

BOARD OF DIRECTORS

Minutes of the Meeting of 22 March 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”)
 - Mr David Ritchie, Non-Executive Director
 - Dr Dave Rosser, Medical Director (“MD”)
 - Mr Mike Sexton, Director of Finance (“FD”).
 - Prof Michael Sheppard, Non Executive Director
 - Mr David Waller, Non Executive Director (“DW”)
- In Attendance:
- Mrs Fiona Alexander, Director of Communications (“DoC”)
 - Mr David Burbridge, Director of Corporate Affairs
 - Ms Morag Jackson, New Hospitals Project Director (“NHPD”)
 - Mrs Viv Tsesmelis, Director of Partnerships (“DoP”)
- Observers:
- Dr Daniel Bailey - Anaesthetics
 - Mr Tony Belli - Reader in Neurosurgery
 - Mr Barry Boland - Emergency Medicine (A&E)
 - Dr Surabhi Choudhary - Radiology
 - Dr Mario Cibelli - Anaesthetics
 - Mr Anant Desai - Upper GI Surgery
 - Mr Jan Dmitrewski - Upper GI Surgery
 - Dr Ahmed Elsharkawy - Liver Medicine
 - Dr Benjamin Fisher - Senior Lecturer in Rheumatology

D12/46 Welcome and Apologies for Absence

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

D12/47 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.

D12/48 Declaration of Interests

There were no declarations of interest.

D12/49 Minutes of the previous meeting

The minutes of the meeting of 23 February 2012 were accepted as a true record, amended as initialled by the Chairman.

D12/50 Matters Arising

None

D12/51 Actions List

The actions list was reviewed and updated.

D12/52 Chairman's Report and Emerging Issues Review

The Chairman reported that a revised seminar schedule had been produced, taking into account recent developments regarding the DH's proton therapy decision and the need to give serious consideration to the Trust's strategy for dealing with future capacity issues. It was agreed that the DoP would circulate a briefing note to Board members regarding developments in primary care.

ACTION: DoP

D12/53 BNHP MONTHLY PROGRAMME STATUS REPORT

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

[redacted text]

The move of laboratories was going well. Some landscaping work around the main entrance of the Trust should be completed by June.

It is proposed that the outline planning application for Selly Oak would be filed in the next week or so. The Trust would commence early discussions with planners regarding the possibility of subsequent amendments in the light of Board discussions regarding capacity options.

There was a short discussion regarding branding and it was

confirmed that QEHB, as part of UHB, was the preferred branding for the public and clinical services, with the brand UHB being used in the international and educational arenas.

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

D12/54 CLINICAL QUALITY MONITORING REPORT

The Directors considered the report presented by the Executive Medical Director, who reported that the investigation referred to in section 2 of his report was at an early stage and concerned an allegation that a consultant had declined to support junior staff when on call.

With regard to section 3, the MD was optimistic that the current laboratories move and the subsequent bringing on line of the pneumatic tube system would lead to improvements in the delays in reporting of test results.

The increase in mortality referred to in section 4 of the report appeared to be a result of a decrease in the denominator as a result of the introduction of clinics in the Emergency Department. If the patients who were being seen in these clinics were added back into the denominator, the mortality rates returns to previous expected levels.

There was discussion regarding the executive governance visits and the outcome of the signage review.

Resolved: to accept the report and approve the actions identified.

D12/55 PROCESS FOR THE PRODUCTION OF THE TRUST'S 2011-12 QUALITY REPORT

The Directors considered the report presented by the Executive Medical Director. There was discussion regarding the level of interest in the Quality Report. It was reported that, whilst there did not seem to be much journalistic interest, the Trust's quarterly update received approximately 800 hits per month, which it was felt justified the resource used to produce it.

The reporting of pressure ulcers was discussed. The Trust could be perceived as having higher numbers than other Trusts. The Chief Nurse reported that the numbers reported had steadily increased over previous months, as changes in the reporting requirements were implemented. More recently, there were indications that actual incidence is now falling. With regard to comparisons against other Trusts, there were substantial differences in the way in which pressure ulcers were reported. For example, the Trust counted each pressure ulcer even if a patient had two or more, whereas other

Trusts would only report that as one incident. Also, some Trusts were reporting Grade 3 pressure ulcers as being of minimal harm, whereas the Trust regarded these as moderate or severe.

It was noted that there were approximately 500 other indicators used in the Trust. At present, these had not been considered for publication for various reasons such as the sample numbers being too small.

Resolved: To approve the process and quality improvement priorities for 2012-13;

D12/56 REPORT ON INFECTION PREVENTION AND CONTROL UNTIL 29 FEBRUARY 2012

The Directors considered the paper presented by the Executive Chief Nurse, who confirmed that the Trust's trajectories for MRSA and C.Difficile for 2012/13 would be 5 and 76 respectively. These represented a significant challenge due to the small numbers now involved and the disproportionate approach being taken by the PCT regarding the financial penalties for failure.

One MRSA bacteraemia had been reported for March, making four for the year (to date) against the trajectory of seven. The Root Cause analysis was underway. There had also been one CDI, bringing the total to 82. The Board agreed that the operational teams should be commended for the performance over the year, with both MRSA and CDI being below trajectory.

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

D12/57 PERFORMANCE INDICATORS REPORT

The Directors considered the paper presented by the Executive Director of Delivery. The Trust had met all cancer targets for January, which was historically a difficult month, and was on target to achieve them for the year. There were three national targets against which the Trust was underperforming as follows:

Stroke Care – performance had dipped and the Chief Operating Officer was working with the appropriate team to review the use of capacity in both the Trust and the community;

Delayed Transfers of Care – following improved performance in February at 3.5% below the national target, numbers had increased slightly in March, largely as a result of the withdrawal of funding for an internal community care nurse;

Accident & Emergency – Whilst the Trust was achieving the 4 hour target, performance against the 15 minutes to assessment target had deteriorated in January and remained below target. Performance against the re-attendance within seven days target was, in common with all other Trusts, below target.

One CQUIN target was considered at risk. The target for renal home therapies had been satisfactory in January but there had then been a number of patients who had deteriorated and had to be brought back into QEHB. The Trust was discussing this with Commissioners as the action was taken in the best interests of the patients.

There was a slight risk regarding the CQUIN for anti-microbial stewardship, but it was considered that performance was on trajectory to meet the target by the end of the year.

There was discussion regarding outpatient cancellations and the pilot being undertaken with GUCH patients.

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.**

D12/58 FINANCE AND ACTIVITY PERFORMANCE REPORT FOR THE PERIOD ENDING 29 FEBRUARY 2012

The Directors considered the report presented by the Executive Finance Director., who further reported that, following approval by the board of the Cash management policy last month, Monitor had now decided that instruments with a term in excess of three months are not to be counted as cash. The Trust is working with Barclays to identify a cash investment product that will meet Monitor requirements but still provide the benefit of better rates.

Negotiations with Commissioners have continued and the Trust is close to agreeing figures within the parameters set out in the annual plan. Agreement with specialist commissioners still needs to be reached, as is usual at this time.

The Trust has been dealing directly with the cluster and has had discussions with the CCG leads in more general terms. The latter have been more concerned with quality issues rather than finances.

There was discussion regarding the impact on the Trust of any disruption or destabilization arising from the NHS re-organisation.

The FD felt that this had not been an issue and, in fact, the removal of the PCTs had been beneficial.

Resolved: to receive the contents of the report.

D12/59 DRAFT TRUST ANNUAL PLAN 2012/13

The Directors considered the draft annual plan as presented by the Executive Director of Delivery. It was agreed that Workforce management should be amended to Workforce. Key tasks had been agreed by the planning team with the executive directors although some elements of the commissioning contract and the operating framework were still to be determined.

The draft plan is due to be considered by the Board and the Council of Governors at a joint meeting on Tuesday 27 March and the Board will be asked to approve the final plan in April.

The draft plan was discussed. The CN confirmed that noise and night and the availability of someone to with whom patients could discuss concerns would be included within the scope of item 5.3 and that work under item 5.4a would include time waiting for drugs.

It was agreed that the plan would be the subject of further discussion with the Council of Governors on 27 March 2012.

Resolved: to consider a final version of the Annual Plan in April, following discussion with the Council of Governors.

D12/60 BUSINESS CASE OUTCOMES REPORT

The Directors considered the report as presented by the Executive Director of Delivery. Two business cases were identified in the report as exceptions, namely the Ophthalmology Service Strategy and the Anaesthetics Workforce.

With regard to the first, income levels had not been at the expected level. This was due to the decision not to develop the Lucentis service after a similar service was established in Coventry. The Division is developing a strategy to deal with the subsequent shortfall, part of which has already been offset by uncommitted investment.

In the case of Anaesthetics Workforce, further developments to accommodate additional activity, long days and weekend working. Additional locums have been used to cover this activity and a further business case will facilitate additional appointments. A strong field of candidates will be interviewed shortly.

It was agreed that the review would form part of the evidence to be considered by Internal Audit.

Resolved:

1. **to accept the report on progress against business case outcomes and action taken for exception items; and**
2. **to agree the proposal to revisit the process for business case approval and monitoring in line with the proposals set out above.**

D12/61 PROPOSED EXPANSION OF ENDOSCOPY SERVICES

The Directors considered the report as presented by the Chief Operating Officer. The proposed expansion addresses the realisation of an anticipated increase in activity following JAG accreditation in September 2011 and the public awareness campaign regarding bowel cancer. The proposal would enable the Trust to manage its waiting lists and maintain accreditation by a phased increase in capacity, including evening use and Saturday working, to meet demand.

There was discussion regarding the costs of using private sector providers to assist with growth activity. These costs were estimated to be four times the internal cost. The Board also discussed the PCT view on growth in activity.

Resolved: to approve the expansion with Endoscopy

D12/62 PROPOSED EXPANSION OF THE CARDIAC IMAGING SERVICE

The Board considered the paper presented by the Chief Operating Officer. The proposal concerned an area of consistent growth for the Trust and would enable the Trust to further develop the combined workforce approach, involving cardiology and radiology. The proposal would deliver long-term savings for the local health economy and would have a positive impact on the quality of care.

The proposal has been driven by the clinical staff, who have shown a lot of goodwill in addressing the existing increase in activity. It was reported that the BUPA accreditation visit referred to in the paper had now taken place. BUPA have confirmed that they will be happy to designate the Trust as a referral centre and commented that the Trust's systems were more advanced than those in other centres.

Resolved: to approve the case for the expansion of the Cardiac Imaging.

D12/63 RESEARCH ANNUAL REPORT 2011/12

The Board considered the report delivered by the Executive Director for Delivery, which was the second such annual report. Since the earlier report, there have been many fast-moving developments in the sector.

The Trust had established a partnership with the University of Birmingham, Birmingham Health partners, in January, recognising the potential to leverage greater benefit to our organisations from joint bids and research governance structures.

Research and Development income had increased slightly from last year. The CLRN received a £1.9 million cut in funding due to non-achievement of targets, although this had not had a direct impact on the Trust. The CLRN Board is working on ways to increase activity.

Charitable and commercial research income increased by approximately £1 million and further increases were being sought with a higher number of studies taking place in 2012/13.

With regard to Research Governance, the MHRA has now approved the Trust's action plan, implementation of which will be completed by the end of April 2012. The MHRA are no longer monitoring the Trust.

Key achievements this year included the award of £12.8 million over five years for the Clinical Research Facility and the designation of the Trust as a Clinical Hub by Cancer Research UK.

Resolved:

- 1. Accept this research activity annual report for 2011/12; and**
- 2. Agree to receive a six monthly progress update against research performance and activity.**

D12/64 REPORT FROM AUDIT COMMITTEE

David Ritchie, Chair of the Audit Committee, reported that the Committee had met on 15 March. There had been a useful and interesting discussion with the Internal Auditors, who were coming to the end of the first year of their appointment. Members of the Committee felt that they had performed well in this time, particularly commenting on the more robust approach of the counter-fraud team.

The Committee had considered a draft programme for 2012/13 and had suggested a widening in the scope of the work to be undertaken regarding pharmacy stock control. Executive directors had agreed to review the scope of this work after current changes in pharmacy had been implemented.

The Committee had noted the proposals for NHSLA assessment and also developments within the NHSLA regarding the assessment system. There had been discussion regarding the emergence of alternative insurance arrangements and it had been agreed that the

Trust should keep abreast of such developments.

The Committee had resolved that a separate meeting with the Director of IT and the Medical Director would be arranged by the DCA to enable the Committee to gain a more thorough understanding of the current disaster recovery plan.

Resolved: to accept the report.

D12/65 INFORMATION GOVERNANCE TOOLKIT ASSESSMENT SIGN OFF

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

Resolved:

- 1 to agree the score of 77% for the 2011/2012 Information Governance Toolkit self-assessment;
2. To approve the Information Governance Framework.

D12/66 THE SEALING AND SIGNING OF A LEASE TO BIRMINGHAM HOSPITAL RADIO FOR PREMISES AT QUEEN ELIZABETH HOSPITAL

Resolved:

1. to note that BHBN'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
3. to approve the Recommendation above.

D12/67 Any Other Business
[redacted text]

D12/68 Date of Next Meeting:

Thursday 26 April 2012 1.00pm Board Room Trust HQ QEMC

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Chairman

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Date