

BOARD OF DIRECTORS

Minutes of the Meeting of 26 May 2011
Board Room, Trust HQ, QEMC

- Present:
- Sir Albert Bore Chairman
 - Ms Julie Moore, Chief Executive
 - Mr David Bailey, Non-Executive Director (“DB”)
 - Mr Kevin Bolger, Chief Operating Officer (“COO”)
 - Mr Stewart Dobson, Non-Executive Director (“SD”)
 - Mrs Kay Fawcett, Chief Nurse (“CN”)
 - Mr Tim Jones, Executive Director of Delivery (“EDoD”)
 - 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”)
 - Mr Mike Sexton, Director of Finance (“FD”)
 - Prof Michael Sheppard, Non Executive Director (MS”).
- In Attendance:
- Mrs Fiona Alexander, Director of Communications; (“DCC”)
 - Mr David Burbridge, Director of Corporate Affairs (“DCA”)
 - Ms Morag Jackson, New Hospitals Project Director (“NHPD”)
 - Mrs Viv Tsesmelis, Director of Partnerships (“DP”)
 - Dr Pauline Jumaa, Director of Infection Prevention and Control (items D109/11 and D110/11 only)
 - Ms Imogen Gray, Head of Quality Development (item D114 only)
- Observers:
- Dr Helen Chatwin , A & E
 - Mr Christopher Coulson, ENT
 - Dr Andrew Filer, Rheumatology
 - Dr Saiju Jacob, Neurology
 - Dr Michelle Mahon, Radiology
 - Dr Beryl Oppenheim, Microbiology
 - Mr Richard Viney, Urology

D11/100 Welcome, Apologies for Absence and Declarations of Interest

Sir Albert Bore, Chairman, welcomed everyone present to the meeting. Apologies were received from Mrs Gurjeet Bains Non-Executive Director.

D11/101 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.

D11/102 Minutes of the previous meeting

The minutes of the meeting of 28 April 2011 were accepted as a true record.

D11/103 Matters Arising

None.

D11/104 Actions List

The actions list was reviewed and updated.

D11/105 Chairman's Report and Emerging Issues Review

The Chairman reported that the Trust had received duplicate letters addressed to all Directors from a company that had been unsuccessful in a recent procurement exercise. As the Director of Corporate Affairs was already aware of this matter, the Chairman had asked him to investigate the matters referred to in the letter and respond to the company on behalf of the Board.

ACTION: DCA

The EDoD reported that the funding agreement for the Trust's Liver Biomedical research unit was nearing the end of its 5 year term. The Trust had expressed its interest in a further award of funding of £5million over five years to allow the unit to continue and had now been asked to submit its formal application by 17 June. Following discussion, it was agreed that it was in the Trust's interests for the Liver BMRU to continue and the Board agreed that the bid should be submitted.

ACTION: EDoD

D11/106 BNHP MONTHLY PROGRAMME STATUS REPORT

The Board considered the report presented by the New Hospital Project Director, who drew the Board's attention to the following matters:

The move carried out in May had been successful and detailed plans were now being made for the further moves over the summer;

[Redacted text]

Resolved: To accept the progress reported in the New Hospitals Project Director's report.

D11/107 CLINICAL QUALITY MONITORING REPORT

The Directors considered the report presented by the Medical Director, who further reported that:

[Redacted text]

; and

[Redacted text]

The MD further reported that the hearing for the first of the two investigations would take place at the end of June, subject to the availability of an external member of the panel. The second investigation was on-going.

With regard to the trust's position as a high reporter of incidents, it was noted that the NPSA does provide contextual information explaining that high-reporting is considered to be positive. The decline in the number of medication incidents was noted and the MD reported that he believed that PICs had contributed considerably to this.

There was discussion regarding the incidents set out at part 6 of the report. It was confirmed that appropriate actions had been taken with regard to the information governance incident on page 6 of the report.

The visit to Ward 728 had generally been very good. There was discussion regarding the observation of patients in four-bed rooms and whether doors needed to be open or closed. The Chief Nurse explained that, even with doors closed, regular observations of patients were still carried out.

Resolved: to receive the report and approve the actions identified

D11/108 PERFORMANCE INDICATORS REPORT

The Board considered the report presented by the EDoD, which incorporated changes to Monitor's compliance framework and some internal indicators. There were now five Accident and Emergency targets, of which the Trust was already achieving two. It is considered that data errors contribute to the non-achievement of the other three targets and work is being undertaken to improve data quality so that any underlying issues can be identified and dealt with. For the first quarter of the reporting year, Monitor is continuing to use the previous single A&E target.

Data quality issues aside, two of the new A&E targets, time to treatment and rate of 30 day re-attendance, were a risk to the Trust. Work is being undertaken to ensure patients are seen by a decision-making clinician promptly. The Trust has a small number of very

frequent re-attenders, who are often also attending elsewhere in the area, and the COO is working with other providers across Birmingham to try and manage these patients appropriately. Their GPs will need to be involved in this work.

Delayed Transfers of Care remained a risk to the Trust. The opening of the Kendrick Centre had assisted with some discharges but a change of policy within social services has not led to any improvement due to the high sickness absence rate of the social services staff. Additionally, the majority of delayed patients require residential homes that can provide dementia care and there is a severe shortage of such places. The Trust is working with the mental health trusts across Birmingham to develop a clearer pathway for patients with dementia, but the process for opening homes is unattractive. It was agreed that the Chief Executive, the COO and the DoP would discuss this further as the issue is likely to worsen.

ACTION: COO, DoP

Performance against the Stroke Care indicators has improved, with further progress expected to achieve the target. Although the Trust's HSMR had increased, there were no concerns about this

With regard to internal targets, the percentage of staff having received appraisals and mandatory training had fallen and urgent action was being taken to rectify this. Agency usage had reduced and the Trust was achieving its internal sickness absence targets.

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

D11/109 REPORT ON INFECTION PREVENTION AND CONTROL FOR APRIL 2011

The Directors considered the paper presented by the Chief Nurse, who emphasised that the coming year would be a challenging one for the Trust. The Trust has had a second MRSA bacteraemia for the year, for which a root cause analysis is being undertaken. The number of C.Difficile cases to date for May is nine, all of which are being reviewed. With regard to MSSA, a stretch target is expected, which is likely to require a reduction of between five and ten percent.

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

D11/110 ANNUAL INFECTION PREVENTION AND CONTROL REPORT APRIL 2010 – MARCH 2011

The Board considered the report presented by Dr Pauline Jumaa, Director of Infection Prevention and Control. The year was, overall, a

successful one for the Trust, trajectories for both MRSA and CDI being achieved. The numbers of CDI were the lowest ever. The new hospital has reduced the impact of Healthcare Acquired Infections and a review of the activities of the Infection Control team has led to a restructuring.

There was discussion regarding the impact of testing for HAI. With regard to Multi-drug Resistant Acinetobacter, the Trust's figures compare favourably with the performance of US military hospitals, which manage patients very differently and have a much higher incidence of this infection. There were some recurrent themes apparent from analysis of E.Coli cases, particularly for catheter associated urinary tract infections. The DH has produced draft guidance, which appears to acknowledge the fact that there are many different strains of E.Coli. This will make any attribution criteria somewhat complex.

Resolved: to accept the report.

D11/111 UPDATE ON ACTIONS TAKEN TO ADDRESS DELAYS IN RESULTS REPORTING

The Directors considered the paper presented by the Chief Nurse. Work had been undertaken with regard to specimen collection and greater support for phlebotomy on wards. The additional work had not made improvements as quickly as had been desired and further measures are being considered, including the interim move of a laboratory into an empty ward in retained estate.

Resolved: to accept the report.

D11/112 MONITOR ANNUAL PLAN 2011/2012

The Board considered the draft Monitor Annual Plan, presented by the EDoD, which was consistent with the structure set by Monitor. There was a greater focus on the risks to quality of Cost Improvement Plans and the EDoD reminded the Board that they had considered the how the Trust met Monitor's Quality Framework at its meeting in March.

The FD confirmed that the financial elements of the plan were consistent with the financial plan considered by the Board at its April meeting and consistent with an expected Financial Risk rating of three. An increase in the Trust's overdraft facility was sought so that the Trust could maintain its assessment of liquidity, which impacted on the financial risk rating.

Resolved:

- 1. To approve the final version of the 2011/2012 Annual Plan for submission to Monitor;**
- 2. AUTHORISE the Chair and Chief Executive to sign the Board Statements on behalf of the Board of Directors;**

3. **AUTHORISE the Director of Finance to sign Declaration 1 with regard to future financial performance on behalf of the Board of Directors; and**
4. **APPROVE an increase in the Trust's overdraft facility from £20.0m in 2010/11 to £30.0m in 2011/12.**

D11/113 BOARD ASSURANCE FRAMEWORK

The Board considered the draft Board Assurance Framework, presented by the DCA. It was noted that the Framework had been reviewed by the Audit Committee, who recommended its approval.

Resolved:

1. **Approve the Board Assurance Framework; and**
2. **Agree that the Board Assurance Framework will subsequently be reviewed at Audit Committee on a quarterly basis, where any new risks will be discussed.**

D11/114 FINAL QUALITY REPORT/ACCOUNT FOR 2010/11

The Directors considered the final draft of the Quality Account for 2010/11, presented by the Medical Director and the Head of Quality Improvement. The statement of assurance from South Birmingham PCT was tabled. The Directors noted that the statement of assurance confirmed that the PCT had reviewed the Quality Account in accordance with Department of Health Guidance and that they considered the Quality Account to be a fair and accurate reflection of performance of the Trust.

Resolved: To approve the content of the Trust's final 2010/11 Quality Report for submission to Monitor, the Department of Health and external publication during June 2011, subject to approval by the Audit Committee at its meeting on 2 June 2011.

D11/115 ANNUAL ACCOUNTS INCLUDING ANNUAL GOVERNANCE STATEMENT

The FD tabled the final draft of the Annual Accounts for the year ending 31 March 2011, together with the draft Audit Highlights memorandum. The Chairman explained that, due to logistical issues and the need for the Trust to comply with the ever tighter timetable for filing annual accounts, the Board would not be meeting to consider the accounts again after the meeting of the Audit Committee next week, but would be asked to approve them subject to the Audit Committee's approval.

Since the Board last considered the draft accounts, minor changes had been made in response to the Auditor's ISA 260 letter. The Board noted that the Auditors were, subject to receipt of a signed set of accounts and the approved management letter, giving an

unqualified opinion.

The Directors welcomed the positive audit report and asked the FD to pass their thanks to his staff for the work they had done.

Resolved:

- 1. To approve the Letter of Representation; and**
- 2. To approve the Annual Accounts, including the Annual Governance Statement,**

subject to approval by the Audit Committee at its meeting on 2 June 2011.

D11/116 DRAFT ANNUAL REPORT

The Board considered the draft Annual Report for 2010/11, presented by the Director of Communications. Following discussion, it was agreed that a minor amendment proposed by the FD should be accepted.

Resolved: To approve the Annual Report 2010/11, subject to approval by the Audit Committee at its meeting on 2 June 2011.

D11/117 HEALTH SCIENCES AND TECHNOLOGY UNIVERSITY TECHNICAL COLLEGE

The Directors considered the paper presented by the EDoD. It was noted that a full application had to be submitted by the academic sponsors by 1 July. The EDoD drew the Board's attention to the potential risks of the Trust's involvement in this venture. Following discussion it was agreed that the proposed academy would fill a significant gap in the Trust's engagement across the education sector and would be in the future interests of the Trust.

Resolved:

- 1. To APPROVE the collaboration with Birmingham Metropolitan College and Birmingham City University to develop a formal application for the establishment of a Health Sciences and Technology UTC; and**
- 2. To AUTHORISE the Executive Director of Delivery and the Director of Corporate Affairs jointly and severally to approve and sign the formal application on behalf of the Trust.**

D11/118 MINUTES OF THE AUDIT COMMITTEE MEETING 17 MARCH 2011

Resolved: To receive the minutes of the meeting of the Audit Committee held on 17 March 2011.

D11/119 BIRMINGHAM AND BLACK COUNTRY COMPREHENSIVE LOCAL RESEARCH NETWORK (CLRN) FUNDING ALLOCATIONS 2011/12

The Directors considered the paper presented by the EDoD

Resolved: to APPROVE the allocation of CLRN as detailed in Appendix 1 of the paper.

D11/120 EXPANSION OF THE BREAST RECONSTRUCTION SERVICE

The Directors considered the paper presented by the COO.

Resolved: to APPROVE the appointment of a plastic surgeon with a specialist interest in breast surgery.

D11/121 MEMORANDUM OF UNDERSTANDING [MOU] BETWEEN THE UNIVERSITY OF OXFORD, UNIVERSITY HOSPITALS BIRMINGHAM FT AND THE GUJARAT UNIVERSITY CANCER CENTRE AND RESEARCH INSTITUTE

Resolved:

- 1. APPROVE entering into the collaborative programme as outlined in the attached MoU; and**
- 2. AUTHORISE the Executive Director of Delivery to execute and deliver the MoU on behalf of the Trust.**

D11/122 Date of Next Meeting:

Thursday 23 June 2011 Board Room Trust HQ

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Chairman

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Date