

## BOARD OF DIRECTORS

Minutes of the Meeting of 27 September 2012  
Board Room, Trust HQ, QEMC

Present: Sir Albert Bore, Chairman  
Dame Julie Moore, Chief Executive  
Mrs Gurjeet Bains, Non Executive Director (“GB”)  
Mr Kevin Bolger, Executive Director of Strategic Operations (“DSO”)  
Mrs Kay Fawcett, Chief Nurse (“CN”)  
Mr Tim Jones, Executive Director of Delivery (“EDOD”)  
Ms Angela Maxwell, Non-Executive Director (“AM”)  
Mr Andrew McKirgan, interim Chief Operating Officer (“COO”)  
Mr David Ritchie, Non-Executive Director (“DR”)  
Dr Dave Rosser, Medical Director (“MD”)  
Mr Mike Sexton, Executive Finance Director (“FD”)  
Mr David Waller, Non Executive Director (“DW”)

In Attendance: Mrs Fiona Alexander, Director of Communications (“DoC”)  
Mr David Burbridge, Director of Corporate Affairs (“DCA”)  
Ms Morag Jackson, Director of Projects (“DoProj”)  
Mrs Viv Tsesmelis, Director of Partnerships (“DoP”)

Observers: **New Consultants:**  
Dr Joy Thomas Aluvila - Radiology  
Dr Kerry Cullis - Anaesthetics  
Mr Ewen Griffiths - Upper GI Surgery  
Dr Sathyanarayanan Jaganathan - Anaesthetics  
Miss Susan Mollan - Ophthalmology  
Wg Cmd Robert Tipping - Anaesthetics

### D12/173 Welcome and Apologies for Absence

Sir Albert Bore, Chairman, welcomed everyone present to the meeting. Apologies were received from Mr David Hamlett, Non-Executive Director and Prof Michael Sheppard, Non Executive Director.

**D12/174 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.

**D12/175 Declaration of Interests**

See below

**D12/176 Minutes of the previous meeting**

The minutes of the meeting of 26 July 2012 were accepted as a true record, amended as initialled by the Chairman.

**D12/177 Matters Arising**

None

**D12/178 Actions List**

The actions list was reviewed and updated.

**D12/179 Chairman/CEO Emergency Action – Application of Trust Seal to Deed of Easement – Fisher House (Ref CC212/001)**

The DCA reported that the Chairman and Chief Executive had approved the application of the Trust Seal to a Deed of Easement required in connection with the Fisher House project.

**D12/180 Chairman's Report and Emerging Issues Review**

[redacted text]

**D12/181 Clinical Quality Monitoring – Monthly Report for August 2012**

The Directors considered this report presented by the Medical Director, who provided a brief update regarding progress of the three investigations referred to in section 2 of the report. [redacted text]

The MD advised that section 3.4 of the report should refer to the "ratio of serious harm incidents to non-serious harm incidents" as opposed to the "number of serious harm incidents". He updated the Board with regard to section 3.6, explaining that what have up to now been paper processes are being incorporated into PICs so that, for example, falls assessments can be linked to prescribing rules for medicines that might increase a patient's risk of falling. There was discussion regarding the resources available for falls prevention work. The Chief Nurse felt that resource levels were appropriate

and that the data was comparable with that of other trusts, albeit incidents may be categorised differently across the NHS. The recent increase in the ratio was not necessarily statistically significant, but the need to ensure appropriate action is taken swiftly was recognised. The proposed changes to PICS would reduce the workload on both ward nurses and the falls team.

The Board reviewed and discussed the incidents set out in the report. It was reported that two incidents had been included later than might normally have been the case, as they did not appear to meet the criteria of serious incidents at the first review. Of these, the first had no impact on patient care. [redacted text]

There was discussion regarding the use of bar-code scanners to aid the correct identification of patients, now that the necessary interface had been provided by CSC. It was agreed that there was no need to consult patients further, as bar-coding is already in use.

The Board discussed the outcome of the two governance visits reported. The visit to Ward 306 had been very good and the Directors agreed that the ward should be commended. Ward 409 was considered good overall, with a few areas warranting improvement as identified in the report. There was discussion regarding the arrangements for meals on the ward.

**Resolved: to accept the report and approve the actions identified.**

## **D12/182 PERFORMANCE INDICATORS REPORT**

The Directors considered the report presented by the Executive Director of Delivery. With regard to the material risks reported:

The risks to the Trust around performance against the Clostridium Difficile trajectory were not only reputational, but could affect the Monitor Governance rating and incur contractual penalties of £836,000 per case over the trajectory. Additional detail would be provided by the Chief Nurse in her subsequent report.

The risk regarding Cancer – 62 day referrals from screening is a different target than the 62 day urgent referral target that has been reported at previous meetings. This target involves very small numbers of patients, so a small number of breaches can impact on the overall level of achievement. The Trust is now nearly back on trajectory.

With regard to internal targets and CQUINs, it was reported that: action is being taken in the Emergency Department to ensure that swallowing assessments for stroke patients are undertaken within four hours; and the Trust is only one patient under the target for home haemodialysis.

### 4.3 Friends and Family (Net Promoter)

There was discussion regarding the latest results of the friends and family indicator, which showed an increase in performance in line with the end of year target. Focus was on those areas identified as performing below average, either in terms of outcomes or the number of patients questioned.

There was discussion regarding performance against the stroke indicators. Performance against the TIA indicator had improved, with the Trust back on track. This is another indicator where very small numbers of patients mean that a small number of events can create strong swings in performance. Current pressure on beds and through the Emergency Department is impacting on the Trust's ability to meet stroke targets. Whilst there appears to be general pressure across Birmingham, the Trust has been particularly affected, with 10% increases on ED admissions year on year. Activity levels for the last two months have been particularly high for the time of year [redacted text]. A review of the Trust's response to activity increases is being undertaken.

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

#### **D12/183 RESEARCH UPDATE for Q1 and Q2 2012/13**

The Directors considered the report presented by the Executive Director of Delivery.

Trust Research income in 2012/13 is predicted to increase by approximately £1 million against the previous year, partly as a result of SRMRC income, although this has been offset by a reduction in CLRN funding. Commercial research income for the first 5 months is on track against plan, with a significant increase in the proportion of commercial clinical trials registered during 2012.

The number of research grant applications has increased and includes a successful application for approximately £1 million from the British Heart Foundation to fund a randomised double blind trial to compare the effects of Spironolactone with Chlortalidone on LV mass and arterial stiffness in stage 3 chronic kidney disease.

The Trust has seen a 25% transfer rate from feasibility studies to clinical trials.

There have been a significant number of collaborative bids made together with the University of Birmingham following initiatives led by Angela Maxwell for the Trust.

With regard to the CLRN, the Trust is on target for accruals based on the financial year, but not when measured using the CLRN

financial model which runs from October to the following September. Whilst the rest of the CLRN has been under-recruiting, the resultant reduction in funding could impact unfairly on the Trust and Birmingham Children's Hospital.

The Medicines and Healthcare Products Regulatory Agency have now given their approval of the Trust's quality assurance system, following the implementation of the action plan put in place after their 2011 inspection. The Trust is now preparing for its next inspection which could be received as early as the end of 2012.

The Trust is achieving the 70 day target for recruiting the first patient into a study for 70% of studies, although there is no data available as yet which allows this performance to be bench-marked against other Trusts.

A bid for the Academic Health Science Network will be submitted by the Trust, as one of eight partners. There is no commitment required at this stage.

**Resolved:**

1. **to accept this research activity Q1 and Q2 update for 2012/13;**
2. **to agree to receive an annual report against research performance and activity in March 2013; and**
3. **to authorise the Executive Director of Delivery to execute and deliver the BHF Special Project grant on behalf of the Trust.**

**D12/184 INSTITUTE FOR TRANSLATIONAL MEDICINE UPDATE**

The Directors considered the paper presented by the Executive Director of Delivery and the Director of Projects. The Chairman reminded the Board of his interest with the LEP bid through his role as leader of the council.

The local BIS office has been very helpful although there remains a lack of clarity around the process and there have been changes to the dates for submissions.

Work has been undertaken around staffing, jobs growth and financing, (including capital costs) and the principle of designated buildings counting towards the matched funding requirement has been accepted.

The Trust and the University of Birmingham have agreed the functionality requirements for the laboratories and now need to agree the arrangements for their respective funding. QEHB Charity

has agreed to launch an appeal to support the project.

There was discussion regarding the availability of information to back up any proposals regarding spin-out companies from the Institute. It was agreed that Aston University may be able to assist in this area.

**Resolved: to accept the progress made in developing the proposed ITM.**

**D12/185 REPORT ON INFECTION PREVENTION AND CONTROL UNTIL 31 AUGUST 2012**

The Directors considered the paper presented by the Executive Chief Nurse, who reported that the Trust was currently five cases over trajectory for Clostridium Difficile (CDI). Actions to be taken following case reviews were set out in Appendix 3 of the report. Three key areas for consideration were:

Transmission – there is no evidence that CDIs are being transmitted from patient to patient, but the Trust is detecting isolated cases of CDI;

Isolation – delays in isolation are occurring and work is being undertaken to improve this;

Inappropriate sampling – work had identified that 12 of the 60 positive samples had been taken in inappropriate circumstances.

In addition, the Trust is reviewing anti-microbial prescribing and mandatory training.

With regard to MRSA, the CN confirmed that the September case would be attributed to the Trust, but that the patient's death certificate recorded that the patient died with MRSA rather than from MRSA.

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

**D12/186 PATIENT CARE QUALITY REPORT**

The Directors considered the report presented by the Executive Chief Nurse. The results of the national cancer survey showed a general improvement on performance and consideration was being given to benchmarking performance within the Shelford Group.

There was discussion regarding the Safety Thermometer, particularly around the measures used within it, some of which were currently being disputed. The Trust's harm incidents mostly related to falls and pressure ulcers. With regard to the latter, the CN reported that a monthly action group reviews all grade three and

four pressure ulcers and an external viewpoint was being sought to provide assurance over the Trust's approach.

**Resolved : to receive this report on the progress with Care Quality**

**D12/187 NATIONAL INPATIENT SURVEY 2011**

The Directors considered the report presented by the Executive Chief Nurse, who tabled the survey results.

**Resolved:**

1. **to note the 2011 Care Quality Commission in National Inpatient Survey report which provides a comparison of the results from NHS Trusts;**
2. **to note the contents of this report and the key findings of the survey; and**
3. **to accept the action plant to improve the patient experience.**

**D12/188 FINANCE AND ACTIVITY PERFORMANCE REPORT FOR THE PERIOD ENDING 31 august 2012**

The Directors considered the report presented by the Executive Director of Finance. The overspend in Operations was lower than the equivalent figure for the previous year despite a high level of activity. The FD confirmed that financial provision had been made for contractual penalties so that, if these were enforced, the Trust would not fall into financial distress.

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

**D12/189 LITIGATION AND INSURANCE REPORT**

The Board considered the report presented by the Director of Corporate Affairs, who reported a further case which had settled for a figure equivalent to approximately £4.5 million. The case related to an incident that occurred in 2006.

The DCA also reported that he had recently attended a meeting with the new Chief Executive and the Finance Director of the NHSLA. They had outlined several proposed changes to the way in which the NHSLA operates its schemes, particularly in the area of contribution calculation and risk management standards.

There was discussion about the level of claimant costs that are paid out by the NHSLA. It was noted that forthcoming legislation may help to reduce these in future.

**Resolved :** to accept the report.

**D12/190 CHANGES TO THE CONSTITUTION**

The Directors considered the report as presented by the Director of Corporate Affairs and confirmed that the proposed changes had been approved by the Council of Governors.

**Resolved:** that, subject to the approval of Monitor and approval by the Council of Governors, the Constitution of the Trust be amended as set out in the document attached at Appendix A (Health & Social Care Act changes) and Appendix B (Area changes), to be effective from the date of approval by Monitor.

**D12/191 THE SEALING AND SIGNING OF A LEASE TO W H SMITH FOR PREMISES AT QUEEN ELIZABETH HOSPITAL BIRMINGHAM**

The Board considered the paper presented by the Director of Corporate Affairs.

**Resolved to:**

1. note that WH Smiths' occupation of Trust premises is to be documented by way of a forma Lease;
2. approve the use of the Trust Seal, pursuant to Standing Order 6.1; and
3. approve the recommendation as noted in the paper.

**D12/192 THE SEALING AND SIGNING OF A LEASE TO DAVID THORNEYWORK FOR PREMISES AT QUEEN ELIZABETH HOSPITAL BIRMINGHAM**

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

**Resolved to:**

1. note that Mr Thorneywork's occupation of Trust premises is to be documented by way of a formal lease;
2. approve the use of the Trust Seal, pursuant to Standing Order 6.1; and
3. approve the Recommendation on the paper.



**D12/193 THE SEALING & SIGNING OF CONTRACT DOCUMENTS IN RESPECT OF REFURBISHMENT WORKS AT QUEEN ELIZABETH HOSPITAL**

The Board considered the paper presented by the Director of Corporate Affairs

**Resolved to :**

- 1. Approve the use of the Trust Seal, pursuant to Standing Order 6.1**
- 2. Approve the Recommendation above**

**D12/194 APPOINTMENT OF A SENIOR CLINICAL LECTURER/SENIOR LECTURE POST IN BURNS**

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

**Resolved: to support the proposed appointment of a Senior Clinical Lecturer/ Senior Lecturer in Burns**

**D12/195 Appointment of a Replacement Consultant in Elderly Care**

The Directors considered the paper as presented by the Chief Operating Officer

**Resolved: to approve the appointment of a replacement Consultant in Elderly Care**

**D12/196 APPROVAL OF RESEARCH AND DEVELOPMENT CONTRACTS**

The Directors considered the paper as presented by the Executive Director of Delivery

**Resolved to :**

- 1. Approve entering into the following contracts:**
  - NIHR Research Capability Funding Contract with the Department of Health**
  - The European Union FP7 Health Programme to fund the development of an EU rare diseases registry for Niemann-Pick Disease type A, B and C**
- 2. Authorise the Executive Director of Delivery to execute and deliver the above contracts on behalf of the Trust.**

**D12/197 Any Other Business**

None.

**D12/198 Date of Next Meeting:**

**Thursday 25 October 2012 1.00pm Board Room Trust HQ  
QEMC**

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**Chairman**

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**Date**