

## ANNUAL GENERAL MEETING

Minutes of the Meeting of Thursday 26 September 2019

6.00 pm – 8.00 pm

Lecture Theatre 3, Education Centre, QEHB

### Present:

Rt Hon Jacqui Smith	Chair
Mrs Bernadette Aucott	Public Governor, Birmingham South
Mr Stan Baldwin	Public Governor, Solihull & Meriden
Dr Sue Balmer	Public Governor, Solihull & Meriden
Mrs Kath Bell	Public Governor, Rest of England & Wales
Mr Anthony D Cannon	Public Governor, Sutton Coldfield North
Mrs Sandra Haynes MBE	Public Governor, Birmingham South West
Mrs Phyl Higgins	Public Governor, Lichfield Northwest & Northeast
Mr Derek Hoey	Public Governor, Tamworth
Dr Elspeth Inch OBE	Public Governor, Birmingham West
Mr Adam Layland	Public Governor, Birmingham Reservoirs
Ms Veronica Morgan	Staff Governor, Nursing & Midwifery
Mr Gerry Moynihan	Public Governor, Birmingham Heartlands
Ms Elizabeth Parry	Public Governor, Sutton Coldfield South
Mr Lee Williams	Staff Governor, Corporate & Support Services

### In attendance:

Ms Fiona Alexander	Director of Communications	(DComms)
Mr Kevin Bolger	Chief Workforce & International Officer	(CWIO)
Mr Jonathan Brotherton	Chief Operating Officer	(COO)
Mr David Burbridge	Director of Corporate Affairs	(DCA)
Mr Mark Garrick	Director of Quality Development	(DQD)
Ms Jackie Hendley	Non-Executive Director	
Mr Tim Jones	Chief Innovation Officer	(CIO)
Ms Karen Kneller	Non-Executive Director	
Ms Mehrunnisa Lalani	Non-Executive Director	
Dr Catriona McMahon	Non-Executive Director and Senior Independent Director	(NED/SID)
Mr Andrew McKirgan	Director of Partnerships	(DoP)
Mr Julian Miller	Director of Finance	(DoF)
Mr Harry Reilly	Non-Executive Director, Deputy Chair of the Investment Committee	
Dr Dave Rosser	Chief Executive	(CE)
Mr Mike Sexton	Chief Finance Officer	(CFO)
Prof Michael Sheppard	Non-Executive Director & Chair of the Organ Donation Committee	
Ms Lisa Stalley-Green	Chief Nurse	(CN)
Mr Lawrence Tallon	Director of Strategy, Planning & Performance	(DSPP)
Ms Cherry West	Chief Transformation Officer	(CTO)
Ms Sarah Snowden	Corporate Affairs & Governor Liaison Manager (Minute taker)	(SS)

<p><b>G19/67</b></p>	<p><b>Welcome and Apologies for Absence</b></p> <p>The Chair welcomed everyone to the 2018/19 University Hospitals Birmingham NHS Foundation Trust's (UHB) Annual General Meeting.</p> <p>Apologies for absence were received from the following Public Governors:</p> <p>Mr Albert Fletcher, Birmingham North  Dr Elizabeth Hensel, Birmingham South East  Mrs Anne McGeever, Solihull &amp; Meriden</p> <p>Apologies for absence were received from the following Staff Governors:</p> <p>Ms Yvonne Murphy, Nursing  Ms Jayne Robbie, Clinical Scientist &amp; Allied Health Professionals</p> <p>Apologies for absence were received from the following members of Staff:</p> <p>Prof Simon Ball, Medical Director  Ms Jane Garvey, Non-Executive Director  Prof Jon Glasby, Non-Executive Director  Mr Jason Wouhra, Non-Executive Director</p>
<p><b>G19/68</b></p>	<p><b>DECLARATIONS OF CONFLICT OF INTERESTS</b></p> <p>No conflicts of interest were declared.</p>
<p><b>G19/69</b></p>	<p><b>INTRODUCTION</b></p> <p>The Chair reminded everyone of some of the achievements made in the last twelve months. The Trust had been rated as “good” overall at the CQC inspection held in February with an “outstanding” rating for the “well-led” aspect of the inspection. This was particularly reassuring as it was the first CQC inspection held since the merger, and the inspectors found consistently high levels of constructive engagement between staff and the people who use our services, including all equality groups. They also reported a ‘clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care’.</p> <p>The Trust has identified three main strategic priorities in order to meet the growing challenges in the future and ensure the quality of services offered to patients are maintained:</p> <ul style="list-style-type: none"> <li>• The delivery of day-to-day operations</li> <li>• Integration of clinical services, and</li> <li>• Transforming healthcare services to be more efficient and responsive using technology</li> </ul> <p>Pressure on the services at UHB, like the rest of the NHS, is clearly unsustainable. In the past five years, emergency attendances have increased by 16% (an extra 58,000 patients a year) and outpatients by 15% (an extra 238,000 patients a year).</p> <p>This is increasingly compromising the ability to provide high quality care to those patients who are acutely ill and in most need of specialised services. Capacity must be created to fundamentally transform the way services are configured and delivered across the system. This will include adopting new technologies, such as Artificial Intelligence (AI) and video software, although these are only just emerging in the healthcare sector. UHB is leading the healthcare side of the West Midlands 5G testbed project.</p> <p>The Trust is pleased to have received confirmation from the Department of Health and Social care that £97.1million will be spent on capital development for the ACAD at Heartlands Hospital and work has already started on the new specialist hospital on the</p>

QEHB site, which will create an extra 72 beds for NHS patients.

The Chair thanked all the Trust Members, Patients, Carers and Volunteers for their unstinting support.

Members would have the opportunity to address the board, speakers and governors at the end of the meeting; however no comments relating to individual cases would be accepted.

A copy of the annual review would be available to attendees to take away at the end of meeting.

**G19/70**

## **HIGHLIGHTS AND EMERGING ISSUES**

The Chief Executive presented the report for the year ended March 2019. University Hospitals Birmingham is a Foundation Trust and has approximately 50,000 members and employs more than 21,000 members of staff. It is one of the largest trusts in England, treating over 2.8 million patients each year, and has more than 2,700 beds across its sites - the Queen Elizabeth Hospital Birmingham, Birmingham Chest Clinic, Heartlands Hospital, Good Hope Hospital, Solihull Hospital and various community services across the region

The Trust has regional centres for burns, plastics, thoracic surgery, dermatology, cancer and neurosciences. It has a number of centres of excellence including vascular, bariatric and infectious diseases and has the largest solid organ transplantation programme in Europe. UHB runs Umbrella, the sexual health service for Birmingham and Solihull. The Trust delivers approximately 10,000 babies each year and provides around 20,000 days of neo-natal care.

The Trust is home to the West Midlands Adult Cystic Fibrosis Centre and a nationally-renowned weight management clinic and research centre. The Major Trauma Service treats the most severely injured casualties from the region and has around 140 critical care beds. It also runs the largest dialysis service in the country from 15 dialysis units, dialysing 1,635 patients.

### UHB Charity

The UHB Charity worked across all of the Trust's hospital sites and had four identities under the UHB Charity brand: Queen Elizabeth Hospital Birmingham Charity, Heartlands Hospital Charity, Good Hope Hospital Charity and Solihull Hospital Charity.

During In 2018/19, UHB Charity donated grants of £1.4m to support the Trust for the benefit of its patients and staff.

### CQC Inspection

The Trust underwent a CQC inspection in February 2019 and received a "Good" overall rating with an "Outstanding" rating for Well-Led. Areas the CQC identified for improvement included:

- Workforce – Staffing levels and skills, engagement
- Performance – Waiting times and A&E performance
- Governance – Assurance on storage of medicines, risk management, incident reporting, complaints handling
- Safeguarding – MCA/Dols, staff training,
- Surgery – consistent use of WHO checklist
- Medicine – Care for older people on some wards
- Community services – strategy, staff engagement

### Strategic Priorities

The Strategic priorities for the Trust are:

- Maintaining standards and continuously improving the quality of patient care in the face of fast rising demand
- Integrating services to deliver consistently high quality care to all patients, wherever they enter the system, and to derive economies of scale
- Transforming the system of health and care, using technology, into one that is more integrated, preventative and organised around people rather than buildings.

To achieve these priorities, integration of services has taken place, and now cross-site service planning is the normal way of working. The service change will not close any of the Trusts' Emergency Departments or hospital sites and neither will numbers of beds or clinical staff be reduced.

### Demand problems

If emergency activity continues to grow at current levels and capacity remains static, in five years' time the Trust will be undertaking 26% less elective inpatient work compared to today and the elective waiting list will be 40% larger. Demand pressures mean that bed occupancy is well above recommended levels - it is now consistently above 95%.

The NHS is currently short of 100,000 doctors, nurses and other staff and this might grow to 250,000 over the next decade if current trends continue. GP numbers are falling across the UK.

### Digital First

In order to help alleviate these problems, the Trust aims to combine technology and clinical expertise of UHB staff to improve patient experience and care; avoiding unnecessary visits to hospitals and in some cases replacing face-to-face appointments with phone calls or video consultations, enabling the patient to speak to a clinician from the comfort of their own home. At present 32% of all patients that arrive at UHB's hospitals' A&Es do not require specialist diagnostics or intervention.

An online symptom checker, "Ask A&E", is being developed to provide assistance to patients before considering attending A&E. They will be encouraged to undertake a two minute online check of their symptoms which will either reassure them that they do not need any medical attention after all, advise them to see a GP or pharmacist instead or advise them to come to hospital for assessment. The service will provide:

- Alternative pathways for urgent, ambulatory care
- Rapid triage to specialties, potentially bypassing A&E
- Projecting specialist medical expertise into care homes
- Virtual consultations for urgent or outpatient care
- Digital tools for long term condition management
- Tested with patients, meeting NHS core principles.

**G19/71**

### **SUMMARY OF ANNUAL ACCOUNTS 2018/19**

The Chief Financial Officer (CFO) presented an overview of accounts and laid them before the Council of Governors. The Annual Report and Accounts 2018/19 had been properly prepared in accordance with accounting policies directed by NHS Improvement, Department of Health and the NHS Act 2006.

### Statement of Comprehensive Income

2018/19 is the first year of the merged organisation and therefore the results are for the combined entity. The overall reported surplus of £132.8m includes a book gain of £165m

relating to the acquisition of HEFT by QEHB. This is the value of the net assets acquired under absorption accounting rules.

Excluding the absorption gain, the combined Trust has reported a deficit of (£32.2m). This compares to a surplus of £7.2m in 2017/18 i.e. a swing of (£39.4m). There has also been a (£21.2m) reduction in impairment charges between years and, excluding this, the overall movement is (£60.2m) which broadly equates to the deficit reported by HEFT as a standalone organisation in 2017/18. Impairments are the downward valuation of buildings where no prior revaluation reserve exists.

The net finance expense comprises PFI Interest (£23.3m), interest paid (£0.5m) and PDC dividends (£0.7m) offset by interest received £0.8m.

#### Statement of Financial Position

Capital expenditure during 2018/19 was £40.4m. Current Assets have increased slightly due to the acquisition and include Cash of £62.9m at 31 March 2019 (£85.5m at 31 March 2018). Current liabilities have increased by a greater amount as HEFT had net current liabilities. Non-Current liabilities have increased due to the loans required by HEFT in 2017/18 (c£35m), offset by a reduction in the PFI long term creditor.

#### External Audit Opinion

Deloitte have confirmed that:

- The Financial Statements give a true and fair view of the Trust's income and expenditure
- The accounts have been properly prepared in accordance with accounting policies directed by NHS Improvement, the Department of Health and the requirements of the NHS Act 2006
- There is nothing to report in terms of the Trust making proper arrangements for securing economy, efficiency and effectiveness in the use of resources

#### Provider Sector Results

The underlying provider sector deficit is estimated to be in the region of £4.3bn. Providers have borrowed £14bn to stay afloat with the NHS Plan in June 2018 making a commitment to address provider deficits. There is a significant risk that the real terms average funding increase of 3.4% per year will not be sufficient.

#### 2019/20 Outlook for UHB

The Trust expects an overall breakeven financial plan after £36.2m of central funding. However, delivery will require new savings of £42m which equates to 2.5% of total income. The Trust is on plan at Q1, although underlying pressures have been offset by non-recurrent gains, and remains optimistic that the control total can be met despite the difficult financial and operational environment.

**G19/72**

#### **HOW TO GET INVOLVED**

The Chair explained how members could get involved, including the role of public, staff and stakeholder governors who made up the Council of Governors.

Any member who wished to become more involved should contact Trust Membership office via [members@uhb.nhs.uk](mailto:members@uhb.nhs.uk)

**G19/73**

#### **QUESTIONS**

The Chair opened the floor to questions and reminded the meeting that no individual cases would be considered, however a chance to speak to members of the board would be available after the meeting should this be required.

	<p><u>The following was noted</u></p> <p>The Trust is looking at a variety of ways in dealing with the unprecedented demand on A&amp;E services. This includes employing more GP's in the A&amp;E department and looking at how extended access can be made to GP surgeries and drop in centres.</p> <p>The Trust engaged Deloitte LLP to run its counter fraud service with a reduction in losses and much money saved.</p> <p>Better provision for wheelchair users will be looked into within the QEHB site as it was noted that turning areas were often tight with little room for manoeuver.</p> <p>The potential for working with other Trusts to save costs has resulted in the Birmingham Alliance being created whereby back office services can be shared and allow more focus to be given to front line services.</p> <p>The Chair thanked everyone for attending and the meeting closed at 19.35</p>
<b>G19/74</b>	<p><b>Date of Next Annual General Meeting</b></p> <p><b>Thursday 24 September 2020 6.00 pm – 8.00 pm</b></p> <p><b>Lecture Theatre 3, Education Centre, QEHB</b></p>

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**Chair**

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**Date**