

BOARD OF DIRECTORS

Minutes of the Meeting of 28 March 2013
Board Room, Trust HQ, QEMC

Present: Sir Albert Bore, Chairman
Dame Julie Moore, Chief Executive. ("CE")
Prof David Bailey, Non-Executive Director
Mr Kevin Bolger, Executive Director of Strategic Operations ("DSO")
Mrs Kay Fawcett, Chief Nurse
Mr David Hamlett, Non-Executive Director ("DWH")
Mr Tim Jones, Executive Director of Delivery ("EDOD")
Ms Angela Maxwell, Non-Executive Director ("AM")
Mr Andrew McKirgan, Interim Chief Operating Officer ("COO")
Mr David Ritchie, Non-Executive Director ("DR")
Dr Dave Rosser, Medical Director ("MD")
Prof. Michael Sheppard, Non-Executive Director ("MS")
Mr David Waller, Non Executive Director.

In Attendance: Mrs Fiona Alexander, Director of Communications ("DComms")
Mr David Burbridge, Director of Corporate Affairs ("DCA")
Mrs Viv Tsesmelis, Director of Partnerships ("DoP")
Mr Julian Miller, Director of Finance ("FD")

Observers: Dr Vijay Agarwal, Oncology
Comm David Beard, Anaesthetics
Dr Paul Dias, Anaesthetics
Surg. Comm. Alon Duby, Emergency Medicine
Dr Peter Isherwood, Anaesthetics/ICU
Mr Alessandro Paluzzi, Neurosurgery
Dr Arvind Pallan, Radiology
Dr Yusuf Rajaballi, Neurology
Col. Robert Russell, Emergency Medicine
Dr Pankaj Punia

D12/296 Welcome and Apologies for Absence

Sir Albert Bore, Chairman, welcomed everyone present to the meeting. Apologies were received from Mr Mike Sexton, Chief Financial Officer, Ms Morag Jackson, Director of Projects and Mrs Gurjeet Bains, Non Executive Director.

D12/297 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.

D12/298 Declaration of Interests

The DSO declared an interest in the matter of the lease between the Trust and Pharmacy@QEHB Ltd for premises at Queen Elizabeth Hospital Birmingham, by virtue of his being a director of that company.

D12/299 Minutes of the previous meeting

The minutes of the meeting of 28 February 2013 were accepted as a true record.

D12/300 Matters Arising

[Redacted]

D12/301 Actions List

The actions list was reviewed and updated.

D12/302 Chairman's Report & Emerging Issues Review

The Chairman asked the Medical Director to inform the Board about a recent discussion with Earl Howe, Minister of Health, and others, regarding the recent trends of increases in A&E activity. The MD presented a set of slides he had used at that meeting.

There was discussion regarding the month to month variations in activity levels. This was, in itself, not abnormal, although the general level of activity had increased to unprecedented levels. It was not clear what the particular drivers behind the increase were, although it was noted that a recent national survey revealed that between 65% and 80% of patients are unhappy with the GP out of hours service. Patients may prefer to attend A&E in the belief that it provides them with access to better diagnostic and treatment facilities, such as chest x-rays. In any event, the trend is considered to be irreversible, so the Trust will need to plan accordingly.

The Chairman outlined the arrangements for Board meetings for the financial year commencing in April 2013. It was agreed that, whilst the Board meetings are to be held in public, they are not public meetings and that therefore, members of the public (including Governors) would not be entitled to ask questions during the meeting, but would be invited to submit questions for a response at

the end of the meeting.

D12/303 CLINICAL QUALITY MONITORING REPORT

The Directors considered the paper presented by the Executive Medical Director, [Redacted]

There was discussion concerning whether the number of incidents included in the report was above usual levels. The MD advised that there was an increase in numbers of incidents, due in part to a lowering of the threshold for inclusion within the report and in part to the current pressures referred to earlier in the meeting. At present, he did not consider there was serious concern overall, as controls were still effective,

A query was raised regarding the length of time taken to investigate one of the reported incidents. The MD reported that the investigation had taken longer than usual, as the initial report had been inadequate and had been referred for review.

There was discussion about the resources available to carry out investigations on a timely basis. It was noted that, in many cases, actions were implemented during the investigation process, so that patient safety was not prejudiced by the need to finalise the investigation. There was a balance to be had between appointing the most appropriate individuals to carry out the investigation and fitting the investigation in with their clinical commitments. Dr Riddington had recently been appointed as an Associate Medical Director to provide additional resource in this area on the basis of one day a week.

The MD confirmed that, with regard to the incident reported on page five, the patient's death was not believed to be as a result of the incident and that he had personally reviewed the incident reported at the top of page seven and was satisfied that there were no concerns.

There was discussion regarding the governance visit to Ward 407. The Chairman reported that the visit had been given the impression of a cluttered ward, identifying a number of unconnected issues which, whilst each being of minor concern, could be considered indicative of poor quality of care. The MD reported that the ward had already been selected for an Executive root cause analysis meeting and that actions were being implemented to address the issues, including the cancellation of operations. There had been an improvement with regard to answering telephone calls but further work is being undertaken with regard to lost calls, some of which were not being answered due to inappropriate practices such as the cordless telephone being left with the ward clerk who sits near the fixed line phones.

Resolved to: approve the actions identified.

D12/304 PROCESS FOR THE DEVELOPMENT OF THE TRUST'S 2012/13 QUALITY REPORT

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

Resolved: to approve the process and quality improvement priorities for 2013-14.

D12/305 KEY PERFORMANCE INDICATORS REPORT

The Directors considered the paper presented by the Executive Director of Delivery. The Trust had failed to achieve the A&E 4 hour wait target for Quarter 3 and was unlikely to do so for Quarter 4. Nationally, 50% of Foundation Trusts are in a similar position for Quarter 4, with 30% failing to achieve the target for three consecutive quarters and accordingly being red-rated for governance. The Trust will be rated amber-green unless it also fails to achieve another target, such as infection control. If the target is missed for the next quarter, the Trust will be red-rated. Additional capacity is being brought in for the next quarter.

There was discussion about the impact on the performance data of the clinic systems that are operating alongside A&E, as these are accounting for patients who would otherwise have attended A&E. The Trust has discussed this with the Commissioners and the Local Area Team, who have referred the matter to the DH.

With regard to CQC Essential Standard 7, the Chief Nurse reported that the CQC had just carried out an inspection with regard to the Trust's processes for managing patients detained under the Mental Health Act. The inspectors, one of whom was a Mental Health Commissioner, had provided feedback on the day of the inspection and had been largely satisfied with what they had seen. Some issues regarding policy and documentation were raised which can be dealt with fairly quickly. It is not considered that there is any risk to the Trust's CQC registration based on this inspection.

The performance indicators report had been reviewed and it was proposed to retain the overall structure with the introduction of an amber-green rating to identify performance that is above threshold but at a lower level than previously reported. In addition, contractual targets will be highlighted.

Two of the Trust's CQUINs were considered to be at risk, as follows:

There had been a drop in performance against the CQUIN for cardiac surgery within seven days. The data was being validated but this represented a potential financial impact of approximately £250,000 at worst.

There was discussion regarding the Friends and Family performance, which was on trajectory. Tertiary hospitals appeared to perform at lower levels than local district general hospitals. The Chief Nurse gave an example of a patient who had been referred from Bristol for specialist care who had been very complimentary about the care received but had stated that the Friends and Family question was a silly question for patients like them, who would not respond positively as it was not their local hospital!

Resolved:

- 1. to accept the report on progress made towards achieving performance targets and associated actions and risks; and**
- 2. To approve the proposed changes to the format of future reports and the indicators reported**

D12/306 DRAFT TRUST ANNUAL PLAN 2013/14

The Directors considered the draft annual plan presented by the Executive Director of Delivery. This was year four of the Trust's five year plan. Two minor amendments to the Strategic Enablers were proposed as were amendments to take into account the five key offers proposed by the NHS Commissioning Board under "Everyone Counts".

Resolved to: approve the draft version of the Trust Annual Plan 2013/14

D12/307 REPORT ON INFECTION PREVENTION AND CONTROL UNTIL 28 FEBRUARY 2013

The Directors considered the paper presented by the Executive Chief Nurse, who further reported that, with three days to go until the end of the reporting period, the Trust remained on trajectory for MRSA and just below trajectory for C.Difficile. The management of septic cases has been exceptional, however the position remains tight.

Trajectories for next year will be zero unavoidable MRSA bacteraemia and 56 avoidable cases of C.Difficile. Rapid review of any MRSA bacteraemia will be essential.

There was discussion about the impact of these trajectories on the development of new broad spectrum anti-biotics, which are desirable for the treatment of MRSA. Drug companies are having difficulty in arranging trials of these because there is concern that their use may affect achievement of the C.Difficile target.

A table top review of the novel corona virus case is to be

undertaken, as it is likely that the Trust will have further cases in future.

Three wards had been closed for brief periods due to norovirus. All had been opened very quickly due to prompt action and the use of single rooms for isolation.

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

D12/308 FINANCE AND ACTIVITY PERFORMANCE REPORT FOR THE PERIOD ENDING 28 FEBRUARY 2013

The Directors considered the report presented by the FD on behalf of the CFO. The strong performance previously reported has continued.

With regard to the financial plan for the next year, it is unlikely that commissioning contract will be signed until the end of April, therefore it is proposed to present the plan to the Board at its meeting in May.

There was discussion regarding the level of reserves. IT was confirmed that the aim was to maintain these at an appropriate level, given the non-recurring nature of the transition funding. The Board also discussed the impact of Monitor's new financial risk grading system.

**D12/309 Resolved: to receive the contents of this report
INFORMATION GOVERNANCE TOOLKIT ASSESSMENT**

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

Resolved: to approve the submission of a score of 80% for the 2012/13 Information Governance Toolkit

D12/310 AUDIT COMMITTEE REPORT

The Board considered the report presented by David Ritchie, Chair of the Audit Committee. There was discussion regarding the issue of the delay in the implementation of the SAGE upgrade. The FD reported that the decision to delay had been made after an issue was identified during testing. Whilst that issue had now been resolved, it was considered that the implementation would then be taking place too close to the financial year end.

Resolved: to receive the report.

D12/311 LITIGATION AND INSURANCE REPORT

The Board considered the report by the Director of Corporate Affairs. There was discussion regarding the likely impact of the

changes being made as part of the Jackson Reforms.

Resolved: to receive the report.

D12/312 APPROVAL OF RESEARCH AND DEVELOPMENT OPERATIONAL CAPABILITY STATEMENT

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

Resolved to: approve the Research and Development Operational Capability Statement.

D12/313 TRANSFER OF HOSTING ARRANGEMENTS FOR WEST MIDLANDS OPERATIONAL DELIVERY NETWORKS FOR CRITICAL CARE, TRAUMA AND BURNS

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

Resolved:

To AGREE, subject to the arrangements for financing and risk management being substantially as set out in the paper, to accept Host responsibility and accountability for West Midlands Operational Delivery Networks for Critical Care, Trauma and Burns from Walsall PCT;

To APPROVE in principle and subject to the arrangements for financing and risk management being substantially as set out in the paper, the transfer of responsibility and accountability for West Midlands Operational Delivery Networks for Critical Care, Trauma and Burns from Walsall PCT and from the East and West Midlands Specialist Commissioners to UHB; and

To AUTHORISE the Chief Executive to approve the transfer of responsibility and accountability for West Midlands Operational Delivery Networks for Critical Care, Trauma and Burns from Walsall PCT and from the East and West Midlands Specialist Commissioners to UHB, in the event that the final arrangements for financing and risk management are substantially different to those envisaged by the paper.

D12/314 AUDIT COMMITTEE MINUTES

The Board considered the minutes of the Audit Committee meeting held on 7 February 2013.

Resolved: To accept the minutes of the meeting of the Audit Committee held on 7 February 2013.

D12/315 CHANGES TO THE CONSTITUTION

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

Resolved that, subject to the approval by the Council of Governors, the Constitution of the Trust be amended as set out in the document attached at Appendix A.

D12/316 CORPORATE GOVERNANCE POLICY

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

RESOLVED: that the Corporate Governance Policy attached at Appendix A be approved with effect from 1 April 2013

D12/317 REVISED STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS

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

RESOLVED:

1. to approve the Standing Orders; and
2. approve the Standing Financial Instructions

Both with effect from 1 April 2013

D12/318 CLINICAL QUALITY STRATEGY AND CLINICAL QUALITY COMMITTEE TERMS OF REFERENCE

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

RESOLVED:

1. to approve the Clinical Quality Strategy from 1 April 2013; and
2. that a Committee of the Board of Directors be established with immediate effect to be known as the Clinical Quality Committee and Terms of Reference for the Committee in the form attached at Appendix B be approved.

D12/319 THE SEALING & SIGNING OF A LEASE AGREEMENT BETWEEN THE TRUST AND BIRMINGHAM RESEARCH PARK

**LTD FOR LABORATORY PREMISES AT VINCENT DRIVE
EDGBASTON BIRMINGHAM**

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

RESOLVED: To Authorise:

The Director of Corporate Affairs and the Land and Property Manager severally 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 the Report, and to do all such acts and things as may be required in order to give effect to the Resolution(s) resulting from the Report and implement the Lease including 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

**THE SEALING & SIGNING OF A LEASE AGREEMENT
BETWEEN THE TRUST AND PHARMACY AT QEHB LTD FOR
PREMISES AT QUEEN ELIZABETH HOSPITAL BIRMINGHAM**

The Board considered the report by the Director of Projects. The DSO took no part in this part of the meeting.

RESOLVED:

To Authorise Lynne Darby, Land and Property Manager 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 including 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 Executive Directors severally to sign, execute and deliver the Lease and any associated documents save that, where any such other documents are Deeds, execution will be by any two Directors.

D12/320 Date of Next Meeting:

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Chairman

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Date