

## COUNCIL OF GOVERNORS

Minutes of the Meeting of the  
University Hospitals Birmingham NHS Foundation Trust  
Council of Governors held on 10 November 2016

Meeting Rooms 1 & 2 – Morris House, QEHB

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- Present: Rt Hon Jacqui Smith (Chair)  
Mrs Bernadette Aucott  
Mr Paul Burgess  
Dr John Cadle  
Mrs Edith Davies  
Dr John Delamere  
Mr Alex Evans  
Mrs Aprella Fitch  
Dr Elizabeth Hensel  
Mrs Sandra Haynes MBE  
Mrs Bridget Mitchell  
Mr Patrick Moore  
Cllr Valerie Seabright  
Mrs Linda Stuart  
Air Vice Marshal Richard Broadbridge
- In attendance: Dame Julie Moore (Chief Executive Officer),  
Ms Fiona Alexander (Director of Communications)  
Mr David Burbridge (Director of Corporate Affairs & Foundation Secretary)  
Mr Tim Jones (Executive Director of Delivery)  
Mr Andrew McKirgan (Director of Partnerships)  
Ms Catriona McMahon (Non-Executive Director)  
Ms Angela Maxwell (Non-Executive Director)  
Mr Philip Norman (Chief Nurse)  
Dr David Rosser (Executive Medical Director)  
Mr Mike Sexton (Chief Financial Officer)  
Ms Cherry West (Executive Chief Operating Officer)  
Mr Mark Garrick (Director of Medical Directors' Services)  
Miss Sarah Snowden (Corporate Affairs & Governor Liaison Manager)

### **G16/122 Welcome and Apologies for Absence**

The Chair welcomed everyone to the meeting.

Apologies for absence were received from Mr Paul Darby, Dr Tom Gallacher, Ms Margaret Garbett, Mrs Alka Handa, Rabbi Dr Margaret Jacobi, Ms Yvonne Murphy, Mrs Stephanie Owen, Surgeon Vice Admiral Alasdair Walker (he is represented by Air Vice Marshal Richard Broadbridge) and Dr Iestyn Williams.

Apologies were also received from Mr Kevin Bolger (Director of Strategic Operations).

- G16/123 Quorum**  
The Chair noted that a quorum was present and, accordingly, the meeting could proceed to business.
- G16/124 Minutes of the Meeting of the Council of Governors of 8 September 2016**  
It was agreed that the minutes of the meeting held on 8 September 2016 were an accurate and true record.
- G16/125 Matters Arising from the Minutes**  
It had been agreed that a verbal update would be provided on the Cardiac service following the CQC inspection. Catriona McMahon, Non-executive Director, reported that the Board's oversight Task & Finish group has now been stood down, as most of the actions on the action plan have been delivered and those that remain have a timeline allotted to them. Progress is being reported back to the Board of Directors by both the Medical Director and the Chief Nurse. The key metrics behind the plan, including the throughput of patients, continue to be monitored. Overall, the Board considered that the Cardiac Clinical Quality Improvement Project has been a good piece of work.
- There were no other matters arising from the Minutes.
- G16/126 Chair's Report**  
The Chair had no additional comments to make.
- It was decided to bring Agenda items 12 and 13 forward and therefore the Chair left the meeting.**
- As Vice Chair, Sandra Haynes chaired the meeting in the Chair's absence.**
- G16/127 Confidential Item: Re-Appointment of Chair & NEDs**  
The Vice Chair reminded the Governors that the NED Nomination and Remuneration Committee reviews the Chair's appraisal and her performance in detail. The appraisal had been discussed as part of the Council of Governors meeting in June 2016 where it had been agreed that the Chair had met or exceeded all her targets. The Chair has now served one 3 year term and the Committee has recommended that she be re-appointed for a further term of 3 years.

The Vice Chair reported that the NED Nomination and Remuneration Committee further recommends that Non-Executive Directors Jane Garvey and Harry Reilly be both appointed for further terms of 3 years each. The Trust benefits with both bringing different skills to the Board.

**APPROVED: To appoint the Chair for a further three year term.**

**APPROVED: To appoint Non-Executive Directors Jane Garvey and Harry Reilly each for a further three year term.**

**G16/128**

**Confidential Item: Pay Award for Chair & NEDs**

The Vice Chair reported that the NED Nomination and Remuneration Committee recommend that an award of a 1% inflationary pay rise be given to the Chair and NEDs and that this should take effect from April 2016.

**APPROVED: To award a 1% inflationary pay rise to the Chair and NEDs, with effect from 1 April 2016.**

**The Chair then re-joined the meeting.**

**G16/129**

**Quarter 2 2016/17 Quality Report Update**

The Council of Governors considered the report presented by the Director of Medical Directors' Services on behalf of the Executive Medical Director.

An update had been provided on the five quality improvement priorities for the year along with the latest SHMI and HSMR values which are within tolerance.

There was discussion regarding the fall in A&E Friends & Family recommendations. The Chief Nurse reported that this area does not have the same surveys as the rest of the hospital and that more volunteers are needed to capture more data. The recommendation rate is good – there has just been a drop off in the response rate.

The Governors were in approval of the data on the levels of complaints and how they were being fed back and dealt with.

It was also explained that a dip in the Out-Patient recommendation rate relates to one particular clinic with poor waiting times (the fracture clinic) and that work is being done to help cope with the volumes attending. The Trust is receiving unprecedented admissions of up to of 324 patients per month more than in the same time last year.

The fall in stroke mortality was also acknowledged by the Governors and it was asked if this was specific to this hospital or happening elsewhere. It was explained that this was down to new techniques and advances in stroke medicine and that we are one of the few places in the Midlands that provide these services.

Feedback from patients regarding the WiFi, which is now available for free throughout the hospital, was that it has been extremely well received.

**Resolved: To accept the report.**

**G16/130 Patient Care Quality – Quarterly Report to include Infection Control Update**

The Council of Governors considered the report presented by the Chief Nurse. The paper provides an exception report regarding infection prevention and control performance. The paper also provides an update on volunteers, developments in continence care, dignity in care, end of life care and a medicines management update.

***Clostridium Difficile Infection (CDI) –***

The annual trajectory for CDI for 2016/17 is 63 Trust apportioned cases. During Quarter 2 2016/17 (July to September), there were 39 cases of CDI reported (15 in July, 13 in August, 11 in September); of which 23 cases were Trust apportioned (8 in July, 8 in August, 7 in September).

Year to date (Quarter 1 & Quarter 2), there have been 73 cases of CDI reported; of which 47 cases have been Trust apportioned. This means that the Trust is currently over trajectory based on its year to date CDI performance.

A detailed action plan has been produced to ensure that CDI performance improves. The action plan includes a specific focus on:

1. Hand hygiene compliance
2. Improved timeliness of stool specimen collection
3. Timely isolation of patients with diarrhoea
4. Antimicrobial prescribing, choice and duration of use

The annual deep cleaning of selected wards is also continuing with the aim of reducing the bioburden of clostridium difficile within the environment.

***Meticillin Resistant Staphylococcus Aureus (MRSA)*** - The annual trajectory for MRSA bacteraemia remains 0 avoidable cases.

During Quarter 2 2016/17 there were 5 MRSA bacteraemias reported (2 in July, 1 in August, 2 in September); 2 of which were Trust apportioned (July x1 in Renal and September x1 in Vascular Surgery).

Year to date (Quarter 1 & Quarter 2), there have been 8 MRSA bacteraemias reported; of which 3 have been Trust apportioned.

In relation to ensuring MRSA performance improves, the following key actions are ongoing:

1. Strict attention to hand hygiene and the use of Personal Protective Equipment (PPE).
2. Ensuring all relevant staff understand the correct procedure for screening patients for MRSA before admission, on admission and the screening of longer stay patients.
3. Ensuring the correct use of decolonisation therapy across the Trust. Ensuring the optimal management of all patients with MRSA colonisation and infection, including decolonisation treatment, prophylaxis during procedures, and treatment of established infections.
4. Ensuring MRSA post infection review investigations are completed and lessons learnt are feedback throughout the Trust.

### **Volunteers Update re 16-18 years**

A pilot is due to take place with Harborne Academy to enable young people aged 16-18 years to volunteer at the Trust. Currently we have a minimum age of 18 years for our volunteers. Accepting younger volunteers into the Trust affords not only better engagement with our community and increased skills and compassion for young people, but also promotes the Trust as a potential future employer.

An action plan for the pilot has been discussed at the Care Quality Group which would see the Trust welcome 7-10 of Harborne Academy's outstanding students into volunteering for this academic year. Recruitment will take place in Quarter 3 with a plan for students to start volunteering on Wednesday afternoons in the new year.

Evaluation of the pilot will be taken back to Care Quality Group for consideration of continuation or expansion of the scheme.

### **End of Life Care Update**

A focus on End of Life Care continues with many initiatives underway, including:

- Review of our service against national guidelines and benchmarking to ensure we continue to deliver high quality end of life care for our patients.
- New Clinical Nurse Specialist for End of Life Care has joined the team and has established end of life care champions in all clinical areas and has arranged an End of Life Care/Bereavement Champions launch and study session to relaunch the Notification of Death process and the relatives Bereavement Booklet. There are plans to hold an End of Life Care conference next year where champions can contribute and share best practice.
- The Chaplaincy team are designing an information leaflet to raise the profile of the Chaplaincy Service and the Faith and Community Centre.
- Software (IT) improvements for the Bereavement and Mortuary Services are now complete and will replace paper records. It will enable the teams to be able to easily access and share information and will provide up to date information on each patient.

### **Continence Care Update**

The promotion of best practice continence care within the Trust has gained further momentum over the last year with the 12 month secondment of a continence clinical nurse educator. This post has been embraced enthusiastically by all clinical areas and a continence champion recruited in each area. It has enabled more focused audit and education whilst addressing any inappropriate use of incontinence pads, which can further enhance patient care and also reduce cost.

### **Dignity in Care Update**

- Carers: John's Campaign (John's Campaign is a national campaign for the right for a relative or carer to stay with their loved one with dementia whilst in hospital).
- A Carer Task and Finish Group has been formed to review all

of our current policies, procedures and action plans for all carers at the Trust using John's Campaign as a driver.

- The Patient Experience team have reviewed the existing overnight stay guidelines (for relatives or carers) and additional fold down beds have been delivered and more are being ordered with the kind support of QEHB Charity to take the total of folding beds available to 42.
- Visiting times are being audited by the Patient Experience team to establish if patients would prefer a more open approach to visiting times (current times are 2.30pm to 7.30pm). Following this audit, an options paper will be produced.
- As outlined in the appear, the Trust has participated in the 2016 National Audit of Dementia (NAD)

### **Medicines Management Update**

**Abloy Cliq** - The Trust wide installation of the Abloy Cliq key system (Phase 1) is now complete. This included the installation in 37 wards, 4 Critical Care Units, 38 theatres and 6 recovery areas. This new system:

- Increases the safety and security of medicines
- Enables patients to receive their medicines faster, for example pain relief medication (as a result of nurses not having to 'search' for the member of staff who has the medicine key)
- An average of 45minutes of nursing time has been saved per 12 hour shift as a result of nurses not having to search for the individual who has the medicine key. This means that more nursing time has been freed up to directly care for patients
- Positive feedback has been received from all clinical areas regarding this system.

The remaining Phases of the roll out as outlined in the paper are on track with a view to complete the whole project by March 2017.

"It was agreed that the "Observation of Care" project could be included in this report at the next meeting"

**Resolved: To accept the report.**

## **G16/131 Performance Indicators Report**

The Council of Governors considered the report presented by the Executive Director of Delivery. NHS Improvement has introduced the Single Oversight Framework has replaced the Monitor framework and the Trust is currently rated a 2 out of 4 with only 12 hospitals in the country achieving a 1 currently.

Of the five performance metrics, the Trust is on target for three. An appeal is in place where the trajectory for the Sustainability and Transformation Fund was missed.

Attendances at A&E are 11% this year than at the same time last year. This is having a direct impact on performance as flow through the department cannot be achieved, due to difficulties in creating even greater capacity in terms of both physical space and staffing. A programme has been introduced to ensure that everything practicable is being done to meet targets.

A good improvement in the Cancer target was seen up until July when the trajectory was not met as patients chose to wait to have their treatment (possibly due to the holiday season) – this was also the case in August. Performance is expected to remain below trajectory into September and the Trust is going to appeal.

The CCG contract targets are down due to emergency demand pushing out elective activity.

Staffing levels are within the expected levels planned.

The long term sickness rate has been above 2% since February on average – detailed work is taking place to resolve this.

Questions from Governors included Valerie Seabright (Stakeholder Governor) questioning delayed transfers of care which were the result of waiting for nursing home placements together with the loss of around 70 re-enablement beds. Part of the problem would appear to be that 25% of the delays are due to patients from areas outside the Trust catchment (Worcester, Dudley etc) requiring transfer of care to areas in Social Care we do not have previous working relationships with. This problem will only get worse as more patients who live outside the Trust's catchment area choose to have their treatment at the Trust.

There was discussion regarding the trained staffing levels at night which would appear low in Divisions B and C. The Chief Nurse responded by explaining that September was always the worst month of the year for this, but it should be borne in mind that we set our base line higher than most other Trusts.

**Resolved: to accept this report.**

**G16/132 Finance and Activity Report – Quarterly Update**

The Council of Governors considered the report presented by the Chief Financial Officer. The first six months of the year saw a surplus of £3.360m and the Trust is confident an FSRR of 2 in line with plan.

The Trust continues to experience cost pressures consistent with previous years and has made adequate budget provisions for these.

CIP delivery is at 76% of plan which is in line with previous years. Actual performance remains broadly in line with planned performance although this is skewed slightly as more activity is coming through our doors.

The Trust has a very low liquidity rating – this is primarily to do with the PFI as we hold a strong balance sheet.

No questions were asked.

**Resolved: to accept this report.**

**G16/133 Report from the Chair of the Investment Committee**

Angela Maxwell, Non-Executive Director and Chair of the Investment Committee reported on the work of the Committee over the financial year 2015/16.

The role of the Investment Committee is to provide an independent and objective overview of commercial opportunities, their subsequent performance; and the investment of cash.

Essentially consideration is given to commercial opportunities and major medium to long-term investments of the Trust relating to NHS Healthcare income over and above that of the NHS core contract, including significant capital expenditure, acquisitions, joint ventures, partnerships, equity stakes and major property transactions.

The work of the Committee over the last year has focused on key areas of strength for the Trust, that are aligned to commitment to provide the best in care for our patients and enhancing the reputation of UHB.

This has included capitalising on our primacy in healthcare informatics through sales of our systems and knowledge – including HED, PICS, Oceano, NORSE, My Health and Webalo.

[Redacted text]

There was discussion regarding any evaluation that had been undertaken with regards to Staff parking off site. It was stated that much work had been done around this including providing parking at the county cricket ground and removing 400 permits from staff who live within a 30 minute journey of the hospital. 500 staff have been moved to Five Ways which has also freed up a great number of spaces. There has been an increase in staff cycling and walking to work as well as car sharing. The Trust will continue to work with others to manage the demand for parking, from staff, patients and visitors.

During discussion regarding the Trust's input into the ITM, it was reported that much of the work is undertaken jointly with the University. If new ideas are developed for commercial exploitation, the Trust could take an equity stake in the companies involved.

**Resolved: to accept this report.**

- G16/134**      **Governors' Feedback**  
No feedback received
- G16/135**      **Any other business**  
No other business was raised.
- G16/136**      **Date of Next Meeting**  
**Tuesday 14 February 2017**  
**10.00 a.m. – 12.00 noon**  
**(9.30 a.m. – 10.00 a.m. Pre-Meeting)**  
**Lecture Theatre 2, Education Centre, QEHB**

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**Chair**

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**Date**