

COUNCIL OF GOVERNORS

Minutes of the Meeting of the
University Hospitals Birmingham NHS Foundation Trust
Council of Governors held on 5 September 2013

Trust Headquarters Meeting Rooms 1 & 2 QEMC

- Present: Sir Albert Bore (Trust Chairman)
Dr John Cadle
Richard Crookes
Edith Davies
Air Marshal Paul Evans Surgeon General
Aprella Fitch
Margaret Garbett
Sandra Haynes
Patrick Moore
Tony Mullins
Valerie Reynolds
David Spilsbury
Prof Ian Trayer
Shirley Turner
- In attendance: Dame Julie Moore (Chief Executive)
Morag Jackson (Director of Projects)
Tim Jones (Executive Director of Delivery)
David Burbridge (Director of Corporate Affairs & Foundation Secretary)
Fiona Alexander (Director of Communications) (to item G13/6)
Andrew McKirgan (Chief Operating Officer)
Michele Morris (Deputy Chief Nurse)
Julian Miller (Director of Finance)
Sarah Snowden (Corporate Affairs and Governor Liaison Manager)

G13/32 Welcome and Apologies for Absence

The Chairman welcomed everyone present to the meeting.

Apologies for absence were received from Christine Beal, Graham Bunch, Dr John Delamere (Governor Vice Chair), Ian Fairbairn, Dr Tom Gallacher, Prof Joanne Duberley, Susan Price and Cllr Susan Barnett.

Apologies for absence were also received from Viv Tsesmelis (Director of Partnerships), Kevin Bolger (Executive Director of Strategic Operations) and Gurjeet Bains (Senior Independent Director).

- G13/33** **Quorum**
The Chairman noted that a quorum was present and, accordingly, the meeting could proceed to business.
- G13/34** **Declarations of Interest**
The Chairman declared his interest in item [] on the agenda. There were no other declarations of interest in the matters to be considered by the Council.
- G13/35** **Minutes of the previous meeting (22 July 2013)**
The minutes of the meeting held on 22 July 2013 were approved.
- G13/36** **Matters Arising**
None.
- G13/37** **Chairman's Report**
The Chairman reported that there had been no significant developments regarding the Alexandra Hospital, Redditch, since the last meeting of the Council of Governors. The Chairman had nothing further to report.

Resolved: To receive the report
- G13/38** **Ratification of Proposals for Replacement Chair**
In the absence of the Governor Vice-Chair, Prof Ian Trayer took the chair for this and the following item, as they concerned that appointment and remuneration of the Chair.

The Council considered the report from the Council of Governors' Nominations and Remuneration Committee (the "Committee"), tabled by Prof Ian Trayer, on behalf of the Governor Vice Chair.

Resolved that:
- 1 The Rt Hon Jacqui Smith be appointed as Chair of the Trust for a term of three years from 1 December 2013; and**
 - 2 The Rt Hon Jacqui Smith be appointed as a non-executive director of the Trust with immediate effect.**

G13/39 Inflationary Pay Increase for Non-Executive Directors and the Chair

The Council considered the report from the Council of Governors' Nominations and Remuneration Committee (the "Committee"), tabled by Prof Ian Trayer, on behalf of the Governor Vice Chair.

The Council noted that:

the last substantial review of remuneration for the Chairman and the Non-Executive Directors took place in March 2009. Since then, no inflationary award has been made, in line with NHS pay in general;

Staff covered by the Agenda for Change pay scales/negotiating bodies have received a 1% inflationary uplift to their basic pay, following a three year pay freeze;

The Executive Appointments and Remuneration Committee has resolved that senior managers, including the Executive Directors, also be awarded 1% from April 2013.

Resolved: that the Non-Executive Directors, including the Chair, be awarded a 1% inflationary pay increase with effect from April 2013.

G13/40 Performance Indicators Report

The Council of Governors considered the report presented by the Executive Director of Delivery. Of the 15 indicators currently included in Monitor's Compliance Framework, 10 are currently on target, 3 are on target but close to the threshold and 2 have a remedial action plan in place.

Achievement of the C. difficile trajectory is proving very challenging with regard to the Monitor criteria, which, unlike the approach agreed with the Birmingham CrossCity Clinical Commissioning Group (CCG) and NHS England for contractual purposes, does not distinguish between avoidable and unavoidable cases.

The Trust has met the national target for A&E (i.e.95% of patients should spend 4 hours or less in the Emergency Department) for May and June. However, due to an exceptional number of admissions in April, the target has not been met for the quarter.

The ED continues to see high numbers of emergency admissions but this pressure is being successfully managed due to the additional ward bed capacity currently open in the Trust. The Trust continues to outperform the majority of other West Midlands trusts and the national Midlands average for trusts with the same type of A&E.

As the target was not achieved in Quarter 1 13/14 the Trust has been below target for three consecutive quarters. It is therefore expected that Monitor should give the Trust a 'Red' Monitor governance rating.

The Trust has performed above target for July and August and action plans are being developed and implemented to deal with expected winter capacity issues, including reducing length of stay and earlier discharge.

Of those national targets where the Trust is on target but close to the threshold for the latest month, the cancer referral targets are being adversely impacted by later referrals from other hospitals – this may be due, in part, to those hospitals being focussed on dealing with A&E pressures.

With regard to the Trust's internal Performance Indicators, the increased activity and general emergency bed pressures have led to difficulties meeting the Stroke – Length of Stay target. Additional resource is being made available to aid delivery of the target including a fifth stroke consultant and additional bed capacity.

The Hospital Standardised Mortality Ratio (HSMR) for the Trust for April 2012 to March 2013 has fallen below the upper acceptable limit at 109.3. The Trust continues to monitor mortality monthly at the Clinical Quality Monitoring Group.

Good progress has been made with mandatory training, with six indicators now above target; five indicators remain slightly below and four require remedial action to hit the Trust target.

External agency spend in May was above target at 3.87% however this continues to be linked to the additional capacity open in the Trust. New models of recruitment are being explored including the recruiting of nursing staff from abroad to allow ongoing over-recruitment, against the national trend.

The Trust's performance remained below the internal target in June for both omitted antibiotic and non-antibiotic doses. However, Trust performance remains better than any national comparator. Specialties and wards with higher levels of omitted doses continue to attend the Executive Root Cause Analysis (RCA) meetings to review their performance and identify actions for improvement.

The Trust is on target to achieve all CQUINS for 2013/14, valued at around £12.3 million, although further improvement is required to increase the response rate to the Friends and Family survey in the Emergency Department.

Turning to the Trust's Annual Plan, for the year to date, 92% of key tasks are on plan, 8% of key tasks are slightly below plan, and there are no key tasks where remedial action is required.

Resolved To:

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

Accept the year to date 2013/14 performance update against the Trust Annual Plan.

G13/41

Report on Infection Prevention and Control

The Governors considered the report presented by the Executive Chief Nurse.

The Trust has maintained its position of zero MRSA bacteraemia, has had no cases of Acinetobacter in July and no deaths from MRSA or C.Difficile.

Monthly cases of C.Difficile remain fairly steady but are above the Monitor trajectory. National context is that 54% of Trusts have already exceeded their annual trajectories and it is believed that trajectories are at or close to the irreducible minimum. It was confirmed that the trajectory setting process took no account of the increase in activity – Governors noted that actual numbers were flat whilst activity had increased significantly.

Pheno-typing has confirmed that the Trust does not have an issue with cross-infection and there is no evidence of environmental sources. There is real concern that trusts may be dissuaded from appropriate use of antibiotics in favour of C.Difficile prevention, which may be working against the best interests of some very ill patients.

The Trust's local commissioners are assured that the classification of cases as unavoidable is appropriate.

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

G13/42

Patient Care Quality Report

The Governors considered the report presented by the Executive Chief Nurse. The Trust's Friends and Family test score was now above 75%. The Trust has appointed a paediatric safeguarding lead nurse who will improve training and actions in this area.

The Trust changed its food provider one month ago and, although the change is has yet to filter through to data, local feedback has

been very positive. In addition, there has been a re-launch of red trays for patients who need assistance with feeding and modified texture food has been introduced.

Resolved: To receive the report on progress with Care Quality

G13/43

Finance and Activity Performance Report

The Governors considered the report presented by the Director of Finance. The Trust has achieved a surplus of £2.729 million for the first quarter. There has been a £4.5m overspend related mostly to capacity and some CIP slippage. However, the latter is consistent with previous years and the capacity overspend has been balanced by the release of reserves and additional income.

It is expected that the Trust's Financial Risk Rating will remain at 3.

The Trust's cash balance, whilst healthy, is £13 million below plan. This is due in part to deliberate increases in stock holdings to take advantage of bulk purchase discounts and a delay in the payment of invoices for the financial year 12/13. The cash position is now picking up and is expected to be back in line with plan soon.

Capital expenditure is below plan largely due to phasing. This is expected to be back in line by the end of the year.

Cash flow has been affected by a change in the timing of Research and Development funding which has moved from monthly to quarterly payments. This change was not known about when the plan was put together.

Resolved: to receive the contents of the report.

G13/43

Membership Strategy

The Governors received a presentation regarding the Trust's membership strategy from the Director of Communications.

The Council of Governors noted that the Trust's membership had increased by 3.5% and remained one of the ten largest memberships amongst FTs. The new Rest of England constituency now had 400 members.

There was discussion regarding the possibility of conducting a survey about the No. 11 bus amongst members. The Chairman reported that the Trust's transport working group had considered this issue and had pressed Centra hard, but they have claimed that they are unable to extend the route of this bus into the hospital as it adds too much time to the overall timetable to the extent that further

investment in buses would be required. Accordingly, they are unwilling to re-route, even though this was supported by the City Council, residents and members.

Resolved: to approve the membership strategy.

G13/44 **Governors Feedback.**
None.

G13/45 **Any Other Business**
None.

G13/46 **Date of Next Meeting**
Pre-meeting 9.30-10.00 am
15 November 2013 10.00 am – 12.00 noon
THQ, QEMC