

BOARD OF DIRECTORS

Minutes of the Meeting of 24 November 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”)
Mrs Kay Fawcett, Chief Nurse (“CN”)
Mr David Hamlett, Non-Executive Director (“DHa”)
Tim Jones, Executive Director of Delivery
Ms Angela Maxwell, Non-Executive Director (“AM”)
Mr David Ritchie, Non-Executive Director (“DR”)
Dr Dave Rosser, Medical Director (“MD”)
Mr Mike Sexton, Director of Finance (“FD”)
Prof Michael Sheppard, Non Executive Director (MS”).
- In Attendance: Mr David Burbridge, Director of Corporate Affairs
Ms Morag Jackson, New Hospitals Project Director
 (“NHPD”) Fiona Alexander, Director of Communications
 (“DoC”)
- Observer: Visiting Researcher

D11/215 Welcome, Apologies for Absence and Declarations of Interest

Sir Albert Bore, Chairman, welcomed everyone present to the meeting. Apologies were received from David Bailey and David Waller, Non-Executive Directors and Mrs Viv Tsesmelis, Director of Partnerships.

D11/216 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.

D11/217 Minutes of the previous meeting

The minutes of the meeting of 27 October 2011 were accepted as a true record, amended as initialled by the Chairman.

D11/218 Matters Arising

D11/194 – Amended terms of reference for the Investment Committee were tabled. The terms of reference for the Audit Committee would be considered at the December meeting of the Board of Directors, as, since the last meeting of the Board, consideration had been given by the Chairman to the possibility of appointing alternates to attend the Audit Committee when non-attendance of members would mean the Committee would be inquorate. The Chairman was reluctant to adopt this approach as it could lead to inconsistency of attendance. It was agreed that the Terms of Reference would be amended to a quorum of three, but that attendance would be verified with members well in advance so that meetings could be rescheduled if it was likely they would be inquorate.

ACTION: DCA

D11/204 – It now appeared certain that industrial action would take place on 30 November. The Executive Director of Delivery provided an update regarding the likely impact on the Trust and the arrangements being made to manage the issue.

D11/197 – An update regarding the incident reported orally by the Medical Director at the previous meeting would be provided under the Clinical Quality Monitoring Report.

D11/219 Actions List

The actions list was reviewed.

D11/220 Chairman's Report and Emerging Issues Review

The Chairman reported that the Executive Appointments and Remuneration Committee had met immediately before this meeting and had approved a proposal to mitigate the risks posed to the Trust by new pension rules.

D11/221 BNHP MONTHLY PROGRAMME STATUS REPORT

The Board considered the report presented by the New Hospitals Project Director, who further reported that:

[redacted text]

There was discussion regarding the potential impact on the Trust of the Government's recent announcement of a Build Now, Pay later scheme for developers building houses on land purchased from public sector organisations. The NHPD agreed to look into this.

ACTION: NHPD

Resolved:

- 1. to accept the progress reported in the New Hospitals Project Director's report; and**

2. Accept the variations instructed in this month.

D11/222 CLINICAL QUALITY MONITORING REPORT

The Directors considered the report presented by the Executive Medical Director who further reported that the first matter referred to in part 2 had now finished as the consultant in question had resigned. The matter has already been referred to the GMC. With regard to the second matter, it appears that the issues are to do with staff relationships and the individual has returned to clinical practice as the MD was satisfied that there was no risk to patients.

Additional work is being undertaken with regard to the Trust interface engine between the laboratory reporting system and PICs. This appears to be slowing down approximately 25% of the results, so might be considered as a small part of the overall issue. A query has been raised as to whether a change of practice in the timing of taking blood samples may be contributing and the implementation of order comms will allow an assessment of turn around times to be made.

There was discussion regarding the Trust's Quality Account Update.

[redacted text]

Resolved: to accept the report and approve the actions identified

D11/223 PERFORMANCE INDICATORS REPORT

The Directors considered the report presented by the Executive Director of Delivery. The Trust had reported to Monitor its failure to achieve the 62 day Cancer Referral Target for quarter two, which has resulted in an amber-green rating for Governance. Additionally, South Birmingham PCT has informed the Trust that it is monitoring the situation and may impose financial penalties if the target is not achieved by the end of the year. The target was achieved for the month of October.

There was discussion regarding the underlying causes, including a specific issue in urology where performance is being impacted on by the number of referrals for a specific procedure that can currently only be performed by one consultant. Additional staff are being trained to perform the procedure, but a minimum of 12 months will be required. Unfortunately, there is no leeway in the target criteria to deal with situations like this where a new service has been introduced which is attracting increasing referrals. A major contributor to the underachievement continues to be late referrals from other hospitals and Monitor has requested information regarding the most prevalent offenders.

Performance against the stroke target fell in September and is now at 77% for the year to date, against a target of 80%. Whilst this is not one of Monitor's targets, failure to achieve it could have an impact on

the Trust's reputation and it is recognised that the Trust will need to increase stroke capacity so that it is less reliant on community stroke beds.

Delayed Transfers of Care had increased and were again above target. The Trust continued to work with the council and the PCT to manage this issue.

The Chief Executive reported that the new SHA appeared prepared to take a robust attitude to issues where one Trust's performance impacted adversely against other Trusts and that there was a positive attitude to recognising quality performance.

The Trust had failed to achieve the 95% 4 hour wait A&E target in October. The new Oceano system had been implemented that month and inevitably the introduction of the new system had reduced the quality of the data. So far for November, performance had improved and actions taken in the Emergency Department should ensure achievement of the target for the year.

There was discussion regarding the potential impact of industrial action on achievement of targets. Cancellation on day of surgery figures could be adversely affected, although it was hoped that this would be minimised. The A&E target should not be significantly affected as staff side had agreed it should be treated as an emergency service. Achievement of cancer targets could be an issue, although all such patients were being tracked to mitigate the risk to the target and the patients. The action might result in late diagnosis in referring hospitals with a knock-on effect on the Trust.

With regard to the impact of the audit of the Aseptics Laboratory on the Trust's compliance with Outcome 9 of the CQC's Essential Standards, the COO reported that the audit had reviewed the lab against new standards and found that the existing system of filtration was no longer acceptable. Surprisingly, the inspector had considered this a major issue and recommended that the unit be closed down within one month. Such a course of action would have had serious implications for the care of certain patients. The COO confirmed that there had been no issues of contamination during the operation of the unit. Arrangements had now been made for the service to be re-provided in Melchett Road and this facility was now operational. An internal quality assessment has been carried out, with subsequent external validation and no major issues have been identified. A Farwell Audit will take place on Monday.

The Director of Corporate Affairs reported that the CQC's Quality Risk Profile risk rating for Nutrition had fallen back to low amber. Further clarification regarding this issue was still being sought from the CQC.

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

D11/224 REPORT ON INFECTION PREVENTION AND CONTROL FOR OCTOBER 2011

The Directors considered the paper presented by the Executive Chief Nurse, who further reported that the Trust had not had any MRSA bacteraemia to date for November, meaning it was below trajectory for the year to date. The Trust also remained below trajectory for CDI, with 4 cases to date for November. Acinetobacter cases had now decreased and there had been no new cases so far this month, indication that the actions taken in CCU have been effective.

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

D11/225 FINANCE AND ACTIVITY PERFORMANCE REPORT FOR THE PERIOD ENDING 31 OCTOBER 2011

The Board considered the report presented by the Executive Finance Director, who confirmed that performance was substantially in line with the Trust's plan. There was discussion regarding the drop in private patient income and the FD confirmed that a working group was considering ways of improving the flow of private work into the Trust. It was noted that the introduction of Tomotherapy would assist as private radiotherapy accounts for almost half of the Trust's private patient income and tomotherapy will provide clear differentiation for the Trust's services.

The FD confirmed that unfunded beds had been opened to accommodate activity additional to the level in the plan.

Resolved: to receive the contents of this report

D11/226 PROPOSAL TO BECOME A DESIGNATED LEVEL 1 MAJOR TRAUMA CENTRE

The Directors considered the report presented by the Chief Operating Officer. On 3 October, West Midlands SHA determined that there should be three major trauma centres for the region: QEHB, Coventry and Stoke, with patients from Hereford coming to QEHB. Further clarity is required regarding the precise financial arrangements, however, the Trust has received oral confirmation that the £1.4 million investment will be made available.

The Trust's plan takes a three-step approach, increasing capacity as activity increases and initially providing consultant cover until midnight and then later on a 24/7 basis.

Resolved: to support the proposal to become a Major Trauma Centre.

D11/227 MINUTES OF AUDIT COMMITTEE MEETING NOVEMBER 2011

The Board accepted the minutes of the meeting of the Audit

Committee held on 10 November 2011.

D11/228 REQUEST FOR APPOINTMENT OF A CARDIOLOGIST WITH AN INTEREST IN ELECTROPHYSIOLOGY

Resolved: To approve the appointment of a cardiologist with an interest in electrophysiology.

D11/229 ANY OTHER BUSINESS

The Chairman reported that he had reviewed the seminar programme with the Chief Executive. There would be no seminar in February. The Board would consider international opportunities and life science developments in March and developments in primary care in April.

D11/230 Date of Next Meeting:

Thursday 22 December 2011 1.00pm Board Room Trust HQ QEMC

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Chairman

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Date