Heart of England NHS
NHS Foundation Trust

GOVERNORS' CONSULTATIVE COUNCIL

Minutes of a meeting of the Governors' Consultative Council held on 16 November 2009 in the Education Centre, Heartlands Hospital at 4.30 pm

PRESENT: Mr C Wilkinson (Chairman)

Governors:
Sheila Blomer
Aftab Chughtai
Mike Cooper
Valerie Egan
Qulsom Fazil
Richard Hughes
Mike Kelly
John Jebbett
Sunil Kotecha
Heidi Lane
Ian Lewin
Frances Linn
Shahid Mir
Veronica Morgan
Victor Palmer
Jim Ryan
Yvonne Sawbridge
Roy Shields
John Simms
Bridget Sproston
Elizabeth Steventon
Jagjit Singh Taunque
Margaret Veitch
Thomas Webster

Non Exec Directors:
David Bucknall
Anna East
Najma Hafeez
Richard Harris
Paul Hensel
Richard Samuda

Exec Directors:
Mark Goldman
Ellen Ryabov
Adrian Stokes
Mandie Sunderland

IN ATTENDANCE: Mrs C Lea
Ms L Jennings (Minute taker)

09.39 1. APOLOGIES FOR ABSENCE

Apologies had been received from Arshad Begum, Famida Begum, Kath Bell, Ann Brierley, Aiden Cairns, Neil Harris, Patricia Hathway, Bethan Ilett, Lee Smith, Chris Ham, Mandy Coalter, Ian Cunliffe, Beccy Fenton.

09.40 2. MINUTES OF THE MEETING HELD ON 14 SEPTEMBER 2009

The Minutes of the meeting held on 14th September 2009 were agreed as a correct record.

09.41 3. CQC HEALTHCHECK RATING UPRATE

The purpose of Mr Goldman's report was to update and inform the Council on why the Trust achieved FAIR in the 2008/09 annual healthcheck. It also provided a high level of comparison of both the national and West Midlands ratings for 2007/08 to 2008/09.

The Trust achieved FAIR for its Quality of Services in the 2008/09 Healthcheck as it had failed on 2 indicators: Staff satisfaction survey and cancer 2 week waits and had underachieved on 2 indicators: A&E 4 hour waits and heart disease audits.

Failed targets:

NHS Staff Satisfaction Survey – the detailed guidance as to which 5 questions would be used to measure staff satisfaction was only published during the ratification process which began in May 2009, at which point it had become apparent that as the

Trust had performed poorly (in the bottom 25% of Trusts) for these 5 questions it was likely that this indicator would fail.

Cancer 2 week waits – this was only identified during the ratification process. For 1 month in 2 consecutive quarters the Trust had failed to upload all of its data onto the external cancer database and therefore the CQC indicator was failed as the data set was incomplete. To prevent reoccurrence of this an action plan, which had been audited by the Internal Audit team, had been developed. However, it was important to note that no cancer patient had been seen without the 2 weeks target. Mr Goldman informed the Council that the measurement of the 2 week wait had now been changed which would mean that the patients who did not want to be seen in the 2 week period would be counted as failures to meet the target, this change was going to prove a challenge.

Underachieved Targets:
A&E 4 hour waits -It had been predicted from quarter 2 that the Trust would be likely to underachieve against this target; in 2008/09 the CQC advised that the rounding up of performance data would stop. As the Trust out turned the year at 97.53% this new ruling meant that the Trust underachieved against this target, whereas in previous years it would not, as it would have been rounded up to 98%.

Participation in Heart Disease Audits – again it was only during ratification that it had become apparent that for one small area of data collection the Trust had not met the 90% completion rate; the performance team was working closely with cardiology to monitor data completeness for this year.

Mr Goldman confirmed that overall nationally there had been a decrease in ratings awarded to acute hospital trusts with fewer trusts rated as 'excellent' and more Trusts rated as 'fair', this was also reflected in the West Midlands.

In conclusion, Mr Goldman highlighted that if the Trust had updated the data properly, it would have received a 'good' rating, as the staff satisfaction survey and A&E 4 hour wait would have prevented a rating of 'excellent'. However, the Trust achieved 'fair' for its quality of services annual healthcheck rating and for 3 of the non-compliant indicators the Trust was not aware of the problems until the ratification process began in May 2009 at which point it was too late to change the position.

Questions were then invited:

Q. What were the 5 key questions used to measure staff satisfaction?
A. Ms Coalter, Director of HR was not present at the meeting but the 5 key questions together with action plans would be circulated to the Council. Mr Goldman confirmed that this year the Trust had put its own questions into the National Survey as opposed to carrying out its own survey in tandem.

(ACTION: CL)

Q. Is it not the case that people often only respond to the staff survey when they have a gripe?
A. Yes that is true and it is worth bearing in mind for this year's survey that the Trust has just gone through a restructuring with the natural organisational distress that follows.

Q. Given that the Staff Survey is a proxy indicator of quality of care, are the Board satisfied that it is just the restructure that has caused the level of dissatisfaction?
A. The restructure occurred after last year's survey and so no. The Board is not complacent about understanding what makes staff happy and has put a considerable amount of resource into various programmes to improve morale.

Q. Is the Board concerned about the morale of staff in the organisation or are you saying that internal work shows they are happier than national results indicate?
A. The Board is concerned and is not complacent. The Trust is doing many things to improve the areas that have been highlighted, particularly with regards to communication.

Q. The national survey is a benchmark so it is difficult to get a sense of what the Trust is doing, I understand that it is not possible for everyone to be happy but what is actually being done?
A. We are communicating on issues, ensuring policies are understood, and there is a lot of work being done around personal development. Mr Goldman assured the Council that the Board took the staff survey as a true reflection of what staff think of the organisation and would continue to do so until it received evidence to the contrary. Mr Stokes confirmed that the Trust had invested much money into these issues but it was difficult to measure at the moment as the results needed more time. However, last winter was extremely busy with many people arriving through A&E, which was difficult to deal with and it was certainly believed that that would have had an impact on staff morale. Thus there was a direct link between the performance of the organisation and staff morale.

Q. There were some rumours that the money invested was being spent on doctors and not nurses, is this true?
A. Both areas have been improved and increased in numbers. As a direct comparison the increased money spent on doctors and nurses was 15% and 8% respectively.

Q. But the Award Night did not indicate low morale?
A. Notwithstanding the high morale at Award Night, the Board will still take the staff survey result as the true barometer until disproved.

Q. If it is acknowledged that the staff are going through a bad time, are they being given some official thanks by management, to let them know the Board is aware they have had a bad time and done well to come through it?
A. This is done through Mr Goldman's podcasts and the Trust does try to thank staff. The Staff Recognition Awards is one way and the Chairman thanks everyone when he does his weekly visits. It wasn't possible to thank people too much.

The Chairman made the point that the NHS had high levels of throughput and this was growing all the time across all 3 of the major sites, thus people were working very hard to deal with patient care and the Trust had invested a lot of money to help with that but it should be acknowledged that it was a tough environment. With regards to the data entry error, the Chairman drew attention to the fact that Mr Goldman had already made it clear about the resolution to the situation.

Mr Goldman added that the Trust took 50% of all emergencies across Birmingham and reached out to Stafford with Good Hope, notwithstanding those pressures, the Trust should be able to deliver the work and do it with smiles on faces and achieve better patient satisfaction results next time.

Q. The Trust is half way through the year now for the A&E target, is it behind for where it should be for the CQC as there are 6 months to rectify the situation?
A. The Trust knew earlier really and has not wasted time, as a result it is in a better position this year than last year. However, the worst part of the year is still to come. The Board is updated on a regular basis of the situation.

09.42 4. FINANCE 2009/10 PRESENTATION & UPDATE ON HALF-YEAR POSITION 2009/10

Mr Stokes presented his previously circulated paper and highlighted key points, namely that the Trust was green on governance risk rating and providing mandatory services and had a Financial risk rating of 3, meaning that the total return was satisfactory.

Financial Risk Rating of 3
Net surplus YTD was ahead of plan by £0.6m, due to good Q1 performance.
Large cash balances of £84m had scored high for liquidity

Governance Ratings
Schedule 2 – Failed to comply with 2 week cancer wait and Safeguarding Children.
Action plans submitted to Monitor. The change to measurement of Cancer 2 week wait which means those patients who have chosen to wait for longer than 2 weeks being counted as a failure to comply was the reason for the failure year to date to meet that target.

Mr Stokes pointed out that the above 2 failures did not affect governance rating.

The Trust has met the 18 week wait for surgery and the A&E targets although they remained challenging for operational management.

Half Year Financial Position
Mr Stokes explained the elements behind the over performance. A large element of which was from the PCTs but there had also been issues such as funding from DoH and apprenticeships. The £13.4m over performance with PCTs just put pressure on another part of the NHS and so that needed to be given consideration. The other factor was that over performance was an element of all cost lines as costs increased with the amount of activity that came through the door. Out of hours work and additional hours needed to meet the extra activity, also came at a premium.

Mr Stokes outlined the actions taken to manage staff costs:

- Agency use was being monitored and was on used on an exception basis.
- Operational restructure
- Corporate restructures
- Voluntary staff reductions, e.g. career breaks
- Efficiency and productivity reviews
- Vacancy control panel.

Monitor had sent a clear message that financially it was going to get tough with £5bn of efficiencies required in healthcare by 2013/14 and a real growth of 4% for 2010/11.

The Trust was encouraged to ensure activity was planned well, shifting to community services, and to plan beyond its own organisation by cooperating between Trusts. There was also a strong emphasis on the need for Boards to delivery their CIPs.

Mr Stokes emphasised that Corporate areas were being tackled with a 15% reduction and the numbers of doctors and nurses were not being reduced. Another area of focus was Length of Stay, which would result in the need for less wards, and more appropriate staffing, making it a better place to work and achieving savings.

Questions were invited:

Q. Going back to the Governance ratings and the failure to comply with safeguarding children, please can you elaborate?

A. It is an in year lapse in relation to training. There are 3 levels of required training: level 1, which is for everyone who works in the organisation; level 2, which is for staff who would have contact with children on a regular basis and level 3,which is for staff who work with children all the time. One of the healthcare standards is that all NHS staff within the organisation have to achieve level 1 training every year. At the time the Trust was not achieving that standard but an action plan has been drawn up to ensure that the Trust achieves that by the end of March 2010.

Q. Why is not part of mandatory training?
A. It is now.

Q. The Council should receive a report back on this?
A. The Trust is safeguarding children and by next year it will meet that standard. A report on the issue will be brought back to the next Council meeting.

ACTION: CL

Q. The efficiency savings the Trust is being asked to make are enormous going forward into 2014. If they are implemented can the Trust say that they will not have an impact on patient care?
A. It is the Board's job to make sure that it doesn't. The benchmarking on LoS shows the huge potential to get there as an organisation and it will be important to concentrate on that.

Q. How will the Trust be assessed to show that it is not impacting on patient care?
A. The Trust will continue to measure its performance with patient surveys etc. The wider element involved doing this across the whole NHS at the same time.

Q. The report mentioned staff reductions and career breaks, what are they and how successful have they been?
A. Staff were asked if they were interested in taking a career break as a good way of saving on salary costs. There has been some success, which has saved about £300/400k on that scheme. Staff reductions have only been done in corporate areas with a total reduction of 15%.

Q. At the meeting in May, reduction of PCT activity was mentioned. Is that being looked at?
A. There is now an economic resilience group set up with the PCTs because the Trust cannot do this on its own.

Q. Growth of 4% was referred to but looking at PCTs this year it is more in the order of 8/10%. Also a GP's point of view regarding the 2 week cancer wait, the appointment system has never been better the service is excellent, and it is such a shame about the new measurement meaning that this is not reflected in the score.
A. It is vital that better pathways are established by the PCTs to stop patients coming through the Trust's door, who could be treated in the community. Regarding the 2 week Cancer wait, the Trust will keep working on trying to find a solution to the issue of the patients who don't want to be seen within 2 weeks

Q. Has the walk in centre helped in Solihull?
A. The Trust is still seeing a rise in admissions in Solihull but it would probably have been worse without it.

The Chairman expressed his personal opinion that Working Together for Health which had been set up as a way to help deliver better and more efficient care closer to people's homes had not developed in the way he had hoped for. However, Prof Ham had been putting much effort into it. Solihull had not been as involved as BEN had been but with the new Chair, it was hoped that this would change.

Q. Do you see that there is much scope in merging with other organisations on similar functions that are non medical?
A. The Trust was already looking into this and has achieved it with Procurement. The Trust's Payroll service also provides for Solihull CT and areas around ICT and HR are potentially other ones. Some councils are now sharing Finance Directors. Mr Goldman confirmed that there had been some discussions with other Acute Trusts about sharing some services, as a way of getting more out of back office functions without affecting front line quality.

Q. Are people coming to A&E inappropriately being directed to Badger.
A. Yes they are but more could be done, e.g. at Good Hope a primary care discharge unit has been set up.

Q. Is the A&E target across the 3 sites?
A. Yes and it included walk in facilities. Mr Goldman confirmed that the Board looked at admissions and diverted them between sites to help manage the target; however, the issue of bed availability was also a big issue.

The chairman reiterated that over the next year or two, the Trust would be facing the toughest financial position that the NHS had faced for a very long time as a result of the economic situation. The NHS as a whole had to increase productivity which would not be easy but had to be delivered.

09.43 5 TO RECEIVE AN UPDATE ON QUALITY

The Chairman confirmed that the Update on Quality would address the issue about not undermining patient care and introduced Ms Lea to give the 6 monthly update on Quality Accounts. Ms Lea reminded the Council that they had given their input at the joint Board and Governors meeting in May of this year. Ms Lea explained that there were now operation leads in place to lead on each of the priorities that the Governors had helped to set at the May meeting.

Questions were then invited:

Priority 1: To further reduce our MRSA and CDiff rates – including 100% elective and emergency screening targets

Q. What had caused the delay in reporting?
A. It was due to the way that the samples were counted. For example, a sample taken in November would be reported back in January.

Q. The Trust is required by CQUINN to obtain 100% by the end of March 2010 – what progress being made to achieve that goal?
A. The Trust was slightly behind schedule and recognised that continued focus was required.

Priority 2: To introduce a nursing quality measurement system – with key focus on cleanliness, dignity and privacy

Q. Would the Council get to see what that the measurement system reveals?
A. The system was being rolled out across the 3 sites during January – March 2010. The intention is that it will be measured and then taken to Trust Board each month from April 2010. Reports would also be made to Council.

Priority 3: To improve stroke management care – measured through monitoring of 3 hour thrombolysis times and access times to CT scan

Q. If funding had been provided for a 24 hour CT scanner at Solihull, why had the Friends been asked to provide money for it?

A. It could be that the funding secured included the funding provided by Friends. Mr Stokes agreed to check and let the Council know.

ACTION: AS

Priority 4: To speed the process of hospital discharge – length of stay, delayed transfers of care, patient surveys on pharmacy and the provision of information.

Q. How many patients come back to A&E after being discharged?
A. The Trust measured readmissions through the contracts with the PCTs.

Q. How did the Trust compare nationally on readmission rates?
A. It fluctuated, but the Trust was currently within the national target and had been for the last 4 weeks.

Q. This priority is different to the others in terms of speeding up discharge but there seemed to be no evidence of improvement?
A. A range of benchmarks was required to measure this priority which would help to ensure that there were clearer outcomes next time. There should be good data to share by the end of the year.

Q. Were there still ongoing negotiations with the Social Work department, the wards were still experiencing lengthy delays in social assessments?
A. The Trust was not in formal discussions but there was an agreement that assessments should be turned around within 3 days. There were issues about how this issue was escalated, because when escalated the Social Work department did respond. There was more work to do with ward based staff around the escalating process. If the social workers do not meet the 3 day standard then the escalation process should be started. It was also agreed that there was a need to improve social services efficiency rather than expecting ward staff to get other people to do their job. It was noted that the above issues did impact on LoS.

Q. Social services have been coming under severe criticism, if issues with Social Services are affecting the general public, they must also be affecting the hospital.
A. Yes, it is an issue for the Trust, however they are one of the Trust's partners. Better working practices deliver better services so patients can be discharged more quickly.

Priority 5: Patient feedback – focus on information, staff attitude, and respect and dignity

The Council approved the work being carried out thus far and requested Ms Lea to bring back a full report at end of the financial year.

09.44 6. TO CONSIDER THE RECOMMENDATION OF THE GOVERNOR'S AUDIT APPOINTMENTS COMMITTEE

Mr R Samuda, assured the Council that the Audit Committee had considered the issue carefully and acknowledged that best practice would require a re-tender after 2010. In practice, however, it was also necessary to re tender internal audit and so from a pragmatic point of view, it was the Audit Committee's recommendation, in order to protect the "Excellent use of resources" rating, that PWC's contract should be extended and retendered at a slightly later date. In the mean time the Trust would retender the internal audit contract, which was much larger. Mr Samuda confirmed that PWC had provided a first class service and had agreed to reduce the baseline fee as a condition of extension.

The Auditors had been challenged quite rightly by the Audit Appointments Committee to ensure that they remained objective, that concern had been met and thus it was a

clear recommendation from the Audit Appointments Committee that the extension be agree.

Questions were invited:

Q. Who currently held the contract for internal Audit?
A. Deloittes combined with Coventry and Warwickshire Partnership and it was working well. The aim was to configure a service that is adding more value.

Q. Just as a point of clarification, the Audit Appointments Committee had recommended a 2 year maximum extension?
A. Yes

The Council approved the Audit Appointments Committee recommendation to extend PWC's appointment for a further 2 years on the understanding that there would be an open tendering process at the end of this term and that no further requests for contract extensions would be considered.

The Governors Council also agreed the change in the terms of reference which made it clear with regard to fee levels. It was agreed that at future meetings there would be a complete list of attendees at any of the Governors' Sub-Committees.

09.45 7. TO RECEIVE AN UPDATE FROM THE GOVERNOR'S APPOINTMENT COMMITTEE

Ms East explained that as part of the process of the appointment of the next chair, the Governors' Appointments Committee had met and after considering various options had decided that Saxton Bampfylde was the best option as a recruitment agent. A series of open meetings would be held to ensure key stakeholders had been included in the drawing up the specification for the role of Chair.

09.46 8. TO APPROVE THE APPOINTMENT OF BRIDGET SPROSTON TO THE GOVERNORS APPOINTMENT COMMITTEE

This appointment was agreed by the Council.

09.47 9. TO APPROVE THE REMOVAL OF IAN PARDOE AS GOVERNOR FOR BIRMINGHAM CENTRAL AND JEANETTE MULCARE AS STAKEHOLDER GOVERNOR FOR STEPPING STONES FOR FAILURE TO ATTEND MEETINGS

Ms Lea had written to both Governors asking for any mitigating reasons for their non attendance but they had not replied. Mr Pardoe's mail had been returned and he had not attended since 2008. Ms Mulcare had been telephoned on a number of occasions and no reasons had been forthcoming. She had been written to formally by the Chairman.

The recommendation to remove Ian Pardoe, as Governor for Birmingham Central and Jeanette Mulcare, for Stepping Stones was agreed by the Council.

09.48 10. TO NOTE THE RESIGNATION OF MARION THOMPSON AS GOVERNOR FOR BIRMINGHAM NORTH

Ms Thompson's resignation was noted by the Council. A by-election to fill the vacancy would be held in early 2010.

09.49 11. ANY OTHER BUSINESS

Q. Background information on the Trust's involvement with Boots at Solihull was requested.
A. Ms Lea agreed to send briefing out to governors.

ACTION: CL

Choose and Book

Q. There was still disappointment amongst GPs that they were unable to book patients electronically.
A. Mr Wilkinson confirmed this was under agreement with PCTs, but more progress would be made in January. At present only 40% of GPs use it.

Audio Equipment in Lecture Theatre

Ms Lea agreed to enquire if the audio equipment could be amplified to improve the level of sound.

09.50 12. DATE OF NEXT MEETING

25 January 2010, 22nd March 2010, 24th May 2010, 20th September 2010 (AGM), 22nd November 2010

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Chairman