The Board considered the paper presented by the Director of Corporate Affairs, who further reported that, since the paper had been sent out, the National Quality Board had published two documents, Quality Governance in the NHS and Maintaining And Improving Quality During the Transition: Safety, Effectiveness, Experience (Part one). Copies of both document made available to the directors. The first of the two documents draws on the quality governance framework as referred to in the DCA's paper, which provided a robust assessment of the Trust's arrangements for quality governance, and the second restates how healthcare professionals ultimate responsible for ensuring patients receive high-quality care and that the overall system of assurance and support running throughout the NHS should give primacy to quality.

The Board discussed the issues set out in both additional documents

and the paper.

Resolved:

1. to accept the report on the development of the Trust's quality governance framework; and
2. to disseminate the key messages from both additional papers throughout the Trust.

D11/71 THE SEALING OF A LEASE AGREEMENT BETWEEN UHBFT AND UOB FOR STORE ROOM PREMISES IN THE MEDICAL SCHOOL

Resolved: That:

The Director of Corporate Affairs and the Land and Property Manager be jointly and severally authorised to exercise the powers of the Trust in relation to negotiating, approving and amending the Lease and any associated documents, without limitation save that such authority may only be exercised to the extent that the Lease is materially as described in this Report, and to do all such acts and things as may be required in order to give effect to the Resolution(s) resulting from this Report and implement the Lease to include the finalising and delivery of all such notices, confirmations, applications, letters, transfers, appointments, certificates, powers of attorney, deeds, forms, notice of drawing, notice of withdrawal or notice of utilisation and any other documents as required; and

any one or more Directors of the Trust and, in the case of any documents that are Deeds, the Foundation Secretary, be authorised jointly and severally to sign, execute and deliver the Lease and Licence to and any associated documents save that, where any such other documents are Deeds, execution will be by any two Directors or a Director and the Foundation Secretary.

D11/72 INFORMATION GOVERNANCE POLICY

Resolved: to approve the policy

D11/73 APPOINTMENT OF A PROFESSOR OF TRAUMATOLOGY AND NEUROSURGERY

Resolved: to approve the appointment of a Professor of Traumatology and Neurosurgery as part of the new NIHR-funded Trauma Institute

D11/74 Date of Next Meeting:
Thursday 28 April 2011 Board Room Trust HQ

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Chairman

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Date