

## BOARD OF GOVERNORS

Minutes of a Meeting of the  
University Hospitals Birmingham NHS Foundation Trust  
Board of Governors held on 19 June 2009  
Pre-meeting 9.30am - 10am  
Meeting 10am – 12 noon  
Trust Headquarters Meeting Rooms 1 & 2 QEMC

Present: Sir Albert Bore (Trust Chairman)  
Kadeer Arif  
Rita Bayley  
Margaret Burdett  
Brian Hanson  
Ruth Harker  
Valerie Jones  
Geoffrey Oates  
Bridget Pearce  
Rosanna Penn  
David Spilsbury  
Barbara Tassa  
Joan Walker  
Anne Waller

In attendance: David Burbridge (Director of Corporate Affairs & Foundation Secretary)  
Michele Morris (Deputy Chief Nurse)  
Tim Jones (Executive Director of Delivery)  
Morag Jackson (New Hospital Project Director)  
Mike Sexton (Director of Finance)

Members of the public in attendance: Edith Davies  
John Delamere  
Anne Harrison  
Shirley Turner

### GO9/19

#### **Welcome and Apologies for Absence**

The Chairman welcomed everyone present to the meeting. Apologies for absence were received from Alan Bailey, Paul Brettle, John Buckels, David Cox, Paul Darby, Hazel Flinn, Gwyneth Harbun, James Hutchings, Erica Perkins, Martin Straker Welds, David Ward, Shazad Zaman, Lt Gen Louis Lillywhite and Edward Peck.

**GO9/20**

**Quorum**

The Chairman noted that a quorum was present and accordingly the meeting could proceed to business.

**GO9/21**

**Minutes of the previous meeting (17 March 2009)**

The Minutes of the meeting of 17 March 2009 were accepted as an accurate record.

**GO9/22**

**Matters Arising**

Tim Jones, Executive Director of Delivery, updated the Board of Governors with regard to progress on the Maggie's Centre.

**GO9/23**

**Declarations of Interest**

The following interests were declared:

Brian Hanson - Chair of UHB Charities;

Barbara Tassa - Member of the Health Overview and Scrutiny Committee, Birmingham City Council

**GO9/24**

**Appointment of Non-Executive Director**

The Chairman explained that he wished to bring item 7 on the agenda forward as it required the exclusion of all bar the Governors. Accordingly, members of the public and other attendees were asked to leave.

The Governors considered the report from the Board of Governors' Nominations Committee for Non-Executive Directors presented by the Chairman regarding the appointment of a new non-executive director. After a short discussion, the recommendation of the committee was accepted.

Members of the public and other attendees were invited to rejoin the meeting.

**Resolved: to accept the recommendation of the Nominations Committee and approve that Ms Angela Maxell be appointed as a Non-Executive Director of the Trust for an initial term of 3 years, commencing 1 July 2009.**

**GO9/25**

**Chairman's Report**

Further to the Chairman's written report, the Chairman reported that the annual report and accounts had now been finalised and will be laid before the Board of Governors at the Annual General Meeting in September. He drew the meeting's attention to the Trust's Quality Accounts and explained that the trust was proposing to publish information regarding the quality of its clinical services to a much greater extent than had been undertaken previously. There was discussion about the benefits of publishing this type of information, particularly when comparisons with other trusts may not immediately available. The meeting recognized that whilst some of the information may not be as good as the trust would like, it would help drive

up quality - this had been the experience in the US.

With regard to the item 2.13 in the Chairman's Report, there was discussion about the future use of the Selly Oak site. The New Hospital Project Director confirmed that the site would not be left derelict the Trust would continue to use a considerable amount of the site including the outpatient department and would demolish the old and less well maintained buildings as they became vacant. The Trust was taking care to ensure that no third party rights arose over the site prior to disposal.

**GO9/26**

**Governor Elections 2009**

The Chairman reported that the Trust had now published the results of the elections for public and patient governors. The turnout had been much higher than in previous elections averaging at about 30%. The Chairman thanked those current members of the Board of Governors, who had either not stood for re-election or had not been re-elected, for the contribution that they had made over the past few years. He confirmed that, in accordance with the resolution of the Board of Governors made on 17 of March, the terms for the newly elected governors were as follows:

<b>Constituency/Area</b>	<b>Term</b>
<b>Patient Governors</b>	
<b>GARDINER</b> Jamie	2 years
<b>JONES</b> Valerie	3 years
<b>MCALLISTER</b> Colin Joseph	2 years
<b>TURNER</b> Shirley	3 years
<b>Edgbaston</b>	
PENN Dr Rosanna Gertrude	3 years
TRAYER Professor Ian Patrick	2 years
<b>Hall Green</b>	
DURHAM Ann Lesley	3 years
MULLINS Tony MBE	2 years
<b>Selly Oak</b>	
BAYLEY Rita	2 years
DELAMERE John Peter	3 years
<b>Northfield</b>	
BURDETT Margaret Jan	3 years
DAVIES Edith Rita	2 years
<b>Constituency/Area</b>	<b>Term</b>
<b>Yardley</b>	
ARIF Kadeer	3 years
<b>Ladywood</b>	
ZAMAN Shazad	2 years

<b>Erdington &amp; Hodge Hill</b>	
Vacant	3 years
<b>Perry Barr &amp; Sutton Coldfield</b>	
WALKER Joan	2 years

**GO9/27**

**BNHP Progress Report**

The Governors considered the report presented by the New Hospital Project Director. The NHPD confirmed that the project team was now focusing on getting the building ready for the organisation to move into, and getting the organisation ready to move into the building construction head continue to be well ahead of programme and the Trust recognized that the commissioning phase was one of the most difficult parts of any project such as this. The clinical redesign was now moving to the implementation stage and the Board of Directors will be considering all plans at its meeting in September.

The Trust continued to work with Balfour Beatty regard to the roads. Agreement has now been reached in principle to give Birmingham City Council access to the necessary land this year, meaning that the trust should be able to get better access to the new hospital during phase 1.

It was originally envisaged that estate staff would transfer to Balfour Beatty Workplace in August 2009. The Trust is now considering delaying this until the beginning of 2010. This will still give the relevant staff enough time to be inducted into their new employer organisation but would give the Trust more control over retained estate issues up until that point. Discussions with the staff involved are ongoing. All issues relating to pension arrangements have now been resolved and a comparable pension scheme will be provided.

There was discussion about the timing of the closure of the north end of Metchley Lane. Mr Geoff Oates agreed that he would liaise separately with the New Hospital Project Director regarding this. The governors also discussed the plans for involvement of volunteers in the new hospital. Volunteers were included in the plans, in fact they were an intrinsic part of the Trust's way finding strategy. The Trust was currently on target with its plans to recruit a thousand volunteers for the new hospital.

The Executive Director of Delivery reported that the Chief Executive had recently received a presentation from a company in Middlesbrough regarding a wayfinding simulation package. The package had been extremely good and the trust was now moving forward to procure this sort of technology with implications for wayfinding and also training.

**Resolved: to accept the progress reported in the New**

## Hospitals Project Director's report

**GO9/28**

### **Quarterly Infection Control Report**

The governors considered the quarterly Infection Prevention and Control report. Michele Morris, Deputy Chief Nurse, was in attendance for the Chief Nurse. The Trust had one MRSA bacteraemia in April and none for May - this is the first clear month since records bacteraemias began.

Figures for C. difficile are a quarter of what they were this time last year and there are less than 10 to date for June. The Trust recorded no Acinetobacter cases for May. Although 50% of the human swine flu cases in England are located in Birmingham, the Trust has not had any significant activity in this area. Most of the schools closed are west of the Hagley Road and being dealt with elsewhere within the West Midlands. The Trust has not had any in patients with human swine flu. Nevertheless, robust plans are in place and the Trust is enjoying support from its PCT.

There was discussion about the need to avoid complacency in the light of the excellent performance regarding infections. The Deputy Chief Nurse confirmed that the Trust was relaunching the High Impact Interventions and that the Back to the Floor is having a beneficial effect. The local decontamination unit at Selly Oak had made a real difference having been operational for about four months. It was agreed that the governors will be provided with a briefing note regarding the Trust's flu plan. There was discussion about other infections and the arrangements for cleaning beds after they are vacated by patients.

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

**GO9/29**

### **Quarterly Performance Indicators Report**

The Governors considered the report presented by the Executive Director of Delivery. The trust had achieved the accident and emergency target with 98.06% of its patients being dealt with within the four-hour limit. This was a particularly good performance, as seven out of the 15 trusts in the West Midlands had failed to make this target. The governors agreed that the staff should be commended for this performance. The Trust continued to perform ahead of this target for the current quarter.

The Trust was performing significantly ahead of the 18 weeks target and therefore this would no longer feature on the Trust's risk report to Monitor.

The new cancer targets were presenting problems for the Trust. The Trust has met the existing targets. The new targets add new measures and change the way performance is recorded. Some of these conflict with other initiatives such as patient choice. For example, the Trust is unable to stop the clock even if the patient had chosen not to come in for their appointment. The trust had identified that one solution to this problem would be to discharge the patient back to their GP but this was not in patients' interests. At present the Trust did not know how it would score against these targets as the performance threshold have not been set. The governors noted that all tertiary teaching hospitals perform below-average because they tend to deal with more complex cancers than district general hospitals. There was discussion about how the targets were affected by such things as randomised clinical trials and the need for follow up some 10 or 15 years later.

The Trust would no longer be measured against the Thrombolysis target. Because of treatment of patients with primary PCI, only three patients had been treated for thrombolysis in the last five months. Any hospital with less than 20 cases a year does not have to report against this target. Primary PCI gave better outcomes and it is expected that a target will be introduced in relation to this.

There was discussion about the Trust's internal target for theatre utilisation. The EDoD confirmed that usage followed NCEPOD guidelines and was benchmarked against a national average of 85%.

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

**GO9/30**

### **Quarterly Finance & Activity Report**

The meeting considered the report presented by the Director of Finance, who confirmed that the trust had a surplus of £19.3 million at the end of the previous financial year and that therefore it was in a strong position to meet the challenges of the new hospital and the underlying economic climate. The trust was on track so far for this current financial year and therefore on target to deliver a further surplus. The trust had done some scenario modelling and stress tested the 10 year financial plan model.

With regard to the potential public spending levels in future years, the director of finance commented that whilst the NHS overall had seen headline growth of between eight and 9% each year on only three to 4% of this actually filtered through to acute hospitals. Efficient use of resources remain key and be Trust would have the advantage of the new hospital which was very likely to attract more patients. The projections in the trust's 10 year plan are quite prudent (this had been

acknowledged by Monitor).

There was discussion about the potential impact of PCT led reviews on outpatient services. The Director of Finance acknowledged that initiatives to provide clinics in the community could in theory impact on the Trust's income. However there was a cost to providing additional facilities which would duplicate those already provided in the hospital and it was considered that the impact is unlikely to lead to the Trust having to stop any services.

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

**GO9/31**

**Any other business**

None

**GO9/32**

**Date of Next Meeting**

**Monday 21 September 2009 THQ QEMC 4:30pm – 5:30pm  
(pre-meeting 4.00 – 4:30 pm)**

**6pm – 7pm AGM – Lecture Theatre Postgraduate Medical  
Centre QEMC**