

## COUNCIL OF GOVERNORS

Minutes of the Meeting of the  
University Hospitals Birmingham NHS Foundation Trust  
Council of Governors held on 16 November 2017

Lecture Theatre 2, Education Centre, QEHB

- Present: Rt Hon Jacqui Smith (Chair)  
Mrs Edith Davies  
Dr John Delamere  
Mr Alex Evans  
Mrs Margaret Garbett  
Mrs Sandra Haynes MBE  
Dr Elizabeth Hensel  
Dr Elspeth Inch OBE  
Mr Patrick Moore  
Ms Yvonne Murphy  
Cllr Valerie Seabright  
Mrs Linda Stuart
- In attendance: Dame Julie Moore (Chief Executive Officer)  
Mr David Burbridge (Director Corporate Affairs & Foundation Secretary)  
Ms Fiona Alexander (Director of Communications)  
Mr Tim Jones (Executive Director of Delivery)  
Ms Michele Owen (Acting Executive Chief Nurse)  
Dr David Rosser (Executive Medical Director)  
Mr Mike Sexton (Chief Financial Officer)  
Ms Cherry West (Executive Chief Operating Officer)  
Miss Sam Baker (Quality Management & Support Manager)  
Ms Sarah Snowden (Corporate Affairs & Governor Liaison Manager)  
Mr Joe Green (Green Travel District Association)

### **G17/40 Welcome and Apologies for Absence**

The Chair welcomed everyone to the meeting and introduced Mr Joe Green from the Green Travel District Association.

Apologies for absence were received from Mrs Bernadette Aucott, Mr Paul Burgess MBE, Dr John Cadle, Dr Tom Gallacher, Rabbi Dr Margaret Jacobi, Dr Prakash Naik, Dr Aisha Sharif, Surgeon Vice Admiral Alasdair Walker and Dr Iestyn Williams

Apologies were also received from Mr Kevin Bolger (Executive Director of Strategic Operations), Mr Andrew McKirgan (Director of Partnerships), Dr Catriona McMahon (Non-Executive Director) and Mr Lawrence Tallon (Director of Corporate Strategy, Planning & Performance).

**G17/41 Quorum**

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

**G17/42 Minutes of the Meeting of the Council of Governors of 5 September 2017**

It was agreed that the minutes of the meeting held on 5 September 2017 were an accurate and true record.

**G17/43 Matters Arising from the Minutes**

There were no matters arising from the Minutes.

**G17/44 Chair's Report**

The Chair had updated the Governors in the Pre-Meeting regarding progress on the Case for Change.

The Report from the Chair of the Investment Committee (item 10 on the Agenda) will be taken at the next Council of Governors' meeting owing to Angela Maxwell being unwell.

The Chair had attended the Remembrance Day service held last Sunday at UHB, which had been expertly organised by the Communications Team. The event was well attended and had a large military presence.

As part of the Sustainability and Transformation Programme, Dame Julie Moore has commissioned the Women in Theatre Group to write and perform a play about the difficulties facing older and vulnerable people who become hospitalised and the effect their hospital stay has on both them and their families. The play has been performed in a number of locations around the hospital with the actors taking a question and answer session from the audience afterwards. The conclusions drawn from this will be collated and fed into the next stage of developing the Sustainability and Transformation Programme.

The BBC programme Newsnight has reported from the Trust showing the pressures the Emergency Department experiences along with an interview with Dame Julie Moore. It had given a clear message of the difficult issues the Trust is facing but also conveyed that we were working well despite these problems.

Jon Ashworth MP, Shadow Secretary of State for Health has visited the Trust today, talking to staff in various areas.

Preet Gill, the new MP for Edgbaston, is scheduled to visit the Trust tomorrow.

The Best in Care Awards will be held next Thursday 23 November, the Governors were invited to attend this fantastic celebration of all the excellent work we are doing at the Trust.

**RESOLVED: To ACCEPT the report.**

**G17/45 Update on Travel Initiatives and the Green Travel District Association**

Mr Joe Green, Director of the Selly Oak & Life Sciences Green Travel District Association (GTDA), distributed handouts and explained more about the organisation, which was set up in 2015. Its aim is to develop an effective transport system enabling growth and development across the site while reducing traffic congestion and safeguarding the environment.

The site is now the equivalent of a small town such as Telford and a sustainable transport strategy needs to be developed to address the current constraints and encourage people to make different travel choices where they can. Part of this strategy will promote safer walking and cycling routes whilst encouraging car sharing and flexible working arrangements where possible. A delivery plan will be produced in 2018 outlining this work.

One Governor pointed out that when people are feeling sick they don't want to use public transport and that this needed to be borne in mind. It was also suggested that a consultation plan be designed for the engaging with the many Volunteers whose work is valuable to the Trust.

The CEO suggested thought be given to an environmentally friendly shuttle bus which could call at key points and operated in a similar way to the Ring and Ride Scheme.

It was agreed that the Trust Members would be consulted through the TIF Magazine.

The Chair thanked Mr Green for his time.

**G17/46 Quality Report Update Q2 2017/18**

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

Of the six quality improvement priorities, the number of grade 2, non-device related hospital-acquired avoidable pressure ulcers remains steady.

Six of the selected Patient Experience questions have improved since Q1 and another two have maintained their performance.

Performance for the timely and complete observations including pain management is now 93.6% against the end of year target of 95%.

The percentage of missed doses of antibiotics has dropped slightly compared to Q1 but remains higher than previous quarters – cases continue to be presented at the Executive Care Omissions RCA group.

Reducing harm from falls (a new priority) has seen the harm rate drop significantly in Q2 compared with Q1.

The timely treatment of sepsis in the ED (another new priority) is not yet being measured as the required data is not currently available in PICS. However, it was noted that the first part of PICS was implemented in ED last week and is now running very smoothly. Management of sepsis is also a CQUIN.

The mortality and selected metrics data was unavailable at the time of writing the report.

**RESOLVED: to ACCEPT this report**

#### **G17/47 Patient Care Quality Report, including Infection Control Update**

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

This paper provides an exception report regarding infection prevention and control performance. The paper also provides an update regarding discharge management.

##### Update on current Infection Prevention and Control performance.

Clostridium Difficile Infection (CDI): The annual objective for CDI for 2017/87 was 63 cases. (currently around 71) Performance for Quarter 2 2017/178 was 2 Trust apportioned cases, all of which were reportable to Public Health England (PHE) in accordance with Department of Health guidance. In total for the financial year 2017/18, we have had 37 Trust apportioned CDI cases (i.e. above trajectory), 3 of these cases were considered avoidable.

Actions to improve CDI performance continue with a specific focus on:

- Hand hygiene
- Reduce inappropriate glove use.
- Correct screening of patients before admission, on admission and the screening of long stay patients.
- Improved access to expert review of patients with clostridium difficile infection

### Meticillin Resistant Staphylococcus Aureus (MRSA)

The annual objective for MRSA bacteraemia is 0 avoidable cases. There were no Trust apportioned MRSA cases in Quarter 2 2017/18. We had no Trust apportioned MRSA cases to date.

Actions to maintain improved MRSA performance are ongoing with a specific focus on:

- Hand hygiene
- Correct use of Personal Protective Equipment (PPE)
- MRSA Screening and Decolonisation

### Update on the National Inpatient Survey/Action Plan

In July 2017 3 patient experience projects suggested by the Patient experience Group were agreed.

- the well looked after patient
- responding to call bells
- discharge medications being well explained

The Patient Experience Group comprises Deputy ADNs, clinical and non-clinical staff, patient experience team and public representatives (Governors and Patient and Carer Council members).

Following this the initial action plan was presented to the September meeting, outlining the desired outcomes around increasing patient experience scores, involving staff and patients in the projects and ensuring clear expectations/standards for staff. As this is the initial action plan, focus is given to investigation and benchmarking of the issues to identify the improvement actions needed a further update will be given once the groups produce outcomes.

### Update on the continence care

This report to the Care Quality Group summarises the Continence Action Group (CAG) activity from April 2017 to September 2017.

The Trust continues to be a higher user of urinary catheters within the Shelford Group; however the Trust also continues to have lower prevalence of catheter associated urinary tract infections (UTI's) within the Shelford Group.

Key areas for action identified in the Trust Urinary Catheter Care Benchmark include:

- Decision making of when to remove a urinary catheter
- Need for a new grading system and RCA process for the review of catheter associated injury
- Reinforcing and supporting standards of urinary catheter documentation
- Focus on education and training

### Update on Dignity in Care

Dementia - the final results for the Trust following the National Audit of Dementia completed in 2016 have been received. Key findings included:

- Not all patients are being screened for Delirium and the management of patients with Delirium is poor (of note: this was a National finding across all Trusts who participated in the audit).
- Availability of personal information to assist with patient care is not always available or communicated to all relevant staff.
- Carer support and information was variable, with some carers reporting that they had difficulties in obtaining information from staff and being identified as a carer.
- Nutritional needs of people with Dementia, specifically availability of finger foods and access to meals out of hours.
- Staff reported that they would like further training and support with caring for patients with Dementia.

A number of our work streams are already addressing some of the findings e.g. Carer support and information as part of the Carer Strategy Group objectives and actions and the Delirium Group which is looking at management and training.

Delirium - Following on from the National Audit of Dementia, it was shown that as a Trust we need to improve our assessment of Delirium especially with regards to identification and treatment. Actions led by the Delirium Working Group have so far included:

- Pre-assessment clinic staff received teaching on Delirium management, and now provide written information for patients and their relatives about Delirium including what signs to look out for and what to expect if the patient does develop delirium.
- Delirium teaching commenced on Clinical Decision Unit (CDU) during the week of 18 - 22 September 2017 by Doctors Thomas Jackson and Sara Ormerod. A total of 16 staff were trained, including medical staff. It is planned that these staff will cascade the information taught to them on spotting delirium to other members of their team. Doctors Jackson and Ormerod are currently determining if more teaching will be delivered on CDU or whether in another clinical area. All attendees of the teaching sessions will be badged as Delirium Champions on the new Royal College of Nursing (RCN) Delirium Webpage.

Learning Disabilities - The Trust, together with Royal Imperial Hospital London, is taking part in a trial learning disability quality check within the Emergency Department (ED). This is in partnership with NHS England and NHS Improvements. The trial will be led by a member of the



'Changing Lives' team who has a learning disability and a team member who has experience of health and social care. The focus will be on small improvements that can be made to enhance patient care and experience. The date for the trial has not yet been confirmed.

**RESOLVED: to ACCEPT this report.**

**G17/48**

**Performance Indicators Report and 2017/18 Annual Plan Update**

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

NHSI tracks the Trust's performance against targets which, if achieved, give access to the Sustainability and Transformation Fund. Full STF funding was achieved in Q1.

Single Oversight Framework (SOF)

Providers are now segmented from 1 to 4 with 1 being the best performing and 4 the worst. The Trust has been rated as 2 for the most recent period for the Single Oversight Framework (SOF) which means its triggering a concern in one or more themes but not in breach of its licence. The areas concerned are A&E and Cancer.

National Targets

The Trust is meeting 3 out of 5 of the National Targets – A&E 4 hour wait has been missed for the last two years where the performance in September dropped from 86% to 82%. The last 10 days in September saw a large increase in emergency admissions which radically affected performance and continues.

The Unscheduled Care Group continues to lead a programme of projects aiming at improving the 4 hour wait performance and timeliness of discharge.

The 62 day cancer target has improved and the Trust has received additional funding in order to reduce the 62 day backlog which is now on trajectory.

With regards to the 18 Week Referral to Treatment (Unfinished Pathways) target, whilst the standard is being achieved at aggregate level, there are three treatment functions which continue to perform below the 92% standard, Neurosurgery, Ophthalmology and General Surgery. Recovery action plans are in place and all three treatment functions are performing at a level consistent with their recovery plan.

Of the 23 national targets that are monitored locally through the CCG contract, the Trust is on target for 21 and slightly below target for 2 – 60 minute ambulance handover and C Diff. The Trust is disputing the accuracy of the data provided by WMAS and a process of validation for these breaches has been adopted. There have been a total of 37 cases

of C Diff in the year to the end of September against a ceiling of 63 cases for the whole year.

The Trust is still meeting safer staffing standards and short term staff sickness rates have remained static. Long term sickness rates are at the highest level for 12 months with increases in all divisions. Anxiety and musculoskeletal problems continue to be the leading cases of long term sickness.

Delayed Transfers of Care increased at the same time. Across the system there was a reduction in nursing home beds as a result of regulatory action, a company withdrawing from the market and an outbreak of diarrhoea and vomiting.

**RESOLVED: to ACCEPT the report.**

**G17/49**

**Finance and Activity Report – Quarterly Update**

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

The Trust has reported a surplus of just over £10m at the end of Q2 assuming the Trust receives the full allocation of STF funding along with a total operating revenue of £22.1m above plan. This includes additional income from high cost drugs and devices excluded from tariff and specific cost per case treatments. All other income is in line with plan, although there is a small variance is due to under recovery of Injury Cost Recovery Scheme (ICRS) income which aims to recover the cost of NHS treatments from insurance companies – further investigations are ongoing.

Expenditure is £21.2m above plan year to date. Other expenditure variances have been attributable to Medical and Locum staffing, unfunded consultant posts together with payments for additional sessions and waiting list initiatives.

The Trust's cash balance at the end of Q2 was £68m.

The Trust's financial performance remains in line with NHSI metrics assuming full receipt of STF income, healthcare income continues in line with internal plans, CIP delivery continues to improve and monthly adverse "run rate" incurred by operational divisions does not worsen.

**RESOLVED: to ACCEPT this report.**

**G17/50**

**Governors' Feedback**

No feedback was received.



**G17/51**      **Any other business**  
No other business reported.

**G17/52**      **Date of Next Meeting**  
**February 2018 - TBC**

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**Chair**

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**Date**

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