

BOARD OF DIRECTORS

Minutes of the Meeting of 07 September 2010
Board Room, Trust HQ, QEMC

Published version

Present: Sir Albert Bore, Chairman
Ms Julie Moore, Chief Executive
Mrs Gurjeet Bains, Non-Executive Director ("GB")
Mr Stewart Dobson, Non-Executive Director ("SD")
Mrs Kay Fawcett, Chief Nurse ("CN")
Mr Tim Jones, Executive Director of Delivery ("EDD")
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")
Prof Michael Sheppard, Non Executive Director ("MSh")

In Attendance: Mr David Burbridge, Director of Corporate Affairs ("DCA")
Ms Morag Jackson, New Hospitals Project Director
("NHPD")
Mrs Fiona Alexander, Director of Communications ("DCC")
Mrs Viv Tsesmelis, Director of Partnerships ("DP")

D10/182 Welcome and Apologies for Absence

The Chairman welcomed everyone present to the meeting. There were no apologies.

D10/183 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.

D10/184 Minutes of the previous meeting

The minutes of the meeting of 22 July 2010 were accepted as a true record, as amended and initialled by the Chairman.

D10/185 Matters Arising

None

D10/186 Actions List

The actions list was reviewed and updated.

ACTION: DCA

D10/187 Chairman's Report and Emerging Issues Review

The Chairman asked the Chief Executive to update the Board with regard to:

1. The Monitor Stage 2 Review of the Trust's Annual Plan - the Chief Executive reported that PwC had completed its review and had provided the Trust with a draft of the report. Copies of the draft report were tabled.

The report and PwC's verbal feedback was very positive, with the Trust being assessed as "green" for all the areas reviewed. Monitor had confirmed that the Board will not be required to attend a meeting with Monitor (provisionally scheduled for 16 September). The report contained a small number of recommendations, often reflecting actions that the Trust was already pursuing. The Trust had agreed to share its refreshed Downside Plan with Monitor, following presentation of that document to the Audit Committee in September and the Board in October.

The Chief Executive further reported that she had spoken to Monitor's Compliance Director, who had confirmed that the report was very positive and contained many examples of good processes at the Trust. She had further asserted that the Trust's inclusion in this exercise was not because it was considered high risk but because Monitor was testing a new risk matrix and wished to include a new range of trusts in this testing. The Chief Executive had explained to the Compliance Director that the frequent change of the Trust's relationship manager had not been helpful.

Following discussion, it was agreed that the Board could take substantial assurance from the report.

2. The White Paper - the Chief Executive reported that the Strategic Health Authority had been running workshops on the implications of the White Paper. The arrangements between GPs in South Birmingham remained unclear and it appears they are waiting for further guidance that is due to be published in October.

Resolved to: Accept the report

D10/188 BNHP Monthly Programme Status Report

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

1. The Phase 1 action plan was attached to the report, detailing actions taken or to be taken arising out of lessons learnt from Phase 1;
2. The issues with the lifts and showers had now been resolved. With regard to water leakage, inspection of joints had revealed that there was poor quality control. Remedial action is now being taken and the independent tester has assured the Trust that this issue has been specifically addressed in relation to the Phase 2 handover;
3. Progress towards Phase 2 handover is well on track and the Trust will take occupation in November;
4. Paragraph redacted

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

D10/189 Performance Indicators Report

The Board considered the report presented by the Executive Director of Delivery. The Directors' discussion focused on those national targets that presented a risk to the Trust as follows:

C. Difficile – the Trust's figures were still above trajectory overall. The Chief Nurse stated that she would go through the mitigating factors put in place in her infection control paper later in the agenda;

Accident & Emergency – whilst performance in this area remained above the new 95% national target, the Trust's performance had dipped below the level acceptable to the Trust. Root cause analysis of each breach was being undertaken and the position was reviewed every morning. Some breaches will be clinically appropriate. Issues identified from RCAs undertaken to date include a lack of decision-making, more time being taken to deal with cases than before and leadership issues. The Chief Operating Officer is now focusing on this department in order to deal with the issues as soon as possible. There was discussion about whether inappropriate attendances could be reduced. This was considered difficult as, for example, providing alternative community provision in the past had just seemed to meet some other previously unmet need rather than affecting A&E attendance figures.

62 day cancer target – the Trust had now failed to meet this target for

the second consecutive quarter. If it failed to meet it for the next quarter the Trust will be rated red for governance by Monitor. The Trust continues to suffer breaches of this target as a result of late referrals from other trusts. This has been a common experience with other big cancer centres and feedback has been provided to the National Cancer Centre regarding this. The Directors noted a particular difficulty with that part of the target relating to screening referrals. These were few in number, so that a single breach was likely to result in the target being missed. The Trust has put in 5.5 whole time equivalent posts to monitor the process. The Trust's performance is comparable with other cancer centres. Breaches as result of patient choice still counted towards the Trust's total. A root cause analysis is being carried out for each breach.

Delayed Transfers of Care - In the meantime the Trust has While patients have been on ward E2B, waiting for vacancies in residential care homes, it has been observed that it was reported that the COO and the Director of Partnerships were meeting with South Birmingham PCT and social services to discuss how the number of delayed transfers of care can be reduced. In the meantime, the Trust has had to open up additional capacity to deal with the high numbers of delayed patients. It has been observed that a number of them have improved sufficiently to be able to be discharged home with care packages. There was some discussion about the role the Trust might play in providing rehabilitation post acute phase and the likely impact this might have on long term financial planning for the Local Authority. With the prospect of large cuts in Local Authority budgets, then Social Services need to make a strategic change to the patterns of care for frail elderly, including enhanced assessment and reablement. The Trust is actively working with the Local Authority to examine the options available. It has become clear that the PCT has not been as active as we would wish in their commissioning of community services and they have not driven the changes in this area that we would have expected to see. Other areas of the city have seen changes in services introduced which are beginning to deliver changed outcomes for frail elderly people. The Trust will be attending a meeting of the Overview and Scrutiny Committee, who are examining the subject of delayed transfers of care and we will be sharing much of this information with them and asking for their assistance to introduce the changes required in South Birmingham. The Trust is also reviewing its own internal discharge processes, to ensure that we are taking all necessary actions to improve the situation. It was noted that while the PCT had commissioned less acute admissions this year, it had not put in place alternative services that would be required to support such a reduction;

Stroke - numbers for TIA continue to be small, meaning that a single breach can have a disproportionate impact on the achievement of the target;

External Agency Costs - there continues to be increase in these costs, some of which are related to the delayed discharges, particularly on East 2B, and the need to recruit locum doctors due to a shortage of appropriate staff and a six-week delay in appointing new staff.

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

D10/190 Clinical Quality Monitoring Report

The Board considered the report presented by the Medical Director, who further reported that the doctor referred to in the second row of the table under item 2 had now resigned.

Investigations into the delays in laboratory tests been reported were ongoing but it appeared that some of issues related to the transport of samples to the laboratories as they did not appear to be busy enough before 11 a.m.

There was discussion regarding the feedback on the executive visit to the planned investigation unit. In particular it was noted that the receptionists had been reorganised so that there was greater focus on acknowledging and dealing with patients as they entered the unit.

Resolved to: Accept the report

D10/191 Report on Infection Prevention and Control for August 2010

The Board considered the paper presented by the Executive Chief Nurse, who further reported that the Trust had one MRSA bacteraemia to date for September and eight cases of C. Difficile for August and four cases for September to date.

Achievement of the C.Difficile trajectory remains a challenge for the Trust. Performance for the year to date was approximately the same as last year although last month's and this month's figures could be indicative of an improvement. No particular trends had been identified from the cases, although a greater proportion of the cases were occurring in the old hospital so it would appear that the new environment was effective in reducing environmental load. Particular issues have been identified on Ward 303 and it is clear that these were as a result of poor practice. On West 3 Liver Unit, it was more likely that the issue was an environmental one. Radical steps were now being taken, such as the use of hydrogen peroxide and deep cleaning. There had been a small number of cases where patients had not been isolated quickly enough. Focus was being applied by Divisions 2 and 4 in order to deal with these issues.

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

D10/192 Patient Care Quality Report

The Board considered the paper presented by the Executive Chief Nurse.

Resolved to: Accept the report

D10/193 Finance and Activity Performance Report for the period ending 31 July 2010

The Board considered the report presented by the Director of Finance, who confirmed that the Trust's financial performance was in line with plan. Analysis of the first full month's figures since the Phase 1 move indicated that the Trust had successfully mitigated two significant risks i.e. activity had not reduced and the level of financial reporting had been consistent with previous months.

The Board noted the proposal to increase the Trust's overdraft facility to £20 million for 2010/11 in order to meet the requirements of the Monitor's liquidity ratio.

Resolved:

- 1. To receive the contents of the report; and**
- 2. That the entering into of the Barclays Working Capital Facility Agreement for £20m be approved and Julie Moore (Chief Executive) and Mike Sexton (Finance Director) be and are hereby authorised to sign the Agreement on the Trust's behalf.**

D10/194 Quality Account Update report and Quality Metrics for External Publication

The Board considered the report presented by the Medical Director. There was discussion regarding the patient feedback figures and it was noted that the figures were improving from the average performance that the Trust had achieved on the national survey.

Resolved: to approve the Quality Account Update report for quarter 1 2010/11 and the specialty indicators for external publication

D10/195 Option Appraisal for Quality Control West Midlands

The Directors considered the paper presented by the Chief Operating Officer, who further reported that, of the seven staff at risk, five had been assessed as being re-deployable and of the remaining two, one would probably be redeployed, reducing the redundancy risk to approximately £80,000. The lease of the premises is likely to be wrapped in with the disposal of the former UHB Medicines accommodation.

Resolved: to approve the closure of the West Midlands Quality Control service.

D10/196 Appointment of a Clinical Senior Lecturer in Endocrinology

Resolved: to approve the appointment of a Clinical Senior Lecturer in Endocrinology

D10/197 Appointment of 2.5 WTE Replacement Consultant Posts in the Emergency Department

Resolved: to approve the appointment of 2.5 WTE Replacement Consultant Posts in the Emergency Department

D10/198 Authority to Act As Signatory for Comprehensive Local Research Network Membership Agreements

Resolved: to severally authorised the Director of Finance and the Executive Director of Delivery to approve and sign CLRN Membership Agreements on behalf of the Trust

D10/199 Date of Next Meeting:

Thursday 28 October 2010 Board Room Trust HQ

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Chairman

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Date