

## BOARD OF DIRECTORS

Minutes of the Meeting of 5 July 2012  
Board Room, Trust HQ, QEMC

Present: Sir Albert Bore, Chairman  
Dame Julie Moore, Chief Executive  
Mrs Gurjeet Bains, Non Executive Director (“GB”)  
Mr David Bailey, Non Executive Director (“DBa”)  
Mr Kevin Bolger, Chief Operating Officer (“COO”)  
Mrs Kay Fawcett, Chief Nurse (“CN”) (from the end of item D12/131)  
Mr David Hamlett, Non-Executive Director (“DHa”)  
Mr Tim Jones, Executive Director of Delivery  
Ms Angela Maxwell, Non-Executive Director (“AM”)  
Mr David Ritchie, Non-Executive Director  
Dr Dave Rosser, Medical Director (“MD”)  
Prof Michael Sheppard, Non Executive Director  
Mr David Waller, Non Executive Director (“DW”)

In Attendance: Mrs Fiona Alexander, Director of Communications (“DoC”)  
Mr David Burbridge, Director of Corporate Affairs  
Ms Morag Jackson, New Hospitals Project Director  
Mrs Viv Tsesmelis, Director of Partnerships (“DoP”)  
Mr Julian Miller, Deputy Director of Finance

### **D12/124 Welcome and Apologies for Absence**

Sir Albert Bore, Chairman, welcomed everyone present to the meeting. Apologies were received from Mike Sexton.

### **D12/125 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.

### **D12/126 Declaration of Interests**

The Chairman and Professor Sheppard each declared an interest in

item D12/131, due to the involvement of the City Council and the University of Birmingham in the LEP respectively.

**D12/127 Minutes of the previous meeting**

The minutes of the meeting of 24 May 2012 were accepted as a true record.

**D12/128 Matters Arising**

**D12/105** – The Chairman noted that the issue regarding future board meetings was due to be discussed at the meeting on 26 July.

**D12/129 Actions List**

The actions list was reviewed and updated.

**D12/130 Chairman's Report and Emerging Issues Review**

The Chairman had nothing to report.

**D12/131 BIRMINGHAM HEALTH PARTNERS, INCLUDING LEP BID UPDATE, PROGRESS REPORT**

The Board considered the report presented by the Executive Director of Delivery, who confirmed that Birmingham Health Partners (BHP) have approved the establishment of an external advisory board. The Directors acknowledged the success of BHP and its function as a showcase for the positive developments regarding research.

Proposals to create an Institute of Translational Medicine (ITM) had become a significant element of the Local Enterprise partnership's (LEP) bid for funding. Announcements today confirmed that the bid had been approved in principle. The development of the ITM is consistent with the Trust's long term plan and will support the next stages of the research strategy.

The speed of adoption of the LEP proposals by central government has been particularly swift and, at present, the detailed process is still a little unclear, although today's announcements did indicate that the proposals will be 50% funded by central government. The nature and extent of contributions from the Trust will be subject to the Trust's standing governance arrangements, as will be the case for the University.

The Directors thanked the EDoD for the report, which set out a clear vision for the ITM and identified the governance issues surrounding the project. There was discussion regarding the opportunities the project may present with regard to the masterplan for the retained estate and it was recognised that greater clarity was required concerning the timeline for the project. Julian Miller reported that the Trust would need to take account of accounting issues regarding

government grant, which, under current rules, has to be recognised in the year of receipt.

There was further discussion regarding funding options, likely running costs and the need for clear and appropriate governance structures. The Board recognised that detailed work would be required in this area, with some key appointments needed to ensure the success of the project.

It was agreed that the Trust would continue to support the proposals for the ITM, recognising the reputational issues and the opportunities that the project presented.

**Resolved to:**

1. **Accept the Birmingham Health Partners progress report; and**
2. **Agree to receive a high level business investment case for an Institute of Translational Medicine on 26 July 2012.**

The Chief Nurse joined the meeting.

**D12/132 ACADEMIC HEALTH SCIENCE NETWORKS REPORT**

The Directors considered the report presented by the Executive Director of Delivery, who reported that the guidance regarding Academic Health Science Networks (AHSNs) had, after some delay, now been published.

The Trust had, together with the University of Birmingham, Heart of England FT, University Hospital Coventry and Warwickshire FT, University Hospitals North Staffordshire FT, Keele University and Warwick University, formed a working group to work up a bid. Further partners may join as the bid progresses and after the AHSN has been set up, although at present what was required was a formal Expression of Interest.

The Chief Executive reported that West Midlands providers had agreed to support the concept of a single AHSN for the region. The EDoD confirmed that the guidance clearly envisaged that AHSNs would be separate legal entities.

**Resolved to: approve the submission of an Expression of Interest as part of a West Midlands AHSN Partnership, alongside such other partners as the working group determines.**

**D12/133 CLINICAL QUALITY MONITORING REPORT**

The Directors considered the report presented by the Executive Medical Director, who reported that [redacted text].

There was discussion regarding the recent increase in incidents involving medical records. Historically, there had been a high number of incidents regarding records not being available for patient consultations and the number of these type of incidents had significantly decreased as the Trust implemented the outpatient portal. Whilst there continue to be a small number of incidents regarding missing paper records, the move to electronic records has meant that a greater proportion of patients are being seen with appropriate documentation. The recent increase related to a different type of incident, being that of the misfiling of documents within the electronic patient record. Whilst there is no doubt that similar mis-filing occurred in the past with paper records, such incidents were not so visible. A specific incident report form had been created for mis-filing in electronic records, as it was recognised that this could lead to an incident. It was noted that the introduction of myhealth@qehb, which will give selected patients direct access to their electronic record, could increase the risk of a mis-filed document being visible to another patient, although it would also enable patients to report any mis-filing they identify. Specific reference to a reporting process for such incidents has been provided as part of the myhealth@qehb system.

Specific processes have been put in place to minimise the risk and other safeguards are being considered, such as optical character recognition. Incidents are being reviewed to identify any trends in the source of the incidents or the cause, so that appropriate action can be taken to reduce the number of incidents to a minimum.

The Board recognised that it was unlikely that mis-filing could ever be eliminated completely. Appropriate measures were being taken to minimise the risk, taking into account the overall benefit to patients of the use of electronic records.

There was discussion regarding the governance visit to the Burns unit, which had been very positive. The Board particularly noted the very positive response from the staff to the visit.

**Resolved: to accept the report.**

**D12/134 REPORT ON INFECTION PREVENTION AND CONTROL UNTIL 31 MAY 2012**

The Directors considered the paper presented by the Executive Chief Nurse, who further reported that the Trust had not had any MRSA bacteraemia in June, making the total for the quarter 1, which was on trajectory. There had been five attributable C.Difficile positives, which was a reduction on the two previous months and brought the Trust within its trajectory, although this remains a challenging target.

The Acinetobacter cases are currently being investigated and there

have been no outbreaks of diarrhoea and/or vomiting in May or June.

**Resolved to: accept this report**

**D12/135 PATIENT CARE QUALITY REPORT**

The Directors considered the paper presented by the Executive Chief Nurse. The National Inpatient Survey showed improvements by the Trust with regard to single sex accommodation, meals and noise at night, which provided a degree of assurance regarding the impact of recently undertaken work in these areas.

A significant improvement in the management of falls was apparent, with falls with harm reducing by 38%. The increase of managed falls was noted as being a positive indicator of the success of measures to reduce harm. There was discussion about the increased number of falls in bathrooms. The Chief Nurse said that it was considered that the proximity of bathrooms to patients' beds was increasing the attempts by patients to use the bathrooms unaided, as opposed to the use of commodes. She was confident that it was not an issue regarding the flooring or water seepage, as this had been dealt with.

The focus on pressure ulcers continued to increase reporting. Trust-wide initiatives were now being worked up and implemented, with particular focus on use of appropriate equipment and nursing care.

David Ritchie reported that he had attended the Trust's annual dignity in care conference and congratulated the Chief Nurse and her team on an excellent day, which was an exemplar to other Trusts.

**Resolved: to accept the report.**

**D12/136 PERFORMANCE INDICATORS REPORT**

The Directors considered the report presented by the Executive Director of Delivery, which was the first report in the new format, as agreed by the Board at its May meeting.

National Targets

As reported earlier by the Chief Nurse, the Trust was now within its trajectory for C.Difficile. However, this remained a risk.

Achievement of the 62 day cancer referral target continued to be a risk, due largely to the receipt of late referrals from other Trusts. Performance in April had been below target, but an improvement in May meant that the Trust was at 85% for the quarter. The SHA had announced that referrals over 31 days would be attributed to the

referring Trust and this should improve the Trust's performance against this target.

### CQUINs

The Trust was below target for three of its CQUINs: renal home therapies; patient experience; and net promoter score. With regard to the Trust's net promoter score, the Directors noted the common scoring pattern amongst tertiary teaching hospitals, reflecting the number of patients attending these hospitals who were not local and were therefore more likely to recommend their local hospital to friends and family. Although the Trust compared well with these other Trusts, the Board recognised that work needed to be done to improve its score. There was discussion regarding further actions the Trust might consider to deal with the considerable variation around response rates from different areas. The use of volunteers to improve response rates was considered and the Board discussed the importance of getting the discharge process right for all patients.

### Internal indicators

The EDoD reported that the mandatory training figures now included all NHSLA required mandatory training. Improvement has been seen across most of these, with green being achieved for fire training in May.

There was discussion about the number of outpatient cancellations. The Chief Operating Officer reported that an initiative that had been trialled in GUCH, due to the high incidence of non-attendance by this group of patients, was now being rolled out across other specialties.

**Resolved: to accept the report.**

## **D12/137 FINANCE AND ACTIVITY PERFORMANCE REPORT FOR THE PERIOD ENDING 31 MAY 2012**

The Directors considered the report accounts as presented by the Deputy Director of Finance, who reported that the Trust had seen a fairly strong start to the financial year, generating a small surplus ahead of plan. Activity had been strong at £1.2 million above plan and this had continued through May and June.

The £3 million overspend in operations was largely due to activity related costs and some slippage on Cost Improvement Schemes, which was normal at this point in the year. Medical and nursing agency continued to contribute to overspend, although positive signs of improvement were apparent, with nursing agency spend down 60% against last year's performance.

The Trust's cash position was £15 million above plan, at £75 million.

The Trust had held its routine conference call with Monitor yesterday, which had been satisfactory, and the Trust's target Financial Risk Rating for the year has been agreed as 3.

**Resolved to: receive the contents of this report.**

**D12/138 AUDIT COMMITTEE ANNUAL REPORT TO THE BOARD OF DIRECTORS**

The Directors considered the report presented by the Chair of the Audit Committee, David Ritchie, who further reported that the Committee had now held the meeting referred to at paragraph 3.1.5 of the report. The Committee had received substantial assurance regarding the Trust's Disaster Recovery arrangements and this item was no longer of concern.

There was discussion regarding the work of the Trust's counter-fraud service, which, it was reported, had performed very well since the appointment of Deloitte's to the role.

**Resolved to: accept the report.**

**D12/139 ANNUAL WORKFORCE REPORT**

The Directors considered the report as presented by the Executive Director of Delivery. 566 staff are now in formal sickness monitoring, although it is expected that this number will drop over time as the implementation of the revised sickness absence policy takes effect.

The Trust has seen a reduction in the use of external agency staff, although usage of bank staff remains constant. The Trust now has 30 junior doctors from Pakistan and is purposefully over-recruited by one doctor in almost every specialty, with vacancies in anaesthetics and the Emergency Department. The move to this position reflects a change in culture and the principle is now to be applied to nursing.

The Trust has launched a recruitment campaign for Band 2 Health Care Assistants using local radio, targeting people who have perhaps cared for a member of their family. There have been in excess of 300 contacts to date.

**Resolved:**

- 1. to accept the 2011/12 Workforce Report; and**
- 2. to approve the publication of the Annual Workforce Report.**

**D12/140 ANNUAL HEALTH & SAFETY REPORT**

The Board considered the report delivered by the Director of

Corporate Affairs. Focus has been on compliance with policy, needlestick incidents and work-related stress.

**Resolved to: receive the report**

**D12/141 3 YEAR CAPITAL PROGRAMME – APPENDIX A AND B**

The Directors received the appendices to the report which had been presented by the New Hospitals Project Director in April.

**Resolved: accept the appendices**

**D12/142 THE SEALING OF AN AGREEMENT FOR THE APPOINTMENT OF GLENN HOWELLS (ARCHITECTS) LTD**

The Board considered the paper presented by the New Hospitals Project Director.

Resolved: To:

1. **Note that the appointment of Glenn Howells Architects Ltd is by way of the NHS standard form contract procedures; and**

2. **to authorise:**

**David Burbridge, Director of Corporate Affairs, and Lynne Darby, Land and Property Manager, jointly and severally to exercise the powers of the Trust in relation to the Agreement, without limitation save that such authority may only be exercised to the extent that the Agreement is materially as described in this Report, and to do all such acts and things as may be required in order to give effect to the Resolution(s) resulting from this Report and implement the Agreement to include the finalising and delivery of all such notices, confirmations, applications, letters, transfers, appointments, certificates, powers of attorney, deeds, forms, notice of drawing, notice of withdrawal or notice of utilisation and any other documents as required; and**

**any one or more Directors of the Trust and, in the case of any documents that are Deeds, the Foundation Secretary, severally to sign, execute and deliver the Agreement and any associated documents save that, where any such other documents are Deeds, execution will be by any two Directors or a Director and the Foundation Secretary.**

**D12/143 PERFORMANCE INDICATORS ANNUAL REPORT FOR 2011/12**  
The Board considered the paper presented by the Executive Director of Delivery.

**Resolved: to accept the report on the Trust's overall achievement of national targets and indicators for 2011/12**

**D12/144 APPOINTMENT OF A SENIOR LECTURER IN COLOPROCTOLOGY, WITH A SPECIAL INTEREST IN INFLAMMATORY BOWEL DISEASE**

The Board considered the paper presented by the Chief Operating Officer.

**Resolved: to approve the substantive appointment of a Senior Lecturer in Coloproctology, with a special interest in Inflammatory Bowel Disease.**

**D12/145 PROPOSED TRANSFER OF INPATIENT VASCULAR SERVICES FROM SANDWELL WEST BIRMINGHAM NHS TRUST**

The Board considered the paper presented by the Chief Operating Officer.

**Resolved: to approve the transfer of inpatient Vascular services from Sandwell West Birmingham NHS Trust to UHBFT.**

**D12/146 PROVISION OF RADIOPHARMACEUTICALS FOR UHB PATIENTS**

The Board considered the paper as presented by the Chief Operating Officer.

**Resolved: to approve the refurbishment to the current radiopharmacy facilities at the QEH.**

**D12/147 DRAFT MINUTES OF THE AUDIT COMMITTEE**

The Board considered the two sets of minutes of meetings of the Audit Committee held on 24 May 2012.

**Resolved: to accept the minutes.**

**D12/148 Any Other Business**

None.

**D12/149 Date of Next Meeting:**

**Thursday 26 July 2012 1.00pm Board Room Trust HQ QEMC**

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**Chairman**

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**Date**