

COUNCIL OF GOVERNORS

Minutes of the Meeting of 26 July 2018
Lecture Theatre 2, Education Centre QEMC

Present:

Rt Hon Jacqui Smith	Chair	("Chair")
Mr Mark Aspinall	Public	Rest of England & Wales
Mrs Bernadette Aucott	Public	(Associate)
Mr Stan Baldwin	Public	Solihull & Meriden
Dr Sue Balmer	Public	Solihull & Meriden
Mrs Kath Bell	Public	Rest of England & Wales
Dr John Cadle	Public	(Associate)
Mr Tony Cannon	Public	Sutton Coldfield North
Mrs Edith Davies	Public	(Associate)
Mr Keith Fielding	Public	Birmingham East
Cllr Jayne Francis	Stakeholder	Birmingham City Council
Dr Tom Gallacher	Staff	Medical
Dr Kate Gee	Staff	Nursing
Ms Sally Glover	Staff	Clinical Scientist & Allied Health Professional
Mrs Sandra Haynes MBE	Public	(Associate)
Dr Elizabeth Hensel	Public	(Associate)
Mr Derek Hoey	Public	Tamworth
Rear Admiral Andrew Hughes	Stakeholder	RCDM (on behalf of Surgeon General Martin Bricknell)
Mrs Susan Hutchings	Public	(Associate)
Dr Elspeth Inch OBE	Public	(Associate)
Mr Adam Layland	Public	Birmingham Reservoirs
Ms Anne McGeever	Public	Solihull & Meriden
Mr Patrick Moore	Staff	Corporate & Support Services
Mrs Veronica Morgan	Staff	(Associate)
Ms Yvonne Murphy	Staff	Nursing
Mr Barry Orriss	Public	(Associate)
Mrs Linda Stuart	Patient	(Associate)
Mrs Jean Thomas	Public	(Associate)
Mr David Treadwell	Public	(Associate)
Mr Thomas Webster	Public	(Associate)
Mr Lee Williams	Staff	Corporate & Support Services

In attendance:

Mr Kevin Bolger	Executive Director of Strategic Operations	("EDSO")
Ms Margaret Garbett	Chief Nurse – HGS	("CN-HGS")
Ms Jane Garvey	Non-Executive Director	("NED")
Mr Mike Hallissey	Interim Medical Director	("IMD")
Mr Tim Jones	Executive Director of Workforce and Innovation	("EDWI")
Ms Karen Kneller	Non-Executive Director	("NED")

Ms Mehrunnisa Lalani	Non-Executive Director	("NED")
Dr Catriona McMahon	Non-Executive Director	("NED")
Mr Julian Miller	Director of Finance – HGS	("DoF-HGS")
Dame Julie Moore	Chief Executive Officer	("CEO")
Ms Michele Owen	Acting Executive Chief Nurse	("ACN")
Mr Harry Reilly	Non-Executive Director	("NED")
Dr Dave Rosser	Deputy Chief Executive	("DCE")
Mr Mike Sexton	Executive Chief Financial Officer	("CFO")
Prof Michael Sheppard	Non-Executive Director	("NED")
Mr Lawrence Tallon	Director of Corporate Strategy, Planning and Performance	("DCSPP")
Ms Cherry West	Executive Chief Operating Officer – QE	("COO-QE")
Ms Imogen Acton	Head of Quality Development – Medical Directorate	("IM")
Ms Sarah Snowden	Corporate Affairs & Governor Liaison Officer	("SS")
Mrs Angela Hudson	Corporate Affairs Officer	("AH")

G18/15	<p>Welcome and Apologies for Absence The Chair welcomed everyone to the meeting.</p> <p>Apologies for absence were received from:</p> <table border="1"> <tr> <td>Surgeon General Martin Bricknell</td> <td>Stakeholder</td> <td>RCDM (to be represented by Rear Admiral Andrew Hughes)</td> </tr> <tr> <td>Prof Carol Doyle</td> <td>Stakeholder</td> <td>Birmingham City University</td> </tr> <tr> <td>Mr Albert Fletcher</td> <td>Public</td> <td>Associate</td> </tr> <tr> <td>Rabbi Yossi Jacobs</td> <td>Stakeholder</td> <td>Birmingham Faith Leaders</td> </tr> <tr> <td>Cllr Mrs Kate Wild</td> <td>Stakeholder</td> <td>Solihull Council</td> </tr> <tr> <td>Dr Iestyn Williams</td> <td>Stakeholder</td> <td>University of Birmingham</td> </tr> </table> <p>Apologies for absence were also received from:</p> <table border="1"> <tr> <td>Ms Fiona Alexander</td> <td>Director of Communications</td> <td>("DComms")</td> </tr> <tr> <td>Mr Jonathan Brotherton</td> <td>Chief Operating Officer – HGS</td> <td>("COO-HGS")</td> </tr> <tr> <td>Mr David Burbridge</td> <td>Director of Corporate Affairs</td> <td>("DCA")</td> </tr> <tr> <td>Mr Andrew McKirgan</td> <td>Director of Partnerships</td> <td>("DoP")</td> </tr> </table>	Surgeon General Martin Bricknell	Stakeholder	RCDM (to be represented by Rear Admiral Andrew Hughes)	Prof Carol Doyle	Stakeholder	Birmingham City University	Mr Albert Fletcher	Public	Associate	Rabbi Yossi Jacobs	Stakeholder	Birmingham Faith Leaders	Cllr Mrs Kate Wild	Stakeholder	Solihull Council	Dr Iestyn Williams	Stakeholder	University of Birmingham	Ms Fiona Alexander	Director of Communications	("DComms")	Mr Jonathan Brotherton	Chief Operating Officer – HGS	("COO-HGS")	Mr David Burbridge	Director of Corporate Affairs	("DCA")	Mr Andrew McKirgan	Director of Partnerships	("DoP")
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G18/16	<p>Quorum The Chair noted that a quorum was present and, accordingly, the meeting could proceed to business.</p>																														

G18/17	<p>DECLARATIONS OF CONFLICT OF INTERESTS No conflicts of interest were declared.</p>
G18/18	<p>Minutes of the Meeting of the Council of Governors of 17 May 2018 The minutes of the meeting held on 17 May 2018 were approved as an accurate and true record with the exception of the Communication point raised by Keith Fielding in G18/12. It was agreed that this be amended to: <i>“Keith Fielding asked that the Committee consider how the Trust communicates in general and cited the communication regarding the recent increase in car parking charges at HGS as a poor example”</i>.</p>
G18/19	<p>Matters Arising from the Minutes There were no matters arising from the Minutes.</p>
G18/20	<p>Chair’s Report The Chair reported that a new Chief Executive of the Trust had been successfully appointed and will officially take over from Dame Julie at the beginning of September. The Chair extended her warm congratulations to Dr Dave Rosser on his appointment and thanked the Governors involved in the process.</p> <p>This will be Dame Julie’s last Council of Governors meeting and the Chair reminded the Governors that they had all been invited to her leaving party on 16 August 2018, where they would have the opportunity to say their own farewells.</p> <p>Dave Rosser will be giving up his role as Medical Director and continuing as Deputy Chief Executive until he assumes the role of CEO. Mike Hallissey will become the Interim Medical Director until the post has been recruited to.</p> <p>The Chair reported that the Building Healthier Lives Awards has now been combined into a two stage process and will take place in November with four site specific preliminary award sessions. This will then be followed by a cross-Trust Building Healthier Lives event in March 2019. Nominations are due to close in August and Governors were invited to nominate and encourage others to do so.</p> <p>ACTION: SS to send all Governors the link to the Building Healthier Lives website.</p>
G18/21	<p>Update on External Audit of Pre-Merger UHB’s 2017/18 Quality Report The Council of Governors considered the report presented by the Head of Quality Development.</p> <p>The External Auditor (Deloitte) is mandated to select certain performance indicators and provide quality reports against them along with a private report to the Council of Governors on one local indicator.</p>

Deloitte audited the content of the pre-merger UHB's 2017/18 Quality Report and conducted sample testing for three indicators during April – May 2018:

- Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.
- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.
- Reducing grade 2 hospital-acquired pressure ulcers (local indicator).

This resulted in Deloitte issuing an unmodified limited assurance opinion for the content of the Quality Report and the A&E indicator. A modified limited assurance opinion was issued for the 18 weeks indicator – this predominantly relates to a system issue affecting patients electronically referred via the e-Referrals Service, which the Trust is investigating. The local pressure ulcer indicator was not subject to a limited assurance opinion.

All paper referrals have been switched off.

Questions from Governors included more information on the 18 week referral to treatment target – the COO (QEHB) explained that, if a patient had been on the waiting list with no activity recorded against them for a length of time, they would automatically be removed and this could have included diagnostic treatment previously prior to the audit. This has now been rectified.

External Audit

As part of the Quality Accounts Audit for 2017/18, Deloitte has audited two mandated performance indicators, '18 weeks referral to treatment' and 'A&E four hour wait', as well as a local indicator, 'grade 2 pressure ulcers', which was chosen by the Council of Governors. The Trust received an unmodified assurance opinion on the content of the 2016/17 Quality Report and the two nationally mandated indicators, with seven recommendations for improvement. There was one recommendation for the local indicator (falls with harm). The Trust has implemented all the recommendations.

Internal Audit

KPMG's Head of Internal Audit Opinion is derived from the review of several core internal audits, each of which received a 'significant with minor improvements' opinion, save for the IT control review which received a 'partial assurance with improvement required' opinion.

Different systems have been aligned at high level on each site and the Trust is working to try and align the data. This will result in one report which will be brought to the November meeting.

Questions from Governors included how targets were set. Targets are chosen internally where at least one ward has hit these targets, providing assurance that the target is both achievable and appropriate. Targets are also benchmarked against other organisations that use similar electronic systems, where possible.

RESOLVED: to ACCEPT the report.

G18/22

Audit Committee Annual Report (including the Approval of the Re-Appointment of the External Auditor for 2019/20)

The Council of Governors considered the report presented by the Chair of the Audit Committee, Ms Karen Kneller.

The Trust has a strong Audit Committee comprised of members of both former Trust committees (UHB and HEFT). An improved internal audit plan has focussed on IT with Cyber Risk being taken very seriously - the Committee will receive regular updates on this going forward.

Questions from Governors included whether they should be concerned regarding the attendance record of one particular NED – Jason Wouhra who has only attended one of six meetings in the past year. The CoG was assured that the Committee was quorate at all meetings and that this particular concern would be followed up.

It was noted that, under Monitor's FT Code of Governance, the Council of Governors is required to approve the appointment of the External Auditors on an annual basis, and that the Audit Committee supports the Council of Governors in this task by providing information on the External Auditor's performance.

The Trust is due to go out to tender again in 2019. This tender process takes place every three years, in order to undertake full competition and abide by best practice. It was noted that there is a limited field of companies able to carry out this task - smaller firms can't provide the service required for auditing a £1.6bn organisation which narrows the field, with only Deloitte and KPMG out of the "big four" having a presence in Birmingham. However, internal rotation of staff within the audit firms maintains independence and keeps the firms focussed.

Karen reported that the Audit Committee had evaluated the performance of the External Auditors using an evaluation form sent to all members of the Audit Committee, the Chief Financial Officer, the Director of Corporate Affairs and the Director of Finance. Feedback confirmed that Deloitte has continued to perform to a high standard.

Deloitte had also been invited to provide feedback on their interaction with the Trust's management and had confirmed that there is a good working relationship with the Trust's Finance team. No areas of concern have been raised and the recommendation from the Audit Committee was for the Council of Governors to approve the re-appointment of Deloitte for 2018/19.

It was also confirmed that, subject to Deloitte being approved as the external auditors for one further year, KPMG will remain the internal auditors.

RESOLVED: to ACCEPT the report and APPROVE Deloitte as the External Auditor for 2019/20.

<p>G18/23</p>	<p>Clinical Quality Update</p> <p>A verbal update was presented by the Head of Quality Development. The full quarterly report will be presented at the next meeting in September.</p> <p>There are currently eleven investigations underway into Doctors' performance relating to ten Consultant Grade Doctors and one Core Training Grade.</p> <p>The overall mortality rates for QEHB and HGS as measured by the CUSUM are within the acceptable limits.</p> <p>The Summary Hospital-Level Mortality Indicator (SHMI) showed that QEHB's performance for the period April 2017 – December 2017 was 99 against an expected level of 100 with HGS's figures being 92 against the expected level of 100, putting the Trust within the acceptable limits.</p> <p>The Hospital Standardised Mortality Ratio (HSMR) for QEHB for the period April 2017 – March 2018 was 105 – slightly higher than expected with 1593 deaths compared with 1511 expected. The figure for HGS for the same period was 102 - within acceptable limits – there were 2816 deaths compared with 2755 expected.</p> <p>Across all sites one death has been identified as potentially avoidable and requiring further investigation. This case refers to a patient who declined appropriate treatment for their condition which could potentially have prevented their death. On further review this had been appropriately explained and discussed to the patient and there were no further actions or leaning points for the Trust.</p> <p>A revised programme of monthly Board of Directors' Unannounced Governance Visits to wards and departments began in June 2018. The purpose of these is to provide assurance to the Executive Medical Director and the Board of Directors regarding the quality of care provided to patients. Five wards were visited at Good Hope Hospital on 28 June 2018 all resulting in positive reviews.</p> <p>RESOLVED: to ACCEPT the verbal report.</p>
<p>G18/24</p>	<p>Patient Care Quality Update</p> <p>A verbal update was presented by the Acting Chief Nurse. The full quarterly report will be presented at the next meeting in September.</p> <p><u>Infection Control</u></p> <p>No MRSAs have been reported across the Trust and after the poor month at QEHB last month the C.Diff figures are back down to their usual rates as are Gram negative infections. There haven't been any outbreaks of D&V across the Trust, however Ward 5 at Heartlands did have a Group A Strepto Cocci outbreak.</p> <p><u>Complaints</u></p> <p>The number of complaints in Q1 was higher across all sites than in Q4 and Q1 last year. The number of follow ups was also up, the number relating to appointment waiting times and cancellations is a key factor in this and would seem to reflect the ongoing capacity issues.</p>

Falls

The number of falls has decreased in June as have the falls with harm. This follows through with the falls per 1000's bed days the team are looking at the reasons for the variance across sites. A gap analysis is being performed focussing on key areas such as the pre-fall period (i.e. lying & standing blood pressure) whilst the post fall pathway will be standardised and include retrieval and education together with an improved patient information leaflet.

Tissue Viability

QEHB had a poor month in April for Grade 2 non-device related avoidable pressure ulcers but has stabilised since. May was a worse month across HGS for device related, but has again settled.

The joint priorities for the teams include working together to improve reposition frequency and documentation. Focus is being turned to prevention and reduction in heel ulcers with early recognition of reversible skin damage.

RESOLVED: to ACCEPT the verbal report.

G18/25

Performance Indicators Report

A slide presentation was given by the DCSP. A full quarterly report will be submitted to the CoG meeting in September.

A&E 4 hour waits

Attendances fell slightly at QEHB, Heartlands and Good Hope in April and May but June still had the second highest daily average attendance ever which was 6% higher than June 2017. Solihull Minor Injury Unit performance remained steady at 99.1% despite attendances increasing by 1.5%.

6 Week Diagnostics

Target met overall with 99.5% performance – the national waiting list is now over 1m patients with performance falling to 97.3%

RTT Waiting List Size

This increased at HGS compared to April but fell at QEHB. QEHB however remains larger than the baseline. The overall increase to date is 2324 patients or 2.75%. The national increase to date is significantly larger at 6.23% with a national waiting list of 4.08m against a baseline of 3.84m

Cancer – 62 Day GP Referrals

Overall Trust performance improved to 80.4% however capacity problems continue to make it difficult to treat within 24 days of tertiary referral.

Delayed Transfers of Care

There was a significant fall in reported rates across all sites in May. The figures for QEHB now include the Norman Power Centre (which is not included in nationally reported figures) from January onwards.

Patients with Length of Stay of 21 days or more

A national focus for reduction in patients with lengths of stay of more than 21 days has been set for December 2018 giving QEHB a target of 212 patients and HGS 176. QEHB was below trajectory in May whilst HGS was slightly above.

	<p>RESOLVED: to ACCEPT the verbal report.</p>
G18/26	<p>UHB Quality Priorities 2018/19 A verbal update was given by the Head of Quality Development on this with a full report to follow in September.</p> <p>The Quality Improvement Priorities have been aligned at a high level for 2018/19, one report will be written in April 2019 with a mid-year progress update report being provided at the November Council of Governors' Meeting. The priorities selected are:</p> <ol style="list-style-type: none"> 1. <u>Reducing Grade 2 pressure ulcers</u> At QEHB this is separated by device related with a target of less than 42 against a Q1 performance of 2, and non-device related with a target of less than 75 against a Q1 performance of 23. At HGS these performances and targets are taken together with a two year reduction plan of 20% by the end of March 2019. 2. <u>Improving patient experience and satisfaction</u> Six new questions have been agreed by the Care Quality Group and have been added making a total of twelve and targets will be set once the baseline data is available. 3. <u>Timely and complete observations including pain assessment</u> Q1 performance is on target at 95% with regards to full sets of observations and pain assessment. Q 1 performance remains at 75% against a target of 85% for analgesia administered within 30 minutes of a high pain score. 4. <u>Reducing missed doses</u> Q1 performance is at 3.9% against a target of 4% for antibiotics and 10.9% against a target of 10% for non-antibiotics. 5. <u>Reducing harm from falls</u> For QEHB, Q1 performance was 15.4% against a target of 16.9% whilst at HGS performance was 2.1% against a target of 1.7% 6. <u>Timely treatment for sepsis</u> Data has been taken from the national CQUIN indicators with a target of 90% for 2018/19 for the timely identification and treatment of sepsis in emergency departments and acute inpatient settings. The Q1 audits are still underway and will be reported at the next meeting. <p>RESOLVED: to ACCEPT the verbal report.</p>
G18/27	<p>Governors' Feedback</p> <p>Lee Williams, Staff Governor - Corporate & Support, raised three items of business:</p> <ol style="list-style-type: none"> 1. The plans around procurement for UHB and other local trusts with the resulting possibility of a special purpose vehicle/wholly owned subsidiary being created – the CFO advised that options were being explored in relation to the establishment of a shared procurement function between

	<p>UHB, BWCH and ROH. This was consistent the requirement to look at shared back office functions across an STP footprint. Various delivery options were being explored, including a hosted NHS function and a wholly owned subsidiary company. A subsidiary would only be proposed if there were clear benefits that could not be achieved via alternative models but in this scenario savings would not be expected from the dilution of staff terms and conditions.</p> <ol style="list-style-type: none"> 2. The impact of bank rate charges for staff at HGS – the EDWI advised that the changes had been discussed and agreed with staffside. 3. The benefits of the impairment of the QE Estate – the accounting revaluation of the QE Estate has been harmonised with the HGS approach. This is in line with NHSI guidance and subject to external audit. The resultant lower valuation will have financial benefits in terms of the annual Public Dividend Capital (PDC) dividend payment the Trust makes to the Department of Health but will have no impact on business rates as this is determined by a separate rateable valuation
G18/28	<p>Any other business</p> <p>The Chair stated that this would be the last meeting for some Governors with the elections due to be completed at the end of August, and she wished to thank everyone for the contribution they have made to the Trust.</p> <p>The first induction date of 3 September at Good Hope Hospital will go ahead with another date to be announced at QEHB.</p>
G18/29	<p>Date of Next Meeting Thursday 13 September 2018 4.00 pm – 6.00 pm (Pre-Meeting 3.30 pm) Thomas Guy Lecture Theatre, Good Hope Hospital</p>

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Chair

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Date