

COUNCIL OF GOVERNORS

Minutes of the Meeting of Thursday 24 January 2019

4.00 pm – 6.00 pm

Room 1, Education Centre, Heartlands Hospital

Present:

Rt Hon Jacqui Smith	Chair
Mrs Bernadette Aucott	Public Governor, Birmingham South
Mr Stan Baldwin	Public Governor, Solihull & Meriden
Dr Sue Balmer	Public Governor, Solihull & Meriden
Dr John Cadle	Public Governor, Quinton, Halesowen & Southwest
Mr Anthony D Cannon	Public Governor, Sutton Coldfield North
Mr Keith Fielding	Public Governor, Birmingham East
Mr Albert Fletcher	Public Governor, Birmingham North
Dr Tom Gallacher	Staff Governor, Medical & Dentistry
Dr Kate Gee	Staff Governor, Nursing
Mrs Sandra Haynes MBE	Public Governor, Birmingham South West
Mrs Phyl Higgins	Public Governor, Lichfield Northwest & Northeast
Mr Derek Hoey	Public Governor, Tamworth
Mrs Susan Hutchings	Associate Governor, Public Constituency
Ms Attiqa Khan	Public Governor, Birmingham Central
Mrs Anne McGeever	Public Governor, Solihull & Meriden
Ms Veronica Morgan	Associate Governor, Staff Constituency
Mr Gerry Moynihan	Public Governor, Birmingham Heartlands
Mr David Treadwell MBE	Associate Governor, Public Constituency
Mr Thomas Webster	Associate Governor, Public Constituency
Cllr Kate Wild	Stakeholder Governor, Solihull Metropolitan Borough Council
Mr Lee Williams	Staff Governor, corporate & Support Services
Cllr Ashley Yeates	Stakeholder Governor, Lichfield District & Tamworth Borough Councils

In attendance:

Ms Fiona Alexander	Director of Communications	("DComms")
Prof Simon Ball	Executive Medical Director	("EMD")
Mr Jonathan Brotherton	Executive Chief Operating Officer (HGS)	("COO-HGS")
Mr David Burbridge	Director of Corporate Affairs	("DCA")
Mr Mark Garrick	Director of Quality Development	("DQD")
Ms Jane Garvey	Non-Executive Director	
Prof John Glasby	Non-Executive Director	
Ms Jackie Hendley	Non-Executive Director	
Ms Karen Kneller	Non-Executive Director & Chair of the Audit Committee	
Dr Catriona McMahon	Non-Executive Director & Senior Independent Director	
Dr Dave Rosser	Chief Executive Officer	("CEO")
Mr Mike Sexton	Executive Chief Financial Officer	("ECFO")
Mrs Lisa Stalley-Green	Executive Chief Nurse	("ECN")
Prof Michael Sheppard	Non-Executive Director & Chair of the Organ Donation Committee	
Mr Lawrence Tallon	Director of Corporate Strategy, Planning & Performance	("DCSPP")
Ms Cherry West	Executive Chief Operating Officer (QEHB)	("COO-QEHB")
Ms Sarah Snowden	Corporate Affairs & Governor Liaison Manager	

<p>G19/01</p>	<p>Welcome and Apologies for Absence The Chair welcomed everyone to the meeting.</p> <p>Apologies for absence were received from the following Public Governors: Mr Mark Aspinall, Rest of England & Wales Mrs Kath Bell, Rest of England & Wales Dr Elizabeth Hensel, Birmingham South East Dr Elspeth Insch OBE, Birmingham West Mr Adam Layland, Birmingham Reservoirs Miss Beverley Martin, Rest of England & Wales</p> <p>Apologies for absence were received from the following Staff Governors: Ms Sally Glover, Clinical Scientist & Allied Health Professionals Mr Patrick Moore, Corporate & Support Services Ms Yvonne Murphy, Nursing</p> <p>Apologies for absence were received from the following Stakeholder Governors: Prof Carol Doyle, Birmingham City University Cllr Jayne Francis, Birmingham City Council Rabbi Yossi Jacobs, Birmingham Faith Leaders Group Air Vice Marshal Alastair Reid, Acting Surgeon General, RCDM Prof Isabelle Szmigin, Birmingham University</p> <p>Apologies for absence were received from the following members of Staff: Mr Kevin Bolger, Executive Director of Strategic Operations (EDSO) Mr Tim Jones, Executive Director of Workforce & Innovation (EDWI) Ms Mehrunnisa Lalani, Non-Executive Director Mr Andrew McKirgan, Director of Partnerships (DoP) Mr Harry Reilly, Non-Executive Director, Deputy Chair and Chair of the Investment Committee Mr Jason Wouhra OBE, Non-Executive Director</p>
<p>G19/02</p>	<p>Quorum The Chair noted that a quorum was present and, accordingly, the meeting could proceed to business.</p>
<p>G19/03</p>	<p>DECLARATIONS OF CONFLICT OF INTERESTS No conflicts of interest were declared.</p>
<p>G19/04</p>	<p>Minutes of the meeting of the Council of Governors 29 November 2018 and Joint Meeting of the Council of Governors and Board of Directors 6 December 2018</p> <p>Albert Fletcher asked whether Governors should be identified by name in the minutes when asking questions. The Chair responded that the minutes were not intended to be a verbatim record of who said what at the meeting and that, therefore, this would not be appropriate.</p> <p>The Minutes of the Meeting of the Council of Governors on 29 November 2018 and the Joint Meeting of the Council of Governors and Board of Directors on 6 December 2018 were approved as an accurate and true record save for the following amendments:</p> <ul style="list-style-type: none"> • Addition/change of “Birmingham Solihull and South Staffs”

G19/05	<p>Matters Arising from the Minutes None.</p>
G19/06	<p>Chair's Report The Chair was pleased to have seen such a good attendance by the Governors at the Board of Directors meeting earlier in the day.</p> <p>The Chair reported that Stonewall, the pioneering LGBT rights organisation had now scored UHB for the first time in the top 100 employers in Britain in its 2019 Workplace Equality Index. The prestigious index is a symbol of the great work of achieving acceptance without exception for all LGBT people and reflects that everyone at the Trust feels welcome and valued within the organisation.</p> <p>The Trust recently held a successful series of long service award sessions entitled Building Healthier Lives - the Chair wanted to thank all those Governors who took the time to attend – these events are really valuable and the staff who came really appreciated the recognition given.</p> <p>The Chair reminded the Governors that the Homeward Centre at Good Hope Hospital would be officially opened on 30 January – all Governors have been sent invitations and will be welcome to attend.</p> <p>There has been concern amongst Governors regarding attendance at meetings and the lack of volunteers for Governor Drop-in Sessions. She reminded everyone that attendance at this programme of events was agreed by all Governors when the new Council was formed, and it is the responsibility of all Governors to attend/volunteer as part of their statutory duty in representing members, and holding the Non-Executive Directors to account. Individual attendance is recorded throughout the year and will be published as part of the Annual Report and where there are extended absences consideration will be given as to whether a Governor can continue in their role.</p> <p>In response to questions as to whether a conversation/meeting with Governors who fail to attend repeatedly be effective, before any motion for removal and whether there was any mechanism to allow the Trust to retain the excellent services of Associate Governors after their terms end in June 2019, the Chair said that she would discuss this with the Governor Vice Chair.</p> <p>RESOLVED: to ACCEPT the report</p>
G19/07	<p>Patient Care Quality – Update Report to include Infection Control The Council of Governors considered the report presented by the Executive Chief Nurse.</p> <p><u>Infection Prevention and Control</u> One further case of MRSA was reported on the QE site during December - this related to a patient in the ENT services. The Trust is now looking at providing prompted pathways for sputum screening as a result.</p> <p>A Lead in Infection Prevention and Control will shortly be appointed and teams put in place on all sites rather than just the two teams at Heartlands and QEHB as at present. This should lead to significant improvement in cleanliness and infection prevention.</p> <p><u>Patient experience</u> Complaints management performance is consistently good at QEHB in terms of both timeliness and closure (fewer responses have to be reopened). Focus is now on looking for significant improvement across the rest of the Trust and therefore a Senior Leader in</p>

the Patient Relations team will be appointed in the next week. It is hoped that this will allow for better resolutions before matters get to a formal complaint stage.

Two themes have been highlighted by the Patient Experience Group – the first is follow up on pain management after the initial assessment and the second relates to care given at the end of life. This has led to a thematic review being carried out by the Head of Patient Relations at Heartlands Hospital looking at trends and areas for change. A more in-depth discussion will be held at the Patient Experience Group meeting in February.

Friends and Family national survey results

The Trust performs well on a national level; however more staff will be encouraged to obtain constructive, positive and qualitative feedback from service users and patients. Where there are areas struggling to provide feedback support and training for staff will be offered.

Quality improvement

Falls continues to be the area of greatest concern, specific work is being done around prevention and this will be further discussed at the Care Quality Group meeting in February. A significant number of falls across all sites have resulted in harm – often fractures of lower limbs etc. which can be life limiting.

Maternity services strategy

The Executive Chief Nurse has talked at length with the Midwifery team regarding the clinical strategy offered to mums across sites. Heartlands Hospital offers services at a high risk/complex end, with midwifery lead pathways and “alongside” services are offered at Good Hope. For mums who are low risk the Trust continues to offer home birth or a choice of birthing options at Solihull Hospital.

Questions from Governors were received and responded to as follows:

Is there a particular area where falls are more prevalent?

At present most falls are related to trips on wards. Tends to be older people and there's a relationship with length of stay. More work is being done around prevention and mobility and risk management with a significant focus on reducing length of stay.

In-patient falls – the numbers appear to be broadly similar at Heartlands Hospital and Good Hope Hospital?

Overall position is cause for concern because of the impact on the individual. At Good Hope Hospital there are a number of wards specialising in healthcare for older people. The environments are constrained and décor not helpful for navigation etc. A programme looking at staffing levels, environmental factors and regeneration covering 8 wards in 8 months across the Trust sites has been developed and an update will be provided at future Council of Governors meetings.

Regarding operational roles within the Executive – what is the difference between the ECN and Margaret Garbett?

The ECN explained that Margaret is the Director of Nursing and she deals with more day to day matters while the ECN role is more strategic. All information including an organisation chart with photos is on the Trust Website.

Regarding patient feedback – this is important but there doesn't appear to be many leaflets and signs around the hospitals and people are naturally reluctant to ask for them. When attending as a Carer with her mother, Sue asked staff where the forms were and they didn't seem to know anything about feedback.

The ECN promised to look at this across all areas including making feedback more accessible in different formats (texts etc).

The previous minutes said we would receive an update on the role of the Nursing Associate – can this be provided?

The ECN asked if this could be deferred until the next meeting. She explained that the Nursing Associate is a new role with authorisation recently being granted by the Nursing and Midwifery Council. Workforce planning is being undertaken with regards to numbers for recruitment and she is currently working with the DoC with regards to publicising the role and attracting people into the Trust. The Lead Governor reported that she had undertaken a drop in yesterday at Solihull Hospital and was delighted to see an Associate Nurse trainee – she had asked her about her experience of the role and was told she was thoroughly enjoying it. One of the healthcare assistants then told Sandra that she and the rest of the HealthCare Assistants are interested in following this course now.

RESOLVED: to ACCEPT the report

G19/08

Performance Indicators Report and Annual Plan Update

The Performance Indicators Report was presented by the DCSP.

The whole of the NHS, but in particular this region, has been under intense pressure over the last two months and this is reflected in the performance figures.

A&E

The position in December was worse than in November with average daily attendances increasing including a growth in patients conveyed by Ambulance, this has created operational pressures on all services.

RTT 18 Week Incomplete Pathways

The Referral to Treatment Time target has improved with the QEHB waiting list 0.8% below the baseline – this is particularly pleasing at such a challenging time.

Delayed Transfers of Care

The position here has improved at both QEHB and Solihull, this is attributable to work undertaken jointly with both the CCG and Local Authority under the “SupportUHome” banner which focuses on effective discharge planning.

Cancelled operations

There have been fewer cancelled operations in all with most re-booked within 28 days apart from 6 at the QE where more theatre capacity is coming on line to redress this.

Cancer Targets

QEHB has come under pressure in the last month and has slightly dipped on target, however the target for screening programmes to first treatment has been met. All other cancer target standards have been met.

Dementia Finding, Assessment and Referral

This has remained steady for some months now and will be further improved from September 2019 with the roll-out of PICS across all sites which mandates screening as part of the admissions process.

Dialysis target

The Trust is well above target and above the England average.

Mixed sex breaches

There have been no mixed sex accommodation breaches in the Trust for some months.

Flu Vaccinations

The Trust achieved a vaccination rate of at least 75% of frontline staff.

Questions from Governors were received and responded to as follows: Please provide an update on the uptake within the ED and Elderly Care Flu Vaccinations.

The DCSPP offered to send these figures to Governors. The ED is in line with most areas with a high level of uptake. There are no areas of particular concern.

Regarding ED performance – Margaret Garbett organised a Governors visit to Good Hope ED a couple of weeks ago where they met with consultants and had a tour of the department. Governors asked the staff if there was one thing that might help them manage the efficient patient through-put situation better and the consensus seemed to be a full time Halo rather than the current part-time one.

The COO-HGS confirmed that the Trust is working on improving this situation but no other Trusts across the region fund full time Halos.

The improvement in delayed transfer of care at Solihull between November and December is impressive – can this be enlarged upon?

The COO-HGS responded confirming that better access to rehab beds had been provided with the latest joined up working with local authorities. The Chair added that the reason that the DoP was absent from this meeting was that he was attending a meeting for the STP – Older People’s Frailty Group with a view to more joint services working in the future.

The report is a mass of very useful information – how does it come to impact on performance – what are the mechanisms to ensure it’s used effectively?

The DCSPP responded that this report is produced at board level, with a similar report submitted to CEAG with input from all operational divisions. Both COOs have their own groups that look at the data split down to ward level. The COO-QEHB added that clinical dashboards provide the Matrons/Sisters with immediate performance data and they understand the rationale behind the matrix. This has proved powerful in driving change and providing assurance. The use of data to manage quality performance was also commented on very positively at the recent CQC inspection.

RESOLVED: to ACCEPT the report

G19/09

Finance & Activity Report – Quarterly Update

The Finance & Activity report was presented by the ECFO.

The Trust Reported a deficit of around £34m for the financial year to December which is approximately £3m below the target agreed with NHSI and is wholly attributable to the loss of the sustainability funding in Q2 and Q3 when the Trust failed to deliver against the A&E target. However, the Trust remains on target to get the element of sustainability funding linked to financial delivery. As most Trusts are failing against their A&E target, there will in all probability be another release of bonus monies at the end of the year.

The Trust continues to experience significant operational pressures relating to emergency activity which causes problems in terms of relative efficiency with lots of areas under pressure and overspends on staffing in some areas. This is covered by planned releases of reserves and is not a cause for concern.

CIP performance is in line with expectation based on previous performance; the Trust is well ahead of plan and holds approximately £82m of cash in the bank which provides a strong position moving forward.

Capital expenditure has been re-profiled due to ACAD and is currently slightly behind plan but this should balance out in the final quarter.

Questions from Governors were received and responded to as follows: Regarding cost savings – Pharmacy provides huge blister packs - is it necessary as it must be costing a lot and cannot be environmentally friendly.

As we are providing packs without the main box there needs to be a level of protection. However, this will be looked into and a response will be sent subsequently.

Regarding health care equipment provided to patients – this seems to be handed out by the Ambulance service very readily when sometimes the equipment is already in place at home – can checks be made beforehand?

The COO-QEHB responded that the OT assessor will consider this normally and such an experience must be rare.

Table 3 – looking at the performance for December with the 20.5m increase in operating income / expenditure – is there a standard co-relation between these figures?

The ECFO responded confirming that the Trust had experienced major Given growth in emergency activity where the cost to deliver work usually exceeds the funding provided. The more profitable elective work then gets squeezed out which happens in most Trusts. The draft tariffs for next year are trying to partly address this.

Every year the Trust releases some non-recurring reserves and makes efficiency savings – can assurance be provided that that the Trust is not going to be in a worse financial position by the end of the financial year?

The ECFO confirmed that the recurrent reserves are planned to phase in during the year - they are purposefully held back as we can never be exactly sure where the financial pressures are going to hit. One of the reasons that the QE site has had a strong delivery record is that CIP delivery has been viewed in very prudent terms and a level of non-delivery is always counted against the plan. If the Trust ends the year at about 90% of plan then this is a good position to be in. Some organisations over inflate the target that they are going to deliver as it suits them politically. We tend to go with a fairly honest assessment of what we are going to try and deliver knowing we will get there and that certain things will come on line during the year that will help compensate the overall bottom line position. This method has proved effective for the last ten years.

Regarding CIP – procurement savings in one department/division might not be possible in other divisions due to major contracts with years left to run. This might reflect in a “lumpy” performance.

The ECFO confirmed that trends are closely monitored and if divisions continually underperform they will be targeted in individual performance meetings to gain a better understanding of the background. The ECFO has detailed meetings with each division at the start of the year to go through their plans.

Regarding Aged debt – is there a recovery plan for this money as it's quite a large sum?

The ECFO confirmed that most of this money is interim NHS related debt (i.e. connected with other NHS bodies) – the Trust gets the money eventually, so it is just a cash flow issue. The one area where we are more exposed until regulations are tightened is with regards to billing overseas patients where there is a fine line between the cost of the debt and the cost of debt recovery. Although £23m seems a large amount of money is

does not all convert into debt write offs – it mostly relates to other NHS organisations who will pay eventually.

Following on from Sandra Haynes' point – the non-recurrent reserves – what figure will we be inputting during the course of the year in total?

The ECFO confirmed that this was still flexible and depends on our final income figure. This year we would probably estimate it to be around £5-6m of non-recurrent money.

In the statement of financial position it talks about £27m debts which is headlined under current assets – how can debts of £27m be described as an asset? When does the debt become a bad debt? When do you get to the point of deciding to write it off or pursue it in another way? Can we see the top 5 debtors and see how much they owe and what we are doing about these individual organisations? We have a duty to look at the biggest debtors.

The ECFO confirmed that our largest debtors are detailed in the report provided to the Governors – they are NHS organisations as already stated. The Trust has a policy in terms of when it recognises debt that's agreed with the Trust's auditors – we recognise a percentage of it at certain ages. Details of this can be brought to a future meeting and more in-depth explanation provided on how much physical debt has had to be written off in previous years and what that relates to. The cost and likelihood of recovery of debt is decided at a very senior level within the Finance Department.

Can the NHS sell on bad debt? Is it traded to a credit agency?

The ECFO confirmed that by the time we write a debt off the chances of recovery are very remote if not impossible. Factoring agencies can be used and will pay 90p in the £ but it's not an approach we want to adopt as a lot of our debt relates to NHS providers and is linked to having good long term relationships with commissioners and other trusts. Most of the final debt write-off figure relates to patients who go back overseas and the cost of recovering that is fairly prohibitive. The Trust is trying to do more at the front end to try and prevent this type of debt happening in the first place by identifying patients at the outset but there are certain types of patients we can't turn away – emergencies and life threatening conditions where we have a duty to care for them even though there's little chance of getting the money back.

Regarding the funding for the ACAD specified in the report – is the business case which was sorted in 2018 still under consideration?

The ECFO confirmed that the Trust is in discussions with the NHS as to how we are going to fund the scheme as there are huge options on the table. A meeting is scheduled to take place in London in the next two weeks in order to find a way forward.

RESOLVED: to ACCEPT the report

G19/10

Approve Annual Cycle of Business 2019/20

The DCA presented the Annual Cycle of Business for 2019/20

As in previous years the Annual Cycle of business has been produced in order that the governors can assure themselves there is a fair spread across the year of the things that come before them. It should be noted the Quality Account Priorities which are listed on the cycle under January are not yet available and may be presented to Governors as part of one of their scheduled Seminars.

RESOLVED: to APPROVE the Annual Cycle subject to any changes agreed between the DCA and the Chair.

<p>G19/11</p>	<p>Governors' Feedback Sue Hutchings: Regarding thyroid support groups – concerns expressed that Path Labs are not carrying out blood tests that have been requested by GPs and/or Consultants - this has a detrimental effect on Thyroid patients and is also frustrating for GPs. The DCA confirmed that he had received a response to this from Dr Alan Jones, Pathology Director for the Trust, as follows:</p> <p>There are certain tests, , in which the lab has a policy to use automatic request intervention software to decline tests which have been repeated in a clinically inappropriate time interval, since the result could not change in a clinically significant fashion. This is to reduce the unnecessary use of an expensive resource.</p> <p>As to the issue of labs making decisions regarding tests which have been requested by doctors, the Trust employs a significant number of doctors in the laboratories who have a professional responsibility to refuse clinically inappropriate tests.</p> <p>Lee Williams: Recently informed that the commercial stalls that set up on the Solihull and Heartlands sites (the main entrance and just off the main corridor respectively) will no longer be permitted to do so. One of the stallholders did point out they were popular with staff and saved them money, a sentiment a couple of staff members have expressed also. Is there any particular reason for this decision, and are there any plans for these locations? The DoC confirmed that the reason for this decision was on Health & Safety grounds as the Trust was at risk not knowing where the goods are coming from. The Crush Hall at Heartlands Hospital will become a hospital charity shop and the money raised will be put back into patient care as it is at QEHB. Similar plans are being looked at for Solihull and Good Hope Hospitals. The Friends of Solihull and any other charities will not be affected. Stalls for staff well-being issues including union-related matters will always be considered – there is a system for accommodating these – submissions should be made to the DoC.</p>
<p>G19/12</p>	<p>Any other business</p> <p>Karen Jameson, Head of Healthcare Careers and Sue Bell, Apprenticeship Manager had been due to provide an update to the Governors on the Apprenticeship Scheme at the Trust. This will now be brought to the next meeting as they had been delayed in traffic.</p> <p>No other business was raised.</p>
<p>G19/13</p>	<p>Date of Next Meeting Thursday 28 March 2019 4.00 pm – 6.00 pm Lecture Theatre 2, Education Centre, First Floor, QEHB</p>

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Chair

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Date