

BOARD OF GOVERNORS

Minutes of a Meeting of the
University Hospitals Birmingham NHS Foundation Trust
Board of Governors held on 18 June 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 Dr John Delamere Jamie Gardiner Ruth Harker Rabbi Margaret Jacobi Valerie Jones Tony Mullins MBE Rosanna Penn David Spilsbury Barbara Tassa Shirley Turner Joan Walker
In attendance:	Julie Moore (Chief Executive) Clare Robinson (Non-executive Director) David Burbridge (Director of Corporate Affairs & Foundation Secretary) Mike Sexton (Director of Finance) Sarah Snowden (Corporate Affairs Assistant)
Members of the public in attendance	None

G10/17

Welcome and Apologies for Absence

The Chairman welcomed everyone present to the meeting. In particular, he welcomed David Spilsbury to his first meeting since being re-elected as a public Governor. The Chairman also explained that most of the Executive Directors were unable to attend the meeting as they were engaged in overseeing the move of patients into the new hospital.

Apologies for absence were received from Anne Waller, Kadeer Arif, Shazad Zaman, Prof Ian Trayer, Monica Quach, Surgeon Vice Admiral Philip Raffaelli, Prof Edward Peck, Colin McAllister, Cllr James Hutchings, Paul Brettle and Prof John Buckels.

G10/18 **Quorum**
The Chairman noted that a quorum was present and, accordingly, the meeting could proceed to business.

G10/19 **Minutes of the previous meeting (16 March 2010)**
The Minutes of the meeting of 16 March were accepted as an accurate record, subject to the following amendment:

G10/12 – final paragraph - The insertion of the words “that trade on the London money markets in Sterling” after the words “invested in foreign banks”.

G10/20 **Matters Arising**
G10/06 - the Director of Finance reported that a recent meeting had been held with Maggie’s about them managing the centre rather than providing the whole thing. These negotiations are yet to conclude. The Governors noted the exceptional fundraising achieved by the walkathon in aid of a Forces support centre. The FD further reported that the Trust was considering combining the Forces support centre with the Patient Support Centre as both parties would gain better value for money with a combined building. It was confirmed that any such centre would be built in close proximity to the new hospital.

G10/08 – it was confirmed that any costs arising out of the damage caused by the flood reported at the previous meeting would fall to be borne by Consort.

G10/21 **Declarations of Interest**
There were no declarations of interests.

G10/22 **Chairman’s Report**
The Governors considered the report presented by the Chairman, who further reported that, with regard to paragraph 2.16 on the report, the Trust’s current level of membership was in the region of 23,000.

It was agreed that the report regarding the outpatients survey would be circulated to Governors.

Action: Chief Nurse

There was discussion regarding paragraph 2.4 .2 of the report. The FD explained that there was some conflict between Treasury Guidelines and International Reporting Standards regarding accounting treatment of the PFI. The Trust was currently working through these. The FD did not consider it to be a significant concern and the Trust’s auditors were highlighting issues for discussion at a national level.

With regard to paragraph 2.11, the Chairman further reported that

the Trust had undertaken fairly extensive engagement with residents in the Selly Oak area at the time the draft special planning guidance (SPG) was being discussed. The SPG was now in a form acceptable to the Trust and it was expected to be signed off by the City Council soon. Once it has been signed off, the Trust will plan engagement with local residents. The SPG provided for principally housing development with open spaces. In the meantime, the Trust would continue to use parts of the Selly Oak site. Unused parts were being fenced off and some small buildings would be demolished.

There was discussion regarding the funding of the Faith Centre. The Chairman reported that the original plan was for re-provision of the existing QE chapel. However, representation from the Faith Communities had requested a larger facility and provision in a stand-alone building had been considered. The local faith communities had agreed to undertake fund-raising to support the Faith Centre and indeed the Trust had recently received a communication from the Sikh community wishing to contribute to the Faith Centre. The costs of provision of the Faith Centre within the new hospital had not yet been fixed. The Chairman confirmed that provision for chaplaincy within the new hospital was included within the Trust's financial plan.

Resolved: to accept the report.

G10/23

BNHP Monthly Programme Status Report

The Governors considered the paper presented by the Chief Executive on behalf of the New Hospital Project Director.

The Chief Executive further reported that the move into the new hospital was now in its third day, the last day for patient moves. All of the patients from Selly Oak had been moved and patients from Queen Elizabeth were being moved today. The move has gone very well and the Trust has maintained a working hospital throughout. The new accident and emergency department (A&E) was very busy on Wednesday, theatres have been up and running today and the Trust has accepted all admissions of inpatients and A&E attendances, despite Accident and Emergency departments across Birmingham being very busy.

There had been no deaths in transit between the hospitals and no complaints had been received from patients regarding the way they were moved. In fact, patients had been very complimentary both about the new hospital and about the way in which staff had dealt with moving the patients.

The Trust has received its first air ambulance into A&E and the first aeromed patient from the forces.

There have been very few snags and the removal firm engaged by the Trust has performed very well. The Chief Executive said that she was extremely proud of all the staff and volunteers of the Trust for the way in which they had worked to achieve a successful move. She also recorded her thanks to the police and ambulance service for their support.

The Board of Governors formally recorded its thanks and congratulations to all the staff and volunteers who have worked so hard.

There was a short discussion regarding information provided to the public regarding the Roman fort adjacent to the new hospital site. The Chief Executive confirmed that the Plaza development would go around this site and that the Trust would make enquiries regarding the provision of information.

Action: NHPD

It was noted that several meetings have been held with local residents prior to the move. Although none were planned for the near future, it was agreed that Governors could become involved with these if necessary in the future.

Action: DComms

Resolved: to accept the report.

G10/24

Performance Indicators Report

The meeting considered the report presented by the Chief Executive on behalf on the Executive Director of Delivery. With regard to the 62 day cancer referral target, the Chief Executive reported that one of the breaches included in the earlier figures no longer counted against the trust as it related to a patient who been referred to the Trust by Walsall after 64 days.

The Chief Executive further reported that she expected there to be some substantial changes to the way that targets were used by the Department of Health following the change of government. For example, it was likely that the 98% target for accident emergency attendees to be dealt with within four hours would be relaxed to allow for longer periods of time that are necessary for clinical reasons. For example, a patient had had some substantial work done on a broken limb which had to be reset within A&E. The treatment itself took over four hours and this in theory counted as a breach of the target where in fact the patient had been receiving good care.

There was discussion about the difficulties that the Trust experienced in relation to vacancies in rosters occurring as a result of the Deanery giving the Trust short notice of a shortfall in the

number of trainees that would be undertaking work at the Trust. This had an impact on agency spend for medical staff and the Trust did not receive any funding for the unfilled vacancies. The FD reported that the Department of Health was considering a change to the funding for junior doctors. This could mean that the Trust receives a shortfall of approximately £8 million in its current funding.

Live patient feedback figures were improving. They are very important to the Trust and staff were focused on encouraging patients to complete the survey in the new hospital.

Inappropriate omissions of drugs is now a national alert. The Trust has now made significant progress in relation to this matter and is close to achieving the target that it set itself.

Resolved: to accept the progress made towards achieving performance targets and associated actions.

G10/25

Final Trust Strategy

The meeting considered the report presented by the Chief Executive on behalf of the Executive Director of Delivery. The Chairman reminded the Governors that this had been considered by the Governors and Directors at the joint seminar on 30 March. The EDOD had proposed that a small group of governors be formed to work with him to consider matters affecting the strategy in the future.

The Chief Executive explained that the Trust may need to change the strategy to reflect new government policy once this becomes clear.

There was discussion regarding the funding of research especially in the current economic environment. The FD explained that the Trust had focused on attracting research investment and had been successful in obtaining additional research funding totalling approximately £18 million over the last two years. In addition, the Trust was receiving funding on a per patient basis for patients undergoing clinical trials. This funding more or less matched the amount lost by the Trust when the block funding arrangements had come to an end. UHB Charities have also been more active in supporting research and committed approximately £1.5 million to research projects last year and are intending to commit a similar amount of funding this year.

There was further discussion about the "duty to innovate" imposed on trusts by the Department of Health. The Governors acknowledged the need to support innovation but recognize that staff cannot be mandated to innovate. In response to a question

regarding the role of the Department of Business, Innovation and Skills (“BIS”) in promoting medical research, the Chief Executive reported that the Department of Health and BIS have formed a joint office of life sciences. The Chief Executive sits on the Strategy Group of this office. The Governors also acknowledged the steps the Trust has taken in order to promote innovation such as the Clinical Research Strategy, the formation of the Clinical Research Academy and the appointment of the Director of Partnerships.

There was a short discussion about the differences between vertical and horizontal integration and the potential advantages of streamlining and the concept of one organisation taking responsibility for that the whole patient pathway.

Resolved: to approve the final Trust Strategy

G10/26 Quarterly Report on Infection Prevention and Control Up to End of May 2010

The meeting considered the report presented by the Chief Executive, on behalf of the Executive Chief Nurse. The Chief Executive reported that the Trust was performing in line with its trajectory for MRSA, but was not doing so well in relation to *C. difficile*. The Trust had had one outbreak that was related to environmental contamination. The Chief Nurse has been very active and the new building should assist with the environmental issues.

The Trust had not experienced a high amount of seasonal diarrhoea and vomiting. The Chief Executive confirmed that the housekeeping team remained under the employment of the Trust and not Consort, the joint venture company.

In response to a question concerning the Secretary of State's requirement for weekly reporting of MRSA bacteraemia, the Chief Executive confirmed that weekly reporting would not cause a problem for the Trust, although with certain infections the time taken to identify the organism may lead to some figures requiring correction at some later point.

Resolved: to accept the report

G10/27 Patient Care Quality Report

The Governors considered the report presented by the Chief Executive, on behalf of the Executive Chief Nurse.

There was discussion regarding the outcome of the National Outpatient Survey. The Chief Executive reported that this survey was based on responses from forms sent out to a random sample of 600 patients. In comparison, the Trust's internal feedback mechanisms were based on 10,000 patient responses. The

national survey results took time for processing and therefore reflected a picture based on data that was some 12 months old. The Trust had taken steps to maintain the level of patient feedback during and after the move into the new hospital. These measures included the use of hand-held PCs. Themes identified from the feedback have been communicated to the divisions for action.

The Trust had identified a significant reduction in harm caused by falls. Two falls co-ordinators and a falls team leader had been appointed and additional falls champions had been recruited.

The Chief Executive further reported that root cause analysis techniques, first started with regard to infection control, had now been extended to omitted doses and care quality.

The Chief Executive was pleased to confirm that the Trust had now met all the requirements of the single sex accommodation standards set by the Department of Health. Progress had been made in respect of palliative care with the appointment of some excellent staff and the Trust had implemented an electronic bed management system.

The Chief Executive confirmed that patients and relatives were involved with the development of end of life care and that complainants were offered meetings as an alternative to a formal letter as part of the complaints process.

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

G10/28

Clinical Quality Report

The Board considered the Quality Report for 2009-10 presented by Imogen Gray, Head of Quality Development, on behalf of the Medical Director, who confirmed that the Trust had submitted its Quality Report to Monitor, accompanied by positive statements from the LINK and South Birmingham PCT. The Quality Report would also be published on the NHS Choices website and on the UHB website by the end of this month and will be included in the annual report.

The Trust intended to provide quarterly updates on its website on the matters covered by the Quality Report.

The Chairman explained that, this year, the Trust had been constrained in the way in which it could write the Quality Report as they had to comply with Department of Health requirements. The Trust would use the quarterly updates to reflect the Trust's approach to quality.

There was discussion regarding the performance of the Trust in the National Patient Survey in relation to pain control and cleanliness. The Head of Quality Development informed the Governors that the Trust's internal surveys revealed a much more positive picture in both these areas, but close monitoring was in place.

The Governors recognised that any national survey published next year would be based on data gathered whilst patients were still in Selly Oak, as opposed to the new hospital.

Resolved: to receive the report.

The Chief Executive left the meeting.

G10/29

Finance and Activity Performance Report for the period ending 31 March 2010

The Governors considered the report presented by Mike Sexton, Director of Finance, who reported that the Trust had achieved a year-end surplus of just over £15 million, which was in line with plan. This excluded one exceptional item which was the impairment on the Learning Hub. The financial performance would mean that the Trust would achieve a financial risk rating from Monitor of four which equated to excellent use of resources from the CQC.

The FD confirmed that the accounts for 2009/10 had now been audited and been given a clean bill of health by KPMG.

The Trust's financial plan for 2010/11 aimed for a break even position which was in line with the three year plan submitted to Monitor. However, there would be a large impairment figure relating to the new hospital. When there was greater clarity around the size of this impairment the FD would report back to the Board of Governors. He further confirmed that the Trust had media plans in place to manage this issue. These had been produced a couple of years ago in relation to the write-down of the Selly Oak site and would be refreshed.

The FD agreed to provide the Board of Governors with greater detail regarding apportionment of non NHS income between private patients, the Ministry of Defence and other sources.

Clare Robinson, the Senior Independent Director, reported to the Governors that the Trust's financial plans underwent a great deal of external scrutiny in relation to their reasonableness and affordability and were constantly reviewed against the 10 year plan.

The FD confirmed that the slippage shown in the capital programme had not had any clinical impact on the Trust. This year capital spending was currently ahead of plan.

The FD confirmed that the full charge for the new hospital was in the region of £48 million per annum which would be effective from 2012. However, that figure included several amounts that the Trust would have needed to pay in any event such as maintenance and capital charges. The net increase to the Trust is circa £20 million per annum and this has been known to the Trust for a number of years. Past improvement plans have been put in place over the past few years to make the new hospital affordable and recurrent savings of between £15 million and £20 million have been identified. This includes approximately £8 million in single site savings.

There was discussion about the impact of external factors on the Trust. The FD acknowledged that external factors could have a significant impact. However, he believed that the Trust was in a good position to deal with these and there would be many other trusts having financial difficulties before the Trust experienced any.

The FD confirmed that new activity had been part of the business case in relation to specialist work. There was evidence that increases in the amount of specialist work that the Trust was attracting were already apparent.

There was discussion about the impact of delayed discharges on the Trust. The FD confirmed that the Trust was working closely with Birmingham City Council and South Birmingham PCT in order to get patients who were ready for discharge out of the hospital as soon as possible. The number of delayed discharges affecting the Trust had reduced from above 50 to about 30. The recently announced policy to make hospitals responsible for the first 28 days post discharge may impact upon this issue.

Resolved: to receive the report.

G10/30

Staff Governors – Election Results

The Director of Corporate Affairs reported that the results of the recent elections for Staff Governors were as follows:

Dr Tom Gallacher elected as Staff Governor for the Medical Staffing Constituency;

Ms Susan Price elected as Staff Governor for the Clinical Scientist or Allied Health Professional Staffing Constituency;

Mrs Erica Perkins and Barbara Tassa elected as Staff Governors for the Nursing Staffing Constituency (unopposed);
and

Patrick Moore elected as Staff Governor for the Ancillary, Administrative and Other Constituency (unopposed).

The Chairman thanked John Buckels, Paul Brettle and Ann Waller, the outgoing governors, for their service to the Board.

Resolved: To accept the results of the elections

G10/31 Matters Arising from the Board of Governors' Seminar 21 May
The Governors considered the report presented by the Chairman, who further reported that he had only received indications from three Governors regarding which groups they wished to serve on. He asked all other Governors to let him know which groups they were interested in. He would then work with Margaret Burdett, vice chair, to refresh the membership of the groups.

The Chairman further reported that the arrangement for Governors to receive an alert into their private e-mail box when they had UHB e-mail was nearly resolved and that additional measures were being considered to cut down the amount of spam sent to Governors' UHB e-mails.

G10/32 Governors' Feedback
None

G10/33 Any other business
None

G10/34 Date of Next Meeting

Monday 20 September 2010
Pre-meeting 4.00 pm Meeting 4.30 pm – 5.30 pm
Meeting Rooms 1 & 2 Trust Headquarters QEMC
5.30 pm – 5.50 pm refreshments to be available
To be followed by the AGM at 6.00 pm

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Chairman

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Date