University Hospitals Birmingham NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS

Minutes of the Meeting of Thursday 13 September 2018
4.00 pm – 6.00 pm
Thomas Guy Lecture Theatre, Education Centre, Good Hope Hospital

Present:

Rt Hon Jacqui Smith	Chair
Mr Mark Aspinall	Public Governor, Rest of England & Wales
Mrs Bernadette Aucott	Public Governor, Birmingham South
Mr Stan Baldwin	Public Governor, Solihull & Meriden
Mrs Kath Bell	Public Governor, Rest of England & Wales
Mr Anthony D Cannon	Public Governor, Sutton Coldfield North
Mr Albert Fletcher	Public Governor, Birmingham North
Mrs Phyl Higgins	Public Governor, Lichfield Northwest & Northeast
Dr Elspeth Insch OBE	Public Governor, Birmingham West
Ms Attiqa Khan	Public Governor, Birmingham Central
Miss Beverley Martin	Public Governor, Rest of England & Wales
Mr Gerry Moynihan	Public Governor, Birmingham Heartlands
Cllr Kate Wild	Stakeholder Governor, Solihull Metropolitan Borough Council
Mrs Susan Hutchings	Associate Governor, Public Constituency
Mrs Veronica Morgan	Staff Associate Governor, Nursing & Midwifery
Mrs Jean Thomas	Associate Governor, Public Constituency
Mr David Treadwell MBE	Associate Governor, Public Constituency
Mr Thomas Webster	Associate Governor, Public Constituency

In attendance:

Prof Jon Glasby	Non-Executive Director	
Mr Harry Reilly	Deputy Chair & Chair of Investment Committee	
Dr David Rosser	Chief Executive Officer	(“CEO”)
Ms Fiona Alexander	Director of Communications	(“DComms”)
Mr Jonathan Brotherton	Executive Chief Operating Officer (HGS)	(“COO-HGS”)
Mr David Burbridge	Director of Corporate Affairs	(“DCA”)
Ms Margaret Garbett	Director of Nursing (HGS)	(“DoN – HGS”)
Mr Mark Garrick	Director of Quality Development	(“DQD”)
Mr Tim Jones	Executive Director of Workforce & Innovation	(“EDWI”)
Mr Andrew McKirgan	Director of Partnerships	(“DoP”)
Mr Julian Miller	Director of Finance	(“DoF”)
Mrs Lisa Stalley-Green	Executive Chief Nurse	(“ECN”)
Mr Lawrence Tallon	Director of Corporate Strategy, Planning & Performance	(“DCSPP”)
Ms Cherry West	Executive Chief Operating Officer (QEHB)	(“COO-QE”)
Mr Ralph Evans	Business Development Manager	
Ms Sarah Snowden	Corporate Affairs & Governor Liaison Manager	(“SS”)

G18/30	**Welcome and Apologies for Absence** The Chair welcomed everyone to the meeting and introduced Lisa Stalley-Green, the new Executive Chief Nurse. Apologies for absence were received from the following Public Governors: Dr Sue Balmer — Solihull & Meriden Dr John Cadle — Quinton, Halesowen & Southwest Mr Keith Fielding — Birmingham East Mrs Sandra Haynes MBE — Birmingham South West Dr Elizabeth Hensel — Birmingham South East Mr Derek Hoey — Tamworth Mr Adam Layland — Birmingham Reservoirs Mrs Anne McGeever — Solihull & Meriden Apologies for absence were received from the following Staff Governors: Dr Tom Gallacher — Medical & Dentistry Dr Kate Gee — Nursing Ms Sally Glover — Clinical Scientist & Allied Health Professional Mr Patrick Moore — Corporate & Support Services Ms Yvonne Murphy — Nursing Mr Lee Williams — Corporate & Support Services Apologies for absence were received from the following Stakeholder Governors: Surgeon General Martin Bricknell — RCDM Prof Carol Doyle — Birmingham City University Cllr Jayne Francis — Birmingham City Council Rabbi Yossi Jacobs — Birmingham Faith Leaders Group Dr Iestyn Williams — Birmingham University
G18/31	**Quorum** The Chair noted that the quorum for Staff Governors had not been met, however as no voting was required, the meeting proceeded to business.
G18/32	**DECLARATIONS OF CONFLICT OF INTERESTS** No conflicts of interest were declared.
G18/33	**Minutes of the Meeting of the Council of Governors of 26 July 2018** The minutes of the meeting held on 26 July 2018 were approved as an accurate and true record.
G18/34	**Matters Arising from the Minutes** There were no matters arising from the Minutes. It was noted that there were a large number of apologies for this meeting and the Chair assured those present that she would encourage better attendance for future meetings.

G18/35	**Chair's Report** The Chair reported that, following the recent election, the Governors must now re-elect a Governor Vice Chair, a role that also covers the Lead Governor position that links to the NHSI. The Lead Governor/Vice Chair would be expected to chair the pre and post sessions that are scheduled before or after Council of Governors Meetings and Seminars, and be a general representative of the Governors. The Trust will seek nominations from all Governors for this position and, if contested, an election will be run via the electoral services provider used for the recent Governor elections. A full list of the Groups and Committees requiring Governor representation will be circulated with a description of what each group does. Governors will be invited to express an interest in the Groups and Committees that they would like to be part of and then, once the Governor Vice Chair is elected, they, along with the Chair, will make a decision as to the final allocations of Governors to Groups. The Chair also reported that she had attended a meeting of the Solihull Patient Groups Network earlier in the day and had reported on the state of the Trust following the merger, which had been well received. With regards to the Sustainability and Transformation Partnership that covers Birmingham and Solihull, the Chair reported that a good draft strategy is now in place and this will be communicated, along with the key priorities and actions planned, at a conference currently scheduled for 3 December to which all Governors and NEDs from all of the STP partners will be invited. **ACTION: Governors will be invited to nominate themselves for the Lead Governor/Vice Chair Role.** **SS/ALL** **ACTION: Full list of Committees and Groups with Governor representation to be distributed asking for invitations of interest.** **SS/ALL** **ACTION: All Governors to be invited to STP conference currently scheduled for 3 September** **CHAIR** **RESOLVED: to ACCEPT the report**
G18/36	**Patient Care Quality – Quarterly Report to include Infection Control Update** The Council of Governors considered the report presented by the Executive Chief Nurse. <u>Infection prevention and control</u> The Trust encountered its first case of MRSA for 17 months in August – it is believed this was partly caused by the short supply of the particular type of antibiotics used to decolonise, however the antibiotics are now back in stock and preventative work is now back on line. Focus is being placed on standards in basic care (handwashing and hygiene etc.) and a programme of deep cleaning is being initiated across all sites in areas of particular high risk to patients of infection (e.g. A&E, Oncology etc.) The Trust participates in regional surveillance programmes that highlight trends that might impact on patients in our area – currently there is an increase in carbapenemase

producing Enterobacteriaceae (CPE) cases in Worcester & Leicester with reviews and appropriate precautionary action in place for patients coming from those areas.

Complaints

The Trust has seen an increase in complaints over the last period but improved performance in rate of response. One trend shows that, although responses are quicker, more cases are being re-opened and therefore focus is on providing resolution first time round, ensuring all concerns are dealt with and a satisfied outcome achieved.

Falls prevention

With more and more frail and elderly people come into the Trust's care additional focus is needed with regards to preventative work, refining learning tools on how we can prevent the chances of falling in the future. This includes looking at the medications of the older patient and how they may contribute to the risk.

Q1 from Governors – has a dip in staffing had an impact on the risks of falls?
Answer: This is not believed to be the case, as any dip would be picked up in our thematic review. A key factor would appear to be the length of stay - when patients have been bed bound and immobilised for a considerable period there is a greater risk of falls. The Trust is working with its community colleagues on this also.

Q2 from Governors – how does the process/closure of complaints actually help us improve our services – how do they feed into the programme of continuous improvement?
Answer: Complaints are always very specific – with a detailed experience of what the problem was. The Trust then looks at how we translate that into specific learning and how we bring the voice of the patient into some of our discussions on overall patient care. This can be seen in the Quality Accounts.

Q3 from Governors – are patients made aware of the complaint procedure in that they can express a concern? People have an inbuilt fear of doing it.
Answer: All Wards and areas publicise leaflets detailing that PALS should be the first point of contact, as a telephone call is sometimes all it needs to sort out the issue.

Tissue viability

Work is focusing on Grade 2 pressure damage – some of it relates to patient positioning and keeping them mobilised to avoid pressure on one particular area. In the last month there has been no reported Grade 3 or 4 pressure damage which is very positive.

Q1 from Governors - do capacity problems make it difficult to close a ward for deep cleaning?
Answer: The Operations Directors are working with both COOs at all sites prioritising the high risk areas and ensuring that deep cleans are focussed where the patients are most vulnerable to infection. In-house housekeeping and cleaning staff work alongside nurses to ensure the environments are kept continuously clean.
We will very soon have a spare ward on each of the Heartlands and Solihull sites which can be used for decanting wards in order to carry out a deep clean.

Bank rates of pay

Differential rates of pay were identified across sites post-merger – the Trust believes that this is a very important issue to address as in order to provide fairness and consistency standard rates of pay must be in place across all sites

Entry into employment status within the organisation has been made more attractive with paid inductions etc. and a staff wellbeing package makes the Trust a really great place to work.

	Q1 from Governors - the article in the Birmingham Mail suggested that our bank staff had low morale – is this true? Answer: The Trust is not aware of people leaving and giving the bank rate change for the reason – however, figures are yet to come through. Over 100 new recruits recently joined the bank with flexibility on shifts etc. Q2 from Governors - some staff are turning up at one hospital for a shift and then being moved by taxi to a different site – this leads to unrest? Answer: There's usually a very good reason for re-deploying staff – especially on the same day – and we are not aware of this happening on a regular basis. Q3 from Governors – is there rationalisation to the lower of the two rates – and if so, how does it compare to the standard nursing rate? Answer: the rate is competitive as it is almost mid-point of the band they are working at. **RESOLVED: to ACCEPT the report.**
G18/37	**Performance Indicators Report** The quarterly Performance Indicators Report was presented by the DCSPP. There continues to be an intense demand on urgent and emergency care services which is constraining ability to do planned and elective work – this is a consistent story with what is going on nationally. There has been a very high level of emergency attendance across all sites – July being the highest ever month. Similar patterns are being seen in non-elective admissions. The 4 hour A&E performance target has dipped slightly and this plays through to the elective work with a slight dip in performance for the 18 week referral targets. However, there are very few places around the country that are maintaining this target although we are ahead of the curve with a relatively strong performance compared with the national basis. There has been media coverage reporting that regulatory bodies have written to all NHS organisations to ask them to consider using the private sector to help them with waiting lists. The main reason for this is that the national waiting list has grown to 4.3 million patients, which means, at national level, it is extremely unlikely that the target (waiting list numbers should be no greater at March 2019 than they were was at March 2018) will be achieved. A letter from one national regulator states that no one should wait more than 18 weeks for a day case procedure. However, this results in prioritising less clinically urgent work over more clinically urgent work just to reduce the numbers on the list. The Trust does put some work out to the private sector but only a modest amount as it has a knock on financial impact. <u>Diagnostic Tests</u> The Trust is well ahead of the curve in terms of the target on this, although in other parts of the country this has deteriorated quite badly. <u>Cancer 62 day referrals</u> HGS divisions are still maintaining performance and achieving this target consistently. However, things are more challenging at QEHB due to severe capacity constraints and

late referrals that it receives as a major tertiary centre. The position is improving as, having been in a red position for some time, QEHB is now at amber.

Two week waits

The Trust has seen capacity constraints in Breast Radiology at QEHB partly due to the national recall (when quite a number of people were not called in for screening when they should have been). However, we are confident that we will recover after the next quarter.

Delayed Transfers of Care

The Trust is now broadly stable having come from a very high level of delays two years ago. A lot of work is taking place with Local Government to ensure these figure remain low during the winter months with plans in place.

Cedarwood

The COO – HGS reported that the Cedarwood ward in the Sheldon Unit at Good Hope Hospital was run by an organisation that we subcontracted to a few years ago, but is now closed. It has now being re-opened, following the Trust securing £1m worth of capital funding. This will be used to renovate the ward and use it for medically fit patients who still require some level of care, or who are waiting a placement in a residential facility. The new ward is due to open in mid-December and will provide 25 additional beds and therefore ease winter pressures, allowing the Trust to treat more patients with elective procedures.

Q1 from Governors - are we still subject to primary care needs being presented at the same rate?

Answer: Looking at the numbers presenting at ED across all sites – a lot of growth across the city is coming to our Departments with only a modest amount going to walk in centres etc. If you compare this with other cities (e.g. Leeds and Manchester) their overall growth isn't quite as high but a lot more present at walk-in centres. We are investigating why this is increasing so much and believe it may be due to the confusion around how you access emergency services out of hours. Some walk-in centres open at different times to others and the "111" project hasn't done what it was supposed to do. This should be addressed in the fullness of time but not in the next few months. Around 85-90% of people who are referred by their GP to an ED need no intervention at all – they are just sent on the balance of risk, therefore we are looking at better real time communication between hospital emergency departments and GP's in order to prevent people coming that don't need to. The Trust is hoping that it might be possible to get to a stage in the future when you can have real time video conferencing between the patient and the GP on a timed programme – something that we might develop – especially in relation to the development/introduction of the 5G services which was announced last week at QEHB. This allocation of 5G across the West Midlands conurbation, together with other small test beds at university campuses should enable our R&D facilities to develop better communications in the future.

Q1 from Governors - had spent part of her w/e in A&E with a friend – felt that a lot of people there weren't emergencies – need a drop in centre at the QE – might provide a better filtering system/better structure to help the whole system.

Answer: This is part of the constant improvement plan – patients make decisions on where they go as to where they think they are going to be safe. The COO-HGS explained that the Clinical Commissioning Group (CCG) in Birmingham and Solihull are going through a process at the moment of establishing standard specifications for urgent treatment centres based across the whole patch, with common opening times and common diagnostic tests and staff skills. It will take a while to get there but he believes this is a very promising piece of work. In addition, nationally there is a requirement for all GPs to offer extended access (at weekends and up to 8.00 pm) and this will no longer

	be on an optional basis but managed through the GP contracts. However a remaining problem is that there are nowhere near enough GP's at present and the number is going down. Q2 from Governors – do we have a consultant available at triage? At what point do they get involved? Answer: we stream the patients – the sickest get reviewed by the most senior clinical decision maker shortly after they arrive, those deemed to be less sick would be triaged and seen by an appropriate clinical practitioner with the same happening in paediatrics. Q3 from Governors – believe this is a strategic problem between primary and secondary care – moving one problem from one area to another – we are running as hard as we possibly can just to hold on to site of the target – this can only get worse. Answer: The current policy is how to have more integrated systems – the difficult factor in this is that it will take years to re-engineer the whole system **RESOLVED: to ACCEPT the report.**
G18/38	**Finance and Activity Report** A quarterly update was given by the Director of Finance. The Trust agreed a planned deficit of £38m for 2018/19 - the plan includes £23.8m of Provider Sustainability Funding (PSF) –the Trust assumes it will realise the QEHB element of that funding but not necessarily that from the HGS element. The trajectories set out in the plan show an overall steady start to the Financial Year - the report includes a greater release than we had hoped for of reserves but that is balanced by income over performance which we haven't yet accrued into the position. We are in broad balance against the plan at this stage of the year. Key pressures are around pay – about half of this relates to premium cover around vacancies. The trust has spent £12.7m on agencies putting us around 45% above our agency cap in the first quarter. We have also seen slippage against the CIP programmes - as at Q1 we have delivered 62% of plan – the annual target being £35.6m. This will be challenging to deliver but as the target is phased on an equal 12 spaces, with a number of schemes due to start delivering throughout the year this is a more prudent method and ensures lower risk than the methods in place at other Trusts. The Cash balance is £80.5m which is exactly in line with plan but it had expected that the £21m of the 2017/18 Sustainability and Transformation funding would have been paid by now – once this is factored in cash is well ahead of plan. National performance report for Q1 – the Trust has a deficit of £814m – across the sector this is better than the average position where 123 out of 133 trusts are in deficit putting the Trust's position in context. Q1 from Governors - is there any money available to help with a spare ward at Heartlands to help with deep cleaning issues and winter pressures? Answer: £650k of capital has just been approved this week for this to be done. **RESOLVED: to ACCEPT the report.**

G18/39	**Membership Engagement, Recruitment & Communications Update** An update on membership was presented by the Director of Communications. Normally by this stage in the year a detailed plan has been produced on membership strategy but, due to the merger, this hasn't happened. The position prior to the merger was that there were a set of members at each Trust with three constituencies at UHB and two at HGS. When combined this produced a joint membership of just over 51,000. All members were written to asking if they were happy to transfer either across to UHB (if they were former HEFT members) or continue at UHB (if they were UHB members). This resulted in some loss with membership totalling just over 49,000 at the end of August. However, all of these members have reinforced their wish to support the hospital in one way or another and it's therefore felt we have an engaged membership. It is now planned to carry out an analysis of whether we are representative of the communities we serve and ensure there are appropriate communication channels going forward. These will be reviewed over the next few months with new ones being explored. The Trust's strategy going forward is not to grow the number but maintain it at no less than 48,500. We envisage losing around 4,500 – 5,000 members a year due to members moving out of the constituency or passing away and therefore we will have to recruit this number back in, in order to maintain the position. A Task and Finish Group will be formed to decide how we are going to undertake this work and we will be asking for volunteers from the Governors to attend monthly meetings starting in October when we have a membership Seminar for Governors where a framework will be presented looking at communication, recruitment and engagement. **ACTION: Any Governor interested in joining the Task and Finish Group to contact SS in order to register.** **RESOLVED: to ACCEPT the report.**
G18/40	**Report from the Chair of the Investment Committee** Harry Reilly, Chair of the Investment Committee, provided an annual update on the work of the Investment Committee to the Council of Governors. Since Harry had taken over from Angela Maxwell as Chair of the Investment Committee at the end of April, there have been two meetings in May and September. The Committee has reviewed its Terms of Reference. The committee's role is to oversee commercial activities within the Trust, including the investment of scarce resources. Work undertaken at recent meetings includes: PICS – a prescribing and decision support system that has been developed within the QEHB and is now being used in other Trusts, including Birmingham Women's and Children's NHS Foundation Trust and the Royal Orthopaedic Hospital. This results in keeping investment money both within the NHS and within the UK. There is a lot of commonality of best practice found with other Trusts and there will be additional benefits for clinical care if several providers in the West Midlands use a common system. The Trust has collaborated with Servelec, who also worked with the Trust to develop a patient administration system, which will be introduced throughout the Trust's hospitals and also the Royal Cornwall Hospital.

	Payroll services – The Trust supplies payroll services to 21 other trusts. A number of subsidiaries have been set up – one does dialysis in Smethwick and the other is Outpatients Pharmacy. The latter has been providing consultancy services to other Trusts seeking to replicate the model and is currently working with Walsall. The Specialist Hospital Facility - a project is being run in conjunction with HCA who will operate this facility, which it is envisaged will be opened during 2021. The design includes seven floors, of which two floors will be specifically for Trust use for up to 72 NHS patients. The facility will also give the Trust access to specialist theatres and imaging/radiotherapy capacity. International work is also undertaken, including projects in China where the Trust is being paid in an advisory role in relation to the building of a new hospital. If Governors would like more frequent updates on the work of the Investment Committee then they should contact the Chair and these will be fed into the Annual Cycle. However it was emphasised that much of the content is confidential from a commercial point of view. **RESOLVED: to ACCEPT the report.**
G18/41	**Presentation on Healthcare Evaluation Data (HED)** The Clinical Business Development Lead presented the Governors with an update on the HED system. Ralph Evans explained that he works for Informatics Team at UHB as a business development manager selling tools developed in-house to other organisations. It is an excellent example of the NHS selling to other NHS organisations. Healthcare Evaluation Data (HED) was set up around 10 years ago. It consists of a web-based platform requiring a license designed to monitor a number of indicators incorporating dashboards and modules. It is mobile friendly allowing people to interact with data on the move. The product was originally developed for internal use and then commercialised, in competition with similar products provided by other private sector organisations and one NHS/private sector joint venture. The product is used nationally by 55 NHS Trusts including large acute hospitals and small specialist services, four Clinical Commissioning Groups (CCGs) and one CSU. It has been a popular product, with users paying a set license fee to the Trust. **RESOLVED: to ACCEPT the report.**
G18/42	**Governors' Feedback** The Governors had asked for an update regarding the re-siting of the Birmingham Chest Clinic, this was provided by Director of Corporate Affairs. The plan is to relocate the Chest Clinic to Atwood Green – a "lift" building (built under a PFI for community and primary care). A design brief has been put together by the Estates Team working with the Chest Clinic team – this has now been passed on to the

	contractors who will be completing the design. A project team will then be put together with representatives of both the Chest Clinic and the Estates to finalise the layout. Timescales for the move are not yet available as the commercials still need finalising and satisfactory agreement needs to be reached with the CCG.
G18/43	**Any other business** Low Governor attendance at this meeting was commented upon by one Governor and the Chair hoped that this would greatly improve at the next meeting. The Chair reminded the Governors that there was an expectation for Governors to attend the Trust's AGM which will take place this year on 24 September at the Tally Ho Conference and Banqueting Centre, Edgbaston, commencing at 6.00 pm. There will then be a series of Mini AGMs at the HGS Hospitals to ensure good communication throughout the sites. On 18 October it is intended to have a "meet and mingle" session with the candidates applying for the Medical Director role. More information will follow but it is intended that this will take place prior to the Governors'' Communication and Engagement Seminar at 6.00 pm **ACTION: SS to inform Governors of final venue/timing.**
G18/44	**Date of Next Meeting** **Thursday 29 November 2018 4.00 pm – 6.00 pm** **(Pre-Meeting 3.30 pm)** **Rooms 7 & 8, Education Centre, Heartlands Hospital**

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Chair **Date**