

# BOARD OF DIRECTORS

Minutes of the Meeting of 22 July 2010  
Board Room, Trust HQ, QEMC

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")  
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")

## **D10/154 Welcome and Apologies for Absence**

The Chairman welcomed everyone present to the meeting. Apologies were received from Dr Dave Rosser, Medical Director.

## **D10/155 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.

## **D10/156 Minutes of the previous meeting**

The minutes of the meeting of 24 June 2010 were accepted as a true record, as amended and initialled by the Chairman.

## **D10/157 Matters Arising**

None

## **D10/158 Actions List**

The actions list was reviewed and updated.

**ACTION: DCA**

## **D10/159 Chairman's Report and Emerging Issues Review**

The Chairman reported that the White Paper regarding the new Government's plans for the NHS had now been published. The non-executive directors had received a summary of the paper at the meeting of the Executive Appointments and Remuneration Committee immediately before this meeting and executive directors had already received a similar presentation from the Chief Executive. The Chairman explained that the seminar for the Board of Governors scheduled for Monday had been rearranged so that it would now deal with the White Paper.

The Chief Executive confirmed that the Trust was investigating the potential for a presence at the Conservative Party Conference in October as part of its plans to influence the Government's agenda.

The Director of Communications reported that the Trust would be the receiving hospital during the papal visit in September. There was discussion about the potential pressure on the hospital by the attendance of an estimated 65,000 people at the mass in Cofton Park. It was understood that the gates of the park would be opening at 2 a.m. for a 10 a.m. Mass.

There was discussion about the article published by the Birmingham Post following the attendance of the Director of Partnerships at the Overview and Scrutiny Committee. It was confirmed that none of the lifts in the new building had plunged to the ground floor. Rather, as part of their emergency procedure, they had moved under control to the ground floor. There had been no injuries and, although there have been no reportable incidents, the HSE had been kept informed.

**Resolved to: Accept the report**

## **D10/160 BNHP Monthly Programme Status Report**

The Board considered the report presented by the New Hospital Project Director, who further reported that the teething issues were now reducing. There had been some problems with the installation and commissioning of the lifts. The issues are now at an acceptable level and the temporary marshals that had been employed to attend the lifts had now been placed on standby. A number of showers had been identified with faulty components and these have now all been replaced. The contractor has agreed to commission the lifts in phase 2 early at no cost to the Trust. Unfortunately, Balfour Beatty Workplace had been slow to respond initially. However, following a call to Balfour Beatty's chief executive, matters have now improved. The Trust is to hold a seminar to ensure that Balfour Beatty employees understand the Trust's business. The total amount of estimated deductions for the period 16 to 30 to June was £150,000

The completion date of Phase Two is 16 September, with the Phase Two move commencing on 16 November.

[paragraph redacted]

With regard to the future disposal of the Selly Oak site, it is not thought that the coalition government's planning policy will have any short-term impact. However there is now added impetus to get outline planning consent. Planning advisers will be appointed by the end of August and some work has already been undertaken. The Board will need to decide at some point as to whether to go for an early sale or wait for land values to increase.

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

#### **D10/161 Capital Programme Update**

The Board considered the report presented by the New Hospital Project Director.

**Resolved to: Accept the report**

#### **D10/162 Performance Indicators Report**

The Board considered the report presented by the Executive Director of Delivery. There was discussion regarding the following indicators:

62 day cancer target - It was noted that the speed of referral from tertiary centres has deteriorated and that this is affecting the Trust's ability to achieve the 62 day cancer target. In addition, there were some capacity issues and actions were being taken to alleviate these including the employment of more trackers. The Chief Operating Officer confirmed he was discussing these issues with other organisations, as the National Cancer Board was currently seeking views on cancer targets. The Trust's view had also been expressed by several other major cancer centres.

Emergency Admissions and Stroke - delayed transfers of care were impacting on both these targets, although it was recognized that there were other factors that are the responsibility of the Trust. The number of delayed transfers had increased to about 50 and was giving rise to capacity issues. The Trust was still achieving the A&E target but the impact on capacity gave rise to concern about a potential deterioration in the quality of care. The Board acknowledged the impact of potential cuts to Local Authority budgets and the possibility of the delayed discharge fines scheme being discontinued. It was agreed that the Trust should consider alternative solutions such as

alternative nursing home facilities or working with other agencies to provide more home-care. There was discussion about the downstream impacts of providing more upfront care. In the meantime the Trust was actively involving patients and carers through its discharge team and had opened wards at the old Queen Elizabeth hospital, although this was not an ideal solution as Trust staff do not have the necessary skills in rehabilitation. The Board recognized that alternatives may mean it was subsidising this care, but it should take steps to reduce the financial impact and free up beds for what they were intended for. The Director of Partnerships reported that the Overview and Scrutiny Committee is to carry out an intensive study in this area and will be reporting to the full council in December.

DNAs and cancelled follow-ups - performance in this area had deteriorated during the move into the new hospital. It was clear that the use of the DNA algorithm was having a positive impact and a greater focus was now being applied to follow ups.

It was agreed that the Trust should continue to monitor targets such as the A&E 4 hour target and 18 weeks, even though they are now not national requirements. It was further agreed that more detailed commentary on the actions being taken to address performance issues would be provided at the next meeting and, if no improvement was seen, the Board may need to consider reviewing specific action plans for approval.

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

#### **D10/163 White Paper – SWOT Analysis**

The Board considered the paper presented by the Director of Partnerships. It was acknowledged that the detail contained in the further working papers would need to be considered before the Trust can fully understand the opportunities and threats presented by the new health policy. Two of these papers had been published today, regarding the commissioning framework and democratic legitimacy.

The Chief Executive confirmed that a more co-ordinated approach was being taken regarding those members of staff of the Trust who had contact with GP practices

It was agreed that, whilst the Trust appeared to be in a strong position, there was a need to keep matters under review as more detail became apparent. The Trust should position itself in order to be able to influence issues such as clinical standards and the educational framework.

The national timeframe had been published and it was agreed that the Trust would overlay this with its own key actions and deliverables

once the detail was available. Some elements of the timeline would be incorporated into the annual plan.

**Resolved to: Accept the report**

**D10/164 Trust Annual Plan 2010/11**

The Board considered the report presented by the Executive Director of Delivery, who tabled an amended version of the Annual Plan and explained that approval of the Annual Plan would be deferred until a later meeting of the Board, so that the draft plan could be amended to take account of the White Paper, particularly with regard to contact with GPs and education.

**Resolved: To accept the report and agree to receive a further draft of the Annual Plan at a subsequent meeting.**

**D10/165 Report on Infection Prevention and Control for June 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 July and nine cases of C. difficile for the same period. The Trust remained below trajectory in relation to MRSA and there were no significant concerns arising out of the single case this month. With regard to C. difficile, the Chief Nurse is confident that control of this infection was now being maintained, following the increasing numbers of previous months. The isolation facilities available in the new hospital were of considerable assistance and other issues were now being dealt with.

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

**D10/166 Finance and Activity Performance Report for the period ending 30 June 2010**

The Board considered the report presented by the Director of Finance, who confirmed a positive balance of just under £3.3 million for the first quarter of the financial year. A review of CIPs for the first quarter had been undertaken and the Trust was performing ahead of the equivalent position in the previous financial year. The FD expected the Trust to declare a financial risk rating of three for the next 12 months and was confident that this would be achieved.

The FD reported that Monitor had provided feedback regarding their annual risk assessment of the Trust's Annual Plan. The Trust had been identified as one of 12 "higher risk" trusts and had been selected for a stage two review. This would be carried out by PwC or Deloitte and would look at the underlying assumptions for the annual plan. The FD was somewhat surprised at this as the Trust's plans over the

last two years have been consistent and they have consistently delivered against the plan. In addition the Trust received good feedback regarding its downside planning. The Board also noted that KPMG had already carried out an independent review of the Trust's plan re the affordability of the new hospital.

Following discussion, it was agreed that, whilst the Trust would, of course, co-operate with the review, the Chairman and the Chief Executive would both write to their respective counterparts at Monitor, regarding this apparent change to a more subjective approach.

The FD confirmed that the health income shown as due from the PCT was, he considered, recoverable.

**Resolved: To receive the contents of the report**

**D10/167 External Standards - Achievement of targets – Quarterly Board Certification and declaration – quarter 1**

The Board considered the report presented by the Executive Director of Delivery, who confirmed that the Trust would not achieve the 62 day cancer target for the quarter. This posed a risk to the Trust as if it failed to achieve this target for the third quarter it would be graded red against this target.

Although the Trust's performance with regard to C. difficile was below its quarterly trajectory, the EDOD was proposing not to report this as a risk as there was good reason to believe that the Trust would achieve the trajectory by the end of the financial year.

**Resolved: To approve the declaration as set out in the report**

**D10/168 Report from Investment Committee**

Clare Robinson, Chair of the Investment Committee, reported that the Committee had met on 12 July, when it had reviewed the summary commercial plan. The Committee had agreed to carry out a more detailed review of the payroll service in November and had discussed the marketing plans for PICS. The Committee had received an annual report regarding the investment of cash and had considered that the Trust had achieved a reasonable return on its cash investments in difficult circumstances.

**Resolved: to accept the report**

**D10/169 Litigation and Insurance – 6 monthly report**

**Resolved: to accept the report**

**D10/170 Report from the Organ Donation Committee**

The Board considered the report presented by Michael Sheppard, The chair of the Organ Donation Committee who reported that a clinical lead for organ donation had now been appointed. The Trust exceeds the national average for all but one of the recommendations of the Organ Donation Task Force. However, the Committee recognized that further actions were required in order to maintain this position.

The Chief Operating Officer reported that the Trust had entered a joint bid with Cardiff for organ retrieval. Whilst there had been difficulties in agreeing the bid between the two parties, following a lengthy negotiation the bid had been signed off by NHSBT. This would involve investment of approximately £1.9 million and would require the Trust to meet a considerable number of standards.

**Resolved: to accept the report**

**D10/171 Audit Committee Minutes – 3 June 2010**

**Resolved: to receive the minutes**

**D10/172 Use of Trust Seal**

**Resolved: to receive the report**

**D10/173 Sealing of a Lease Agreement between the Trust and Birmingham Research Park for Laboratory Premises for Occupation by Birmingham Quality (formerly UK NEQAS)**

**Resolved:**

- (a) To note that the Trust's continued occupation of the premises is to be documented by way of a formal lease; and**
- (b) to APPROVE the use of the Trust Seal, pursuant to Standing Order 6.1**

**D10/174 Sealing of two Lease Agreements between the Trust and WH Smith for retail premises at QEH**

**Resolved:**

- (a) To note that WH Smith's continued occupation of Trust premises is to be documented by way of formal leases; and**

- (b) To APPROVE the use of the Trust Seal, pursuant to Standing Order 6.1

**D10/175 Sealing of three Lease Agreements between the Trust and National Westminster Bank PLC for branch and ATM premises at SOH and QEH**

**Resolved:**

- (a) To note that National Westminster Bank PLC's continued occupation of Trust premises is to be documented by way of formal leases; and
- (b) To APPROVE the use of the Trust Seal, pursuant to Standing Order 6.1

**D10/176 Tender for the Trust's Commercial Banking Service**

**Resolved: to approve the appointment of Barclays Bank PLC as the Trust's commercial bankers for a period of three years commencing 1 July 2010, with an option to extend the contract up to a further two years**

**D10/177 Provision of Neurology Services**

**Resolved: to approve the appointment of one replacement and two new consultant neurologists**

**D10/178 Appointment of a Consultant Radiologist Post with Breast Imaging Interest**

**Resolved: to approve the appointment of a Consultant Radiologist with an interest in breast imaging**

**D10/179 Appointment of a Consultant Transplant Cardiologist**

**Resolved: to approve the appointment of a Consultant Transplant Cardiologist**

**D10/180 Proposed Appointment of an Additional Consultant Post in Hepatology**

**Resolved: to approve the appointment of an additional Consultant post in Hepatology**



**D10/181 Date of Next Meeting:**

**Thursday 16 September 2010 Board Room Trust HQ**

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**Chairman**

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**Date**