COUNCIL OF GOVERNORS

Minutes of the Meeting of the
University Hospitals Birmingham NHS Foundation Trust
Council of Governors held on 18 February 2014

Meeting Rooms 1 & 2 - Trust Headquarters

Present:	Rt Hon Jacqui Smith Cllr Susan Barnett Graham Bunch Dr John Delamere (Governor Vice Chair), Edith Davies Helen England Dr Tom Gallacher Sandra Haynes Rabbi Dr Margaret Jacobi Patrick Moore Susan Price David Spilsbury Shirley Turner
In attendance:	David Burbridge (Director of Corporate Affairs & Foundation Secretary) Morag Jackson (Director of Projects) Philip Norman (Chief Nurse) Viv Tsesmelis (Director of Partnerships) Julian Miller (Director of Finance) Mark Garrick (Head of Medical Director's Services) Harvir Atkar (Head of Strategy and Performance) Sarah Snowden (Corporate Affairs and Governor Liaison Manager)

G14/01 Welcome and Apologies for Absence

The Chair welcomed everyone present to the meeting.

Apologies for absence were received from Air Marshal Paul Evans Surgeon General, Christine Beal, Dr John Cadle, Richard Crookes, Prof Joanne Duberley, Margaret Garbett, Ian Fairbairn, Aprella Fitch, Tony Mullins, Valerie Reynolds, Prof Ian Trayer, Dame Julie Moore, Tim Jones, Fiona Alexander, Mike Sexton, Kevin Bolger, Andrew McKirgan and Dave Rosser.

G14/02 **Quorum**

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

G14/03 **Declarations of Interest**

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

G14/04 **Minutes of the Meeting of the Council of Governors of 15 November 2013**

The minutes of the meeting held on 15 November 2013 were approved.

G14/05 **Matters Arising from those Minutes**

G13/43 – The Director of Finance reported that following discussions with Monitor regarding the possible solutions to improve the Trust's liquidity score, Monitor had made certain concessions regarding the Continuity of Services Risk Rating, introducing a 2* rating, which would not involve monthly monitoring etc. The Board of Directors had decided not to implement such solutions at this time but to monitor the situation as regards any impact on tendering.

G14/06 **Chairman's Report**

The Chair asked the Chief Executive to provide an update to the Council on the buddying activity being undertaken by the Trust. The Chief Executive reported that the buddying arrangements at the George Eliot Hospital had been entered into very positively by staff at both organisations. Arrangements at Burton were less-developed. Nationally the agenda around challenge trusts, budgeting and future arrangements was moving on at quite a pace. The Trust was engaged in these discussions at high level.

The Chair reported that the Trust's performance had been good over the difficult winter period. The Council agreed that staff should be commended for their commitment and the work done at this difficult time of year.

The Chair further reported that she had commenced a weekly blog. Governors were welcome to suggest any items for inclusion,

G14/07 **Q3 Quality Account Update Report**

The Council of Governors considered the report presented by Mark Garrick, Head of Medical Director's Services, on behalf of the Medical Director.

The Trust's scores for the Summary Hospital-level Mortality Indicator (SHMI) and the Hospital Standardised Mortality Ratio (HSMR) are both within tolerance.

Performance for preventative enoxaparin medication to be prescribed for at least 80% of all patients where it is recommended following risk assessment has remained stable during 2013/14. The Trust has now implemented automatic prescription proposals for enoxaparin in PICS and it is expected that this will improve performance. In addition, Junior Doctor Monitoring Clinics specifically for VTE will be implemented shortly to help drive improvements in prescribing practice.

The Trust continues to achieve over 99% for completeness of observation sets within 24 hours. It is proposed that the target be rebased for completeness of observation sets within 12 hours.

Target performance for antibiotic missed doses during 2013/14: 3.9% has been achieved for April-December 2013. Performance for non-antibiotic missed doses is below the improvement target set for the year, so additional work, primarily around drug availability, is being undertaken.

There was discussion about the results of the Discharge Survey relating to patients being informed about side-effects of medication. The Chief Nurse reported that some respondents scored this negatively because they were not given any information about side-effects for medication that did not have side-effects.

Resolved: to accept the report

G14/08 **Quality Account Priorities for 2014-15**

The Council of Governors considered and a presentation by Mark Garrick, on behalf of the Medical Director. The presentation set out the Trust's intended Quality Account Priorities for 2014/15 and the process to be undertaken by the External Auditors with regard to the Quality Accounts. The Auditors are required to make a private report to the Board and Council of Governors on one local indicator, to be selected by the Council of Governors.

Following discussion it was **RESOLVED** that the local indicator should be an Imaging indicator measuring Outpatient CT scan turnaround times, as this affects patients across the hospital and it is more likely that the work to be undertaken by the Auditor will provide added value to the Trust.

G14/09 **Performance Indicators Report and 2013/14 Annual Plan Update**

The Governors considered the report presented by Harvir Atkar, Head of Strategy and Performance, on behalf of the Executive Director of Delivery.

Of the 15 indicators currently included in Monitor's Risk Assessment Framework, 11 are currently on target and 4 have a remedial action plan in place.

With regard to C. Difficile, the Trust has had 14 avoidable cases. However, Monitor does not take account of avoidability and therefore the Trust has breached its trajectory in this context. However, Monitor is now requesting data from other foundation trusts regarding avoidable and unavoidable cases, so it is hoped they will adopt this methodology next year.

The deterioration in performance against cancer targets is due to a significant increase in demand. Medial action plans are in place and these will result in the Trust being back above target subject to there being no significant further increases in demand.

Of the 14 national targets monitored locally through the Commissioner Contract, the Trust is on target for 10, 1 is slightly below target, 1 has a remedial action plan in place and fully validated data is not available for 2.

The Trust is above target for referral to treatment time targets overall but is not achieving the contractual requirement that all treatment functions (high-level specialties) should individually be above target. These are all due to capacity issues associated with increased demand and Emergency Department admissions and are being managed through the contract.

Issues regarding the national Ambulance Handover Target continue to present a risk to the Trust, because of the poor quality data from the ambulance service. The matter has now been escalated for executive resolution, as there is a lack of clarity from the commissioners and the ambulance service do not appear to be briefing their crews on agreed processes.

There was discussion about the reasons behind the accepted breaches. It was reported that this was due in large part to the increased levels of activity, which were, in turn, often the result of patient and ambulance crew choice.

Of the 46 Internal Performance Indicators included in the report, 26 are on target, 15 are slightly below target and 5 have remedial action plans in place.

The Trust is now achieving the Friends and Family test CQUIN, which means it will have achieved all CQUINs. The commissioners appear to have drawn back from attempts to impose retrospective penalties regarding the Friends and Family test.

For the 2013/14 Annual Plan year to date, 92% of key tasks are on plan, 6% are slightly below plan, and there are none where remedial action is required. One key task, the GP Pathology tender, has been removed due to the commissioners withdrawing from the tender exercise.

Resolved: to accept the report

G14/10 **Quarterly Infection Control Report**

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

After a period of over 12 months without a MRSA bacteraemia, the Trust has now had four MRSA bacteraemia for the year-to-date, with no new cases in February. Key learning has come out of the root cause analyses of each case regarding the communication of positive results, the use of appropriate antibiotics and catheter use.

Four cases of C difficile were apportioned to the Trust in December, all of which were considered to be unavoidable. The DH figure for the year to date is 65 against a trajectory of 56. Following review with commissioners, the total number of avoidable cases is 14 for the year-to-date. The approach taken by the Trust with its commissioners as regards review to determine whether cases were avoidable or otherwise has been recommended for national roll-out. Public Health England, Monitor and the Trust Development Agency are considering the approach and guidance for next year is expected on Friday of this week. It is hoped that it will reflect the Trust's methodology.

The Trust had closed two wards in January, following outbreaks of diarrhoea and vomiting. These were both confirmed as Norovirus. However, there was no spread and both wards were reopened after only four days, in comparison to other hospitals in the area who had a number of wards closed for up to three weeks.

All actions from the current Healthcare Associated Infection Delivery Plan were on track and the plan for next year will be presented at the next meeting of the Council.

Resolved: to accept the report on infection prevention and control progress.

G14/11 **Quarterly Care Quality Report**

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

The Trust receives an average of 55 complaints each month. This level of complaints has remained relatively stable over the last 2-3 years despite the increases seen in patient activity.

The Emergency Medicine department has continued to see a reduction in the number of complaints compared against last year. However, numbers have increased for inpatients, particularly Neurosurgery and cancellation of surgery. Division D are working to improve patient pathways to assist with improvement.

There was discussion about the number of patients who do not attend for their appointments. It was noted that external factors, such as the weather, can impact on patients' attendance at hospital. However, there are also some practices which can contribute to the rates of non-attendance. For example, the hands service had a very high rate of non-attendance at follow up appointments. An investigation identified that the service was routinely booking follow up appointments for all patients and it was clear that follow ups were not always necessary. The process has changed to patient initiated follow ups and the non-attendance rate has fallen sharply to levels that compare with other services.

Resolved: to receive the report

G13/78 **Finance and Activity Report – Quarterly Report**

The Council of Governors considered the report presented by the Director of Finance.

A surplus of £4.170m has been realised at Quarter 3 against the planned surplus of £3.400m for the year to date. In line with previous years the cumulative CIP delivery has continued to improve, with current forecasts indicating overall delivery of around 90% for the year.

The Trust's cash balance as at 31 December 2013 was £44.6m, below plan by (£26.1m). This is largely attributable to: movements in working capital balances including increased stock levels; trade and other receivables being higher than plan (including invoices for NHS healthcare services which have only recently been raised due to delays resulting from the changes in commissioning arrangements); accrued income; and trade and other payables being below plan.
The cash position is expected to improve over the remaining months as the outstanding large value healthcare invoices are settled by

commissioners.

The Trust anticipates that its Monitor Continuity of Services Risk Rating (COSRR) will be a 2*.

Looking forward, work is being undertaken with regard to disposal of the Selly Oak site. Outline planning consent was obtained in December and ground investigations are being undertaken to de-risk the site. There is a lot of interest from potential developers and the opportunity will be put out to advert very soon.

There was discussion about the extent to which the Trust's increase in income is diverted from adjacent trusts. The FD explained that the increase in income is predominantly tertiary, from the specialist commissioners albeit there had been some migration of work from surrounding organisations. NHS England is currently discussing a future shape for the NHS which would see specialist work concentrated in 15 to 30 centres. This will align with the Trust's strategy and further enable a rebalancing towards more specialist and less secondary work. Commissioning groups have been asked to produce five-year strategies, along with providers. This is quite challenging given the uncertainties around some local services and proposals to integrate community and primary care.

There was discussion about private patient income. The FD explained that the Trust had not achieved its private patient income target this year. However this was a very small proportion of the total income of the Trust. The reasons for the underachievement were largely due to capacity pressures, particularly around radiotherapy and some business cases not being realised as quickly as had been anticipated.

There was discussion about the financial impact on the Trust of the military withdrawal from Afghanistan. The FD reported that the peak in activity occurred two years ago. Changes to commissioning arrangements for MoD healthcare mean that civilian aspects of healthcare are now being passed through NHS England. However the Trust has seen an increase in major trauma work as military work has decreased so the overall financial impact is minimal.

Resolved: to receive the contents of the report

G13/79 Annual Cycle of Business

The Director of Corporate Affairs presented the Annual Cycle of Business for 2014/15.

Resolved:

1. **to approve the annual cycle of business, subject to the following amendments:**

   Approval of re-appointment of External Auditors and Report from Investment Committee to be moved to September;

   Annual report to be included on agenda for September; and

2. **to authorise the Chair to approve amendments to the Annual Cycle during the course of the year.**

G13/80 **Governors' Feedback**

Following on from the previous meeting, Graham Bunch raised the issue of additional signage directing people to smoking shelters and away from the entrances to the hospital. The Director of Communications reported that relating to smoking, additional signage could be considered. However, it remains the case that it is not illegal for people to smoke outside the hospital and there will always be a small number who will disregard signage. It was agreed that the efforts of the security staff had been effective. Again, the DComms reported that the costs of additional patrolling around A&E and the main entrance was approximately £60,000 per annum.

G13/81 **Any other business**

None.

G13/82 **Date of Next Meeting**

20 May 2014
10.00 a.m. – 12.00 noon
(pre-meeting 9.30 a.m. – 10.00 a.m.)
Meeting Rooms 1 & 2, Trust HQ