

BOARD OF DIRECTORS

Minutes of the Meeting of 27 October 2011

Board Room, Trust HQ, QEMC

- Present: Sir Albert Bore Chairman
Ms Julie Moore, Chief Executive
David Bailey, Non Executive Director
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”)
- Observer: Visiting Researcher

D11/189 Welcome, Apologies for Absence and Declarations of Interest

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

D11/190 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.

D11/191 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.

D11/192 Matters Arising

D11/169 – The Chairman reported that the Council of Governors had appointed David Waller and David Hamlett as non-executive directors, following the retirement of Stewart Dobson and Clare Robinson. The Directors confirmed the appointment of Michael Sheppard as Deputy Chairman and Gurjeet Bains as Senior Independent Director.

The Chairman welcomed David Hamlett to the meeting. Stewart and Clare would be engaged for a period of about three months as Advisors to the Board, whereby Clare would be supporting Gurjeet Bains in her new role as Senior Independent Director and Stewart would assist with Board development, working with Andrew Corbett-Nolan from the Good Governance Institute.

The Chairman further reported that the changes to the Constitution were not approved by Monitor, as it considered that the proposals regarding assessment and appraisal of Governors were inappropriate. Subsequently, Monitor has approved the change of name from Board of Governors to Council of Governors and the reduction in the number of Patient and Public Governors, allowing elections to commence. New Governors will take up their seat in January 2012.

D11/193 Actions List

The actions list was reviewed.

D11/194 Chairman's Report and Emerging Issues Review including Chairman/CEO's Actions

The Chairman reported that:

1. Morag Jackson has been seconded to Birmingham Children's Hospital for an average of one day per week as Estates Director;
2. He has reviewed the membership of the Audit Committee and the Investment Committee with the Chairs of those Committees and wishes to propose to the Board that the membership of each Committee shall be as follows:

Audit Committee:
David Ritchie (Chair)
Gurjeet Bains
David Bailey
David Waller

Investment Committee:
Angela Maxwell (Chair)
Michael Sheppard
David Bailey
David Hamlett

Mike Sexton
David Rosser

This would allow the Committees to be refreshed without the need for the appointment of new non-executive directors and would also reduce the overall workload of non-executive directors, taking into account all the other duties that they perform. A further proposal was that the quorum of each Committee be amended from two to three.

3. The Chairman further proposed that a Transport Task & Finish Group be set up to review the public transport services to and from the Trust.

There was discussion regarding the proposals. It was noted that the new quorum requirement would place greater onus on attendance from Committee members. The Board considered that the new arrangements were constructive and **Resolved that:**

the proposals for membership of the Audit and Investment Committees be approved with immediate effect;

the proposals re quorum be approved subject to suitably amended Terms of Reference being approved at the next meeting of the Board;

**a Transport Task and Finish Group be established, consisting of:
The Chairman;
David Ritchie;
The New Hospital Project Director; and
Two members of the Board of Governors.**

The Directors confirmed the appointment of Michael Sheppard as Deputy Chairman and Gurjeet Bains as Senior Independent Director.

D11/195 BNHP MONTHLY PROGRAMME STATUS REPORT

The Board considered the report presented by the New Hospitals Project Director. All inpatient and outpatient moves had now been successfully completed and the one remaining move was Laboratories, scheduled for April 2012.

[Redacted Text]

Resolved:

1. **to accept the progress reported in the New Hospitals Project Director's report; and**
2. **Accept the variations instructed in this month.**

D11/196 TRUST CAPITAL PROGRAMME UPDATE

The Directors considered the report presented by the New Hospitals Project Director. It was noted that approximately £6 million of the £14.9 million budget had been spent to date. Whilst that represented a degree of slippage against plan, there was no adverse effect on clinical quality or activity as a result.

Resolved: to note the expenditure to date against the 2011/12 capital programme

D11/197 CLINICAL QUALITY MONITORING – MONTHLY REPORT FOR SEPTEMBER 2011

The Directors considered the report presented by the Executive Medical Director. [Redacted Text]

There have not been any recent incidents reported that can be associated with the issue of delayed reporting of test results. Work has been undertaken in those areas that raised issues and these areas have seen an improvement, but there has been no improvement overall. Greater focus is being applied to order comms, looking at turn around times, to ascertain whether blood samples are being taken later in the day than previously. The move of laboratories next year will reduce transit times by approximately one hour, but there are likely to be other inefficiencies in the system that need to be dealt with. Further detail regarding the work done with respect to delays in results reporting would be presented to the Board next month by the Chief Operating Officer.

Action: COO

The Board reviewed the Serious Incidents Requiring Investigation. There was discussion regarding the inclusion of Chemotherapy on PICs. The MD confirmed that it was the intention for chemotherapy to be prescribed using PICs, but, because chemotherapy prescribing practice was very different to that for other drugs, a separate module was required. The processes were very complex and the development work was very time-intensive, requiring input from clinicians, pharmacists and programmers. PICs had gone live in haematology 18 months ago.

There was discussion regarding the clinical quality visit to Ward 623. The visit had been very positive overall. The ward had recently moved and was still bedding in. The ward has now reviewed and addressed staffing issues and greater clarity is being provided regarding roles, especially those of junior doctors and therapists. The Trust was exploring the possibility of installing WiFi hotspots in the hospital, although priority had to be given to the security of its clinical systems.

[Redacted Text]

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

D11/198 MONITOR QUARTERLY GOVERNANCE DECLARATION Q2 REPORT

The Directors considered the paper presented by the Executive Director of Delivery. There was discussion regarding the 62 day GP referral target. The Trust is currently at 82.5% against a target of 85%. Of the 24 later referrals (after 42 days) it is likely that 12 could have been retrieved, achieving 86% for the month, but still underachieving for the quarter. Issues have been raised through the Cancer Network with referrers. It was noted that Christies was only achieving 62% and this appeared to be a problem common to tertiary centres.

Resolved to:

- 1. Accept the Monitor declaration 2 on governance should be signed on behalf of the Board for Quarter 2 2011/12;**
- 2. Accept that the declaration will result in the Trust being rated as 'Amber Green' for governance; and**
- 3. Agree that declaration 1 on quality should be signed on behalf of the Board for Quarter 2 2011/12.**

D11/199 KEY PERFORMANCE INDICATORS REPORT

The Board considered the report presented by the Executive Director of Delivery, who further reported that Commissioners had now raised the possibility of financial penalties for under achievement against the 62 day GP referral target. However, it was felt that it would be difficult for the PCT to impose such penalties against the Trust when they were also responsible for commissioning services from trusts whose late referrals were causing the problem, such as HoEFT and Sandwell.

Whilst there has been considerable improvement with Delayed Transfers of Care, the rate remains above 3.5%. Pressure is being applied to Birmingham City Council to improve their performance.

The Trust was achieving the 95% 4 hour A&E target. With regard to the new A&E targets, the Trust is still underachieving on three. The Trust is required to publish these, so a reputational risk remains. Data issues were believed to be behind the underachievement on the Time to Assessment and Time to Treatment targets and the new Oceano system was expected to improve this situation. With regard to Unplanned re-attenders, it was noted that only two trusts were meeting this target across the country. The COO reported that a positive change of focus in A&E and an improved approach to quality was noticeable, following the recruitment of additional consultants.

There was discussion regarding the completion of mandatory training, with particular regard to fire safety, information governance and conflict resolution training.

The Director of Corporate Affairs reported that the CQC's Quality Risk Profile ("QRP") had identified that the Trust was considered to be high risk of being in breach of the Regulations relating to nutrition. The Trust has queried this with the local CQC contact, as it does not seem logical, given that there are only two new negative items compared to the previous QRP. One is an item from PEAT which is scored 'good' in the assessment, but has been rated 'tending towards worse than expected'. The other new item appears to be an additional negative item, possibly related to the Dignity and Nutrition Inspection in April 2011, which found that the Trust was compliant overall with this Outcome. The local contact has expressed surprise at this ORP flag and will be contacting the CQC Intelligence team to discuss. The Chief Nurse reported that there was considerable assurance that the Trust was compliant with the Nutrition standards. It was agreed that the Trust should address this issue with the CQC.

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

D11/200 ANNUAL PLAN – Q2 UPDATE

The Directors considered the report presented by the Executive Director of Delivery. The Trust had made very good progress against the plan, with 52 out of 64 key tasks being ahead of or on schedule. The Board discussed the reasons behind the slippage of the remaining 12 tasks.

Resolved: to accept the year to date 2011/12 performance update against the Trust Annual Plan.

D11/201 INDUSTRIAL ACTION

The Directors considered the report and action plan presented by the Executive Director of Delivery. Formal notice of possible industrial action had been received from Unison, Unite, the British Dieticians Association and others. Although the Royal College of Nursing was not balloting its members at this stage, it intends to for any subsequent action.

It is believed that up to approximately 1,000 of the Trust's staff could take part in strike action. The result of the ballot will be published on 3 November. Staff side are working with the Trust to minimise the impact on patients and to agree a response in the event of a major incident. An action plan has been developed, addressing particular hotspots, where known.

There was discussion about the use of volunteers. At this stage it was recognised that there would be issues regarding indemnity risk and mandatory training if volunteers were to be used.

Resolved:

1. to accept the contents of this report; and
2. approve the action plan in Appendix 1

D11/202 [Redacted Text]

D11/203 INFECTION CONTROL REPORT FOR SEPTEMBER 2011 AND ACTION PLAN UPDATE

The Directors considered the paper as presented by the Executive Chief Nurse. MRSA remained below trajectory at 3 for the year to date. CDI was also below trajectory, although the nine cases to date for October was the highest number per month since May. The Trust had experienced some norovirus and CDI was often identified in stool samples from these patients, although this did not appear to be an issue at present.

An increase in the number of cases of Acinetobacter had been discussed at an Executive RCA and work is being undertaken to ensure that any cross-contamination is minimised.

The update on the annual action plan showed that all actions were either green or amber rated. Those that were amber were in progress and the Chief Nurse had no concerns regarding the implementation of the action plan.

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

D11/204 PATIENT CARE QUALITY REPORT

The Directors considered the paper as presented by the Executive Chief Nurse. There was discussion regarding noise at night. It was confirmed that the results of the repeat audit will be reported to the Board later in the year.

Since the falls assessments have been available through PICs, there has been a steady increase in completion. The number of falls resulting in harm has also reduced.

Resolved: to receive this report on the progress with Care Quality

D11/205 EMERGENCY PREPAREDNESS – UPDATE REPORT

The Directors considered the report presented by the Executive Chief Nurse who confirmed that a considerable amount of work on the Major Incident Plan had been undertaken, together with call out testing and a tabletop exercise.

Resolved:

1. **To accept this update on Emergency Preparedness; and**
2. **To agree to receive another update in 6 months time.**

D11/206 FINANCE & ACTIVITY PERFORMANCE REPORT

The Directors considered the paper presented by the Executive Finance Director, who confirmed that financial performance was broadly in line with plan. There were some operational pressures, particularly with regard to agency nurses and doctors. Some of the overspend in this area relates to activity over performance.

The Trust's cash position was ahead of plan and could possibly be improved further. However, it was noted that the benefit to the Trust was negligible due to the extremely low interest rates.

The Trust's financial risk rating would remain at 3.

There was discussion regarding nursing cost pressures, during which the COO confirmed that the Trust was over-recruiting with a look forward to future staffing needs so that, if necessary, additional beds could be brought on line quickly.

Resolved:

1. **To receive the contents of this report; and**
2. **Agree that Declaration 1 should be signed for Q2 confirming that the Board expects the Trust to maintain a minimum FRR for 3 of the next 12 months**

D11/207 [Redacted Text]

D11/208 INVESTMENT COMMITTEE REPORT

Angela Maxwell, Chair of the Investment Committee, reported that the Committee had reviewed its terms of reference and considered that the Executive Director of Delivery and the Medical Director should be invited to join the Committee because of the importance to the Trust of informatics, clinical research and international opportunities.

The Committee is currently considering the Trust's framework for encouraging identification of opportunities and the possible use of the National Innovation Centre Scorecard. It had also considered proposals such as the offering of UHB consultancy services to third parties and discussed with CSE developments in the marketing of PICs.

Resolved: To receive the report

D11/209 AUDIT COMMITTEE REPORT

David Ritchie, Chair of the Audit Committee, reported that the Committee had recently held a development session covering the Bribery Act and KPMG's publication "10 Things for Audit Committees".

At its last meeting, it had received progress reports from External and Internal Audit. The Committee had expressed a degree of frustration at the apparent attitude of NHS Protect to the use of surveillance in investigating fraud and were considering whether the Trust could usefully make representations in this area.

With regard to risk management, the Committee had been pleased to see that incidents involving medical records had declined to the extent that they no longer featured in the top five incidents. The Committee had also received a detailed report regarding IT related risks.

Resolved: To receive the report

D11/210 REQUEST FOR APPOINTMENT OF REPLACEMENT CONSULTANT ANAESTHETIST

The Directors considered the paper presented by the Director of Operations

Resolved: to approve the case for the appointment of a replacement Consultant Anaesthetist.

D11/211 REQUEST FOR APPOINTMENT OF A REPLACEMENT STROKE CONSULTANT

The Directors considered the paper presented by the Director of Operations

Resolved: to support the permanent appointment of a Consultant in Stroke

D11/212 THE SEALING AND SIGNING OF CONTRACT DOCUMENTS IN CONNECTION WITH THE TOMOTHERAPY CONSTRUCTION

Resolved:

- 1. To approve the use of the Trust Seal, pursuant to Standing Order 6.1; and**
- 2. Approve the recommendation above**

D11/213 ANY OTHER BUSINESS

None

D11/214 Date of Next Meeting:

Thursday 22 December 2011 1.00pm Board Room Trust HQ

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Chairman

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Date