

COUNCIL OF GOVERNORS

Minutes of the Meeting of the
University Hospitals Birmingham NHS Foundation Trust
Council of Governors held on 15 November 2013

Meeting Rooms 1 & 2 - Trust Headquarters

Present: Rt Hon Jacqui Smith
Graham Bunch
Dr John Cadle
Richard Crookes
Dr John Delamere (Governor Vice Chair),
Edith Davies
Prof Joanne Duberley
Helen England
Ian Fairbairn
Aprella Fitch
Sandra Haynes
Rabbi Dr Margaret Jacobi
Patrick Moore
Tony Mullins
Valerie Reynolds
David Spilsbury
Prof Ian Trayer
Shirley Turner

In attendance: Dame Julie Moore (Chief Executive)
David Burbridge (Director of Corporate Affairs & Foundation Secretary)
Tim Jones (Executive Director of Delivery)
Fiona Alexander (Director of Communications)
Mike Sexton (Chief Financial Officer)
Kay Fawcett (Chief Nurse)
Philip Norman (Chief Nurse designate)
Viv Tsesmelis (Director of Partnerships)
Kevin Bolger (Director of Strategic Operations)
Imogen Gray (Head of Quality Development)
Sarah Snowden (Corporate Affairs and Governor Liaison Manager)

G13/52

Welcome and Apologies for Absence

The DCA reported that Sir Albert Bore had tendered his apologies for this meeting. Further, the Deputy Chair was not available and so, in accordance with the Trust's Constitution, Sir Albert had nominated the Rt Hon Jacqui Smith, Non-Executive Director, to chair the meeting.

The Chair welcomed everyone present to the meeting.

Apologies for absence were received from Sir Albert Bore, Air Marshal Paul Evans Surgeon General, Christine Beal, Susan Price, Cllr Susan Barnett, Margaret Garbett, Morag Jackson, Andrew McKirgan and Dave Rosser.

G13/53

Quorum

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

G13/54

Declarations of Interest

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

G13/55

Minutes of the Meeting of the Council of Governors of 5 September 2013 and 4 October 2013

The minutes of the meetings held on 5 September and 4 October 2013 (amended as initialled by the Chair) were approved.

G13/56

Matters Arising from those Minutes

None.

G13/57

Chairman's Report

The Chair asked the Chief Executive to update the Council on the work the Trust is doing in supporting other Trusts. The Chief Executive reported that the Trust has, at the request of the National Trust Developmental Authority (NTDA), been working with the George Eliot Hospital (GEH) in Nuneaton over the past few months. Engagement has been welcomed by the GEH team and good relationships are developing. Kevin Bolger has led the work, with input being provided by others, including nursing by Kay Fawcett and medical by Prem Mahendra. Kevin has also been appointed by the NTDA as the Improvement Director for GEH.

Monitor has also asked the Trust to support Burton NHS FT. This work is at an earlier stage and the Trust is not as involved yet. It is unlikely to be a long term relationship and the Trust has been clear with its staff that their role is to advise and not "do".

There was discussion regarding the possible outcomes of this type of engagement. The Chief Executive reported that there were likely to be other trusts requiring similar support, particularly the isolated district general hospitals, who typically have a low rate of staff turnover leading to a lack of adoption of new ideas and ways of working. However, any sustainable solutions required a wholesale

review of how hospitals are run in the future. Consideration is being given to the concept of chains or groups of hospitals and a pilot is being undertaken in Manchester.

The Chief Executive reported that the benefits to the Trust of engaging in this work included the potential for developmental opportunities for staff and the possibility of mitigating the impact of poor performance in neighbouring trusts on the Trust. Being able to influence this developing agenda is also considered to be of benefit.

G13/58

Q2 Quality Account Update Report

The Council of Governors considered the report presented by Imogen Gray, on behalf of the Medical Director.

With regard to the Quality Improvement Priority for Improving venous thromboembolism (VTE) Prevention, there is focus on the administration of stockings and improving prescription rates, currently at 72.4%. The code for making such prescriptions a mandatory proposal in POICS has now been developed and the rules are being checked. Implementation is planned for January.

The national methodology for indicators for Readmissions (Indicators 5a and 5b) has been changed, resulting in a higher rate of re-admission. The new methodology for emergency readmissions within 28 days excludes daycases, regular daycases and cancer patients in line with guidance from the Health and Social Care Information Centre.

Performance against the indicator for Betablockers given on the morning for first-time coronary artery bypass surgery (Indicator 8) has dropped for the period April-August 2013 compared to 2012/13. The drop in performance has been discussed with the Cardiac Surgery team and a zero-tolerance approach to further omissions has been adopted, with root cause analysis to be undertaken for any further omissions.

There was discussion regarding the 20% increase in the number of complaints regarding clinical treatment. It was agreed that this would be further reported at a subsequent meeting of the Council.

ACTION: Head of Quality Development

Resolved: to note the content of the report

G13/59

Performance Indicators Report and 2013/14 Annual Plan Update

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

The Trust is meeting 13 national targets, with one of those close to threshold. Of the remaining two, one is slightly below threshold and one is not met, this being the C.Difficile trajectory. The latter will be addressed by the Chief Nurse in her report. It is not clear what, if any, action Monitor will take with regard to this breach, as the Risk Assessment Framework has changed. It is most likely that they will give a descriptive rating for Governance, which has taken the place of the previous amber/red and amber/green ratings.

Performance against the ED four hour wait target fell below the 95% threshold in September, due to a spike in activity. However, performance in July and August had been very good, so the target was achieved for the quarter.

Of the Trust's 46 internal targets, 26 were on trajectory, 13 slightly below and seven requiring remedial action. Details were set out in the report.

With regard to CQUINs, commissioners were seeking to impose a retrospective target of a 15% response rate for the Friends and Family test, in the knowledge that the bench-marking data provided by the Trust was below this level, thus allowing the commissioners to levy a contractual penalty. This is being challenged as the contract does not provide for retrospective targets.

One action in the annual plan has been removed following the withdrawal of the West Midlands GP pathology tender. The Trust has written to the commissioners querying the process that led to the withdrawal, as the work involved in responding to the tender by the Trust had incurred considerable expenditure, although it is considered unlikely that the Trust will recover these costs.

There was discussion about the impact of recent capacity issues on the availability of stroke beds. The EDoD reported that the position had been exacerbated by the actions of Sandwell and Worcester who had both closed their stroke units with little or no notice to the Trust. There is also a waiting list for community operated stroke beds. Whilst, clinically, the closing of the stroke care units at Sandwell and Worcester may be the right thing to do, the process needs to be managed and appropriate funding re-allocated.

The Council discussed the favouring of the Trust by the ambulance service. The DSO reported that the ambulance crews id demonstrate a preference for coming to the Trust, for a variety of reasons such as its status as a major Trauma Centre, quicker turn-around times etc. The crews do have discretion to take patients to what they consider to be the most appropriate destination if they have concerns about the patient's health. The ambulance service was now reviewing its ways of working by, for example, increasing

the number of trained paramedics from the lowest level in the country, with a focus on trying to keep people at home. The growth in the requirement for ambulances is continuing.

Actions were being taken to increase capacity, with ward moves planned for November which will make available 83 beds.

Resolved:

- 1. to accept the report on progress made towards achieving performance targets and associated actions and risks; and**
- 2. to accept the year to date 2013/14 performance update against the Trust Annual Plan**

G13/60

Quarterly Infection Control Report

The Chief Nurse introduced her successor, Philip Norman, to the Council of Governors. The Council welcomed Philip and then proceeded to consider the report presented by the Chief Nurse.

The Trust has not had any MRSA bacteraemia for twelve months. With regard to C.Difficile, the Trust had had 56 cases which, under the national rules, are attributable to the Trust. This means that it will exceed its trajectory for the year. However, out of a total of 162 trusts, 91 are over their six-month trajectories and 12 have already exceeded their trajectory for the full year. The evident inappropriate level of trajectories could lead to “gaming” at other trusts and even to clinical decisions being overridden to avoid samples needing to be tested.

Under the Trust’s contract with its Commissioners, each case is reviewed and an agreement is reached as to whether it was avoidable or not. Out of the 56 cases, only nine have been considered avoidable which means that no financial penalties will be invoked. The CN confirmed that each CDI underwent a thorough review with any resultant actions being implemented straight away and that doctors, as well as nursing staff, were very engaged. The Department of Health has now expressed an interest in this approach.

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

G13/61

Quarterly Care Quality Report

The Council of Governors considered the report presented by the Chief Nurse. The Trust had received 2,118 responses to the bedside survey in September, bringing the total for the year to 15,763. This

was a considerable amount of feedback, particularly in comparison to the amount received a few years ago. Scores of 95% or more were being achieved in most areas, with privacy and cleanliness amongst the highest scores. Noise at night from staff and being given conflicting information scored lowest and further work is being undertaken to improve these areas.

The use of text messaging is expected to improve the rate of returns for the Friends and Family test, particularly in the Emergency Department. October's score was 69.98 percent, on an upward trajectory.

There had been an increase in the number of safeguarding alerts in November. It is believed this may be due to increased awareness following a programme of targeted training.

Complaints had decreased and were running at an average of 55 to 57 a month. Current issues included outpatient delays and cancellations and issues around communications and information.

The Governors acknowledged that this was the Chief Nurse's last meeting prior to her retirement and thanked her for her contribution,

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

G13/43

Finance and Activity Report – Quarterly Report

The Council considered the report presented by the Chief Financial Officer. An actual surplus of £3.250m has been realised in the first six months of the financial year representing a favourable variance of £0.250m against plan.

Operational overspends have been incurred the first six months of the year, largely driven by activity and capacity pressures, plus higher than budgeted staffing costs and slippage against Cost Improvement Plan targets. To date, these have been mitigated by the release of Trust reserves and action plans have been drawn up by Divisions to address the main areas of over spend.

Monitor is intending to move from the current Financial Risk Rating (FRR) to a new framework involving a Continuity of Service Risk Rating (CSRR), which focuses on liquidity and debt. The new methodology appears flawed and contains an inbuilt bias against trusts with PFI schemes, such that they are required to count next year's liabilities under the PFI agreement in the current year. This means that the Trust will be rated at level 2, which indicates significant risk. Despite the Trust raising concerns with Monitor, it is refusing to change the methodology. It has proposed a 2* rating, but this is not likely to sufficiently address the issues of public perception

and the impact on qualifying for tenders. The Board has discussed possible solutions that would improve the liquidity score. This is currently being discussed with the Trust's bankers, the external auditors and Monitor and the CFO will update the Council at the next meeting.

ACTION: CFO

There was discussion about the impact of a continued overspend. The CFO reported that, currently, the Trust had made prudent provision to cover overspends not compensated for by increased activity. Clearly, long term overspends would erode those but there would be sufficient time to implement sustainable solutions. It was the case that running at a high level of occupancy creates inefficiencies, but the issues could be dealt with over a period of between six and twelve months.

Resolved: to receive the contents of the report

G13/44 Update on cleaning outside A&E/CDU areas

The Director of Corporate Affairs reported that the Director of Projects' team had been actively monitoring the maintenance and cleaning of the areas outside A&E and the Clinical Decisions Unit. It was acknowledged that there had been an improvement.

G13/45 Governors' Feedback

In response to an enquiry regarding signage relating to smoking, the Director of Communications reported that the designers have now been briefed. In the meantime, the security staff are patrolling the affected areas from 7.30 and after visiting and it is intended that this will continue.

All those in attendance, with the exception of the DCA and the Chief Executive, left the meeting.

G13/46 Appointment of Non-Executive Directors

John Delamere, Governor Vice-Chair, took the Chair and presented the report of the Nominations and Remuneration Committee. The Committee had interviewed a number of candidates for appointment as non-executive directors and was able to make recommendations to the Council of Governors for three appointments. Following a very extensive process, the Committee had been unanimous in its decisions and had been pleased at the field of candidates. All those recommended had close connections with the West Midlands.

Resolved: to appoint Ms Jane Garvey, Mr Harry Reilly and Mr Richard Armitage as Non-Executive Directors of the Trust, each for an initial term of three years

commencing 1 December 2013.

G13/47 **Any other business**
None.

G13/48 **Date of Next Meeting**
18 February 2014