

COUNCIL OF GOVERNORS

Minutes of the Meeting of the
University Hospitals Birmingham NHS Foundation Trust
Council of Governors held on 19 November 2015

Meeting Rooms 1 & 2 - Trust Headquarters

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Present: Rt Hon Jacqui Smith (Chair)
Mrs Bernadette Aucott
Dr John Cadle
Mr Paul Darby
Mrs Edith Davies
Dr John Delamere
Mrs Aprella Fitch
Dr Tom Gallacher
Dr Sunil Handa
Mrs Sandra Haynes MBE
Mrs Bridget Mitchell
Mr Patrick Moore
Mrs Linda Stuart
Dr Iestyn Williams

In attendance: Dame Julie Moore (Chief Executive Officer)
Ms Fiona Alexander (Director of Communications)
Mr David Burbridge (Director of Corporate Affairs & Foundation Secretary)
Mr Tim Jones (Executive Director of Delivery)
Ms Angela Maxwell (Non-Executive Director)
Mr Philip Norman (Chief Nurse)
Dr David Rosser (Executive Medical Director)
Mr Mike Sexton (Chief Financial Officer)
Ms Cherry West (Executive Chief Operating Officer)
Ms Imogen Gray (Head of Quality Development)
Ms Samantha Baker (Quality Development Support Manager)
Miss Sarah Snowden (Corporate Affairs & Governor Liaison Manager)

G15/49 Welcome and Apologies for Absence

The Chair welcomed everyone to the meeting.

Apologies for absence were received from Surgeon Air Marshal Paul Evans and Air Vice Marshal Richard Broadbridge, Dr Elizabeth Hensel, Mr Paul Burgess, Mr Alex Evans, Ms Helen England, Ms Margaret Garbett, Rabbi Dr Margaret Jacobi, Ms Susan Price and Cllr Valerie Seabright.

Apologies were also received from Mr Kevin Bolger (Director of Strategic Operations) and Mr Andrew McKirgan (Director of Partnerships).

G15/50 Quorum

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

G15/51 Declarations of Interest

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

G15/52 Minutes of the Meetings of the Council of Governors of 4 September 2015

It was agreed that the minutes of the meeting held on 4 September 2015 were an accurate and true record apart from a minor change relating to the title of Cherry West (should show “Executive Chief Operating Officer” and not “Executive Director of Operations”).

G15/53 Matters Arising from the Minutes

None

G15/54 Chair’s Report

The Chair reported that Sandra Haynes and Aprella Fitch had recently attended the funeral of Ian Fairbairn, Patient Governor of the Trust. Ian’s family and friends were pleased to see representation from the Trust as he had enjoyed his role here after his transplant, and had spent a good deal of time supporting the Chair in his role as Governor. He will be missed.

The Chair asked the CEO to provide an update on our work with HEFT to date. The CEO confirmed that she had formally started her role as interim CEO of HEFT and UHB, and will shortly be joined by the Chair who will also become interim Chair of both Trusts. The CEO reported on some very positive outcomes from meetings with various Clinical staff at HEFT along with their Governors and believed it was unfortunate that the Trust had been left in such a poor state. She had been heartened by the warm, welcoming reception she had received at HEFT, and although there is much to do she believes that with the help of various members of staff from UHB along with the willingness of HEFT staff, the improvements required would be very visible before long.

The Chair reported that she had visited the Interventional Cardiology Unit last week which owing to its successful treatments has now lead to increases in demand and pressures operationally.

The Best in Care Awards had as always been extremely well organised by the Director of Communications and her team. Over 500 nominations had been received this year and the Chair reminded everyone that nominations can be made throughout the year whenever you come across an excellent example of good practice. The Chair was pleased to report that Shirley Turner (Volunteer and ex-Patient Governor) had won the Member of the Year Award.

Thanks were given to all Governors who helped with the recent Membership Week recruitment campaign held in the Hospital. 179 new members had been signed up with £196.22 donations made to QEHB Charities. This brings the total amount raised by the UHB Membership Team for QEHB Charities to £997.61 to date.

Resolved: To accept the report.

G15/55

Report from the Chair of the Investment Committee

Angela Maxwell, Non-Executive Director gave apologies for not being able to present this report at an earlier meeting in the year.

It was explained that the purpose of the Committee was to consider opportunities and investments including significant capital expenditure and major property transactions in relation to the Trust.

Key areas of strength have included international partnerships such as the one in China where a joint venture with Capital Health is providing Research and Education in new hospitals in China. Other successes have included the Renal Satellite Dialysis centre in Smethwick where excellent feedback is received from patients and staff. This is now run by UHB direct rather than the private sector.

Sales of HED into other organisations including management consultancies have continued to grow with a turnover of £1.4m for 2014/15. Future targets for this product include the Australasian markets.

Midtech had a good reputation but was reliant on public funding so was acquired by the Trust who now host on a membership basis and experience many synergies with the ITM.

NORSE is an application developed in house to support referrals to the Neurology Department which has proved much speedier than the previous telephone route. This success has led to consideration for use in the Renal, Burns and Liver Departments. This has also now been sold into three hospitals in the Manchester area thereby providing the Trust with royalty payments.

Questions raised by Governors included if there were any requests from the staff at Midtech for transfer to UHB – three members of staff had transferred across.

It was also questioned if adapting the HED system for Commissioners at the front end would prove more functional for providers. The system allows you to drill down and across on data producing powerful reports extremely quickly – the Medical Director for NHS England has made requests where reports that would normally take two weeks to produce are completed in a matter of an hour.

Declarations of interest are made at the start of each Committee meeting with only David Hamlet, Non-Executive Director having to step outside for part of one meeting owing to his connections as a lawyer.

Resolved: To accept the report.

G15/56

Quality Account Update Report for Q2

The Council of Governors considered the report presented by Imogen Gray on behalf of the Executive Medical Director. A new pain scale has been introduced changing from 0-3 to 0-10 and will be fully operational by the end of Q4. It will become the seventh requirement for assessment within 6 hours of admission, with more indicators to be added in the future.

Medication errors are being reduced overall but antibiotic missed doses are still proving a challenge – something which is being investigated by the Pharmacy team along with scrutiny in RCA meetings.

Questions from Governors included reference to the downward trend of hospital mortality on page 43 of the report – this is in part due to the Stroke Team removing clots – the benefits of this new trial have proved so strong that the trial has been stopped and the work now forms part of normal practice.

It was also noted that the falls indicator on page 31 of the report has seen a huge improvement and the Governors wished to pass on their congratulations to the nurses involved.

The Chair commented that it was very satisfying to follow through on the indicators chosen by the Governors.

Resolved: to accept the report.

G15/57 Patient Care Quality – Quarterly Report to include Infection Control Update

The Council of Governors considered the report presented by the Chief Nurse which covered the period up to the end of Q2. In relation to Clostridium Difficile Infection (CDI) there had been a total of 32 cases in Q2, 17 of which were Trust apportioned. These numbers are in line with the annual trajectory. It was noted that CDI appeared to be increasing nationally, however this was not currently the case at the Trust, which was good news and further helped to support the view that overall infection prevention and control practice at the Trust was appropriate. Focus work continued especially around hand hygiene and antimicrobial prescribing.

In relation to MRSA, the position was very disappointing. There have been 6 Trust apportioned cases up to the end of Q2 (4 cases in Q1 and 2 cases in Q2). A further 1 case was reported at the end of October and this is currently subject to the post infection review process to determine if this is a Trust apportioned case or not. The Trust's MRSA performance is currently the worst in England. To better understand the position and the required learning/actions, a detailed review of every case over the past 5 years has been carried out. Key actions relate to: hand hygiene, screening, re-introduction of routine decolonisation for patients within critical care and an ongoing focus around the care of devices (urinary catheters, peripheral cannulae etc).

A Trust-wide audit was undertaken by junior doctors in October to look at urinary catheters and the rationale for use etc. Actions for improvement have been identified and will now be progressed.

With regards to the National Inpatient Survey for 2014, an action plan has been produced. The clinical dashboard has also been reviewed and now provides clinical areas with their patient experience scores and also enables comparisons to be made with other areas across the Trust. The Friends and Family Test continues.

A new system for medication storage is being implemented providing improved safety and negating nurses spending time looking for keys etc. A focus on missed medication doses continues. Pharmacy Technicians now carry a phone which enables wards to make immediate contact if a medicine is not in stock on the ward.

Patient Led Assessments of the Care Environment (PLACE) showed that 10 areas had been inspected this year and our scores continue to improve each year. Areas show a higher score than the national average.

Resolved: to receive the report

G15/58 Performance Indicators Report 2015/16, Annual Plan Update

The Executive Director of Delivery reported that the Trust have met 10 of the 12 targets Monitor measure against. The A&E target has proved more challenging due to the huge increase in admissions and nationally everyone is failing this. The Trust have also seen a large increase in Mental Health referrals which slow the whole A&E department down.

The Trust has not met the 62 day cancer target and has now agreed a trajectory with Monitor which should achieve compliance by January 2016.

With regards to six week diagnostics – all targets are being reached with the exception of Urodynamics where rectification plans should enable an improvement by December 2015.

In response to Governor questions, it was noted that the 8% increase in emergency admissions from acute ambulances reflects a whole range of issues generally including an older and increased population along with changes of access to primary care (different opening times of surgeries, 111 etc.) The admission avoidance schemes that have been put in place are not working. There is hope that by working with HEFT the site may become less congested.

Resolved: to accept this report.

G15/59 Finance and Activity Report – Quarterly Update

The Council of Governors considered the report presented by the Chief Financial Officer. A predicted small surplus was shown at the end of Q2 owing to the opening of the ITM and the grant income obtained from that. However the Trust is still on track to show a £6.6m deficit at the end of the year which is the same for 95% of acute trusts. Monitor have said they are satisfied with the actions being taken to control costs.

Our cash position stands at £62m and this gives a good indication of the underlying health of an organisation. Capital expenditure is also broadly in line with plans. The planned capital cash spend of £18m is healthy compared to other organisations – especially when you take into account that we have a PFI. The estate and equipment is in good shape.

Resolved: to approve this report.

G15/60 Governors' Feedback

None.

G15/61

Any other business

Dr Sunil Handa asked a question relating to the potential forthcoming strike by Junior Doctors. The CEO assured the Governors that a management plan was in place having worked with service consultant leads, but little else could be done prior to the day when it would be seen how many doctors may take strike action. Minimum safe staffing levels will be maintained with the possibility of some minor cancellations in outpatients.

G15/62

Date of Next Meeting

Tuesday 16 February 2016

10.00 a.m. – 12.00 noon.

(9.30 a.m. – 10.00 a.m. Pre-Meeting)

Meeting Rooms 1 & 2, Trust HQ

Chair.....

Date.....