

BOARD OF GOVERNORS

Minutes of a Meeting of the
University Hospitals Birmingham NHS Foundation Trust
Board of Governors held on 9 December 2010

Trust Headquarters Meeting Rooms 1 & 2 QEMC

- Present: Sir Albert Bore (Trust Chairman)
Margaret Burdett (Vice Chairman)
Rita Bayley
Prof David Cox
Edith Davies
John Delamere
Dr Tom Gallacher
Jamie Gardiner
Cllr James Hutchings
Ruth Harker
Rabbi Margaret Jacobi
Patrick Moore
Tony Mullins MBE
Susan Price
David Spilsbury
Prof Ian Trayer
Shirley Turner
- In attendance: Julie Moore (Chief Executive) (up to item G56/10)
David Burbridge (Director of Corporate Affairs & Foundation Secretary)
Clare Robinson (Non-executive Director)
Kay Fawcett (Chief Nurse)
Morag Jackson (New Hospital Project Director)
Tim Jones (Executive Director of Delivery)
Mike Sexton (Director of Finance)
Viv Tsesmelis (Director of Partnerships)
Imogen Gray (Head of Quality Development)
Inese Edgcumbe (Deputy Director of Operations - Division 2)
Sarah Snowden (Corporate Affairs Assistant)
Robert Warner (Burns & Plastics SpR)
- Members of the public in attendance: None
- G10/49** **Welcome and Apologies for Absence**
The Chairman welcomed everyone present to the meeting.

Apologies for absence were received from Barbara Tassa, Joan Walker, John Coleman and Professor Edward Peck.

G10/50

Quorum

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

G10/51

Minutes of the previous meeting (20 September 2010)

The Minutes of the meeting of 20 September were accepted as an accurate record.

G10/52

Matters Arising

G10/22 – The Chief Nurse confirmed that she would be sending out the report on the Outpatients Survey shortly.

G10/23 – The NHPD confirmed that the planning consent included provision regarding the location of public information boards regarding the Roman Fort.

G10/40 – The Chairman reported that the seminar planned for the previous week had been postponed until February as the Government had not yet published the Bill.

G10/53

Declarations of Interest

None

G10/54

Chairman's Report

The Board considered the report presented by the Chairman. There was discussion regarding Dr Foster. The EDoD reported that the Trust had had major concerns with Dr Foster's statistics last year. Leading establishments in the United States of America had expressed an opinion that the use of the HSMR as an indicator of quality was not appropriate. The Trust's views were well known to the Governors. The Trust had not responded to Dr Foster's questionnaire as much of the information was already in the public domain.

The Trust had been represented as a significant outlier on two of Dr Foster's quality metrics: HSMR and the deaths after surgery indicator.

With regard to the HSMR, there has been general acceptance that this is not a particularly good indicator of quality and the Department of Health is changing to a new indicator, the SHMI (standardised hospital mortality indicator). The Trust's "score"

according to Dr Foster was 108.8, with 100 being the national average. However, 108.6 would be regarded as being within the average and therefore the Trust was only in outlier by 0.2 of a percentage point. The Trust has reviewed the information in detail although it took some time to obtain this from Dr Foster. There appears to be some, as yet, unexplained discrepancies between how the Trust believes the HSMR algorithm should be applied and how Dr Foster has applied it. The Trust has been unable to track 102 of the deaths included by Dr Foster and it was apparent that Dr Foster was including the deaths of patients who have been transferred to Moseley Hall and West Heath when this is not in accordance with their own algorithm.

The EDOD also explained that the Trust codes to a depth of six levels whereas some of the indicators only take coding to a second level. This means that a trust with a more sophisticated level of coding could score worse than a trust which only coded to one or two levels.

The deaths after surgery indicator is a new indicator which has been adapted from an American indicator, "failure to rescue". The Trust considers that this indicator has been put together in a rather strange way. It is significant that the Trust and Newcastle have scored badly. Both of these Trusts undertake a high level of liver surgery with complex patients, which has a disproportionate impact on an indicator like this.

The EDOD gave some examples of how the HSMR can be changed without any impact on the actual rate of mortality.

There was discussion about the appropriateness of the Trust taking action against Dr Foster. The Trust was aware of its position as a public body and the importance that the public in general attached to mortality indicators. The Chairman reported that the Board of Directors had discussed this matter in detail and all the non-executive as had been very supportive of the line that the Trust was taking, which was very much one of transparency. The Trust was confident that the work it does itself through its own informatics team was robust and provided a high level of assurance about the quality of the Trust's services.

After further discussion, it was agreed that the Trust should continue to operate in a transparent way in providing information and should not change its own systems merely to manage the Dr Foster data.

The EDOD explained that the Trust had recently been able to match up the coding within the Department of Health data with the Office of National Statistics deaths database which enabled them to

do some very revealing work about survival rates. He hoped that they will be at present some of this work to the Governors at their next meeting.

The Chairman further reported that the Faith Centre project was moving forward with the intention that it opens towards the end of 2011.

Some detail about the Trust's downside planning will be presented to the Governors at the seminar in February.

Resolved: To receive the report

G10/55

BNHP Progress Report

The Governors considered the report presented by the NHPD. In summary, the Trust was now occupying between 70 and 80% of the new hospital. Phase 2 had gone very well, with the Trust moving 300 patients over a period of two days. Oncology and neurology will move into the new hospital in the New Year. There been some teething problems as expected and some issues with signage which the Director of Communications will cover later on the agenda.

There was discussion regarding the site roads and car parks. The NHPD confirmed that the right turn into Metchley Park Lane should only be used by Ambulances and the Trust will be taking enforcement action along with the police in the new year. It was expected that once the rest of the new road system was open this would relieve some of the pressure on this area of the site.

With regard to pharmacy provision, it was confirmed that the Trust is current working through its strategy. In the meantime, the Trust was able to deliver pharmacy services to the new building. It was confirmed that there would be an outpatient pharmacy in the new hospital.

Governors confirmed that they had heard many positive comments regarding the new hospital. There was discussion about the provision of art work and the Director of Finance confirmed that there are a number of projects in the pipeline including the provision of paintings from charitable organisations. The trust' approach to arts provision was a flexible one with the intention of rotating exhibits and generating competition from schools and colleges and perhaps looking at performing arts as well.

With regard to the consultants' office accommodation the proposed allocation to specialties had been finalised. There remained some further discussion regarding the use of the seventh floor offices. One possibility is that these would be allocated to high input

inpatient/surgical specialties. For those consultants whose work is mainly outpatient based, it is likely that their offices would be accommodated on the seventh floor or in Nuffield House.

The NHPD confirmed that chairs will be provided in lift lobbies and corridors as soon as the specification had been finalised and that consideration was being given to the provision of a feature clock in the main entrance.

Resolved: to accept the progress reported in the New Hospitals Project Director's report.

G10/56

Quarterly Report on Infection Prevention and Control Up to End of October 2010

The Board of Governors considered the report presented by the Chief Nurse, who confirmed that the Trust was on track with regard to MRSA bacteraemia, following the agreement of the HPA to remove one case from the Trust's count.

Clostridium Difficile infections had risen in November and the Trust was currently eight cases above its trajectory. A reduction was expected in December. It was considered that isolation was the biggest issue for the Trust along with appropriate testing. A comprehensive action plan has been put in place and there had been some success with hydrogen peroxide misting.

The Chief Nurse reminded the Governors that winter was the season when the Trust could expect an increase in norovirus as it spreads very quickly throughout the community. The high number of single rooms should help the Trust combat this.

There was discussion about the prevalence of community MRSA. The Chief Nurse reported that she did not know whether there was any increase in the rate of community MRSA, although the Trust was taking part in a project with South Birmingham PCT regarding decolonisation in the community. However, the Trust needed to use its resources to screen patients and decolonise them if they have become re-colonised.

Resolved: to receive the report.

G10/57

Quality Account Update Report April-September 2010

The Governors considered the paper presented by Imogen Gray, Head of Quality Development, in the absence of the Medical Director. Ms Gray explained that, for those indicators where there was no improvement, she had met with each clinician to agree an

investigation into the underlying issues. It was recognized that small numbers of patients can have a high impact on indicator.

The Max Fax indicator (p39) remained below 90% and an audit was being undertaken to identify the underlying issues. With regard to the indicator for renal surgery (p40), Ms Gray reported that that this had been at 76.3% and that the drop to 60% is in connection with three or four patients. All those cases were currently being reviewed. In the meantime the clinical service lead has provided assurance that there is no problem with the work continuing. The quality indicators have been presented at all divisional clinical quality groups.

It was noted that the measure of harm now includes pressure sore reports at grade 2 and above and that with regard to the percentage of patients receiving echocardiogram prior to discharge (p 23), it was recognized that greater capacity was required to achieve the aspiration. A business case was being developed.

It was reported that audit was also undertaken where performance against indicators was suspiciously good, to ensure that the indicator was indeed a robust measure of quality.

With regard to the indicators on pages 14 to 22, it was noted that, where the Trust scored below average, it was not an outlier. It was recognized that the Trust needed to do further work to be above average for these indicators. However, for example, with regard to the readmissions indicator, this did not take account of the high number of transplant patients who are positively encouraged to come back to the Trust. It is considered that this was the appropriate approach.

Resolved: to receive the report.

G10/58

Patient Care Quality Report

The Board of Governors considered the report presented by the Chief Nurse, who were further reported that the Trust had had some issues with the electronic survey as it was dependent on the provision of patient televisions. However the use of tablets had meant that well over 20% of patients had provided feedback. The results of this feedback were being analysed by the Care Quality Group. In particular the issue of noise at night was being investigated as was the reports of noise occurring during the day. The Chief Nurse and the Chief Executive had undertaken some visits to the hospital at night.

With regard to Falls, work had been undertaken on door thresholds and showers to remove trip hazards. It was noted that the proximity

of bathrooms to beds actually encouraged patients to attempt to go to the bathroom unaided. Falls assessments were now being provided on PICs.

The provision of single sex accommodation had been challenging with regard to the trolley bays. This was being supported by the Trust's bed management system.

With regard to end of life care, a programme was being provided for auxiliary nurses with the assistance of charity funding.

A review of security in the new hospital is being undertaken on the 25th of January.

Resolved: to receive the report

G10/59

Performance Indicators Report

The Board of Governors considered the report presented by the EDoD, who explained that the Trust was currently scored as red against two national indicators, delayed transfers of care and stroke. With regard to the first, some improvement had been seen and the Trust was now working closely with South Birmingham PCT and Birmingham City Council in order to reduce the number of delayed transfers.

With regard to stroke care, the Trust had now improved to 74% of patients spending time on a stroke unit and further improvement was expected. The Trust was at 100% for the other stroke indicator, TIA within 24 hours.

With regard to the A&E wait, the Trust was above the national target of 95%, but was not hitting its own internal target of 98%.

The Trust was at risk of being red rated in relation to the cancer targets. Achievement of these targets was not entirely within the Trust's control and it has managed to get some breaches allocated to other trusts. The Trust is focusing on improving its own performance where it can and is now above the two week target and very close to the screening target.

With regard to internal targets, the Trust had achieved its target for non-attendees for new appointments but was finding it difficult to get to 7.5% for follow ups. With regard to the reported never event concerning a misplaced naso-gastric tube, the patient has now recovered. The investigation indicated that it was the result of human error and re-training had been provided for the medical staff involved.

With regard to the Trust's non-emergency mortality survey it had become apparent that some specialties had their own procedures and there was delay in notes getting to consultants to review.

Resolved: to receive the report.

G10/60 Finance and Activity Performance Report for the Period Ending 30 September 2010

The Board of Governors considered the report presented by the Director of Finance, who confirmed that the Trust was slightly ahead of plan and on track to deliver a surplus of approximately £3 million. The current financial risk rating was 4, which was in line with the Trust's plan before exceptional items. This had been accepted by Monitor.

The Trust was experiencing some cost pressures, but these had been offset by contingencies and other underspends.

Activity had been very strong particularly as the period reported on covered the move into the new hospital. Unlike other trusts undergoing similar moves, there had been no dip in performance and no increase in waiting lists.

Admissions into general medicine were 16% ahead of plan. This took into account the reduction of the planned level as a result of community initiatives (6%) and growth of 10%. The area has been particularly busy since April.

Resolved: to receive the report.

G10/61 Update on Signage

The Director of Communications presented an update to the Board of Governors regarding a review of signage around the site. It was agreed that an update would be provided to the Governors once the changes had been implemented.

Resolved: to receive the report.

G10/62 Appointment of Non-Executive Director

The Board of Governors considered the report from the Board of Governors' Nominations Committee for Non-Executive Directors, presented by the Chairman.

Resolved: That Professor Michael Sheppard be appointed as a non-executive director of the Trust for a further term of three years with effect for 5 December 2010.

G10/63

Governors' Feedback

There was discussion regarding a recent newspaper report regarding a patient. The Chief Nurse reported that she had reviewed the notes and talked to the staff involved. The newspaper report had not been entirely accurate. The Chief Nurse was able to further report on trends visit wards every day and further steps were being taken to raise the visibility of senior nursing staff. Feedback from patients shows that the vast majority are very happy with their care. Measures are being taken to heighten awareness amongst staff to ensure they give patients and their families the opportunity to ask questions of senior staff.

There was discussion regarding the use of single rooms and how nursing staff can observe what is going on. The Chief Nurse reported that regular hourly observations are carried out, although some patients may not feel that they are under as much observation as they perhaps might have done in a communal ward.

G10/64

Any Other Business

None

G10/65

Date of Next Meeting

Tuesday 15 March 2010
Pre-meeting 9.30am
Meeting 10am
Meeting Rooms 1 & 2 Trust Headquarters QEMC

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Chairman

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Date