

BOARD OF DIRECTORS

Minutes of the Meeting of 24 June 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")
Dr Dave Rosser, Medical Director ("MD") (from item D10/115)
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")

D10/135 Welcome and Apologies for Absence

Stewart Dobson, Vice-Chairman, welcomed everyone present to the meeting, explaining that the Chairman and the Medical Director would be joining the meeting very shortly. In the meantime, the meeting would commence, with the agenda being re-ordered appropriately. Apologies were received from Mr David Bailey, Non-Executive Director and Kevin Bolger, Executive Chief Operating Officer.

D10/136 Quorum

The Vice-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.

D10/137 Minutes of the previous meetings

The minutes of the meeting of 3 June 2010 were accepted as a true record, as amended and initialled by the Chairman.

D10/138 Matters Arising

None

D10/139 Actions List

The actions list was reviewed and updated.

ACTION: DCA

D10/140 National Targets and Indicators Annual Report for 2009/10

The Directors considered the paper presented by the Executive Director of Delivery, who, after reminding the Board that Core Standards had now been replaced by registration with the Care Quality Commission, explained that:

With regard to Existing Commitments, the Trust had reviewed its performance against last year's criteria, as criteria for this year were yet to be finalised and published. A certain amount of ambiguity remained around the reperfusion target; if this was the same as the target for thrombolysis last year, the Trust would be achieving the target and therefore it was highly likely that the Trust would be rated "Excellent" against Existing Commitments.

For National Priorities, the Trust was meeting all known targets. It has achieved the 62 day cancer target following the reallocation of seven breaches to other trusts. The EDOD expected the rating of staff satisfaction to be satisfactory because the results of the survey had been high. The Trust remained border line for the Stroke target and although the Trust's performance with regard to patient experience had improved, so had most other trusts. Therefore the expectation was that the Trust would achieve at least a rating of "Good" for Quality of Services, with the potential for "Excellent".

Resolved to: Accept the report on the Trust's overall achievement of national targets and indicators for 2009/10

D10/141 Annual Workforce Report.

The Directors considered the paper presented by the Executive Director of Delivery, who reported that the Trust had made good progress on its workforce plans. Levels of sickness absence were not coming down as quickly as desired and further work was being undertaken to tackle this issue. The Trust had enjoyed a strong performance with regard to the national staff survey.

The EDOD reported that he was overseeing the reconfiguration of the Trust's HR team, reverting to a functional model. The Trust was working with assistance from PwC and the NEC. The intention was to split the current HR Department into a transactional team who would deal with issues such as sickness and appraisal, a small workforce

development team which would deal with organisational change and workforce planning and HR governance team which would oversee policies and equality and diversity. Automation would be playing a major role in the new system of working.

There was discussion about the potential impact of Equal Pay claims on the Trust. The EDOD confirmed that the Trust did not have a large potential pool of claims as it was not in a similar position to that of Birmingham City Council, where a large number of claims had been successful due to the historical structure of the city council where different departments rated their different employment policies.

Gurjeet Bains reported that the Trust had made progress in relation to the Trust employing doctors from India, although a number of issues still remained. In particular, the Trust was seeking to avoid the agency route. However this was proving quite difficult due to the structure of the medical profession in India.

Resolved to:

- 1. Note the progress and performance of the range of workforce KPIs;**
- 2. Note the continuous high level performance to the annual staff survey; and**
- 3. Note the strong performance of the Trust with regards to Employment Tribunal claims; and**
- 4. Accept the Annual Workforce Report**

D10/142 Chairman's Report and Emerging Issues Review

The Chairman and the Medical Director joined the meeting. The Vice-Chairman reported that meeting had dealt with the above agenda items and the Chairman chaired the remainder of the meeting.

The Chairman reported that he and the Medical Director had just returned from the NHS Confederation conference. There was a discussion regarding the implications of government policy on the Trust. It was noted that the White Paper that had been due to be published in early July would now be delayed until the end of that month. The Board would be discussing some of the implications of the White Paper at its seminar in July.

Amendments to the operating framework had now been published. The 98% four-hour wait accident and emergency target had been reduced to 95% compliance level. However, the Trust intended to maintain its own internal target of 98%. The 18 weeks target had

been removed as a national target but remained a right within the NHS constitution.

There was discussion regarding the future roles of PCTs and SHAs, and the role to be played by GPs in commissioning.

The Board agreed that the Trust should ensure it was prepared to deal with the issues and opportunities that might arise from the changes.

Resolved to: Accept the report

D10/143 BNHP Monthly Programme Status Report

The Chief Executive reported that the move phase 1 move into the new hospital had gone extremely well. All patients had been moved without any significant incidents and the Trust has maintained a working hospital throughout. Theatres have been up and running from midnight on 15 June, and the Trust continued to accept admissions of inpatients and A&E attendances, despite Accident and Emergency departments across Birmingham being very busy.

There had been no deaths in transit between the hospitals and no complaints had been received from patients regarding the way they were moved. In fact, patients had been very complimentary both about the new hospital and about the way in which staff had dealt with moving the patients.

The Trust has received its first air ambulance into A&E and the first aeromed patient from the forces.

There have been very few snags and the removal firm engaged by the Trust has performed very well. The Chief Executive said that she was extremely proud of all the staff and volunteers of the Trust for the way in which they had worked to achieve a successful move. She particularly acknowledged the contribution made by Kevin Bolger, Morag Jackson, Tim Jones and Kay Fawcett. She also recorded her thanks to the police and ambulance service for their support.

The Board of Directors formally recorded its thanks and congratulations to all the staff and volunteers who have worked so hard.

The Directors then considered the report presented by the New Hospital Project Director, who further reported that there had been a few teething problems regarding the lifts in the new hospital and which are now being resolved. There had been a further flood in the basement as a result of a joint that had failed where the pipe, which was not fixed properly, had moved. Fortunately the quick reactions of the Harrow Green staff had minimised damage. Whilst the flood had

not had any impact on clinical activity, the risk of further fractures remained. The pipes carried cold and hot water up to a temperature of 85°C in some circumstances, and the Trust had requested that an inspection of all pipes be carried out as soon as possible. Whilst initial teething problems such as this flood and the lifts were to be expected, the Trust had written formally to Consort, Balfour Beatty, and the funders. There remained a risk of further fractures until the inspection was complete.

Phase 2 of the new building will be handed over to the Trust on 16 September with the phase 2 move commencing on 16 November.

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

D10/144 Performance Indicators Report & Review of Key Performance Indicators for 2010/11

The Directors considered the paper presented by the Executive Director of Delivery. Accident & Emergency performance drop below 98% in May and performance against the stroke target had been 41%. Both were associated with issues around delayed transfers of care. The Trust had problems both with Birmingham City Council and community services to the extent that delayed transfers of care had got up to a figure of around 50. This had now been reduced to approximately 35 and the Trust would continue to work with BCC and the PCT to manage this issue.

There was discussion about the Kendrick Centre. This centre has still not been staffed due to a dispute between Birmingham City Council and the PCT over its operation. It has 32 beds and the PCT has already closed a ward elsewhere in anticipation of the opening.

The Chief Nurse said she would discuss performance against the C. difficile trajectory in her infection control report. The EDOD reported that all other performance indicators were showing improvement. The figures for PDRS completed was 83% for May, however this had not yet been validated.

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

D10/145 Clinical Quality Monitoring Report

The Board considered the paper presented by the Executive Medical Director. The Trust had undertaken some work to analyse the rate of readmissions for patients with a similar diagnosis to their initial condition. This was partly in response to the announcement of the government that trusts would not be paid for inappropriate readmissions. Whilst the work was still in its early stages, it was clear

that the Trust could be at risk if the payment mechanism did not take account of the scale and complexity of teaching hospitals.

During discussions about falls, the Chief Nurse confirmed that associated HR investigations were taking place where it was suspected that had been a failure to follow process. Root cause analysis was now being used in relation to such incidents.

Resolved to: Accept the report

D10/146 Report on Infection Prevention and Control up to 31 May 2010

The Board considered the paper presented by the Executive Chief Nurse, who further reported that the Trust had not experienced any MRSA bacteraemia to date for June and eight cases of C. difficile for the same period. Whilst these figures were encouraging, it was important that the Trust rose to the challenge of utilising the new hospital effectively to ensure rapid isolation. The new bed viewing tool would be of assistance in doing this. The Chief Nurse also reinforced the need for good clinical standards to continue, including hand hygiene.

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

D10/147 Patient Care Quality Report

The Board considered the paper presented by the Executive Chief Nurse, who further reported that the Trust had obtained feedback from in excess of 3,500 patients during April and May this compared with a sample size of the national patient survey of 415. Not only was the local data based on a bigger sample and therefore more likely to be representative, it was much more timely, the national survey having taken place 12 months ago.

Resolved to: Receive the report on the progress with Care Quality.

D10/148 2009 National Acute Inpatient Survey Report

The Board considered the paper presented by the Executive Chief Nurse. The Trust was in the top 20% of trusts for nine of the survey questions, in the middle for 37% and in the lowest 20% for 18. The Chief Nurse confirmed that the Trust's response rate was similar to that of other trusts. As mentioned in the previous item, the sample size was very small.

Of particular concern were the attitudinal questions and the environmental and noise questions. The Trust could expect to see an improvement in the environmental figures now that it has moved into new hospital. Work is being carried out via the Care Quality Group to

address the attitudinal issues, using the more specific findings in the Trust's local survey.

Resolved to:

1. **Note the 2009 Care Quality Commission National Acute Inpatient survey report which provides a comparison of the results from NHS Trusts.**
2. **Note the mean rating score comparison with previous surveys.**
3. **Note the contents of this report and the key findings of the survey.**
4. **Note the conclusion and next steps, and agree to receive updates through the Care Quality report.**

D10/149 Finance and Activity Performance Report for the period ending 31 May 2010

The Board considered the report presented by the Director of Finance, who confirmed a positive balance of just over £2 million for the first two months of the financial year. Whilst the plan was for a break-even position at the end of the year, very few costs of the new hospital were payable in these first two months. £500,000 of transition costs have been classed an exceptional item. This has been agreed with KPMG, but may be subject to comment from Monitor.

The Trust will be writing to Monitor regarding the new hospital as a post balance sheet event. It is part of the process for Monitor compiling its consolidated accounts but will flag up the impairment issue earlier to Monitor.

There was discussion regarding the increase in the cost of clinical supplies and services. The variation of in excess of 2.5 million was largely due to high cost low-volume devices which were agreed on a patient by patient basis or as per an appropriate protocol and would be balanced with corresponding income. The FD confirmed that he had no concerns regarding the recovery of the income associated with these devices. There was no budgetary provision made for them because of the high level of variance in their costs and use.

Resolved: To receive the contents of the report

D10/150 Patients Accessing Records from Home

The Board considered the report as presented by the Executive Medical Director, and explained that an initial trial would take place with a certain level of security. If this trial is successful and the

initiative was to be extended to a larger number of patients, it was intended to increase the security of the system to banking standards.

There was discussion as to where the decision for use of certain group of patients remade. It was agreed that clinical groups should decide if it will be appropriate for their patient groups, taking into account the nature of the conditions etc.

The Board was very supportive of the initiative and felt that it supported the Trust's vision. It was recognized that the Trust needed to be very careful in controlling what was made available to patients through this new initiative.

Resolved: To receive the contents of the report

D10/151 Minutes of the Audit Committee

Resolved: to accept the minutes.

D10/152 Any other business

The DCA reported that the Trust had now agreed a Deed of Variation with South Birmingham PCT regarding the annual changes to the main commissioning contract. The Deed of Variation now needs to be executed by the Trust under seal.

Resolved: That any two Executive Directors or an Executive Director and the Foundation Secretary be and are severally authorised to approve, sign, execute and deliver the Deed of Variation between the Trust and South Birmingham PCT relating to the Contract for the Provision of Health Services dated 28 February 2008.

D10/153 Date of Next Meeting:

Thursday 22 July 2010 Board Room Trust HQ

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Chairman

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Date