

## BOARD OF DIRECTORS

Minutes of the Meeting of 28 April 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”)
- In Attendance:
- Mrs Fiona Alexander, Director of Communications; (“DCC”)
  - Mr David Burbidge, Director of Corporate Affairs (“DCA”)
  - Ms Morag Jackson, New Hospitals Project Director (“NHPD”)
  - Mrs Viv Tsesmelis, Director of Partnerships (“DP”)
  - Ms Imogen Gray, head of Quality development (Item D11/81 only)
- Observers:
- Dr Alik Tawali

**D11/75 Welcome, Apologies for Absence and Declarations of Interest**  
Sir Albert Bore, Chairman, welcomed everyone present to the meeting. Apologies were received from Prof Michael Sheppard, Non Executive Director.

**D11/76 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.

**D11/77 Minutes of the previous meeting**

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

**D11/78 Matters Arising**

**D11/57** – The Chairman reported that he had attended the meeting organised by a local MP. The meeting was attended by between 60 and 70 local residents, who were generally very positive about the proposals for the Selly Oak site to be used for housing. DComs reported that the local press and local radio had featured stories regarding the site. It was confirmed that there was no formal plan for use of any part of the site as allotments.

**D11/79 Actions List**

The actions list was reviewed and updated.

**D11/80 Chairman's Report and Emerging Issues Review**

The Chairman reported that he had reviewed the Board seminar programme. The seminar scheduled for 6 September will cover future Trust finances, including CIPs. This was to be the subject of an Audit Committee seminar but will now be addressed to the full board. It will include consideration of the implications of Monitor's proposal to require Boards to make a declaration regarding the impact of CIPs on quality. The QE Site master Plan will be considered on 7 October and the seminar scheduled for 7 June is to be cancelled.

The Chairman reported that the Chief Executive has been leading the Education and Training workstream of the NHS Future Forum. The Chief Executive reported that the Government had emphasised that the Forum was a genuine listening exercise which could lead to substantial change to the proposed legislation. The Future Forum will remain in place after the listening exercise to oversee the implementation, although this will not be as time-consuming as at present.

The Chairman informed the Board that item 11 on the agenda would be brought forward to allow Imogen Gray to depart and that Item 8 was to be deleted, as a final year end position report was no longer required.

**D11/81 DRAFT QUALITY REPORT/ACCOUNT FOR 2010/11**

The Board considered the report presented by the Medical Director, who confirmed that the report is in line with guidance from the Department of Health and Monitor. Compliance with the guidance makes the report a rather formal document and consideration is being given to producing a more "patient friendly" version to accompany the formal report. The Chief Nurse asked for the section on MRSA to be revised as the Trust had now kept within trajectory following the

recent determination that a bacteraemia was not to count.

Following discussion, **it was resolved that the content of the Trust's 2010/11 Quality Report be approved as amended for review by NHS South Birmingham and Birmingham LINK.**

Ms Gray left the meeting.

#### **D11/82 BNHP MONTHLY PROGRAMME STATUS REPORT**

The Board considered the report presented by the New Hospital Project Director, who drew the Board's attention to the following matters:

[Redacted text]

"Fisher House", a forces and family centre: The proposal was to construct a twenty bedroom unit at the bottom of Mindelsohn Way, where it would be reasonably close to the Morris Centre. The Fisher Trust would contribute 50% of the capital costs and it was hoped that the balance would be supported by QEHB Charities and Help for Heroes, with running costs supported by the charities and SSAFA. QEHB Charities were considering the project in detail at their meeting on 3 May, but had already indicated support in principle.

#### **Resolved:**

- 1. To accept the progress reported in the New Hospitals Project Director's report; and**
- 2. Approve the request to proceed to build the Fisher House on the proposed site.**

#### **D11/83 TRUST CAPITAL PROGRAMME REPORT**

The Board considered the report presented by the New Hospital Project Director. The under spend for Pharmacy automation arose because the original amount reflected the intention to use robotics in the new hospital, an approach which had proved unworkable.

#### **Following discussion, it was Resolved:**

- 1. To note the expenditure against the 2010/11 capital programme;**
- 2. Approve the 2011/12 capital expenditure budget of £14.99 million; and**
- 3. Note the provisional capital programme for the two years following 2011/12 and the overall impact of this on the Trust's cash balance.**

**D11/84 FINANCIAL PLAN 2011/12**

The Board considered the report presented by the Finance Director, who drew the Board's attention to the following points:

The plan would deliver a surplus of £0.5million, due to a positive outcome to the negotiations with commissioners, with no requirement to achieve additional CIPs;

The plan utilises £13million of the Transitional Support monies, the final payment of which was now in transit to the SHA. Transitional support is phased in over four years; and

The risks to achievement of the plan were in line with those faced by the Trust in previous years, although Commissioners are likely to be more challenging over payment terms.

The Board discussed the conflicting messages emanating from the Department of Health who, whilst top-slicing allocations by an additional 2%, have exhorted boards not to sign up to CIPs which could impact adversely on quality.

There was discussion about the plan, including the potential impact of pay restraint on recruitment of high quality staff. The FD explained that references to pay savings in the report were aimed more at savings to be made with regard to agency spend. A more pro-active approach to sickness was now being taken and the management of the Trust's own staff bank, Locate, was being reviewed. The intention was to hold pay costs level without any reduction on posts. The impact on the Trust of rising electricity prices was discussed.

**Resolved:**

- 1. To approve the detailed Financial Plan for 2011/12; and**
- 2. Approve the summary 3 year Financial Plan as the basis for the Annual Plan to be submitted to Monitor before the end of May 2011.**

**D11/85 FINANCE AND ACTIVITY PERFORMANCE REPORT FOR THE PERIOD ENDING 31 MARCH 2011**

The Board considered the report presented by the Finance Director. The Board was pleased to note the achievement of the planned surplus. There was discussion regarding the costs associated with additional activity, where most of the growth was in high cost per case activity with much of the costs being on high end drugs and devices with small margins. Additionally, the 30% payment for A&E activity over baseline impacted on the Trust's cost base.

**Resolved:**

1. **To receive the contents of this report; and**
2. **Agree that Declaration 1 should be signed at Q4 stating that the Board expects the Trust to maintain a minimum FRR of 3 for the next 12 months**

#### **D11/86 CLINICAL QUALITY MONITORING REPORT**

The Directors considered the report presented by the Medical Director, who confirmed that the reference to two investigations at part 2 of the report was an error. There was only one investigation currently underway and the draft report had been sent to the doctor concerned, to allow them to comment on the report. A decision will then be made as to whether a formal disciplinary hearing will be held.

There was discussion regarding the incidents set out at part 6 of the report. It was agreed that the table headings should be revised to clarify that references to harm were to harm associated with the incident.

The Board discussed the progress made in the Emergency Department since December. The MD reported that consultants had now been appointed to the vacancies and an additional military consultant had been assigned. The Divisional Deputy Director, Ian Sharp, was taking the lead in ensuring issues were dealt with appropriately and on a timely basis. Development of a new IT support system was underway and senior managers were meeting with the divisional and departmental leaders to review progress.

The MD further reported that a clerical error affecting glaucoma patients had been identified, which had resulted in up to 400 patients being missed for follow up checks. All affected patients were now being contacted to determine whether they needed to be re-called. The error in the process had now been corrected and the transition to electronic systems should ensure that similar errors do not occur in future.

**Resolved: to receive the report and approve the actions identified**

#### **D11/87 ANNUAL PLAN QUARTER 4 2010/11 UPDATE**

The Board considered the paper presented by the EDoD, who further reported that, due to the Trust meeting its MRSA trajectory, the number of key tasks achieved had increased to 56. Of the eight remaining, three (DNAs, Delayed Transfers of Care and Appraisals) have been regularly discussed by the Board when considering the Performance Indicator report. Of the remaining five, two related to patient experience and the Chief Nurse would refer to these later in the agenda. The other three were:

Development and implementation of the Trust's leadership strategy – this had been partially implemented – full implementation had been

delayed;

Development and implementation of a business strategy for education and development – this has been delayed whilst the space available is finalised, as there may be less space available than originally envisaged; and

Development of the Research and Development Business Unit – Key Performance Indicators have now been agreed and are in place.

**Resolved: to accept the quarter 4 2010/11 performance update against the Trust Annual Plan.**

## **D11/88 PERFORMANCE INDICATORS REPORT**

The Board considered the report presented by the EDoD. Appendices C and D were tabled. As reported earlier, the Trust had achieved its MRSA trajectory requirement. Performance against the national A&E target fell below the 95% level in March due to capacity issues. A new dashboard was now in place to assist with management of the flow through A&E. It was noted that attendances at Katy Road would no longer be included within the Trust's figures.

Delayed Transfers of Care remained a risk to the Trust. It was disappointing to note that South Birmingham PCT was the second worst performing PCT in the country.

Performance against the Stroke Care indicators had dipped due to capacity issues, several of which were associated with Delayed Transfers of Care. However, root cause analysis had revealed that perceptions of capacity were not always accurate. Earlier identification of stroke symptoms should lead to improvement. The PCT's operation of Moseley Hall impacts upon the Trust's performance.

Some improvement has been seen since implementation of the sickness absence management measures set out in Appendix C. 190 staff are now being actively managed, compared with 90 in January.

Agency usage remains high, but the Trust is using more staff through its own staff bank. The termination of the Orthopaedic Assessment and Triage Service in June should improve performance in this area.

With the exception of Information Governance, mandatory training rates have fallen. This is due largely to the impact of large numbers of staff doing their training towards the end of the last financial year.

Appendix D set out measure being taken to ensure appraisals are carried out at appropriate times. A 90% level of compliance is expected by the end of June.

**Resolved: to accept the report on progress made towards**

**achieving performance targets and associated actions.**

**D11/89 REPORT ON INFECTION PREVENTION AND CONTROL FOR MARCH 2011 AND ACTION PLAN FOR 2011/2012**

The Directors considered the paper presented by the Chief Nurse. As reported earlier, the Trust has achieved its trajectory for MRSA and CDI. The trajectories will be more challenging this year and the Trust will need to maintain the level of performance achieved.

The Trust will be required to report E.Coli infections from July and these will be included in the Board report from next month. Surgical Site Infection rates for the last quarter indicated that the Trust was now below the national average.

It was confirmed that the Board handwashing audits would be subsumed into the Clinical Quality visits.

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

**D11/90 PATIENT CARE QUALITY REPORT**

The Directors considered the paper presented by the Chief Nurse. The Trust had shown improvement in six out of ten areas in the National Inpatients' Survey, whereas other local trusts had seen a downwards trend in performance. Additionally, the survey had taken place in August during the Phase 2 move into the new hospital, so this performance was particularly notable.

Patient feedback rates have doubled since last year and further increases are expected. A multiple faller alert system has been introduced to ensure falls assessments are undertaken appropriately. Feedback from the bereavement questionnaire had indicated a preference amongst relatives for the use of plain language regarding death and dying.

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

**D11/91 MONITOR QUALITY GOVERNANCE DECLARATION**

The Board considered the report presented by the EDoD and the DCA.

**Resolved:**

- 1. to agree the Monitor governance declaration should be signed on behalf of the Board for Quarter 4 2010/11;**
- 2. to accept that, as the Trust's appeal of an MRSA case has been accepted, the Trust should receive a 'Green' rating for governance.**

**D11/92 MEMBERSHIP REPORT**

The Directors considered the paper presented by the Director of Communications, Appendix 2 of which was tabled. The costs to the Trust for each member were approximately £2.70. The possibility of making savings on postage by using on-line versions of Trust communications was being considered.

The Chairman reported that he and the DCA have been working with the Board of Governors to ensure that the Trust is ready to meet the changes impacting on that Board from the Health and Social Care Bill. Whilst he considers it unlikely that the number of Governors will decrease significantly, the measures regarding recruitment and allocation of governors will impact on the membership engagement strategy.

**Resolved: to note progress made and accept the recruitment and engagement strategy for 2011/12.**

**D11/93 BIRMINGHAM & SOLIHULL CLUSTER SYSTEM PLAN**

The Directors considered the paper presented by the Director of Partnerships.

**Resolved:**

- 1. to note the existence of the system plan for the Birmingham & Solihull Cluster;**
- 2. to note the statement of Shared Vision, Goals and Priority Initiatives contained with in the plan; and**
- 3. to agree to the Trust engaging in the Acute Services Review.**

**D11/94 ANNUAL CYCLE OF BUSINESS – BOARD OF DIRECTORS**

The Directors considered the paper presented by the Director of Corporate Affairs, who reported that the entries in the Cycle for infection control were to be amended so that the Action Plan updates were quarterly.

**Resolved:**

- 1. to approve the annual cycle of business, as amended; and**
- 2. agree that the Chairman may approve amendments to the Annual Cycle during the course of the year.**



**D11/95 DECLARATION OF INTEREST – MEMBERS OF THE BOARD OF DIRECTORS AS AT 1 APRIL 2011**

The Directors considered the paper presented by the DCA.

**Resolved:**

- 1. to accept the Declaration of Interests;**
- 2. to record their acceptance in the minutes of this meeting; and**
- 3. enter them in the Register of Interests**

**D11/96 MINUTES OF THE AUDIT COMMITTEE**

The Board received the minutes of the meeting of the Audit Committee held on 10 February 2011.

**D11/97 USE OF TRUST SEAL**

**Resolved:**

- 1. to agree that any two of the officers from the attached list, acting together, are authorised to use the Trust Seal on their behalf; and**
- 2. Note the register of sealing and record its receipt in the minutes of this meeting.**

**D11/98 ADVANCEMENT OF THE HAND SERVICE**

The Directors considered the paper presented by the COO. There was discussion regarding marketing of this service and it was noted that the Trust would need to improve the information it published regarding the number of procedures carried out, so that Patient Choice would become more relevant. This was a complicated service and other trusts were dis-investing.

**Resolved:**

- 1. to replace a consultant that is leaving the department;**
- 2. to deliver new activity;**
- 3. Repatriate some of the out of hours premium rate activity into mid-week sessions; and**
- 4. Backfill general sessions so that our current hand consultants can develop a Brachial Plexus Service at UHB.**

**D11/99 Date of Next Meeting:**  
**Thursday 26 May 2011 Board Room Trust HQ**