

COUNCIL OF GOVERNORS

Minutes of the Meeting of the
University Hospitals Birmingham NHS Foundation Trust
Council of Governors held on 12 May 2015

Meeting Rooms 1 & 2 - Trust Headquarters

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Present: Rt Hon Jacqui Smith (Chair)
Dr John Cadle
Mrs Edith Davies
Dr John Delamere
Ms Helen England
Mrs Aprella Fitch
Ms Margaret Garbett
Dr Sunil Handa
Mrs Sandra Haynes
Dr Elizabeth Hensel
Rabbi Margaret Jacobi
Mrs Bridget Mitchell
Mr Patrick Moore
Mr David Spilsbury
Mrs Shirley Turner

In attendance: Mr David Burbridge (Director of Corporate Affairs & Foundation Secretary)
Miss Sarah Snowden (Corporate Affairs & Governor Liaison Manager)
Ms Catriona McMahon (Non-Executive Director)

From item G15/07 onwards:

Dame Julie Moore (Chief Executive Officer)
Mr Fiona Alexander (Director of Communications)
Mr Kevin Bolger (Director of Strategic Operations)
Mr Tim Jones (Executive Director of Delivery)
Mr Andrew McKirgan (Director of Partnerships)
Mr Philip Norman (Chief Nurse)
Dr David Rosser (Executive Medical Director)
Mr Mike Sexton (Chief Financial Officer)
Ms Cherry West (Executive Director of Operations)
Ms Imogen Gray (Head of Quality Development)

G15/01 Welcome and Apologies for Absence

The Chair welcomed everyone present to the meeting.
Apologies for absence were received from Ian Fairbairn, Anthony Ingold, Susan Price, Cllr Susan Barnett, Prof Joanne Duberley,

Surgeon Air Marshal Paul Evans (and Air Vice Marshall Richard Broadbridge), Dr Tom Gallacher and Mrs Valerie Reynolds.

G15/02 Quorum

The Chair noted that a quorum was present and, accordingly, the meeting could proceed to business. However, as Rabbi Margaret Jacobi was the only Stakeholder Governor present, the items on the agenda requiring approval were moved to the beginning of the meeting as she needed to leave at 10.45 a.m.

G15/03 Declarations of Interest

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

G15/04 Minutes of the Meeting of the Council of Governors of 23 February 2015

The minutes of the meeting held on 23 February were approved as an accurate and true record.

G15/05 Matters Arising from the Minutes

None

G15/06 Outcome of Chair and NED appraisals

The Chair left the meeting and the Governor Vice Chair, Dr John Delamere took the chair. The Council of Governors considered the report presented by the Governor Vice Chair.

The Chair's appraisal had been undertaken with Catriona McMahon as Senior Independent Director, carrying out the Chair's appraisal and the Chair carrying out the NEDs appraisals.

Dr Delamere reported that the Nomination & Remuneration Committee for NEDs had acknowledged that the Chair had met, or in many cases exceeded, her objectives and new ones have been set for 2015/16. The Board of Directors and the Council of Governors have confidence that she will competently lead the Trust in the challenging times ahead.

The NEDs appraisals did not include Jason Wouhra whose appointment commenced on 1 December 2014, or Gurjeet Bains whose term ended on 30 November 2014.

All NEDs achieved or exceeded their objectives and it was acknowledged that between them they bring a broad variety of

strengths and valuable resource to the Trust.

The Trust continues to be well served by a very competent and committed group of Non-Executive Directors, each of whom has a set of strengths and experiences which are complementary to others.

Individually and collectively the NEDs continue to provide the appropriate level of leadership to the Trust, ensuring that the quality of care, financial management and progress with the new hospital, delivered via the Executive Directors, meets the agreed performance objectives of the Trust. It will be important to maintain and capitalise on this contribution through the times of change that are ahead.

Resolved: to accept the report from the Nomination & Remuneration Committee For Non-Executive Directors of the outcomes and recommendations arising out of the Chair's appraisal by the Senior Independent Director and the Chair's appraisal of the Non-Executive Directors.

G15/07

Chair's Report

The Chair reported that the Council of Governors needed to consider a proposed assignment to be carried out by the Trust's external Auditor, Deloitte. The DCA explained that approval was needed for the Trust's external Auditor to undertake additional pieces of work with the Trust that were in excess of £25k and where there is no connection between the normal audit work that Deloitte undertake and this new work.

The Trust hosts the West Midlands Academic Health Science Network ("AHSN") who wish to appoint Deloitte Monitor (a branch of Deloitte) to undertake some life sciences advisory work. The AHSN, although legally part of UHB, is a hosted network which is managed on a semi-autonomous basis. Deloitte Monitor were awarded, provisionally, the contract by representatives of the AHSN although some of the individuals involved may also be officers of the Trust.

The work is totally unrelated to external audit and will be carried out by a completely different team at Deloitte, which has recognised expertise in this area. It is not considered that this assignment poses any threat to the independence of Deloitte with regard to their external audit duties.

The DCA reported that the Audit Committee had considered this issue and had resolved to recommend to the Council of Governors that the work be approved.

Resolved: to approve the appointment of Deloitte Monitor for the work to be undertaken on behalf of the AHSN.

G15/08

Draft Quality Account Update Report

The Council of Governors considered the report presented by Imogen Gray, Head of Quality Development. The Trust has seen a generally strong performance for 2014/15. Key areas identified for improvement in 2015/16 included local patient surveys and non-antibiotic missed doses.

Deloitte have audited the content of the Trust's draft Quality Report and undertaken indicator testing for 3 areas: 18 week referral to treatment, 28 day readmissions and two related pain indicators. Early indications are that there are no significant issues with the audits of 28 day readmissions and the two related pain indicators. The 18 week referral to treatment indicator has been difficult to audit nationally for external audit firms so the Trust is still awaiting the outcome of this part of the audit. A full report will be provided by Deloitte to the Council of Governors in July 2015 and will include the Trust's response to any recommendations identified.

A query was raised about the increase in Never Events, as three were reported in 2014/15. The Medical Director reported that two of the Never Events were linked to the same staff member who no longer works at the Trust. Procedures in this particular department have also been reviewed. The other one related to a retained swab where all swab counting procedures were correctly followed and the swab was identified as missing, but was not identified on the initial X ray. The Trust has amended its procedure for identifying missing swabs so that a Consultant Radiologist needs to review any X rays relating to possible retained swabs.

It was noted that a high percentage (12%) of reasons recorded for missed doses in 2014/15 related to drugs being out of stock. Imogen Gray, Head of Quality Development, explained that the Trust is focusing on identifying unusual patterns in the data, such as eye drops being missed intermittently which suggests they are in fact in stock, and these cases will be brought to the Executive Root Cause Analysis (RCA) meetings for review. The Medical Director also highlighted that the Trust carries thousands of individual medication lines with different strengths and routes which makes it a complex process to manage and deliver.

The reported MRSA, C. difficile infection and readmissions figures in the table in Part 3 of the Quality Report are generally slightly higher than the Trust's peers due to UHB being a tertiary trust and different time periods being available for comparison.

Resolved: to receive the report

G15/09 Quarterly Care Quality Report (to include Infection Control Update)

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

There were two cases of MRSA reported during March, with one case being deemed to be Trust apportioned. The end of year performance was six Trust apportioned MRSA cases. From a review of the learning from the cases seen over the last year, and to ensure the position improves, three key areas for focus have been agreed.

Along with ongoing line and catheter care, the key actions are:

- Reinvigorating the focus on hand hygiene and audits of compliance/areas for further learning
- Screening - ensuring all relevant staff understand the correct procedure for screening patients for MRSA before admission, on admission and the screening of patients with an extended hospital length of stay. This will ensure that decolonisation treatment is instigated at the earliest opportunity
- Formulating a planned programme for the ongoing deep cleaning of ward areas.

Clostridium Difficile Infection (CDI) - a total of 66 Trust apportioned cases were reported last year which meant that the Trust met the agreed trajectory of 67 cases. For 2015/16, the trajectory reduces to 63 cases. The national process for reviewing cases has changed slightly; for 2015/16, instead of the avoidable and unavoidable case distinction, cases will be reviewed against criteria to ascertain if there has been any 'lapses in care'.

Environmental monitoring of clinical areas continues to exceed the 95% compliance requirement. This year's PLACE (Patient-led Assessment of Care Environment) took place yesterday (11th May). Outcome is awaited (verbal feedback was generally positive).

Planned replacement programme of curtains in ward areas continues. New curtains have been received for a number of areas as outlined in the paper.

There have been no outbreaks of diarrhoea and/or vomiting in March 2015.

The number of complaints received in 2014/15 was 792, of which 138 (17%) were resolved rapidly (24-72hours) following personal contact with the complainant (new process). The breakdown of complaints received in 2014/15 was:

- Inpatients: 429 complaints (relates to 0.34% of overall inpatient activity)
- Outpatients: 271 complaints (relates to 0.04% of overall outpatient activity)
- Emergency Department: 92 complaints (relates to 0.09% of overall emergency department activity)

The top three issues raised in the complaints received in 2014/15 related to:

- Clinical care and treatment
- Communication and information, including discharge
- Inpatient appointment/procedure delay/cancellation

Work to improve in these areas continues. Early resolution of complaints is strived for wherever appropriate, for example via a personal telephone call to the complainant. This rapid and personal approach has been well received by complainants. Where a complaint requires a fuller investigation or meeting; a new complaints timeline flowchart has been introduced which is sent out to divisions with all new complaints.

This process was introduced at the beginning of January 2015 and improvements in response times are already being seen, for example 80% of all responses met the 40 working day timescale in February 2015, compared to an average of 65% for the preceding months. A new target of responding to complaints within 30 working days is being introduced from the end of Quarter 2 2015/16.

To support staff, specific complaints investigation and response training has been provided. Following this, a review is being undertaken of the style, tone and content of our responses and associated correspondence.

A survey of complainants was carried out for the first time in Quarter 3 2014/15 to gain an insight into the experience of patients and families going through our complaints process to actively seek their views on what we could do better. The survey results will be incorporated into the revision of our Complaints Policy and Procedures. Details of all actions/learning from individual complaints and PALS concerns are shared via divisional teams and via various reports.

Learning from complaints will also be further reviewed and developed by the Complaints Team and the Risk and Compliance Unit to ensure learning takes place where required on a Trust-wide rather than Specialty/Divisional basis.

Resolved: to receive the report.

G15/10 Performance Indicators Report and 2014/15 Annual Plan Year End Update and 2015/16 Annual Plan Update

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

The Trust is currently on target with nine of the 14 indicators in Monitor's Risk Assessment Framework. The A&E 4 hour wait target was met throughout January and February, but a massive spike was seen during the first two weeks of March when the Trust had the second highest level of admissions ever experienced. However the Trust still managed to outperform other local trusts and will hit the target for April.

Monitor is carrying out a review of the Trust's governance rating as four of the national Cancer targets were not met in Quarter 3 of 2014/15. The 31 day target and also the 62 day targets which are affected by late referrals are significant concerns. It is expected that targets will be met by the second quarter of 2015/16.

Referral to treatment time target is on track to be met in April and the backlog will continue to be reduced.

Ten of the CQUIN targets have been met, the weekend discharge targets fell very slightly, but the CCG are considering combining this target with our excellent weekday target performance.

Resolved to:

Accept the report on progress made towards achieving performance targets and associated actions and risks;

Accept the Quarter 4 2014/15 performance update against the Trust Annual Plan; and

Accept the report on the 2015/16 Trust Annual Plan.

G15/11 Finance and Activity Report – Quarterly Update

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

The Trust received an additional £5.9m in funding at the end of 2014/15 from Commissioners for Specialist Services taking the total surplus to £7.6m. After taking account of this, the position was as predicted and underlying performance hasn't changed.

There are two main exceptions to the overall bottom line:

- The sale of SOH at £5.7m more than the value on the books
- Revalued asset difference of £2.3m.

This gives a total surplus of £15.6m for the year.

Looking forward to 2015/16, the original tariff published by Monitor was rejected by 70% of providers. Revised pricing arrangements have been issued but these remain extremely challenging, especially for main teaching hospitals. An Operational Plan for 2015/16 is being submitted with an efficiency target of 3.8%. Although we feel reasonably confident of meeting this, it will still leave a significant financial gap (deficit) for the Trust. No contracts have been signed as yet.

The national efficiency requirements present a potential risk to the quality and safety of patient care. The achievement against Cost Improvement Programme targets during 2014/15 was in line with expectations. The Trust is participating in a National Productivity and Efficiency Review Programme led by Lord Carter which is seeking to identify further opportunities for cost improvements.

Whilst there is sufficient liquidity for this financial year, the focus must now be on working with Monitor and NHS England to develop a more transparent and equitable set of tariffs for 2016/17 which will enable providers to deliver services on a sustainable basis.

Resolved: to receive the report.

G15/12 **Governors' Feedback**
None.

G15/13 **Date of Next Meeting**
Monday 20 July 2015
6.00 p.m. – 8.00 p.m.
(5.30 p.m. – 6.00 p.m. Pre-Meeting)
Meeting Rooms 1 & 2, Trust HQ