

## COUNCIL OF GOVERNORS

Minutes of the Meeting of the  
University Hospitals Birmingham NHS Foundation Trust  
Council of Governors held on 21 July 2017

Lecture Theatre 2, Education Centre, QEHB

■ indicates text to be redacted from published version

Present: Rt Hon Jacqui Smith (Chair)  
Mrs Bernadette Aucott  
Mr Paul Burgess MBE  
Mrs Edith Davies  
Dr John Delamere  
Mr Alex Evans  
Mrs Margaret Garbett  
Mrs Sandra Haynes MBE  
Rabbi Dr Margaret Jacobi  
Mr Patrick Moore  
Ms Yvonne Murphy  
Mrs Linda Stuart  
Surgeon Vice Admiral Alasdair Walker

In attendance: Dame Julie Moore (Chief Executive Officer)  
Ms Fiona Alexander (Director of Communications)  
Mr Tim Jones (Executive Director of Delivery)  
Mr Andrew McKirgan (Director of Partnerships)  
Mr Philip Norman (Executive Chief Nurse)  
Mr Mike Sexton (Chief Financial Officer)  
Mr David Waller (Non-Executive Director)  
Ms Sarah Favell (Deputy Director of Corporate Affairs)  
Ms Sarah Snowden (Corporate Affairs & Governor Liaison Manager)

### **G17/15 Welcome and Apologies for Absence**

The Chair welcomed everyone to the meeting.

Apologies for absence were received from Dr John Cadle, Dr Tom Gallacher, Dr Elizabeth Hensell, Dr Elspeth Inch OBE, Dr Prakash Naik, Mrs Stephanie Owen, Dr Aisha Sharif, Cllr Valerie Seabright and Dr Iestyn Williams.

Apologies were also received from Mr David Burbridge (Director of Corporate Affairs & Foundation Secretary), Mr Kevin Bolger (Executive Director of Strategic Operations), Ms Cherry West (Executive Chief Operating Officer) and Dr David Rosser (Executive Medical Director).

The Chair reminded the Governors of the results from the Election held on 30 June – as follows:

- Dr Prakashbhai Naik as Governor for the Patient Constituency (unopposed);
- Dr Elspeth Inch as Public Governor for the Edgbaston Constituency (unopposed);
- Dr John Delamere as Public Governor for the Selly Oak Constituency (unopposed);
- Mrs Edith Davies as Public Governor for the Northfield Constituency (unopposed);
- Dr Elizabeth Hensel as Public Governor for the Hall Green Constituency (Elected);
- Dr Aisha Sharif as Public Governor for the Erdington, Hodge Hill, Ladywood, Yardley, Perry Barr & Sutton Coldfield Constituency; (Elected)

The three new Governors were unable to attend this meeting.

**G17/16**

**Quorum**

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

**G17/17**

**Minutes of the Meeting of the Council of Governors of 9 May 2017**

It was agreed that the minutes of the meeting held on 9 May 2017 were an accurate and true record.

**G17/18**

**Matters Arising from the Minutes**

There were no other matters arising from the Minutes.

**G17/19**

**Chair's Report**

The Chair reminded the Governors of the additional Seminar scheduled for 4 August 2017 regarding the Case for Change. This will examine the full business case and what has been submitted to the NHSI.

It is usual to review membership of the Committees and Groups with Governor representation following elections and it was agreed that the current list would be circulated to all Governors for feedback of any preferences and requests for change. This will then be submitted back to the Chair who will take the final decision on allocations.

The Chair reported that letters had been sent to all past Governors who had reached the end of their term in June 2017 thanking them for their support.

**Action: Sarah Snowden to circulate Committees and Groups listings to all Governors and report feedback received to the Chair.**

**Resolved: To accept the report.**

**G17/20**

**Deloitte Audit report on the 2016/17 Quality Report**

The Council of Governors considered the report presented by the Quality Management Support Manager on behalf of the Executive Medical Director.

The Trust was issued with a clean limited assurance opinion on the content of the Quality Report, as well as the audit of the three indicators.

The indicators were:

- two mandated indicators (18 weeks referral to treatment, 4-hour waits in ED)
- one local indicator chosen by the trust – reducing harm from Falls – this is one of the new Quality Improvement Priorities.

Deloitte made six recommendations for improvement relating to the 18 weeks referral to treatment indicator, and one recommendation each for the Accident & Emergency 4 hour wait indicator and the local indicator (Reducing harm from falls).

Three should be resolved by the introduction of the new PAS – Oceano, while a fourth is in place and ongoing. The remaining recommendations are due to be resolved during Quarters 2 and 3 this year.

One governor asked what SOP stands for in recommendation 8 – standard operating procedure.

**Resolved: To accept the report.**

**G17/21**

**Quality Account 2016/17 Report**

The Council of Governors considered the report presented by the Quality Management Support Manager on behalf of the Executive Medical Director.

Update on Quality Improvement Priorities:

- 1) Reducing Grade 2 Pressure Ulcers – the Trust met the target, and next year's target, as agreed with the CCG, is to maintain the status quo.
- 2) Patient experience – some of the survey questions met their

- targets- these have either been replaced, or the targets increased. Questions where the target was not met have remained. The questions were reviewed and refreshed by the Care Quality Group.
- 3) Observations within 6 hours of admission transfer – compliance improved for this, so the target has been increased.
  - 4) Missed doses – performance remains static after many years of improvement. It was noted that there will always be valid reasons to sometimes withhold a dose, and it may be that performance has reached its maximum.

The Trust has chosen to continue with the above four Quality Priorities. Infection Prevention and Control will no longer be included, as this information is heavily monitored and reported elsewhere. This has allowed the Trust to add two new priorities – Reducing Harm from Falls, and timely treatment of sepsis in the ED.

The update for Quarter 1 will go to Board on 27 July 2017 and will then be presented to the Governors in September.

Governors commented on the importance of Wi-Fi availability for patients and the positive steps that have been taken by the Trust in this regard. Other comments were regarding the very low stroke mortality rate.

One governor asked about the higher abandonment rate for research projects within this period – the Executive Director of Delivery explained that processing for some studies that are registered in R&D had been stopped, either by the researchers, the sponsors or R&D if the study is unlikely to open at the Trust. This may be due to either a lack of resources, or the study not being deemed a priority by the investigators. The study may well happen in the future in which case the approval process can be restarted. A housekeeping exercise has been carried out to ensure the accuracy of figures and it was anticipated that this rate would level out.

Another governor asked why there were not more research projects into Elderly Care – the Chair explained that old age itself is not a condition, and that research into other conditions which do have age related aspects, e.g. relating to the heart, liver etc. will have an indirect impact on our older patient body. .

**Resolved: to accept this report.**

**G17/22**

**Audit Committee Annual Report (including Re-Appointment of External Auditors for 2018/19)**

The Council of Governors considered the report presented by the Chair of the Audit Committee Mr David Waller (Non-Executive Director).

David reminded the Governors that the Audit Committee is a delegated

committee from the Board and it will make recommendations back to the Board. Along with the External Auditor it will seek assurance that the systems and controls within the organisation are fit for purpose. The Committee select approximately 12 issues a year for rigorous examination by the Internal auditor along with specific projects such as cyber security and the PAS system.

It was explained that the Audit Committee undertook a review of the Trust's External Auditors (Deloitte LLP) and agreed that they had carried out a good and timely job, providing value to the Trust. It was proposed that they be re-appointed for a further year and this was approved by the Governors.

It was also noted that KPMG have done an excellent job as Internal Auditors.

A question was raised by the Governors – how are we going to retain and recruit a skilled workforce with regards to Brexit? The Chair of the Audit Committee responded that all businesses are concerned about this matter and uncertainty will remain until better clarity is given by the decision makers – this matter has been identified as a risk to the Trust and introduced to the risk register accordingly.

The Chair officially thanked David and the other members of the Audit Committee for their work - they play a key role in the organisation and bring a wealth of experience with them.

**RESOLVED: to accept this report.**

**RESOLVED: to re-appoint Deloitte LLP as External Auditor for a further year.**

## **G17/23**

### **Membership Strategy**

The Director of Communications explained that Membership was just one area we use to engage with the public and that in April 2016 it had been agreed that we would seek to retain a membership of no less than 23,500. It was felt that this figure reflected a membership which was properly engaged and communicated with. This would be achieved using tried and tested channels and would cost £29,000 to deliver.

Over the past year membership has risen by 462 to the current 24,317 which replaces the yearly churn caused by death of members and those moving away from the area. It has long been the case that we will look for quality in membership rather than quantity. The overall membership is generally representative but it is acknowledged that more work needs to be done with the BME community. A Governors' Seminar was held in February to discuss Community Engagement and ideas raised in this session will be fed into the 2018/19 action plan.

Currently the delivery costs are running at £6,000 over budget due to a recent data cleanse, however overall the costs equate to £1.44 a member which is considered very reasonable. It is proposed to continue with the same strategy in 2017/18 retaining membership to no less than 23,500 keeping the Trust within the top 10 Trusts across the country with regards to membership numbers.

A new strategy is being considered for deployment should the Trust merge by acquisition with HoEFT.

**RESOLVED: to accept this report.**

**G17/24**

**Governors' Feedback**

Sandra Haynes (Vice Chair) had asked for an update on the developments with regards to private patient facilities at the Trust. The Chief Financial Officer informed the Governors of progress since this matter was last reported in November 2016 as part of the Investment Committee update.

From the ten expressions of interest initially received, HCA International has been selected to provide this facility. HCA are the largest Government Healthcare provider globally – they are primarily based in the USA but have a large presence in the UK where their hospitals include the Portland and the Lister in London. The company has an excellent risk rating with a high turnover and a good finance record.

The Consultants at UHB are all in agreement that this facility would benefit both the Trust and the wider health economy. Birmingham City Council is also enthusiastic about this project as it would potentially help encourage large corporations to relocate to this area.

The facility will be built on the site of the Old Postgraduate Centre – the designs are not finalised yet, but a link will be incorporated to both the New and Old Hospitals providing easy access. It will incorporate 72 NHS beds, 40+ private inpatient beds, 20 private day-case beds, 6 ITU beds and 5 theatres, one of which will be a hybrid – something that we don't have in this area at present. Many of the facilities will be on a shared basis with the Trust.

A formal notice has been published to inform the market and as yet no challenges have been received. Site investigations will start soon and will include working with English Heritage to protect any remnants of the Roman Fort. Stakeholder engagement will carry through until December 2017 when a final planning application will be submitted. Approval should be received hopefully in early 2017 with the project completion date being December 2020.

Questions from Governors included how additional stress might be placed on car parking. The Governors were advised that the Trust has not used its' full allocation of spaces permitted by the Council – there are 300-400 spaces that are yet to be claimed and alternatives options for journeys to the hospital were being actively explored as part of a bigger project.

**RESOLVED: to accept this report.**

**G17/25**      **Any other business**  
No other business reported.

**G17/26**      **Date of Next Meeting**  
**Tuesday 5 September 2017**  
**2.00 p.m. – 4.00 p.m.**  
**(1.30 p.m. – 2.00 p.m. Pre-Meeting)**  
**Lecture Theatre 2, Education Centre, QEHB**

.....  
**Chair**

.....  
**Date**