

## COUNCIL OF GOVERNORS

Minutes of the Meeting of the  
University Hospitals Birmingham NHS Foundation Trust  
Council of Governors held on 20 May 2014

Meeting Rooms 1 & 2 - Trust Headquarters

■ indicates text to be redacted from published version

- Present: Rt Hon Jacqui Smith (Chair)  
Mr Graham Bunch  
Dr John Cadle  
Dr John Delamere (Governor Vice Chair),  
Mrs Edith Davies  
Prof Joanne Duberley  
Ms Helen England  
Mr Ian Fairbairn  
Mrs Aprella Fitch  
Mrs Sandra Haynes  
Dr Anthony Ingold  
Rabbi Dr Margaret Jacobi  
Mr Patrick Moore  
Ms Susan Price  
Mr David Spilsbury  
Prof Ian Trayer  
Mrs Shirley Turner
- In attendance: Dame Julie Moore (Chief Executive Officer)  
Mr David Burbridge (Director of Corporate Affairs & Foundation Secretary)  
Mrs Gurjeet Bains (Senior Independent Director)  
(Miss Sarah Snowden (Corporate Affairs and Governor Liaison Manager)
- In attendance: Mrs Fiona Alexander (Director of Communications)  
(from item Mr Philip Norman (Chief Nurse)  
G14/07 Mr Tim Jones (Executive Director of Delivery)  
fowards) Mr Andrew McKirgan (Director of Operations)  
Mr Mike Sexton (Chief Financial Officer)

### **G14/01 Welcome and Apologies for Absence**

The Chair welcomed everyone present to the meeting.

Apologies for absence were received from Cllr Susan Barnett, Mr Richard Crookes, Air Marshal Paul Evans Surgeon General, Dr Tom

Gallacher, Ms Margaret Garbett, Mr Tony Mullins, Mrs Valerie Reynolds, Kevin Bolger, Dave Rosser and Viv Tsesmelis.

**G14/02**

**Quorum**

The Chair noted that a quorum was present and, accordingly, the meeting could proceed to business. It was agreed that items 9 and 7 on the agenda would be taken prior to items 5 and 6.

**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 18 February 2014**

The minutes of the meeting held on 18 February 2014 were approved.

**G14/05**

**Matters Arising from the Minutes**

None

**G14/06**

**Appointment of Non-Executive Director and Outcome of Chair and NED Appraisals**

The Council of Governors considered the report from the Council of Governors' Nomination and Remuneration Committee for Non-Executive Directors. The Committee had met on 20 May to interview a candidate and determine what recommendations should be made to the Council of Governors.

The Committee unanimously decided to recommend to the Council of Governors that Dr Catriona McMahon as a Non-Executive Director of the Trust for an initial term of 3 years, commencing 1 June 2014.

**Resolved: That Dr Catriona McMahon be appointed as a Non-Executive Director of the Trust for an initial term of 3 years, commencing 1 June 2014.**

[REDACTED TEXT]

**G14/07**

**Chair's Report**

The Chair reported that the elections for Governors for the Patient Constituency, Hall Green, Selly Oak, Northfield, Edgbaston and Sutton Coldfield etc., were underway. Nominations had now closed and the ballots will be completed by 26 June. Three candidates for the Patient Constituency are standing for election to the two

vacancies and there are two candidates for each of the vacancies in Hall Green, Selly Oak and Sutton Coldfield. Edith Davies, being the only candidate nominated for Northfield, will be elected unopposed. The Council expressed their appreciation for the significant contribution made to the work of the Governors by Ian Trayer, Tony Mullins and Graham Bunch, all of whom had decided not to stand for re-election.

The Trust had hosted a visit from members of the Board of the Department of Health last Friday. This included presentations regarding PICs, Data and Informatics and a tour of the hospital. Representatives from Birmingham City Council and the Clinical Commissioning Group had been involved. The visitors were extremely impressed with what they saw and heard.

## **G14/08**

### **Performance Indicators Report and 2013/14 Annual Plan Update**

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

Of the 15 indicators currently included in Monitor's Risk Assessment Framework, 12 are currently on target and 3 (*C. difficile* and 2 cancer targets) have a remedial action plan in place.

The Chief Nurse will provide more detail regarding the *C. difficile* in his report. As previously reported, the Trust has exceeded its full year Monitor trajectory, along with over 75 other trusts. However, Monitor has chosen not to take action due to the low number of avoidable cases the Trust has seen. As the Trust is significantly below its trajectory of avoidable cases there have been no contractual penalties applied in 2013/14.

In February, the Trust did not achieve two of the national cancer targets: 62 day GP referral and 31 day first treatment. Performance for these measures continued to be affected by the increased demand seen in recent months. Further analysis is currently being carried out on referral patterns for cancer over the last year and the results of this will be included in future reports. The Trust has stated to commissioners that, providing it does not see further growth beyond that expected, the Trust will achieve the 31 day targets from April 2014 and the 62 day targets from May.

Of the 14 national targets that are not included in Monitor's Risk Assessment Framework but are included in the CCG contract the Trust is on target for 11, on target but close to the threshold for 1 and fully validated data is not available for those relating to ambulance handover (30 minute and 60 minute turnaround).

The Trust continues to achieve the three Referral to Treatment Time (RTT) targets at Trust level. However, the targets were not achieved

in General Surgery, Oral Surgery, Urology and Neurosurgery, due largely to the significant increase in referrals. This is a contractual target with an associated financial penalty based on performance of service line income per month that a target is not achieved at treatment function level. The Trust has accrued a penalty of £167k for the year to February.

As previously reported, the national Ambulance Handover target continues to constitute a significant risk due to disputes between the Trust and West Midlands Ambulance Service (WMAS) around data quality and with the CCG in relation to application of the contractual penalty. The CCG accepts that the WMAS data is incorrect, but has not agreed the extent to which it is so. Despite this, the CCG has continued to indicate that it will apply the financial penalties of £200 for each handover over 30 minutes and £1000 for each over 60 minutes. An executive-level meeting took place at the beginning of April between the Trust, WMAS and the CCG where a series of actions were agreed to improve the handover process and data quality.

Of the Trust's 46 local indicators currently included in the report, 30 are on target, 11 are slightly below target and 5 have remedial action plans in place

Of the Trust's 14 CQUINS, full year data is available for 10 and has demonstrated full achievement. For the remaining 4 CQUINS, these are on track and expected to deliver. Therefore the Trust should receive full payment.

An assessment of progress against the Trust's Annual Plan for 2013/14 has been made. For the year to date, 94% of key tasks are on plan, 4% of key tasks are slightly below plan, and there are no key tasks where remedial action is required. One key task has been removed due to external factors outside the Trust's control.

There was discussion about contractual targets and the financial penalties associated with same. Governors felt that these were counter-productive. The Chief Executive reported that, with regard to the ambulance handover and RTT targets, she had spoken to the Chief Executive of WMAS and the Accountable Officer of the CCG about the impact on the Trust of choices made by ambulance crews and GPs, when conveying/referring patients. The Trust's reputation, when compared with that of other local trusts, is a major driver in this respect and it would take some time for other trusts to address any reputational issues.

**Resolved:** to:

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

**Accept** the full year 2013/14 performance update against the Trust Annual Plan.

**G14/09**

**Quarterly Infection Control Report**

The Council of Governors considered the report presented by the Executive Chief Nurse, which, being the report for the fourth quarter of the year, represented the end of year position.

The Trust had two cases of MRSA apportioned to it for Quarter 4, one of which was considered to be avoidable. This brought the total for the year apportioned to the Trust to 5. All cases have been the subject of root cause analysis and the actions being taken were set out on page 4 of the report.

Fifteen further cases of C difficile have been identified in the quarter, bringing the total to 80 for the year. Performance for this quarter is better than the previous three quarters, this being of additional significance, as this quarter is usually the worst, due to seasonal factors. As previously reported, all of been reviewed with commissioners and the total number of avoidable cases for the year is 16.

The Trust's trajectory for next year will be 67. Regulators have made recommendations that the practice of assessing cases as avoidable or unavoidable is exemplary and should be adopted throughout the NHS. The Trust's practice has been circulated to other trusts as guidance.

One ward was closed in March due to an outbreak of diarrhoea and vomiting, following which Norovirus was confirmed. Despite this being one of the older wards within the hospital, there was no spread and the ward was only closed for a few days with no staff absence. Staff have responded well to information about infection control and have been working with visitors and patients with a tendency to wander. This performance compares very favourably with other hospitals within the region where there is considerable spread and closure for longer periods.

The Chief Nurse will present an update on the annual action plan at the next meeting.

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

**G14/10**

**Quarterly Care Quality Report**

The Governors considered the report presented by the Chief Nurse. With regard to patient feedback, the trust has had over 33,000

responses over the year including more than 1700 from the Emergency Department. The vast majority of responses have been very positive in particular in relation to cleanliness. However, issues are consistently showing up in the less positive responses, these being noise at night and patient/relatives receiving conflicting information. With regard to the latter, there is particular issue regarding information provided to bereaved families. Action plans for improvement in this area are being developed.

The national Emergency Department survey is now underway and will concern patients who were seen in the Emergency Department in March of this year. The national inpatient survey will take place this summer, surveying patients in hospital during June.

The CN confirmed that the Trust had now met its Friends and Family CQUIN with regards to response rates. In addition, satisfaction scores were also improving. The focus will shift from response rates to the level of response and a roll-out to outpatients, day case patients and staff.

Feedback from the chemotherapy survey showed that patients had concerns about waiting on the actual day of their appointment. A new process regarding the coordination of appointments has already been put in place and positive feedback has been received regarding improvements.

With regard to the Safety Thermometer, the Trust has now gone 65 days without any hospital-acquired grade 3 or grade 4 pressure ulcers. Further action is being taken in regard to appropriate urinary catheter usage.

The CN reported that the increase in safeguarding referrals was thought to be due to increased awareness following the recent initiatives. He confirmed that these referrals did not relate to specific allegations of abuse.

There was discussion regarding the results of surveys, particularly with regard to the Clinical decisions Unit, and how the Trust compared with other members of the Shelford Group. The CN reported that the Trust had tackled same basic issues like squeaky trolley wheels and nurses' footwear. There was acknowledgement that staff do help patients to get to sleep and that some noise, from monitors and patient equipment, was difficult to avoid.

**Resolved: To accept the report.**

**G14/11**

## **Finance and Activity Report – Quarterly Report**

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

The Trust finished the year in a strong financial position. The Trust has received a 2\* Continuity of Services Risk Rating (COSRR) rating from Monitor based on its financial results for Quarter 3. Self assessment indicates that this rating should be maintained in Quarter 4. It is likely that this will also be the case for 2014/15, in line with the Trust's plan.

The marginal rate of 30% for A&E admittances has had an impact on the Trust of c£1million, due to the negotiation of an increased baseline at the beginning of the year.

There was discussion regarding the future impact of developments in the local and national health economy on the Trust's financial position. It was recognised that the performance of other elements in the local economy can impact adversely on the Trust. For example, City and Sandwell's plans regarding its City Hospital A&E could mean even greater demands being placed on the Trust. Unfortunately, there is now little overall control of health economies.

**Resolved: to receive the contents of the report.**

**G14/12**

**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 additional signage relating to smoking 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. The DComms reported that the costs of additional patrolling around A&E and the main entrance was approximately £60,000 per annum.

**G14/13**

**Any other business**

Governors requested an update on the buddying activity being undertaken by the Trust. The Chief Executive reported that both Burton and George Elliott (GEH) were due to be re-inspected by the CQC soon. It was hoped that both would be moved out of special measures, both having made progress, although there remained work to be done. With regard to GEH, the National Trust Development Agency had reviewed the bids received to operate the hospital, but had decided to halt the process, given the progress made as a result of the buddying arrangement.

**G14/14**

**Date of Next Meeting  
21 July 2014**

**6.00 p.m. – 8.00 p.m.**  
**(pre-meeting 5.30 p.m. – 6.00 p.m.)**  
**Meeting Rooms 1 & 2, Trust HQ**