

COUNCIL OF GOVERNORS

Minutes of a Meeting of the
University Hospitals Birmingham NHS Foundation Trust
Council of Governors held on 6 February 2013

Trust Headquarters Meeting Rooms 1 & 2 QEMC

- Present:
- Sir Albert Bore (Trust Chairman)
 - Dr John Delamere (Governor Vice Chair)
 - Ian Fairbairn
 - Aprella Fitch
 - Christine Beal
 - Prof Ian Trayer
 - David Spilsbury
 - Tony Mullins
 - Edith Davies
 - Sandra Haynes
 - Valerie Reynolds
 - Graham Bunch
 - Patrick Moore
 - Jenni Ord
 - Cllr Susan Barnett
 - Richard Crookes
 - Air Marshal Paul Evans
- In attendance:
- David Burbridge (Director of Corporate Affairs & Foundation Secretary)
 - Fiona Alexander (Director of Communications)
 - Viv Tsesmelis (Director of Partnerships)
 - Julian Miller (Director of Finance)
 - Kevin Bolger (Executive Director of Strategic Operations)
 - Kay Fawcett (Executive Chief Nurse)
 - Gurjeet Bains (Non-Executive Director)
 - Imogen Gray (Head of Quality Development)
 - Sarah Snowden (Governor Liaison)

G12/062

Welcome and Apologies for Absence

The Chairman welcomed everyone present to the meeting and, in particular, welcomed the three new stakeholder Governors, Susan Barnett, Richard Crookes and Air Marshall Paul Evans, to their first meeting.

Apologies for absence were received from Dame Julie Moore CEO, Shirley Turner, Dr Tom Gallacher, Barbara Tassa, Erica Perkins, Susan Price, Prof Joanne Duberley and Rabbi Margaret Jacobi.

The Chairman reminded Governors that they should be mindful of the need to avoid making any statements about matters which were

still under consideration and might be confidential or sensitive when discussing matters with members of the public.

G12/063

Quorum

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

G12/064

Declarations of Interest

There were no declarations of interest in the matters to be considered by the Council.

G12/065

Minutes of the previous meeting (16 November 2012)

The minutes of the meeting held on 16 November were approved.

G12/066

Matters Arising

G12/071 - The Director of Corporate Affairs reported that Monitor had considered the amendments to the constitution relating to the Public Constituency Areas and had requested that one further amendment be considered by the Council, namely the insertion of the words “subject to, where applicable, the making of an application for membership of that other constituency or area/class of that constituency, and information to be given in” into the new section 6.8.2, so that the section read:

“A Member shall automatically cease to be a Member in the event of their becoming ineligible for Membership of the constituency or area/class of the constituency of which they are a Member, although a person who is/has become eligible to be a Member of another constituency may continue as a Member of that other constituency or area/class of that constituency, subject to, where applicable, the making of an application for membership of that other constituency or area/class of that constituency, and provided that a Member may not become or continue as a Member of more than one constituency or area/class of a constituency.”

The DCA also asked the Council of Governors to approve three amendments in sections 1.1 and 8.4, changing the name of the Nomination Committee for Non-Executive Directors to the Nomination & Remuneration Committee for Non-Executive Directors, as these had been missed previously.

The amendments were unanimously approved.

G12/072 – The Chairman reported that reports on governance visits to wards would be made available to Governors, although some

personal details may have to be redacted.

G12/067

CoG Meetings and Seminars in 2013

The Governors considered the paper presented by the Director of Corporate Affairs. A revised annual cycle was tabled, which had been discussed with Governors prior to the meeting. There was discussion regarding the timing of the meeting in September and it was agreed that the meeting would be held early in September rather than on the same day as the AGM.

It was also agreed that copies of the Annual Report and Accounts would be sent to Governors in advance of the AGM.

Resolved:

- 1. To adopt the proposed format for Council of Governors meetings with effect from 1 April 2013, with the September meeting being held in early September; and**
- 2. To review the effectiveness of such arrangements jointly with the Board of Directors after two meetings under the proposed arrangements.**

G12/068

Chairman's Report

The Governors considered the report from the Chairman. It was agreed that questions regarding capacity would be dealt with by the Director of Partnerships under the Quarterly Performance Indicators report.

Resolved: To receive the report

G12/069

Process for the Recruitment of Chair and Non Executive Directors

The Council of Governors considered the paper presented by the Director of Corporate Affairs. There was discussion regarding the impact on the Board of Directors of the significant change in membership of the Board that will result if the Chairman and all three non-executive directors are replaced at the same time. The need to refresh the membership of the Board was accepted, however a degree of continuity was also important. It was agreed that due consideration should be given to this issue during the process for appointments.

Resolved: To receive the report

G12/070

Quality Account Update

The Head of Quality Development gave a presentation to the Council

of Governors. There was discussion regarding Venous Thrombus Embolism prevention and the administration of preventative measures.

Resolved: to note the contents of the report

G12/071

Quarterly Performance Indicators Report

The Council of Governors considered the report presented by Executive Director of Strategic Operations, on behalf of the Executive Director of Delivery. Performance against infection control trajectories would be dealt with by the Chief Nurse in the next item on the agenda.

The Trust has not achieved the A&E four hour target for Quarter 3, although the Trust was performing better than most trusts across the country and the West Midlands. Unprecedented levels of activity in A&E and the Clinical Decisions Unit were impacting upon this target. The issue is now being reviewed by Commissioners. The target of 95% had been achieved in January but levels of demand remain high. The Trust has opened 36 additional beds on ward 620 and an additional 24 beds in retained estate, with plans to extend to a further 24.

The level of emergency admissions is having an impact on elective activity, including cancellation of procedures and sub-contracting work out to the private sector.

The Director of Partnerships reported that the acute medical clinics in CDU have been extended to provide a seven day service between 1pm and 8 pm and that other safe and effective alternatives to A&E were being considered. With regard to delayed transfers of care, there had been 91 referrals in one day for social care assessments. Internally, the Trust recognises that discharges still have to be planned appropriately and effectively. The Trust is exploring the use of a third party to provide a "recovery at home" service, whereby patients would remain under the care of Trust consultants but would receive nursing care at home.

Separate discussions are being held with commissioners regarding the growth in A&E activity from particular areas of Birmingham which might have been expected to attend other A&E departments. It was apparent that patients and the ambulance services were choosing to attend the Trust's A&E department in preference to their local A&E. Whilst some transfer of activity had been anticipated as part of the introduction of the Major Trauma Unit, the level of growth is beyond that and includes a considerable amount of general medical emergencies.

The Clinical Commissioning Groups and the Local Area team are now undertaking work regarding the urgent care strategy, which includes more intensive modelling, an understanding of the impacts of reconfiguration on the local population and a more long-term approach. In the meantime, the Trust continues to plan to increase capacity, the Board having discussed the strategic significance of other A&E departments at City Hospital and Redditch, and the potential for further use of retained estate.

There was discussion regarding the strong growth in transplant activity.

Resolved: To receive this report

G12/072

Quarterly Infection Prevention and Control Report

The Chief Nurse presented the report on Infection Prevention and Control, who confirmed that the Trust remained at its annual trajectory ceiling for MRSA. With regard to C. Difficile, the Trust had seen an improvement in performance, with three cases for January, making the current position below trajectory pro rata. Trajectories for next year will be zero avoidable MRSA bacteraemia and 56 avoidable cases of C.Difficile. These trajectories did not take account of the increase in patient numbers nor the nature of patients admitted to the Trust. Rapid reviews of any MRSA bacteraemia will be essential, especially with patients with, say, dermatological conditions that affect the integrity of their skin. There was discussion regarding the new double test that was now being used for C.Difficile.

There have been some ward closures due to noro virus, but these had been managed very well, with wards closed for short periods only and no spread taking place.

Resolved: to accept the report on the current status of infection prevention and control.

G12/073

Patient Care Quality Report

The Chief Nurse presented the report which was considered by the Governors. It was pleasing to note that positive scores for patient satisfaction had increased, despite the increase in activity.

Whilst the number of falls reported had increased, the proportion of falls with harm had decreased. Reporting requirements were now widely adhered to. The training of Health Care Assistants is considered effective. It is very comprehensive and includes both

classroom and bedside tuition. The training includes a focus on appropriate mobilization following a proper assessment.

Work was continuing with regard to the discharge process and progress had been made against all key performance indicators, with the exception of the signing by the nurse of the discharge letter. This was being dealt with through a change to practice.

There was discussion regarding the Safety Thermometer.

Resolved: to receive the report on the progress with Care Quality.

G12/074

Finance and Activity Performance Report

The Council considered the report presented by the Director of Finance, Julian Miller. The Council noted that Mike Sexton's job title had been changed to Chief Financial Officer.

The Trust had continued its strong financial performance throughout the year, which was especially pleasing in the context of the current health economy. A surplus of approximately £3 million is forecast, against the £0.6 million in the plan. A financial risk rating of 3 will be maintained.

The Trust will face additional financial challenges next year, particularly in respect of changes to educational funding and the step down of transitional support. A cautious approach to income is being taken with the prudent use of contingency reserves.

Resolved: to receive the report.

G12/075

Governors Feedback.

The following issues were raised by Governors:

Update on Smoking Shelters

The Director of Communications reported that the issue of patients and staff smoking outside the hospital entrances continued to be a subject of concern to many. The Trust is proposing to install three smoking shelters and has recently obtained the necessary planning permission. These are now being costed with Consort and a variation order will be raised. It is hoped that the shelters will be in place by the end of May. In the meantime, temporary sign shave been deployed to try and move smokers further away from the atrium doors.

Update on Road Closures/flow of traffic from Metchley Park Lane

The Director of Communications reported that Mindelsohn Way was now a two-way road and road users were getting used to this new road layout. This has had a knock-on effect on Barlows Road and an increase in complaints about parking. These complaints were not about illegal parking but came mainly from residents regarding the perceived use of their roads for parking by hospital staff and visitors. The Trust has a limit on the number of parking spaces it can provide and residents have been advised to take up issues regarding on-street parking with the City Council who can implement measures such as residents' parking schemes.

With regard to the illegal/improper use of the road adjoining Metchley Lane by the Learning Hub, whilst use of the road by traffic entering the site (other than ambulances and buses) is illegal, there have been no accidents and the police do not consider enforcement action as a priority. The Trust has undertaken checks itself in order to identify improper use by members of staff and, out of approximately 130 cars observed using the entrance/exit, 20% were staff. Action is being taken regarding parking passes for these staff members.

There was discussion about the use of barriers and cameras. The latter is not within the remit of the Trust and it was felt that barriers would be impede ambulance access. The Trust is working with bus and taxi companies to see what further steps can be taken to deal with this issue.

Update on Pharmacy

The Executive Director of Strategic Projects reported that an area had now been set up in the atrium for the collection of drugs by patients being discharged. There had been a significant improvement in turnaround times. It was agreed that data regarding this would be brought to future meetings.

G12/076 **Any Other Business**
None

G12/077 **Date of Next Meeting**
22 May 2013
THQ, QEMC

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Chairman

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Date