

COUNCIL OF GOVERNORS

Minutes of the Meeting of the
University Hospitals Birmingham NHS Foundation Trust
Council of Governors held on 23 February 2015

Meeting Rooms 1 & 2 - Trust Headquarters

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Present: Rt Hon Jacqui Smith (Chair)
Mrs Edith Davies
Prof Joanne Duberley
Mr Ian Fairbairn
Mrs Aprella Fitch
Dr Tom Gallacher
Dr Sunil Handa
Mrs Sandra Haynes
Dr Elizabeth Hensel
Rabbi Margaret Jacobi
Mrs Bridget Mitchell
Mr Patrick Moore
Mrs Valerie Reynolds
Mr David Spilsbury
Mrs Shirley Turner

In attendance: Dame Julie Moore (Chief Executive Officer)
Mr Fiona Alexander (Director of Communications)
Mr Kevin Bolger (Director of Strategic Operations)
Mr David Burbridge (Director of Corporate Affairs & Foundation Secretary)
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)
Mrs Debbie Edwards (Lead Nurse Infection Prevention and Control)
Miss Samantha Baker
Dr Jason Wouhra (Non-executive director)
Air Vice Marshall Richard Broadbridge

G14/66 Welcome and Apologies for Absence

The Chair welcomed everyone present to the meeting.
Apologies for absence were received from Cllr Susan Barnett,
Dr John Cadle, Dr John Delamere, Ms Helen England, Surgeon Air

Marshal Paul Evans, and Susan Price.

- G14/67** **Quorum**
The Chair noted that a quorum was present and, accordingly, the meeting could proceed to business.
- G14/68** **Declarations of Interest**
There were no declarations of interest in the matters to be considered by the Council.
- G14/69** **Minutes of the Meetings of the Council of Governors of 13 November 2014**
The minutes of the meetings held on 13 November were an accurate and true record.
- G14/70** **Matters Arising from the Minutes**
None
- G14/71** **Chair's Report**
The Chair asked the Executive Chief Nurse to update the Governors with regard to the Care Quality Commission inspection. The CN reported that the CQC had carried out the unannounced element of their inspection on 13 February, when six inspectors, split into two teams, had spent the day on Ward West 2 and in Critical Care. They had not reported any concerns arising from their observations in Critical Care and had said that they were re-assured by what they had seen on West 2. They are now drafting their report, which they expect to take between six and eight weeks. After internal CQC processes, the draft will be provided to the Trust for factual accuracy checking. The final report will be discussed at a Quality Summit, involving the Trust, the CQC and other stakeholders, with the report being published a few days later.
- The verbal feedback received so far was generally very positive, with a small number of matters being mentioned, such as resuscitation trolley checking (a full audit is being undertaken), patient food in fridges being a few hours out of date (due to the time of day when checking takes place) and one overflowing sharps bin being observed.
- The lead for the CQC has confirmed that the whole inspection team met to discuss the planned part of the visit and no other negative feedback has been received.
- The Chair reported that Mrs Gurjeet Bains' term as a non-executive director had expired on 30 November 2014. As Gurjeet was the appointed Senior Independent Director, the Board of Directors

needed to appoint one of the current non-executive directors to this role. The Board has resolved, subject to the views of the Council of Governors to appoint Catriona McMahon as Senior Independent Director. The Governors welcomed this proposed appointment.

Resolved: To accept the report.

G14/72

Draft Q3 Quality Account Update Report

The Council of Governors considered the report presented by Imogen Gray, Head of Quality Development. The Chair reminded the Governors that this was an important source of information for them concerning, for example, complaints and referrals to the ombudsman. There would be a comprehensive section on complaints in the end of year report, which will be provided to Governors after consideration by the Board of Directors.

There was discussion regarding the Trust's Emergency Re-admissions Rate. The Medical Director explained that the Trust's rate was always slightly higher than the peer group average, because of the nature of the services provided by the Trust. All re-admissions were reviewed and they were rarely as a result of clinical error. The Trust's Commissioners have said that they were reassured that re-admissions were appropriate.

There was discussion regarding the Patient Survey results and the Friends and Family Test. It was noted that some patients tend not to complete a Friends and Family Test form on a subsequent visit to the Trust.

Resolved: to receive the report

G14/73

Quality Account priorities for 2015/16

The Governors received a presentation regarding the proposed Quality Account priorities for 2015/16, by Imogen Gray and Debbie Edwards.

It was reported that the Clinical Commissioning Group had requested additional items to be included in the Quality Report regarding CQUINs, the nursing "6 Cs", compassion in practice, equality and guidance, and dementia. The Trust did not intend to accede to all of this request, as the report was already over-long. There was discussion regarding the role of the commissioners and other bodies, such as Healthwatch, with regard to the Trust's quality report. With regard to Healthwatch, it was uncertain as to whether they would be providing comments on the Trust's report this year.

There was discussion regarding the pain indicators to be selected for

audit, in particular, with regard to the appropriate target. It was felt that six hours was too long a period, although it was acknowledged that this threshold had been selected because it was in line with other observations. It was decided that two indicators would be selected – pain assessment and timely administration of analgesia as part of the external assurance arrangements for the 2014/15 Quality Account.

Resolved: That the auditors be asked to audit pain assessment and timely administration of analgesia.

G14/74 Quarterly Care Quality Report (to include Infection Control Update)

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

The Trust continues to gather significant levels of feedback from patients, with 6,189 responses to the electronic bedside inpatient survey and 445 to the Emergency Department (ED) survey for the quarter. It was noted that most of the other Shelford Group trusts only do an annual survey, which is a much smaller sample size. In addition, the results of that survey are only made available some nine months after the patients have responded.

Positive responses have increased for Noise at night from staff, reflecting the work that has been done in that area. Drops in positive responses were observed for Finding someone to talk to about worries and fears, Staff did all they can to help control pain, and Rating of hospital food. Focused actions continue on the above areas to ensure further improvements are made.

The National Emergency Department Survey results were published in December 2014. The Trust was rated amber – about the same as other Trusts – in all eight sections of the survey. Full results and an action plan will be taken to the Care Quality Group.

The National Inpatient Survey is underway with questionnaires sent out to a sample of patients drawn from June 2014. The survey closes at the end of January 2015, with the results expected in April.

Friends and Family Test responses in the Emergency Department are just below the response rate of 20% required in quarter 4 for the CQUIN. Work is being undertaken to ensure we reach this CQUIN target. The national average response rate for November was 18.7%, highlighting this to be a national challenge.

The Trust's Safety Thermometer scores show that the percentage of patients who are scored as "harm free" continues to increase.

The Trust continues to see a reduction in the number of avoidable hospital acquired pressure ulcers. 133 days have passed since the Trust last had a hospital acquired Grade 3 or 4 pressure ulcer. The action plan has been updated to focus on Grade 2 pressure ulcers in Division C.

Safeguarding referrals for potential domestic violence have increased. All cases are referred to the Multi Agency Safeguarding Hub.

The Trust had one MRSA bacteraemia in December and one in January. All have been or will be reviewed at an Executive RCA meeting. The Trust's performance regarding *C. difficile* Infection (CDI) has improved. Next year's trajectory will be 63 cases, against 67 for this year. The avoidable/unavoidable methodology is being changed, to a model which looks for lapses in care.

One ward was briefly closed for diarrhoea and vomiting in December 2014. Last week, one ward was closed for a few days after six cases of norovirus. The ward was closed only for a few days. This compares well with other trusts, who have as many as eight or ten wards closed.

An increase in the number of influenza (flu) cases was seen, particularly in the West Midlands at the beginning of December 2014. At UHB there were 123 laboratory confirmed cases of influenza A between 1 December 2014 and 8 January 2015.

Resolved: to receive the report.

G14/75

Performance Indicators Report and 2014/15 Annual Plan Update

The Council of Governors considered the report presented by the Executive Director of Delivery. Of the 14 indicators currently included in Monitor's Risk Assessment Framework (RAF), 7 are currently on target.

The A&E 4 hour wait target was slightly below target in December but was achieved over Quarter 3 as a whole. Although December attendances at ED were lower than in recent months, significant pressure resulted from increased ambulance arrivals – 4.2% higher than the year to date – and the higher level acuity of the patients that did arrive which led to higher numbers of admissions. One particular factor causing this was high levels of flu in the community; Public Health England data shows that the Midlands has seen the highest number of outbreaks to date. On Wednesday 17 December, the Trust faced a particularly significant capacity challenge which resulted in the Trust escalating to the highest level for the first time.

The EDoD clarified that the single patient who had a 12 hour wait was placed in a proper bed and not kept on a trolley.

Nationally the target continues to be failed by a considerable margin and local press coverage has instead noted the Trust's strong performance compared to other local trusts.

In November the Trust did not achieve six of the national cancer targets compared to four in October. Of these, five are included in Monitor's Risk Assessment Framework whilst the 62 day upgrade target is set contractually. Reasons for breach continue to include late referrals from other hospitals and increased numbers of referrals. Overall waiting times are decreasing and the Trust expects to be back on trajectory in a few more months. Commissioners are now accepting that there is an issue with late referrals and standards are to be set for referrers.

The failure to meet the 31 day subsequent chemotherapy target resulted from two patient breaches of the target who both received complex chemotherapy, involving the co-ordination of two specialties and interventions. A Chemotherapy Co-ordinator is currently being appointed to identify and resolve potential breaches. The chemotherapy target is expected to be achieved for Quarter 3 as a whole so was declared as achieved in the Trust's quarterly declaration to Monitor.

The Referral to Treatment Time target for admitted patients has a remedial action plan in place as November performance was below target. However, this is in line with the national initiative to reduce the RTT backlog and the Trust is ahead of its trajectory to reduce the number of patients waiting in excess of 18 weeks.

Of the 16 national targets monitored through the CCG contract, the Trust is on target for 11 and has a remedial action plan in place for 3. Data accuracy continues to be an issue with regard to the two ambulance handover targets (30 minute and 60 minute turnaround).

In December, for the first time, the Trust did not achieve the 6 week diagnostic target with performance of 97.9% against the 99% target. In addition to the existing problems with capacity for urodynamics, endoscopy had capacity problems due to staff sickness absence, which led to breaches for colonoscopy, flexi-sigmoidoscopy and gastroscopy. An action plan has been agreed for endoscopy and the Trust is now back on track for this target.

Of the Trust's 54 local indicators, 1 (relating to pain assessments) is currently being developed for reporting, 28 (52.8%) are currently on target, 15 (28.3%) are slightly below target and 10 (18.9%) have remedial action plans in place. The Trust has seen a deterioration in

its reported performance against the Time from Approval to Recruitment research target and actions are in place to improve future performance.

External agency spend in November increased to 4.47% as a percentage of total staff spend. The percentage spent on bank staff also increased to 3.58% from 2.97% in October. Both are contributed to by the high levels of activity and increased patient acuity. Higher sickness, has also resulted in increased spend.

There was discussion regarding the management of staff on long-term sick leave. The EDoD confirmed that a fair and reasonable approach was taken with staff.

Four key tasks of the Trust's Annual Plan are slightly below plan and actions are being taken to bring performance back in line. Of these key tasks, none have been identified as risking the delivery of the overall strategic aim or enabler.

Resolved to:

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

Accept the Quarter 3 2014/15 performance update against the Trust Annual Plan.

G14/76

Finance and Activity Report – Quarterly Update

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

For Quarter 3, the Trust was in line with the adjusted expectations, with an expected surplus of £1.7 million. Although this was less than the original planned surplus, it represented a good performance in the context of the sector. 70% of foundation trusts were in deficit and the overall deficit for providers (i.e FTs and NHS trusts) was likely to be £800 million or more.

Looking forward, current proposals on tariff and the commissioning contract would present the Trust with a £60 million finding challenge, made up of £20 million from the core efficiency requirement of 3.8%, £15 million from the proposed marginal rate on specialist work (in the face of growth in drugs and devices for a patient population with improved survivability), £5 million from price changes in the tariff favouring secondary activity over tertiary, £5 million from an underestimate of inflation and £5m from fines and other technical contractual measures where commissioner discretion will be removed.

Following the objections raised against the proposed tariff by over 50% of trusts, Monitor and NHS England have offered two options to providers. One, called the Enhanced Tariff Option, uses an efficiency factor of 3.5% and a 70% marginal rate for emergency activity. The second, the Default Tariff Rollover, uses the 2014/15 tariff but prohibits providers from benefitting from CQUINs. The first would only reduce the Trust's financial challenge by £10 million, the second by about £20 million. Very little detail has been provided so it has been difficult to fully assess the possible effect of either option.

Shelford Group trusts have been discussing the options offered and are seeking to negotiate an improved position with Monitor and NHS England, which would involve an independent review of the real costs of providing specialist services. KPMG has already reviewed this and concluded that the existing tariff does not cover current costs of specialist care. Monitor has used 2011/12 reference prices, even though more up to date figures are available.

The Chair reported that local MPs had been briefed. The Trust would continue negotiations to achieve a financial settlement that would support the quality of care provided at the Queen Elizabeth Hospital Birmingham.

Resolved: to receive the report.

G14/77 **Governors' Feedback**
None.

G14/78 **Any other business**
The Chair reported that four A&E consultants at the Alexandra Hospital in Redditch had resigned, along with a fifth from Worcester. There had been an approach for assistance from the Trust and the Executive Director of Strategic Operations was meeting with the Trust Development Agency tomorrow. The Medical Director at Worcester had contacted the Trust's Medical Director, to ask if the Trust could provide any resources to assist at Redditch, but, in common with most trusts, the Trust's own ED resources were already stretched. The Trust would continue to monitor the situation, given the potential impact on its own ED.

G14/79 **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