

BOARD OF GOVERNORS

Minutes of a Meeting of the
University Hospitals Birmingham NHS Foundation Trust
Board of Governors held on 20 September 2010

Trust Headquarters Meeting Rooms 1 & 2 QEMC

Present: Sir Albert Bore (Trust Chairman)
Margaret Burdett (Vice Chairman)
Kadeer Arif
Rita Bayley
Prof David Cox
Edith Davies
John Delamere
Dr Tom Gallacher
Jamie Gardiner
Cllr James Hutchings
Ruth Harker
Valerie Jones
Rabbi Margaret Jacobi
Patrick Moore
Tony Mullins MBE
Prof Edward Peck
Dr Rosanna Penn
Erica Perkins
Susan Price
Monica Quach
Vice Admiral Philip Raffaelli
David Spilsbury
Barbara Tassa
Prof Ian Trayer
Shirley Turner
Joan Walker
Shazad Zaman

In attendance: Julie Moore (Chief Executive)
David Burbridge (Director of Corporate Affairs & Foundation Secretary)
Clare Robinson (Non-executive Director)
Kevin Bolger (Chief Operating Officer)
Kay Fawcett (Chief Nurse)
Morag Jackson (New Hospital Project Director)
Tim Jones (Executive Director of Delivery)
Dave Rosser (Medical Director)
Mike Sexton (Director of Finance)
Viv Tsesmelis (Director of Partnerships)
Sarah Snowden (Corporate Affairs Assistant)

Members of
the public in
attendance

None

G10/35 Welcome and Apologies for Absence

The Chairman welcomed everyone present to the meeting.

Apologies for absence were received from Colin McAllister .

G10/36 Quorum

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

G10/37 Minutes of the previous meeting (18 June 2010)

The Minutes of the meeting of 18 June were accepted as an accurate record.

G10/38 Matters Arising

G10/20 – The Chief Operating Officer reported that, following meetings with both Maggies and the Trust oncology service, a paper would be taken to the Board of Directors setting out the various options of the provision of Patient Support.

G10/22 – The Chief Nurse confirmed that copies of the report regarding the outpatients' survey were available for Governors.

G10/23 – The New Hospital Project Director confirmed that the University had been approached regarding the provision of information about the Roman Fort.

G10/23 – Ian Trayor and James Hutchings were now involved with the residents' meetings.

G10/39 Declarations of Interest

Sir Albert Bore declared an interest in Item 11 on the agenda. There were no other declarations of interests.

G10/40 Chairman's Report

The Governors considered the Report from the Board of Directors presented by the Chairman, who further reported that the Trust had received very positive feedback following the Monitor Stage 2 review of its Annual Plan, and that the Papal visit had passed without incident.

Following discussion, it was noted that, with regard to:

Para 2.3, the Trust was waiting to see the detailed proposals before

contributing to the various consultation exercises regarding the Health White Paper;

Para 2.7.3 – Junior doctors were allocated to the Trust by the Deanery. The Trust was endeavouring to maximise its options with regard to filling such posts. The Trust's own Junior Specialist Doctor programme was providing approximately 20% of the Trust's requirements, which would otherwise have been met using agency at greater expense. The proposed changes to medical education, whereby the Trust will manage its own education, would, it was hoped, assist with this issue; and

Para 2.8 – The results of the in-patient survey often conflicted with those from the Trust's own patient feedback systems. This was partly due to the small sample size for the national survey and the timing. It was confirmed that staff were being provided with customer care training.

The Chairman reported that he had arranged for the following matters to be dealt with at Governors' seminars:

January 2011 – Research and Education (to include relationships with the Pharmaceutical industry);
February – forward look at the financial environment;
March – Joint seminar with Board of Directors regarding the Annual Plan; and
April – Pharmacy.

The Chairman confirmed that the VPN email system was now in operation and that Governors should use it to access emails from the Trust.

Resolved: To receive the report

G10/41

Quarterly Performance Indicators Report

The Governors considered the paper presented by the Executive Director of Delivery, who highlighted the main points as follows:

The new Government had changed some national targets. For example, the target for Accident and Emergency waits was now 95% within 4 hours. However, the Trust was maintaining an internal target of 98%. The requirement to see patients within 18 weeks was no longer a target but remained an individual patient right under the NHS Constitution.

The Care Quality Commission would no longer be conducting its annual review, but will publish individual indicators.

The Trust was currently ahead of trajectory for Clostridium Difficile

(CDI) and the Chief Nurse would deal with this in the Infection Control report;

The Trust had missed the 62 day cancer targets in the first two quarters and, if it missed these targets for the third quarter, would be rated red for governance by Monitor. A comprehensive action plan had been implemented and the target had been achieved for July;

Delayed transfers of care remained an issue and the Trust was working with social services and the PCT to resolve it. In the meantime, the Trust had opened 30 additional beds. However, although this had some interesting results, in that more patients had been discharged home rather than to nursing homes, it did mean the patients were being cared for in an acute setting when this was no longer appropriate to their needs.

The Trust was maintaining an internal focus on slot availability and staff sickness levels.

Resolved: to receive the report.

G10/42

Quality Account Update Report

The Governors considered the paper presented by the Medical Director, who explained that the Trust would be publishing a “shadow” quality report on a quarterly basis that would be more timely and more digestible than the mandatory Quality Report.

Key areas covered by the report were:

Mortality – the Medical Director explained that mortality rates were quite a blunt instrument with which to assess quality, but that the Trust did monitor them to ensure any anomalies were appropriately investigated;

Missed Drug Doses – the Trust had seen improvement in this area and was now refining the targets to mitigate the risk of discouraging appropriate omissions;

Time of Administration of first antibiotic dose – this indicator had been verified. The Trust’s current average was 85 minutes against a target of 60 minutes; and

Venous Thromboembolism (VTE) risk assessment on admission – the electronic assessment delivered through PICs was now being rolled out and should enable the Trust to achieve near 100% compliance.

There was discussion regarding the performance against the Imaging report turnaround time indicator and it was acknowledged that delays in this could impact upon discharge of patients.

Resolved: to receive the report.

G10/43

Quarterly Care Quality Report

The Governors considered the paper presented by the Chief Nurse, who highlighted the main points as follows:

The enhanced patient feedback had identified noise at night as an issue. Much of this concerned supply vehicles reversing with audible alarms; this had now been resolved with no deliveries taking place prior to 6am. Additionally, it was apparent that not all night staff were conscious that they were causing disturbance, partly perhaps because they regarded the night shift as their normal work and conducted themselves as though it were day. Noise from other patients was no longer a significant factor, due to the use of side rooms for noisier patients.

Root cause analysis was now being carried out for all safeguarding issues. Numbers had increased as they now included all patients with pressure sores and these were being reported at earlier stages.

The social care aspects connected with the discharge of elderly patients were being identified but support from other agencies was not always in place and it was possible that some GPs were referring patients in need of home support to the hospital when that might not be appropriate.

Resolved: to receive the report.

G10/44

Quarterly Infection Control Report

The Governors considered the paper presented by the Chief Nurse, who further reported that:

The Trust remained on trajectory for MRSA. Root cause analysis was carried out for all cases, including those that were detected in the first 48hours of admission.

An amount of inconsistent performance remained with regard to CDI and the Trust needed to achieve further reductions. It was confirmed that the anti-biotic policy remained in place and there was a growing understanding of the need to manage anti-microbials. There was a higher incidence of CDI in the old hospital,

which indicated that the availability of side rooms in the new hospital was assisting with the need for isolation, although some wards may not be isolating patients as quickly as they might.

Further comparison of the old and new hospitals would be presented at the next meeting.

Resolved: to receive the report

G10/45

Quarterly Finance & Activity Report

The Governors considered the paper presented by the Director of Finance, who further reported that non-NHS clinical income included approximately £800,000 from private patients, £700,000 from the road traffic injury cost recovery scheme and £1,400,00 from the MOD.

There was discussion regarding Car park charges: it was noted that Consort are currently the recipients of all income from car parks in accordance with the new hospital project contract. This was how the building of the new car parks had been financed and was one of the mechanisms whereby the Trust's unitary payment for the new hospital was set. Car parking charges cannot rise above inflation and the Trust will only share in any revenue from car parks if profits rise above a certain level. The restriction on car parking spaces was partly as a result of green transport policies.

The Trust was endeavouring to reduce the impact of bank holidays on its income. Targets were not adjusted to take account of bank holidays.

Resolved: to receive the report..

G10/46

Appointment of Chairman and Non-Executive Directors

Sir Albert Bore and all those in attendance, with the exception of the Chief Executive and the Director of Corporate Affairs, left the meeting.

The Governors considered the report from the Nominations Committee, presented by Margaret Burdett, Vice-Chair of the Board of Governors.

Resolved: That Sir Albert Bore be appointed as Chairman of the Trust for a further term of three years, commencing 1 December 2010; and

That each of Mr David Ritchie and Prof. David Bailey be appointed as a Non-Executive Director of the Trust for a further

term of three years, commencing 1 December 2010.

G10/47 **Governors' Feedback**
None

G10/48 **Any Other Business**
The Chairman reported that Rosanna Penn had tendered her resignation as a Public Governor with effect on 1 October, as she was moving away from Birmingham. The Chairman and all Governors thanked Mrs Penn for her contribution to the Board of Governors since 2004.

The position of public governor would be offered to the person who had the next highest number of votes at the last election, in accordance with the Trust's election rules.

G10/49 **Date of Next Meeting**

Thursday 9 December 2010
Pre-meeting 9am
Meeting 10am
Meeting Rooms 1 & 2 Trust Headquarters QEMC