

COUNCIL OF GOVERNORS

Minutes of the Meeting of the
University Hospitals Birmingham NHS Foundation Trust
Council of Governors held on 8 September 2016

Meeting Rooms 1 & 2 - Trust Headquarters

■ indicates text to be redacted from published version

Present: Rt Hon Jacqui Smith (Chair)
Mrs Bernadette Aucott
Mr Paul Burgess
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
Ms Yvonne Murphy
Mrs Stephanie Owen
Mrs Linda Stuart

In attendance: Dame Julie Moore (Chief Executive Officer),
Ms Fiona Alexander (Director of Communications)
Mr Kevin Bolger (Director of Strategic Operations)
Mr David Burbridge (Director of Corporate Affairs & Foundation Secretary)
Mr David Hamlett (Non-Executive Director)
Mr Tim Jones (Executive Director of Delivery)
Mr Andrew McKirgan (Director of Partnerships)
Ms Catriona McMahon (Non-Executive Director)
Mr Philip Norman (Chief Nurse)
Mr Harry Reilly (Non-Executive Director)
Dr David Rosser (Executive Medical Director)
Mr Mike Sexton (Chief Financial Officer)
Mr David Waller (Non-Executive Director)
Ms Cherry West (Executive Chief Operating Officer)
Mrs Louisa Sorrell (Senior Manager, Clinical Compliance)
Ms Samantha Baker (Quality Development Support Manager)
Miss Sarah Snowden (Corporate Affairs & Governor Liaison Manager)

G16/107 Welcome and Apologies for Absence

The Chair welcomed everyone to the meeting.

Apologies for absence were received from Dr John Cadle, Mr Paul Darby, Dr Tom Gallacher, Ms Margaret Garbett, Mrs Alka Handa, Rabbi Dr Margaret Jacobi, Cllr Valerie Seabright, Surgeon Vice Admiral Alasdair Walker, Dr Iestyn Williams and Air Vice Marshal Richard Broadbridge.

Apologies were also received from Angela Maxwell (Non-Executive Director).

G16/108

Quorum

The Chair noted that a quorum was not present in that no Stakeholder Governors were in attendance, however as there were no items on the agenda requiring formal approval, the meeting could still proceed.

The Chair advised the Council that Mr Paul Darby (Patient Governor) is suffering ill health and has requested a leave of absence which the Council agreed should be granted.

G16/109

Minutes of the Meeting of the Council of Governors of 22 July 2016

It was agreed that the minutes of the meeting held on 22 July 2016 were an accurate and true record.

G16/110

Matters Arising from the Minutes

There were no matters arising from the Minutes.

G16/111

Chair's Report

[Redacted Text]

Resolved: To accept the report.

G16/112

Final Annual Report and Accounts including Quality Report/Account for 2015/16

The Director of Communications advised the Council of Governors that the Annual Report and Accounts for 2015/16 were complete and had been presented to Parliament in accordance with the National Health Service Act. The Annual Report and Accounts would be formally laid before the Council of Governors at the Annual General Meeting on 19 September. In the meantime, printed copies were available for Governors to take with them at the end of the meeting.

Resolved: to accept the report

G16/113 Audit Committee Annual Report

The Council of Governors considered the report presented by Mr David Waller, Chair of the Audit Committee. He explained that the Committee looks at efficiency and effectiveness throughout the Trust along with risk management, and all results are fed into the Annual Report. The objective of the Committee is to get a true and fair view of all matters by reviewing data and checking the robustness of processes.

It is felt that the Committee has a good relationship with the Trust's external auditors who provide a high degree of challenge and it is not believed that any change to the composition of the Audit Committee is required at present.

Mr Waller emphasised that all work undertaken had remained completely separate to any matters relating to HEFT. However the Chair of the Audit Committee at HEFT had been invited to a meeting at UHB in order to understand the process at UHB.

Resolved: To accept the report.

G16/114 Quarter 1 2016/17 Quality Report Update

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

Quality Improvement Priorities for the year are all within target:

The reduction of grade 2 pressure ulcers currently stands at 23 for the period April – June 2016 against the annual target of 125, agreed with the CCG.

Patient Experience Data can be viewed for wards via the Clinical Dashboard.

Full set of observations plus pain assessment within 6 hours of admission currently stands at 89% against 79% last year.

Timely administration of analgesia remains in line with performance last year and is aiming to achieve 85% by the end of 2016/17.

Reduction of missed doses remains on target at 4% for antibiotics and 10.7% for non-antibiotics with a target of 10% to be achieved by the end of the year. Exceptions can be called for review at Executive Care Omissions RCA meetings.

Infection prevention and control – 1 case of MRSA during Q1 and 9 cases of C difficile against the trajectory of 66.

Mortality indicators are within tolerance.

John Delamere (Public Governor – Selly Oak) congratulated the Medical Director's team on their work and also wished to draw the attention of the Council to page 40 of this report where indicators were given for stroke mortality within the hospital – currently these stand at 3.6% as against the 2014/15 figure of 9.5%.

Resolved: To accept the report.

G16/115 Patient Care Quality – Quarterly Report to include Infection Control Update

The Council of Governors considered the report presented by the Chief Nurse.

There were 34 cases of Clostridium Difficile Infection (CDI) reported in Q1, of which 24 were Trust apportioned (10 in April, 7 in May, 7 in June).

There was an increase in the number of patients presenting to the hospital with diarrhoea and vomiting and 3 wards were closed with Norovirus. This had a direct impact on the number of CDI cases seen in Quarter 1 due to increased sampling and testing. Increased cases have also been seen in the Community. However, no cases of transmission were seen in the hospital setting which is positive and helps to demonstrate that our infection prevention and control practices work and are embedded in practice.

The CDI annual trajectory for 2016/17 remains at no more than 63 Trust apportioned cases.

Actions to further improve CDI performance continue with a specific focus on antimicrobial prescribing, choice and duration of antimicrobial use; appropriate stool collection with early isolation of symptomatic patients.

There were 3 cases of MRSA reported in Quarter 1 (1 in April, 2 in May, 0 in June), of which 1 case was Trust apportioned (April). This related to a patient who had undergone surgery within the ambulatory care unit (vascular surgery) but was not prescribed the optimal antimicrobial antibiotic on discharge. This case has been reviewed via the post infection review process and this case was presented at executive root cause analysis review in July to ensure learning takes place. The remaining 2 cases were non-Trust

apportioned.

The annual target remains zero MRSA Trust apportioned cases.

Actions to further improve MRSA performance continue with a specific focus on:

- Hand Hygiene
- Screening
- Decolonisation
- Learning

The Discharge Hub concept and revised Transfer of Care referral process have now been in place for over a year (since June 2015). Since January 2016 the Trust has experienced an increase in referrals to this team (as outlined in the graph and table) which reflects the increased patient activity demand seen across the Trust.

Between June 2015 and May 2016 there was an overall reduction in delayed transfer of care by 40% when compared to the previous 12 month period; however the impact of winter pressures, social care staff sickness and the closure of approximately 90 of Birmingham's 300 out of hospital enhanced assessment beds (EAB) has resulted in a deterioration of this position.

The reduction in enhanced assessment beds has occurred as a result of some private sector care homes deciding to stop providing re-ablement beds and Birmingham City Council suspending some homes on potential quality grounds. The loss of this capacity has been particularly significant for those patients with complex dementia needs as there is little out of hospital capacity now available. This has resulted in patients requiring this type of bed being placed 20th on a waiting list to transfer.

Discussions are ongoing with Birmingham City Council and the Clinical Commissioning Groups (CCGs) regarding a short term action plan to address this issue. Until the shortfall in current enhanced assessment beds capacity is addressed monthly delayed transfer of care levels will be higher than last year.

A discharge CQUIN (Commissioning for Quality and Innovation) is in place this year with a focus on Effective, Safe Transfer and Discharge. This CQUIN aims to improve the transition between inpatient hospital settings and community, care homes or any NHS provider for adults over 65 years of age, improving patient, carer and staff experience of transfer and discharge from hospital by better

coordination of health and social care services.

Initial work is underway with projects leads for the Home and Well pilot commissioned through the Royal Volunteer Service (RVS) by the Department of Health. The aim of the project is to enable older people who wish to continue living in their own homes to do so independently and safely. This will be achieved by developing a model which supports specially trained volunteers to work alongside health and social care teams to help facilitate home based intermediate care.

The NHS Safety Thermometer is a standardised data collection/improvement tool that allows NHS organisations to measure patient outcomes in 4 key areas:

- Pressure Ulcers
- Falls
- Urine infections and urinary catheter use
- VTE (Venous Thrombo Embolism)

The data is collected monthly against pre-set criteria and is collected on the same date throughout NHS organisations.

Resolved: To accept the report.

G16/116 Cardiac Update following CQC Report

The Council of Governors considered the presentation by the Senior Manager, Clinical Risk and Compliance.

The National Institute for Cardiovascular Outcomes Research (NICOR) notified the Trust that cardiac surgery was an outlier in August 2015 and this triggered Cardiac surgical consultants to request that the Trust undertook a quality improvement programme which became known as the Cardiac Project. The project was initiated in September 2015 and a CQC inspection took place in December 2015. An external review of cardiac surgery followed with a report being published in May 2016. The outcome of the external review provided a number of recommendations, most of which had been accepted by the Trust.

Four work-streams made up the Cardiac Project, 62 actions associated with the recommendations have been completed, the remaining 9 will be complete by October 2016 for submission to the CQC.

Informatics have created a new dashboard which will be going live at

the end of September allowing all operational data to be easily accessible at a speciality level. The lessons learnt from this project are being applied to other areas within the Trust raising good practice in general.

Resolved: to accept the report.

G16/117 Performance Indicators Report

The Council of Governors considered the report presented by the Executive Director of Delivery.

NHS Improvement (NHSI) (formerly Monitor) is considering a new performance framework for both Foundation Trusts and Non-Foundation Trusts based on 5 indicators:

- Quality of Care
- Finance and Use of Resources
- Operational Performance
- Strategic Change
- Leadership and Improvement Capability

Providers will then be segmented into one of four segments, but the methodology of how this is determined is unclear at present.

The NHSI Sustainability and Transformation Fund criteria is set so that 70% of the payment is allocated on the achievement of financial targets with the remaining 30% connected to operational performance. Failure in an individual month will result in loss of one third of the payment for that target.

The A&E 4 hour wait figure improved to over 85% in June however the target has not been reached in over a year due to the high number of attendances which is now seen to be levelling. More minor ailments are presenting and a number of action plans are in place, which have been agreed by the CCG including the provision of GP services in A&E.

Overall staffing levels are within the expected levels planned. Agency and Bank Staffing levels have been reduced and these figures are being tracked weekly by the Finance Improvement Group.

The Trust is on target for 13 of the 16 national targets monitored locally through the CCG contract and has a remedial action plan in place for 2 (cancelled operations not rearranged within 28 days and MRSA) and is slightly below target for 60 minute ambulance handover achieving 94.1% for the 30 minute handover and 99.9% for the 60 minute handover.

Progress at Q1 against the Annual Plan shows that all objectives are being met with the exception of two key tasks – delivery of the EPR system for BCH and delivery of the infection prevention and control plan. However, neither of these are regarded as risking the delivery of the overall strategic aim or enabler.

Resolved: to accept this report.

G16/118 Finance and Activity Report – Quarterly Update

The Council of Governors considered the report presented by the Chief Financial Officer.

At the end of Q1 the Trust has a surplus of £1.311m which is above the planned surplus of £1.300m. This plan assumes that the Trust will receive the full £16.7m Sustainability and Transformation Funding.

This figure also takes into account a £6.863m overspend year to date across operational divisions relating to workforce issues, activity and capacity cost pressures and under delivery against historic CIP targets (although these are in line with expectations). The situation is similar in all acute providers across the country. A new system will shortly be implemented to track the use of agency staff and how much they are paid. A reduction to the monthly operational run rate is required to ensure the Trust remains on track to deliver the agreed financial plans.

The Trust's cash position remains strong despite scoring the lowest liquidity rating – this is due to the PFI debt & borrowing relating to the QEHB.

Resolved: to accept this report.

G16/119 Governors' Feedback
No feedback received

G16/120 Any other business
No other business was raised.

G16/121 Date of Next Meeting
Thursday 17 November 2016
6.00 p.m. – 8.00 p.m.
(5.30 p.m. – 6.00 p.m. Pre-Meeting)
Meeting Rooms 1 & 2, Trust HQ

Chair.....

Date.....