

BOARD OF DIRECTORS

Minutes of the Meeting of 24 May 2012
Board Room, Trust HQ, QEMC

- Present: Sir Albert Bore, Chairman
Dame 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”) (from item D12/110 onwards)
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
Mrs Viv Tsesmelis, Director of Partnerships (“DoP”)
Dr Pauline Jumaa (items D12/110 and D12/111 only)
- Observers: Dr Natish Bindal, Anaesthetics
Ms Anwen Harries, Neurosurgery
Mr Matthew Isles, ENT
Dr Yuk Ting Ma, Oncology
Dr Victoria Kunene, Oncology

D12/99 Welcome and Apologies for Absence

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

D12/100 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.

D12/101 Declaration of Interests

There were no declarations of interest.

D12/102 Minutes of the previous meeting

The minutes of the meeting of 24 April 2012 were accepted as a true record.

D12/103 Matters Arising

None

D12/104 Actions List

The actions list was reviewed and updated.

D12/105 Chairman's Report and Emerging Issues Review

The Chairman reported that, following the passing of the Health and Social Care Act, consideration would be given to the format of Board of Directors' and Council of Governors' meetings so as to meet the requirement for Board meetings to be held in public. The Board will consider some proposals at its July meeting, following which appropriate arrangements will be discussed with the Governors.

The Chairman asked the FD to brief the Board regarding recent developments on work overseas. The FD reported that the main areas of activity were:

[redacted text]

D12/106 CLINICAL QUALITY MONITORING REPORT

The Board considered the report presented by the Executive Medical Director, who updated the Board regarding progress on the investigations into doctors.

The move of laboratories into the new hospital has significantly improved the reporting time for results. A further improvement should be achieved once the specimen delivery system has been commissioned. Balfour Beatty are looking at getting this system up to specification, but this involves the moving of pipework. At present they have not been able to price or give any timescale for this

although it is the trust's understanding that the piping was inadequate in the first place.

The increase in incidents involving harm is believed to be connected to improvement in reporting of pressure ulcers. Should also be noted that the Trust treats all significant ulcers as causing significant harm whereas other hospitals do not do so.

There was discussion about the serious incidents reported. The MD reported that the over transfusion incident may involve similar issues regarding another incident involving platelets, although the blood products involved are different, and these may be investigated together.

There was discussion regarding the visit to the enhanced recovery unit. Whilst it was acknowledged that this was a tired area in terms of the environment, the visit had been relatively good. In particular, it was noted that tidiness of the kitchen/storage areas needed improving. It was reported that staff were dealing very well with frail elderly patients.

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

D12/107 FINAL QUALITY REPORT FOR 2011/12

The Directors considered the report presented by the Executive Medical Director. Positive responses have now been received from both the PCT and the LINKs service. David Ritchie reported that the draft report had been discussed at Audit Committee, together with the draft audit report from KPMG, which had given the quality report the highest level of assurance available, that being limited assurance. The Audit Committee had resolved to recommend to the board that the quality account be approved.

Resolved: approve the content of the Trust's final 2011/12 Quality Report for submission to Monitor, Department of Health and external publication.

D12/108 PERFORMANCE INDICATORS REPORT

The Directors considered the report presented by the Executive Director of Delivery. With regard to national targets, the Trust had had one post 48 hour MRSA bacteraemia. The trust is slightly above trajectory with regard to clostridium difficile. There are significant financial penalties associated with this target. Members of the Shelford Group are contesting the fairness of these financial penalties, especially as they would potentially result in £150 million not being spent on patient care. One member of the group has received advice from counsel that the penalties are not legally enforceable. It is expected that national guidance may be forthcoming around this area.

The 60 day GP referral cancer target was achieved for both the quarter and the year although performance for March was 80.3% against the 85% target.

Whilst there was improvement in the performance against the quality of stroke care target, the target had been missed for the year. Although this is not a Monitor target, there is a contractual penalty associated with it, although it appears unlikely that this will be enforced.

The Trust achieved the accident and emergency headline target (four hour target) and had improved on all other targets with the exception of the readmission target. This is common to all other trusts.

The EDOD reported that a review of key indicators has been undertaken with the changes proposed for future reports set out in appendix D. The performance framework is being updated to ensure that it is still fit for purpose.

Resolved to:

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

D12/109 MONITOR FORWARD PLAN STRATEGY 2012/13

The Directors considered the paper presented by the Executive Director of Delivery. It was believed that Monitor are likely to assess the Trust's forward plan in the same way as last year, in that they will undertake a tabletop review followed by the seeking of further details if they have any concerns.

The document was set out in a more narrative format this year with a focus on cost improvement plans. It mirrors the annual plan that was considered by both the Board of Directors and the council of governors previously. It is proposed that the Trust declare one risk against Clostridium difficile. This is largely because of the way in which the new test has been brought in. This will mean that the Trust will be risk rated Amber Green for governance.

The FD reported that the forward plan strategy was broadly consistent with the Trust's financial plan although the forecast surplus for years two and three had slightly increased. The trust's financial risk rating may be affected by its PFI because the liabilities arising from the PFI are scored against cash. This means that between £15 million and £17 million of cash will be excluded by this

technical issue if Monitor does not change its calculation method. Any requirements for significant capital investment will need to be considered in the context of the Trust's cash position. The FD intends to create a buffer against this by increasing the Trust's overdraft facility to the maximum level at a cost to the Trust of £125,000.

There was discussion regarding the position the Trust was put in with regard to having to spend money on an overdraft facility without a real need. It was understood that Monitor would be concerned about trusts in financial difficulties. It was agreed that this issue should be taken up with senior officers at Monitor in a separate letter.

The FD reminded the Board that any proceeds from the sale of the Selly Oak site were not included in the financial forecasts.

Resolved to:

- 1. approve the final version of the 2012/13 Annual Plan for submission to Monitor;**
- 2. approve marking all the content within the appendices to the plan as unsuitable for disclosure by Monitor;**
- 3. authorise the signing of the Governance Statements, including the Finance Declaration, on behalf of the Board of Directors; and**
- 4. approve an increase in the Trust's overdraft facility from £30.0m in 2011/12 to £50.0m in 2012/13.**

David Hamlet joined the meeting.

D12/110 REPORT ON INFECTION PREVENTION AND CONTROL UNTIL 30 APRIL 2012

Dr Pauline Jumaa joined the meeting.

The Directors considered the paper presented by the Executive Chief Nurse. The Trust had one MRSA bacteraemia in April but none to date for May. Of the 19 post 48 hour Clostridium difficile cases, seven were reportable. There been no cases of MDR Acinetobacter in April, although a small number had occurred in May in the Burns unit on ward 408. Root cause analysis is being undertaken in to these cases.

Given the challenging nature of the trajectories for this year it will be important to keep all staff focused. In relation to the new two-stage testing for C. difficile, national guidance is being published that will provide for any increase directly as a result of two-stage testing not to trigger any contractual penalties. Dr Jumaa confirmed that it was possible to identify how much difference the new test has made as the Trust undertook a trial. The new test leads to approximately double the number of C. difficile infections being identified.

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

**D12/111 ANNUAL INFECTION PREVENTION AND CONTROL REPORT
APRIL 2011 – MARCH 2012**

The Directors considered the report presented by Dr Pauline Jumaa, Director of Infection Prevention and Control.

The Trust had had a successful year in terms of infection prevention and control, with both improvement targets being achieved and implementation of the action plan completed. Looking forward to the current year the focus would be on the following areas:

Numbers of MRSA bacteraemia have decreased further but now are maintaining a horizontal line as the Trust is approaching its irreducible minimum. However, there is further work to be done coming out of the root cause analyses.

With regard to CDI, the downward trend continues but the Trust is still not yet near the best performance in this area. Whilst huge improvement has been made, there is further improvement to come. Two-stage testing was introduced in April. This is a more sensitive and more specific test, although not all cases identified require reporting and a further test has to be undertaken in order to determine which are to be reported. Dr Jumaa was confident that the Trust's new improvement target could be achieved, as for the second six months of the previous year the average number of cases was 6.5 compared to between seven and eight for the first six months. However continued focus and refreshment of the message is required.

With regard to the MDR Acinetobacter, this is a significant pathogen for the Trust, due to the large number of at risk patients and patients from overseas. Numbers last year were low but with more civilian cases than previously. Areas for improvement have been identified, in particular the critical care unit, trauma and burns. A review of clusters of cases is being undertaken. Strains are sent for molecular typing to the Health Protection Agency in London and a research unit in the University of Birmingham.

With regard to other alert organisms, there has been a slowdown in

the development of new antibiotics by drug companies and therefore infection prevention and control is becoming more crucial.

The Board acknowledged the excellent progress outlined in the report and noted that Dr Jumaa was standing down from the role of Director of Infection Prevention and Control, having undertaken that role for the past five years. The Board thanked Dr Jumaa for the outstanding work she had done.

Resolved: to accept the Annual Report on Infection Prevention and Control

Dr Jumaa left the meeting.

D12/112 ANNUAL ACCOUNTS INCLUDING LETTER OF REPRESENTATION AND AGS

The Directors considered the draft annual accounts as tabled by the Executive Finance Director. The chair of the Audit Committee, David Ritchie, reported that the Audit Committee had considered the draft accounts and the report of the Trust's external auditor in respect of same at its meeting earlier today. The Audit Committee recommended that the Board approve the annual accounts as drafted.

Resolved:

1. **To approve the Letter of Representation; and**
2. **To approve the Annual Accounts, including the Annual Governance Statement.**

D12/113 TRUST'S MONITOR ANNUAL REPORT

The Directors considered the report presented by the Director of Communications. David Ritchie, reported that the Audit Committee had considered the draft report and the report of the Trust's external auditor in respect of same at its meeting earlier today. The Audit Committee recommended that the Board approve the annual report as drafted.

Resolved: To approve the Annual Report 2011/12.

D12/114 SUMMARY REPORT ON NATIONAL STAFF SURVEY 2011

The Directors considered the report as presented by the Executive Director of Delivery. Outcomes for the Trust were generally positive, albeit not quite as good as the previous year. This was thought to be due in part to a high proportion of responses from ancillary staff, whose responses to the clinical questions would not be as informed as responses from clinical staff.

The Trust had shown improvement in one area, a decrease in six other areas and no change in 31 areas. There was discussion about those indicators where the Trust was in the worst 20% of respondents, including utilisation of flexible working options, and experiencing of discrimination at work. It was noted that the proportion of staff using flexible working options was much higher among clinical staff and that many of the cases of discrimination at work related to verbal abuse from patients and relatives in accident and emergency, and CDU.

Local questions had focused on receipt of team brief, which was not as good as it needed to be, and respect from colleagues. The action plan was included in appendix 1.

Resolved:

- 1. to receive this report; and**
- 2. to approve the Action Plan for 2012.**

D12/115 BBC CLRN FUNDING PROPOSAL FOR 2012/13

The Board considered the report delivered by the Executive Director of Delivery, which outlined the CLRN funding plans for the forthcoming year. There had been a £800,000 reduction in the allocation to the Trust under this funding stream. This was partly due to activity within the Trust being focussed on other areas such as programme grants where the accruals do not count towards the CLRN benchmarks. In addition, this scheme is changing to activity-based funding and the Trust has negotiated a 30% cap on loss for the current year.

In order to protect funding going forward, the Trust will need to focus on high-volume low intensity studies where accrual numbers can be obtained at lower cost. Initially, this funding stream had provided a reasonable return to the Trust, however the return was now steadily diminishing. The NIHR is keen for the Trust to be involved in the CLRN, although it is possible that the Academic Health Science Networks will either add to or supersede the CLRN. The future for research funding is looking even more layered and complex.

Resolved:

- 1. to receive the report; and**
- 2. to approve the actions identified to increase patient accrual**

D12/116 MINUTES OF THE AUDIT COMMITTEE

The Board considered the minutes as presented by the Director of

Corporate Affairs.

Resolved: to accept the minutes.

D12/117 REPLACEMENT CONSULTANT IN MEDICAL ONCOLOGY AND THE JOINT APPOINTMENT OF A CLINICAL CHAIR IN MEDICAL ONCOLOGY

The Directors considered the paper presented by the Chief Operating Officer.

Resolved: to approve the appointment of a full time Consultant Medical Oncologist and the joint appointment of a Clinical Chair in Medical Oncology.

D12/118 CLINICAL DECISION UNIT STAFFING

The Board considered the paper presented by the Executive Chief Operating Officer

Resolved: to approve the substantive recruitment of posts to CDU.

D12/119 APPOINTMENT OF NEW CONSULTANT HAEMATO-LYMPHOID PATHOLOGIST

The Board considered the paper presented by the Executive Chief Operating Officer

Resolved: to approve the case for the appointment of a new Consultant Haemato-lymphoid Pathologist.

D12/120 APPROVAL OF RESEARCH AND DEVELOPMENT CONTRACTS

The Board considered the paper presented by the Executive Director of Delivery

Resolved to:

1. **Approve entering into the following contracts:**
 - **NIHR BRU side agreement with the University of Birmingham**
 - **NIHR ECMC Contract with the Department of Health**
 - **Healing Foundation Centre for Burns Research Contract with the Healing Foundation**
2. **Authorise the Executive Director of Delivery to execute**

and deliver the above contracts on behalf of the Trust.

D12/121 BIRMINGHAM & THE BLACK COUNTRY COMPREHENSIVE LOCAL RESEARCH NETWORK (CLRN) FUNDING ALLOCATIONS 2011/12

The Board considered the paper presented by the Executive Director of Delivery

Resolved: to approve expenditure of BBC CLRN funding with minor amendments up to £100,000

D12/122 Any Other Business

None.

D12/123 Date of Next Meeting:

Thursday 5 July 2012 1.00pm Board Room Trust HQ QEMC

.....
Chairman

.....
Date