Notice is hereby given that a meeting of the
COUNCIL OF GOVERNORS
of
Heart of England NHS Foundation Trust
will be held in the Harry Hollier Lecture Theatre,
Good Hope Hospital
on 14 March 2012 at 4.00pm

A G E N D A

1.	**Welcome**		
2.	**Apologies**		
3.	**Declarations of Interest**		*(Enclosure)*
4.	**Minutes of meeting held on 16 January 2012**		*(Enclosure)*
5.	**Matters Arising**		*(Enclosure)*
6.	**Chairman's Report**	Lord Philip Hunt	*(Enclosure)*
7.	**Chief Executive's Report**	Dr Mark Newbold	*(Enclosure)*
8.	**Appointment of Non-Executive Directors**	Lord Philip Hunt	*(Enclosure)*
9.	**Appointment of External Auditor**	Mr Richard Samuda	*(Enclosure)*
10.	**Integration of Solihull Community Services**	Ms Claire Molloy	*(Presentation)*
11.	**Re-Shaping HEFT**	Mr Simon Hackwell	*(Enclosure)*
12.	**Outpatient Booking Systems Update**	Mr Phillip Lyddon	*(Presentation)*
13.	**NED Appraisal Arrangements**	Lord Philip Hunt	*(Enclosure)*
14.	**Reports from Committees etc**		
	14.1 Audit Appointment Committee Minutes (17/1/12 & 31/1/12)		*(Enclosure)*
	14.2 Finance & Strategy Committee Report	Mr Barry Orriss	*(Oral)*
	14.3 Finance & Strategy Committee Minutes (10/01/12 & 1/3/12)		*(Enclosure)*
	14.4 Hospital Environment Committee Minutes (4/1/12)	Mr John Roberts	*(Enclosure)*
	14.5 Patient Experience Committee and Membership & Community Engagement Committee Joint Meeting Report (28/2/12)	Mr Michael Kelly	*(Oral)*
	14.6 Patient Experience Committee and Membership & Community Engagement Committee Joint Meeting Report (28/2/12)		*(Enclosure)*
	14.7 Quality & Safety Committee Report	Mrs Liz Steventon	*(Oral)*
	14.8 Quality & Safety Committee Minutes (29/2/12)		*(Enclosure)*
16.	**Any Other Business**		

17. Dates of Future Meetings

23 May 2012
16 July 2012
18 September 2012
21 November 2012
21 January 2013
19 March 2013

Refreshments will be available from 3.30pm

Malcolm R Pye
Company Secretary
14 March 2012

COUNCIL OF GOVERNORS

Minutes of a meeting of the
Council of Governors of Heart of England NHS Foundation Trust
held at the Education Centre, Heartlands Hospital
on 16 January 2012

PRESENT: Lord Philip Hunt (Chairman)

GOVERNORS:

Mr Arshad Begum
Mrs Elaine Coulthard
Mr James Cox
Dr Olivia Craig
Mr Kevin Daly
Mr Albert Fletcher
Ms Rocio Hernandez
Mr Richard Hughes
Dr Syed Raza Hussain
Mr Phillip Johnson
Mr Michael Kelly
Mr Mark Kibilski
Dr Sunil Kotecha
Ms Heidi Lane
Cllr Ian Lewin
Mrs Margaret Morcom
Ms Veronica Morgan
Mrs Florence Nash
Mr Barry Orriss
Mr John Roberts
Mr David Roy
Mr Neil Smith
Ms Bridget Sproston
Mr Stuart Stanton
Mr David Treadwell
Mr Thomas Webster

Directors in attendance:

Dr Aresh Anwar
Mrs Najma Hafeez
Mr Richard Harris
Mr Paul Hensel
Ms Sue Moore
Dr Mark Newbold
Mr John Sellars
Mr Adrian Stokes
Mrs Lisa Thomson
Dr Sarah Woolley

Members of the public

There were two member of the public in attendance.

12.01 APOLOGIES

Apologies were received from Governors Mrs Kath Bell, Professor Ian Blair, Professor Tim Freeman, Mrs Patricia Hathway, Mr Neil Harris, Cllr Jim Ryan, Mrs Liz Steventon and Directors Mrs Anna East and Mr Richard Samuda.

12.02 DECLARATIONS OF INTEREST

The Chairman referenced the Declarations of Interest schedule included within the meeting pack and noted the following:

- Lord Hunt declared that his wife Selina Stewart, Vice Principle at Chamberlain Sixth Form College is working with the HEFT on a volunteer programme.
- Mark Newbold declared an interest as a member of Multidisciplinary Professional Advisory Panel of BabyLifeline (Charity).
- Lisa Thomson declared an interest as Trustee of Redditch United Football in the Community (Charity).

The Chairman asked that anyone having interests still to declare should contact the Company Secretary's office which would update the schedule appropriately.

12.03 MINUTES OF MEETING – 21 November 2011

The minutes of the Council of Governors meeting held on 21 November 2011 were approved by the meeting and signed by the Chairman.

12.04 MATTERS ARISING

The following Matters Arising were noted:

Update on Fractured Neck of Femur - *Dr Aresh Anwar (Medical Director*) advised that the pathway had undergone significant review within the Orthopaedic team and a new live performance management framework is in place which should allow the Trust to meet the target for all patients to move from admission to the point of discharge or to rehabilitation within 7 days.

Q *Veronica Morgan (Staff Governor)* was interested to know if the Trust was asking for feedback from patients on what they feel about the new pathway.

A *Dr Anwar* was unable to confirm if feedback was being undertaken but said that he would take this back to the team in order for feedback and evaluations to be secured.

11.29.4 Update on Community Services – The Chairman asked Dr Newbold if it would be possible to have an update report following the Transfer of Solihull Community Services, including lesson learned and how these are translatable to our relationships both with Birmingham Community Health Services and South Staffordshire Community Services.

Q *John Roberts (Sutton Coldfield)* asked about the Chairman's report from the last meeting regarding the Members Seminar that had been held on 17 November 2011 and the robust exchanges that had taken place relating to the Outpatients Booking system (minute 11.51) and it was said that a presentation would be made to this meeting.

A *Dr Mark Newbold (Chief Executive)* responded that work was underway and an update would be brought to the next meeting. The Chairman added that the

Board of Directors has had several discussions on this subject and at the December Governors Breakfast meeting on ICT it had been discussed at length. A report will be bought back to the next meeting as a substantive agenda item and Mr Laverick, Chief Information Officer and Director of ICT to be in attendance at the meeting to answer any questions.

Q *Richard Hughes (Tamworth)* asked about the arrangements for the Chest Clinic visit due to take place on Monday 23 January.

A *Angie Hudson (Executive Assistant to Chairman)* advised that an email had been circulated with details but a confirmation email of the agenda, shuttle bus pick up times and venues would be circulated.

Q *Albert Fletcher (Birmingham North)* asked for an update in respect of item 11.53.4 Outstanding Debt by Birmingham City Council.

A *The Chairman* responded that the Trust had agreed that it would no longer tolerate the position of the outstanding debt due from Birmingham City Council and the Directors had taken cognisance of the fact that in relation to property rates and car parking fees the Council had shown no hesitation in pursuing the Trust for the amount of money they felt the Trust owed. There was some concern raised for those staff who work with the Council on a day to day basis that this stance would prove counterproductive in respect of good working relationship. A letter has been sent demanding that the Council pay what is owed. *Mr Adrian Stokes (Finance Director)*, added that as yet no response had been received.

David Treadwell (Birmingham Central) added that it was very important to maintain good working relationships between organisations and we should be mindful of the patients we deal with when considering these matters. The Chairman took on board the point and agreed that it was not the best position for such organisations to be ready to undertake legal action against each other but added that the Board had a duty to manage the finances of the Trust and as the Council has shown no indication of dealing sensibly with this matter it is right for the Board to take action. The Chairman added that in response to the question of relationships with our council colleagues, the Trust has a strong relationship with Solihull Borough Council and regularly meet senior councillors. The relationship with Birmingham City Council is more difficult due to its size but the Trust always strives to improve and develop working relationships. The Chairman felt that the relationship with South Staffordshire colleagues was working well.

Q *Cllr Lewin (Joint Lichfield & Tamworth Borough Council)* added that South Staffordshire Council is undergoing major changes in the way in which it deals with social services and offered to contact them and arrange for the Chairman and Chief Executive to meet with the council member for Wellbeing. The Chairman thanked Cllr Lewin.

12.05 <u>CHAIRMAN'S REPORT</u>

The Chairman referenced his pre-circulated written report and highlighted the following:

The Chairman had attended the Ward Sister Challenge along with many executive and non executive colleagues. It had been a great opportunity to hear from frontline staff about what they need to improve their services. Following on from

this, workstreams are now being taken forward including giving ward sisters more time to focus on their leadership role.

Q *Albert Fletcher* added that he too had attended the meeting and felt that had been extremely interesting and encouraged the Trust to hold more of these types of meetings for other staff groups. He went on to add that he had agreed to sit on one of the working groups and asked when they were due to commence.

A *Mr Stokes* added he was unaware of which working group Mr Fletcher was on but updated the meeting on the two workstreams he was overseeing The first looking at a business case about whether the ward sister role could be more supervisory, thereby allowing them to have more of a leadership role: this is in progress and the business case should be completed by April 2012. The other group was looking at Budgetary controls that sit with the ward sister. The feeling was that currently there are several tiers of authorisation above ward sisters that could intervene in relatively small values and it had been agreed that a more appropriate level of authorisation was needed. It is hoped that the work will be completed by the end of March.

Dr Newbold added that the key issue was for ward sisters to be more supervisory and for them to be allowed to act as a ward sister or charge nurse for the full week. Work on scoping of the financing implications is being undertaken; however, he added that there are a number of ward sisters who are trialing the role at the moment. Dr Newbold was unaware of the commencement date of the working group Mr Fletcher was on but agreed to let Mr Fletcher know.

The Chairman, Dr Newbold and Mrs Thomson had met with Staff Governors to discuss how they could better communicate with staff and take on a more visible role within the Trust. As a result, the Trust is looking at enhancing the role of staff governors around whistleblowing issues which the Chairman was confident would take on more prominence and importance following the Mid Staffs report. An update would be bought back to the next meeting.

David Bucknell retired from the post of Non Executive Director on 7 January 2012 and the Chairman proposed a vote of thanks especially for the work he had undertaken in supporting the capital and estates programmes.

The Trust has advertised for two Non Executive Director posts, the closing date for applications is 27 January 2012 and 14 applications had been received to date.

Q *Barry Orriss (Staffordshire South)* asked where the posts had been advertised as they had not been advertised in the Lichfield Mercury and it would seem that yet again South Staffordshire had been disenfranchised. *Mrs Thomson (Director of Public Affairs)* responded that it had been advertised on NHS Jobs and in the local papers within Birmingham, Solihull and South Staffordshire, but was confident it had been advertised in the Tamworth Herald. Mrs Thomson added that given the demands of the budget, the role had been advertised as widely as it would allow. Mr Orriss added that it was completely unacceptable and the fact it had been in the Tamworth Herald was completely useless to the people of Lichfield, Burntwood and Rugeley. The Chairman added that there had clearly been a balancing of budgets and would look into what action could be taken before the closing date. Mr Orriss again stressed the point that this hadn't been the first occasion it had happened despite repeated reassurances that South Staffordshire would be included.

Q *Mike Kelly (Birmingham at Large)* asked if it had been advertised with the Appointments Commission. Mrs Thomson said that she would look into it and added that given the closing date deadline the Trust still had plenty time in which to advertise.

12.06 CHIEF EXECUTIVE'S REPORT

Dr Newbold presented his pre-circulated report noting that it focussed on the Q3 performance against major performance targets as per the charts set out in the report and invited questions from Governors.

Q *Cllr Lewin* asked how the clinical activity shown in chart 1 for 2010/12 compared to the previous year?

A *Dr Newbold* responded that it gives a flavour of the scale and volumes of activity seen at the three sites over the year but there has not been much difference year on year.

Q *Dr Sunil Kotecha (Solihull PCT)* referenced the figures for A&E at the 3 individual sites and the medical assessment units for each of those hospitals. Solihull has a third of A&E attendances yet still have the same number of assessments in the AMU/SAU even though Solihull does not have a Surgical Medical unit. Was this because of the pathway that Solihull has or might it be because Solihull is rather a minor injuries unit and medical assessment unit?

A *Dr Newbold* acknowledged that the walk-in centre at Solihull picks up a large number of attendances.

The post 48 hour MRSA bacteraemia chart shows the trends over the last 4 years which have reduced dramatically. The number of cases last year was 9 and the target was set at 7 for this year which gives very little room for slippage. The third table sets out the cases by quarter compared to last year: there were 3 cases in Q1, 3 cases in Q2 and no cases in quarter 3 and we have not had a case in the Trust since 10 July 2011.

Q *Chairman* Can you explain what the target is actually based on?

A *Dr Newbold* it is basically last year's target with an improvement target regardless of trust size or the rate per 1000 patients or beds. The NHS is working towards a zero tolerance of MRSA post 48 hours cases.

Q *John Roberts (Sutton Coldfield*) do we know what the target is for next year.

A *Mr Stokes* not known at present but likely to be 6.

Q *Tom Webster (Birmingham North)* this performance is exceptional and the staff ought to be recognised for what is a superb result.

A *Dr Newbold* advised that staff are updated and thanked for their performance at monthly team briefs.

The Trust has seen a marked reduction in the number of CDiff cases acquired in hospital over the last 4 years. Performance this year mirrors MRSA in that we had

more cases in Q1 which put us above trajectory for the year. The figure on the chart for Q3 was up to the middle of December which was below last years target. The Trust is aiming to complete the year with a lower outturn than last year.

Performance of A&E 4 hour is very significantly improved in 2011/12 and the Trust has achieved the target in Q1, Q2 and Q3 for the first time; in particular, Good Hope has seen huge improvements. Q4 is usually as difficult as Q3 due to the post Christmas and New Year pressures but the Trust is in a much better position compared to last year.

Q *Chairman* what is the expectation for Q4, are we looking to achieve the target?

A *Dr Newbold* yes, we are expecting to achieve the target.

Five new A&E standards were launched by Andrew Lansley when he visited the Trust earlier in the year. These figures have not been included in the Monitor performance framework as yet; however, the Trust continues to monitor itself against these targets and has achieved three. The two we have missed are unplanned re-attendance rate and time to initial assessment. We will continue to improve and monitor.

Q *Bridget Sproston (Solihull South)* asked about the activity numbers for 2010/11 as against those for 2011/12 having understood that the Trust was looking at reductions in activity and income; however the table shows an increase activity in outpatients and maternity.

A *Mr Stokes*. The impact of underperforming in A&E is much more of a financial loss than underperforming in outpatients where the income per patient is lower.

Q *Dr Kotecha* how does this compare nationally?

A *Dr Newbold* we are consistent with other trusts across the Birmingham and Solihull but was not sure how we compare nationally.

Waiting times are our biggest challenge, the Trust is achieving the Monitor 95 percentile target of 23 weeks for admitted and 18.3 weeks for non-admitted pathways. Performance against the 23 week target improved in October for the first time in 3 months. During November the backlog of patients waiting more than 18 weeks continued to increase, with General Surgery and Orthopaedics being the largest contributing speciality. There has been a reduction of throughput in theatres compared to last year and to manage the 18 weeks target has meant some patients have waited longer than 18 weeks. Some patients will also have clinical reasons for exceeding the waiting time. Clinical teams are working to address this backlog as a priority.

Q *The Chairman* advised that the Board had a discussion at its meeting in January and is very clear that the Trust needs to do all it can to get on top of the18 weeks target. *Dr Newbold* also added that in previous years the Trust has sometimes used the private sector; however, the Trust is now minimising this.

The Trust emergency length of stay (LoS) for November is 8.7 days against a target of 8.1 days. The Trust is exploring new measures that are more sensitive to speciality and site changes as the overall average is made up of a large number of wider varying length of stays, and is heavily skewed by those patients staying in hospital for a lengthy period.

Q *John Roberts* asked why are there two target lines on the mean emergency LoS. Graph?

A *Dr Newbold* responded that the lower line is the target for 2012/13 and the upper one for 2011/12, and it can be seen that the Trust is not meetings this year's target. As we look to manage the bed stock we may see a reduction in the length of spell and this will continue to be monitored.

The Trust has now met the Stroke target of 80% of patients admitted with a stroke spend their time on a stroke unit for 7 consecutive days. There is a national programme of implementing Stroke services which is due to be implemented in the West Midlands. The programme has already reduced the number of acute stroke centres to 8 for the whole of the London area which is huge reduction; however, outcomes have been very good and the model is now to be implemented nationally. Dr Anwar is taking external expert advice on how the Trust can implement this programme at all 3 hospitals.

The Chairman advised that he had recently undertaken a patient safety visit to Stroke and recognised the challenges of running an acute 24/7 service especially ensuring that we have sufficient consultant cover. This is a real challenge to the service.

Q *Dr Kotecha* made the point that having only one stroke unit may cause a problem for stroke rehabilitation. Care from a centralised service may mean that beds would fill very quickly unless discharges could be made into the community or to a lesser centre.

Q *Bridget Sproston* asked if some of the charts could be broken down by site where significant (e.g. stroke) figures would be more useful.

A *Dr Newbold* agreed to do so.

Q *Barry Orriss* asked if the inability to do an initial assessment within 15 minutes was likely to impact on the prognosis of, such as, stroke patients.

A *Dr Newbold* said that this is the initial nurse triage so he did not believe so and added that although patients may not be getting an initial triage within 15 minutes, all of our patients are seeing a doctor within 1 hour. *Dr Anwar* added that the time to assessment is an average; however, patients entering A&E are prioritised (e.g. heart attacks, strokes) where time is absolutely critical.

Q *David Treadwell* raised the point about terminology and titles used for staff members (e.g. ward manager) and the confusion that may occur with patients not understanding their role.

A *Dr Newbold* responded that it has been agreed that ward managers will go back to having the title of ward sister or charge nurse for male nurses and believed that staff had confidence that there was adequate local leadership especially in areas such as A&E to ensure that the Trust works together.

Q *Michael Kelly* referred to the media article on missed appointments that cost the NHS £800m per year. There were 7 million outpatient missed appointments last year and HEFT was the seventh worst affected trust with 101,000 missed appointments. He added that the Governors had visited Lyndon Place and were

aware of the fantastic job that they do and wondered what can we do about it and how much does it actually cost?

A *Dr Newbold* advised that the figure quoted probably comes from the number of DNA patients multiplied by income per outpatient appointment and added that the Trust actually books its clinics in the knowledge that there will be a number of DNAs and, therefore, income lost is not as high as it might otherwise be. Patients are reminded of the importance of attending.

The Chairman added as the Trust is in the top 10 of acute trusts it will often be featured in statistical reports. He also would refer Governors to the NHS Choices website, where patients can make comments and recommend hospitals based on their experiences. Previously our three hospitals have been bottom of the West Midlands list but he was pleased to report that in December Birmingham Heartlands and Good Hope have moved to the middle ranks with Solihull just two places behind. This was very pleasing given that one year ago very few of our patients went onto the site to leave feedback.

12.07 FINANCE & PERFORMANCE YEAR TO DATE

Mr Stokes presented his pre-circulated report and gave a presentation on the financial position year to date and the predictions for 2012/13.

- As at month 8 there is a year to date deficit of £0.2 million which gives the Trust a Monitor financial risk rating of 3.
- The Trust is forecasting a £7 million surplus at year end.
- Winter planning costs are expected to be £2m.
- Enhanced pay controls and CIP focus.

The issues which may affect the £7 million end year forecast position are

- Revaluation of estate
- PCT year end settlements
- Unexpected winter costs
- Pay controls should there be any variances from plan.

Looking forward to 2012/13, the Department of Heath produce an operating framework each year which are essentially the business rules for the coming year and give an idea of what next year's budget may look like.

- Primary Care is expecting to get a 2.8% increase in allocation in real terms
- Expecting tariff to reduce by 1.5%
- Inflation to rise by 2.5%
- This equates to an efficiency savings target of 4%.
- There has been a change in CQUIN payments having increased by 1% to 2.5%. which for the first time is 'cash backed'; this means if the Trust meets its quality objectives it counts towards our efficiency challenge.
- Managing waiting lists is a high priority for 2012/13.
- The Trust is looking to work with PCTs to change how income is received and discussions around a fixed price contract for 2012/13 are in progress.

Q *Mike Kelly* there is no mention in the report of debtors to the Trust, what is the situation?

A *Adrian Stokes* the PCTs are due to settle by year end, the only other major debtors aside from our commissioners is Birmingham City Council which we have already mentioned. There are some small debtors but nothing substantive in financial terms.

Q *Chairman* this year has proved to be more difficult than envisaged; however, through cost reduction activity and monies paid back by the PCTs we are going to end the year with a healthy surplus. Looking ahead, potentially there is a more generous settlement than expected, there is the potential of risk sharing contract with our GP colleagues, how do you see next year in terms of the challenges we now face?

A *Adrian Stokes* the coming year brings new challenges. In the past the Trust has set cash releasing targets. We will have a smaller cash releasing expectation but a larger expectation about supporting demand management with our commissioners which is a better challenge.

Q *Chairman* is this likely to fall foul of the Department of Health, would they see this as undermining the payment by results financial structure or will it be encouraged?

A *Adrian Stokes* somewhere between the two. The Operating Framework has a facility which means organisations can move away from tariff. The Trust will need to ensure any deviation from tariff does not aggravate the DoH.

Q *Dr Kotecha* from a GP perspective the Trust can say there is a contract and has a guaranteed amount of income but share the demand with primary care. If that demand is pushed into primary care there must be an appropriate resource to deal with it. Where is the money coming from in order to look after those patients moved into primary care?

A *Adrian Stokes* GPs will have a greater proportion of the PCT allocation than the acute trusts. Clinical pathways are going to be key, quite often work which comes into the acute sector does not bounce back to GPs. There is a need to ensure that the clinical pathways are the right ones.

Q *Veronica Morgan* is the fixed price contact for all services we delivery?

A *Adrian Stokes* the contract is yet to be examined in detail; for specialised services where the trust commissions entirely differently then the answer is ‘no’, but for the bulk of the rest of it then ‘yes’, it would be inclusive.

Q *Veronica Morgan* in terms of the pathway that is being developed is that the reduction in the number of patients in the hospital going back into the community setting but with the care with the staff team. I hope that this staff team would be from the hospital to deliver the care in the home, is that the way it will flow? Secondly in relation to the fixed price contract, particularly for maternity services, the Trust has a huge amount of patients who turn up at the front door unbooked; how are we going to deal with those types of cases? We have to continue these types of cases through the community midwife pathways. I think we are not going to generate as much income as we otherwise might

.

A *Dr Newbold* it needs to be remembered that our current contract is not that far removed from a fixed price contract. If we earn more money in one area it has to be offset by a reduction in income in another. The approach that Mr Stokes is describing will at least give the Trust a known quantum of resource which we can plan. I think the second thing is we are not talking about shifting care from hospital to the community; it is about us using our expertise to keep people well so they don't need to come into hospital.

A *Chairman* following on from that the Board had a very interesting presentation from elderly care about 6 months ago around the work they were doing in care home setting, and how you work with them to keep people out of hospital by giving good quality care; is this the same?

Q *Dr Newbold* yes, and this is the thinking behind the arrangement Mr Stokes is describing.

A *Bridget Sproston* are other acute trusts in the city having similar conversations with commissioners? I am sure you have considered the unintended consequences of working like this but what the Trust doesn't want is for people who would have gone to say UHB to turn up at Heartlands because it is 'free'.

Q *Adrian Stokes* I know some have been looking at similar contracts and also know of several who are remaining with tariff. There is a whole raft of things which need to go in to the contract including around what happens if certain risks materialise and how these are jointly mitigated, GP referral rates, and the terms and conditions of the contract will address these risks.

A *Chairman* the important thing is that the financial incentives should run with the way we would like to be treated as patients and although it does have risks the Board will want to make sure it can mitigate them. The contractual regime needs to work in the patients interest which I think is what this type of contract will give the Trust and will be dependent upon our GPs working with us.

Q *Albert Fletcher* this was debated at length at Governors Finance Committee and we have this debate today for everyone's benefit. I supported it at Finance Committee and I am going to support it here. We need to sell this to GPs. Mr Stokes has convinced me on two occasions that this is the right thing to do and I am sure he will be able to convince our GPs. I propose that if the Board chose to go down that route, that this Council gives its full support.

A *Chairman* (addressing the meeting) you have heard a proposition from Mr Fletcher asking you to give broad support to the Board to explore this in greater detail over the next month or so. The Board discussed this at an informal meeting and the governors will be pleased to know that the executive directors highlighted many of the same issues as governors raised this evening. The Board has a meeting with the Board of the PCT cluster in about three weeks time where this will undoubtedly be the topic of conversation. Mr Fletcher is proposing that, all things being equal, this seems like a good approach.

Q *John Roberts* how big is the Cluster?

A *Chairman* there is a Cluster for Birmingham and Solihull which is made up of all the PCTs that were once there, it has no statutory basis as a Cluster, because in law, the old PCTs still continue although they never meet. It is working with the

clinical commissioning groups as those groups will take over budgetary responsibility in 2013. The reality is that we are in a transitional situation. There are rumours that the Clusters will continue post 2013 as local branches of the NHS commissioning board. It was agreed to look at the composition of the clinical commissioning groups in Birmingham and Solihull area. Due to the number of clinical commissioning groups in the surrounding areas the more the Trust can defuse the risk the better it will be.

The motion was carried.

12.08 MONITOR ANNUAL PLAN PROGRESS

Mr Stokes presented the Monitor Annual Plan preparation timetable. The Annual Plan builds upon existing Trust work including the vision, nursing values and, the Reshaping HEFT work. The slide sets out the timeline of actions to be undertaken now and the end of May when the Board and Governors review it before its final submission to Monitor.

12.09 SITE STRATEGY UPDATE

Mr John Sellars (Director of Asset Management) presented the update on the Trust Site Strategy, outlining how the strategic plan is aligned to the capital programme. The Trust has an outline ten year programme of which Tranche 1 was funded.

Tranche 1 projects include:

- Ward block 1 at Good Hope and Bedford Road house both, complete.
- Construction has commenced at Good Hope on Theatres and the Emergency Department.
- Work has also commenced on Pathology at Heartlands.
- The final business case for ACAD at the Heartland's site is to be presented in early Spring 2012, with construction commencing early summer 2012.

The Trust has now completed Tranche 1 and the Reshaping HEFT project has given the cross-site committee the opportunity to look at Tranche 2 projects. The potential future developments and works include:

- Elective Care Centre at Solihull Hospital
- Front Entrance Development appraisal at Solihull Hospital
- Maternity project at Birmingham Heartlands Hospital
- Critical Care Facility at Birmingham Heartlands Hospital.

In addition every year for the past 3 years the Operational estates developments teams have an annual allocations of £1 million for ongoing maintenance and replacement of the engineering and support services behind the estate and then £1 million strategic capital across all the hospital sites including re-rendering of and replacing the concrete on the Fothergill block, upgrading of the fire alarm systems at Solihull etc. A new combined heat and power plant at Solihull has been installed costing just over £5 million and will pay for itself within 7 years from the energy it saves. It also helps the Trust achieve its 25% reduction of carbon emissions over 5 years.

The Chairman added that the Board has had an informal discussion on this and will be looking at the capital programme.

Q *Mike Kelly* raised the topic of car parking and advised that about 70% of complaints he receives are about car parking. He had received a comprehensive breakdown from Mr Sellars and Mr Stokes stating that of the £2.7 million received the Trust does not actually make a profit. There was talk at one time of having a multi storey car park and he has received complaints from doctors from Walsgrave and Solihull being fined £20 for being parked illegally and would value an update as to what is happening.

A *Mr Sellars* within Tranche 1 there was no provision for extra car parking at all. However, the Trust has created extra spaces, with 120 new spaces at Heartlands on site as well as increasing the number of patient car parking spaces at Heartlands and more staff parking at Yardley Green.
As part of Tranche 2, the Trust will be looking at how much will be invested in car parking, because the money is in competition with frontline services. Another option is self funding car parking. At the moment no Trust money has been earmarked for car parking.

A *The Chairman* added that it is recognised that a decision will need to be made one way or another.

Q *Barry Orriss* added that 12 and 6 months ago a proposal had been put before the Governors about self funding car park and the Governors were in favour of going back to talk to staff then work up a project to put to the Board. It would appear that this has been ongoing for over 12 months and still hasn't come through.

A *Mr Sellars* the subject has been discussed with nurses, doctors and staff side and as there is a consensus that Trust money shouldn't be spent on car parking, there has to be an element of self funding, the difficulty is how do to get the money in the first place for self funding. The organisation has looked at other operators using it and the opportunity to borrow money to build the car park and these all get caught up the Trusts capital spend discussions and what the Trust's priorities are.

Chairman added that the organisation has talked about car parking for a long time and feels that the Board need to resolve it.

Adrian Stokes the Trust had also being holding off making a decision as, up until very recently, there had been a strong possibility the Trust would get access to Belchers Lane and whilst this had been a possibility it was not appropriate to make a decision to spend money on a multi-storey car park when land would have been available next to the hospital site.

Q *Barry Orriss* Good Hope hospital has no recognisable reception area and if you are new to Good Hope it is extremely difficult to find your way round the site. Has any consideration been given to putting some centralised point in?

A *Sue Moore (Managing Director, Good Hope Hospital)* said a proposal looking at the making the Richard Salt unit the main focus for the entrance to the hospital and guidance through the hospital from that point is being considered. The plan for the next 12 months is to choose a point and make that the main entrance and then pathfind around the hospital from there.

Q *Barry Orriss* perhaps in the meantime consideration could be made to printing a map on the back of appointment letters so patients can get an idea of where the different departments are.

A *Sue Moore* agreed to action the suggestion.

Q *Tom Webster* are we able to use the argument for car parking against the city council against the money they owe the Trust?

A *Chairman* what we had hoped for was in lieu of the money the owed us they would let us have Belchers Lane land partly to develop as a car park;, however, as soon as they knew of our plans the land got transferred back into the education department and it is now going to be used as a cricket pitch and sixth form centre for Waverly school. There has been some frustration with the Council as the Trust thought it had entered into discussions with planning, education, estates and the finance department which just didn't materialise.

Q *Tom Webster* the site strategy presentation tonight was absolutely suburb and bought home how much work the Trust has undertaken on its estate and this is the sort of information we ought to get into a booklet that we can issue to Governors and public.

A *Chairman* it could go into the next issue of Heart and Soul as this goes out to members and will ask Lisa Thomson to take forward.

Q *Dr Kotecha* declared an interest as he runs the walk in centre in front of A&E at Solihull Hospital. Perhaps the Trust should speak to other organisation to develop a joint urgent care centre?

A *Chairman* the Trust is very much in favour of ensuring that A&E and the walk in centre have strong coordination.

Q *Elaine Coulthard (Sutton Coldfield)* in light of the fact that A&E at Good Hope is being refurbished the whole of the reception area is refurbished too and would that not be a good point for the main entrance?

A *Mr Sellars* there are plans to rerburbish the area but not to make it the main entrance as it is not the right approach to bring everyone in through the entrance to A&E.

A *Elaine Coulthard* how much does the Council owe the Trust.

Q *Adrian Stokes* they owe us £3 million.

The Chairman made the point that any strategy on car parking also needs to look at ways to encourage patients and staff to use alternative forms of public transport. Other trusts staff are given incentives to use public transport.

Mr Sellars we do call it car parking but in fact the Trust does have a transport policy and it does bring in other aspects. *Mr Sellars* confirmed that the Trust does offer staff incentives such as a season ticket loan whereby, the Trust pays for the

ticket upfront and then staff have an interest free loan repayable monthly from salary.

12.11 REPORTS FROM COMMITTEES

12.11.1 Appointments Committee Report

The Chairman reported that the Appointments Committee had met but were not quorate and therefore asked the Council of Governors to confirm the decisions taken:

- The pay rate for the two NED vacancies was set at £14,123 which is the same as most of our NEDs get at the moment with the exception of the Chair of Audit Committee and the Vice Chair who receive slightly more
- The term of office was set at 3 years
- Agreed a time commitment of a minimum of 3 days per month
- Agreed the short listing and interview panel members as Lord Hunt, Richard Hughes, Michael Kelly, Marck Kibilski and Veronica Morgan.
- The closing date for applications is 27 January 2012, short listing will be undertaken on 6 February 2012 with interviews on 23 February with recommendations to the Council of Governors meeting to be held on 13 March 2012.

The Chairman confirmed he would address the issue raised by Barry Orriss around advertising in the South Staffordshire area and advertising with the Audit Commission as raised by Michael Kelly.

As the meeting was not quorate the Council of Governors approved the decisions taken.

12.11.2 Appointment Committee Minutes

The draft minutes of the meetings held on 10 November 2011 and 16 December 2011 were noted.

12.11.3 Constitution Review Committee Report

The Chairman informed the meeting that the committee had met on the 16 December 2011, and discussed the following:

- The Chairman had previously agreed to make a contact with Monitor to test their reaction to proposed changes to the Constitution. At the time of the meeting no response had been received but subsequently had. They pointed him towards a number of Monitor publications, all of which we had previously reviewed in any event.
- We received a presentation from Simon Jarvis who heads up our Patient Engagement Team. What was clear from Simon's presentation was an apparent disparity in Governor/ Member representation ratio. We accordingly asked the Board's Stakeholder & Community Engagement Committee to take a lead on reviewing this issue.
- We looked at a draft of the Constitution which included a number of not insubstantial proposed changes including those that were agreed by the Council in the autumn of 2010 but never completed. Committee members also added their own comments to the draft. However we await the outcome of the Stakeholder and Community Engagement Committees review before progressing too far with any other possible changes.

- It is hoped to bring back a substantive papers back to a future meeting.
- The Committee is looking at terms of office for Governors.

12.11.4 Constitution Review Committee Minutes

The draft minutes of the meetings held on 18 November 2011 and 16 December 2011 were noted.

12.11.5 Finance and Strategy Committee Report

Barry Orriss reported that the meeting had gone through the presentation that Mr Stokes has made earlier in the meeting in great detail and in particular at the forecast assumptions he had made for the £7m surplus. It was agreed that in future the meeting would look at performance as well as financial issues. The meeting had also received an update on the strategic review exercise that is ongoing at the present time from Ms Joanne Hodgkiss and agreed that non clinical areas will also be reviewed.

12.11.6 Hospital Environment Committee Report

John Roberts reported that the second committee meeting was held on 4 January 2012 at Solihull and the following was noted:

- Given that hospital food is often the subject of unfavourable press, the meeting had included a visit to the Solihull CPU and had included a tasting session. All members of the committee were very impressed with the food, unit and the staff who work there. The unit can produce up to 43,000 patient meals per week, with a potential for double that number. Florence Nash suggested that we might like to supply food for events for Solihull Metropolitan Borough Council and Mr Sellars agreed to contact the council to arrange a food tasting session.
- The escalators at Birmingham Heartlands still remain a problem, Mr Sellars has been in contact with the company and believe the Trust solicitors are now involved.
- The WRVS locker situation at Good Hope Hospital still remains a problem. Mrs Coulthard was able to update the meeting with background information, the volunteers require two lockers in the reception area so that outdoor clothes can be left safely and despite regularly. The Chairman promised that this would be solved by the next meeting of the Council of Governors.
- Disabled parking at near the treatment centre, contractors are on site and the bays will be marked up accordingly.

12.11.7 Patient Experience Committee Report

Michael Kelly reported that the Committee had met on 5 January 2012.

- The minutes of meeting of 13 October 2011 were approved.
- The committee approved the terms of reference.
- The committee was not happy with the draft Visit Concordat, nor were the Consultative Health Council (CHC) as it makes Patient Experience Committee's function impossible, so this will need to be considered, as it is too bureaucratic and impossible to have conversations with patients.

Mrs Thomson gave an update on the present position. A template has been drafted and a working group is being set up to look at how we can balance what we want to do as patient representatives and governors but also recognising the important role of our staff and patients privacy and dignity.

- Gerry Robinson the attended the meeting and gave a presentation on the work on the CHC.
- Di Eltringham, Head nurse for the Birmingham Heartlands Site attended and gave an update on Jonah, POD etc.
- Sir Graham Morgan who is an expert in patient experience, has been invited to and will be attending the meeting to be held on 28 February 2012.
- Dr Mike Smith, national patient experience expert to attend a future meeting.
- Smoking outside of hospital entrances was also discussed; two members of the committee gave examples of where trusts have banned smoking completely. It was not known if how feasible this was.

Q *The Chairman* recalled when Andrew Lansley, Secretary of State had visited the Trust and during the walkabout having to walk past all the smokers on the way to the main part of the hospital, he personally had found it embarrassing and asked Dr Newbold for his thoughts.

A *Dr Newbold* it is a difficult debate. He asked that if Governors have any information about trusts that had completely banned it he would like to hear about it. *Michael Kelly* said that Veronica Morgan knew of such a trust and *Dr Newbold* promised to speak with her on the subject. He added that there is no statutory duty to completely ban smoking and therefore most trusts had opted for a smoking shelter option.

Chairman we promote our Trust as being active in promoting health as well as dealing with sickness and didn't think that a discussion on banning smoking could be avoided. He asked Mr Kelly to continue to investigate this point and the Board and Governors would be interested to hear feedback to a future meeting.

12.11.8 <u>Quality and Safety Committee Report</u>

As Liz Steventon (Chair) was unable to be at the meeting, Dr Sarah Woolley, Director of Safety and Governance gave an update from the last meeting. The main topics of discussion at the meeting were:

- Quality Accounts for 2012/13, it had been agreed that the four priorities were:
  - Venous Thrombo-Embolism (VTE) - Dr Aresh Anwar is to join the next meeting with a range of doctors and nurses who are involved in supporting that process to enable the Governors to scrutinise and understand the process.
  - Patient experience
  - Stroke services
  - Mandatory training

- The Trust Safety Sitrep report that goes to Governance and Safety and Trust Board was discussed and it was agreed that going forward the Governors would be undertaking more scrutiny of adverse events, to make our wards and clinical systems safer.

Q *Barry Orriss* the members of the Quality and Safety Committee had recently received some training and he felt it would have been beneficial for all Governors and consideration should be given to opening these up to all Governors.

A *Chairman* added that generally where there are interesting events held by a specific committee it might be helpful if others are invited for example the Patient Experience committee have some high level people coming to talk to you and would he mind other governors coming to attend these meetings. Mr Kelly was very agreeable to widen the invitation. The Chairman encouraged all CoG committee chairs to invite all governors and Non Executive directors to meetings were appropriate.

Q *Elaine Coulthard (Sutton Coldfield)* the CoG Membership and Community Committee had only met once as there had been a lack of interest and support and therefore it has been amalgamated with the CoG Patient Experience Committee, but wished to thank Sandra White for the support she had shown.

A *Chairman* suggested that as the Governors had agreed to have a membership committee that as Mr Kelly and Mrs Coulthard had agreed that they continue as a joint committee and that when the committee structure is reviewed in the summer it can be re-evaluated.

Elaine Coulthard felt that due to the number of CoG sub committees that when it had come to the Membership and Community Committee that there were no governors left who wished to sit on the committee due to other commitments. *Chairman* when the Governors and Board meet in the summer which will be one year on from the last meeting, the workload of Governors needs to be revisited to ensure that we have got this right.

12.11.9 Quality and Safety Committee Minutes

The draft minutes of the meetings held on 14 December 2011 were noted.

12.12 ANY OTHER BUSINESS

12.12.1 *Stuart Stanton (Solihull North)* commented on the number of mobile phones that had rung during the meeting and asked if these could be turned off or put on silent at all future meetings.

Cllr Ian Lewis added that they way the council deal with mobile phones going off was a 'fine' of £5 to charity.

It was agreed that all phones were to be set to silent or turned off at all future meetings.

12.12.2 *Mike Kelly* the Patient Experience committee had discussed patient confidentially on wards and had been given an example of one gentleman being told he had to sell his house to go into care and that these types of conversations need to be looked at so that they happen in a side room or appropriate setting.

A *Lisa Thomson* responded that it had been discussed but that it had not been a staff member but social services when they had been invited in to have that conversation with the patient. As healthcare professionals we need to ensure that

those conversations happen in the most appropriate place and therefore where possible use a side room and side facilities so that patients and relatives can talk in privacy. Awareness has been raised with all staff on wards so that they can ensure these situations are avoided.

12.12.3 *John Roberts* referred to an article on last evenings news there had been an article about volunteer motorcyclists who are used to carry blood and HEFT had been mentioned at the end of the article and wondered if any further information was available?

A *Albert Fletcher* advised that it was called 'freewheelers' which is a registered charity who will transport anything of an emergency nature, e.g. blood, notes etc between 6pm and 6am. Wolverhampton Trust had been using the service for a couple of years now. He had bought this to the attention of the Trust some 12 months ago and has spoken to Mr Sellars on several occasions as he felt it could be very useful to the Trust as the service was free and could save the Trust a vast amount of money. Mr Fletcher offered to bring a progress report back to a future meeting.

12.12.4 *Elaine Coulthard* asked whether any of our A&E departments have solicitors notices on the wall and if so how much income does it bring the Trust?

A *Chairman* advised that we did and the Board has previously had a discussion about it, it brings in income of approximately £200k per annum. However they are not allowed to provide any services against this hospital. He added that the only way to deal with this issue was if the NHS as a whole agreed not to allow his. The Board did have a vote on whether to allow it and the majority was in favour of receiving the income and added that there are some safeguards around the advisement of leaflets.

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Chairman

COUNCIL OF GOVERNORS

REGISTER OF INTERESTS

NAME	INTEREST DECLARED	DATE DECLARED	DATE CEASED
Arshad Begum	Nothing to declare	21 Nov 2011	
Kath Bell	Company Secretary, Succeed Services Ltd	21 Nov 2011	
Prof Ian Blair	Nothing to declare	21 Nov 2011	
Elaine Coulthard	Nothing to declare	21 Nov 2011	
James Cox	1-Assessor & Verifier for GPs into Practice, West Midlands Deanery 2-Trustee, Re-Co	21 Nov 2011	
Kevin Daly	Nothing to declare	21 Nov 2011	
Albert Fletcher	Nothing to declare	21 Nov 2011	
Neil Harris	Nothing to declare	21 Nov 2011	
Patricia Hathway	Nothing to declare	21 Nov 2011	
Rocio Hernandez	Nothing to declare	02 Mar 2012	
Richard Hughes	1-Chairman, Homestart (Tamworth) 2-Chairman, Tamworth Credit Union Ltd 3-Director, The Pathway Project 4-Director, Tamworth Community Advice Network CIC 5-Chairman, Tamworth Talking Newspaper Ltd 6-Trustee, The Rawlet Trust 7-Vice Chairman – Standards Committee, Tamworth Borough Council 8-Divisional President, St John's Ambulance 9-Member, Appeal Committee, St Giles Hospice 10-Retired CEO & President, Tamworth Cooperative Society 11- Mr Hughes' son holds a very senior managerial position with Barclays Bank	21 Nov 2011 6 Feb 2012	
Dr Syed Raza Hussain	Nothing to declare	21 Nov 2011	

Phillip Johnson	Nothing to declare	21 Nov 2011	
Michael Kelly	Nothing to declare	21 Nov 2011	
Marek Kibilski	Nothing to declare	21 Nov 2011	
Dr Sunil Kotecha	1-Full time GP, Bernays & Whitehouse Medical Partnership 2-Managing Director, Bernays & Whitehouse Ltd, 3-Director of Solihull Healthcare and Walkin Centre, 4-Trustee, Hindu Community Centre, Asian Health Forum 5-Board Member, Serius LLP 6-Member, BMA 7-Fellow, Royal College of GP 8-Consultant Committee Member, Spire Parkway Hospital	21 Nov 2011	
Heidi Lane	1-Member of Church, Renewal Christian Centre 2-Husband is an Elder of the Church. 3-Trust uses Christian Renewal Centre for conferences & meetings	21 Nov 2011	
Cllr Ian Lewin	Nothing to declare	21 Nov 2011	
Margaret Morcom	1-CEO, Stepping Stones Ltd 2-Deacon, Small Heath Baptist Church	21 Nov 2011	
Veronica Morgan	Nothing to declare	21 Nov 2011	
Barry Orriss	Nothing to declare	21 Nov 2011	
John Roberts	Nothing to declare	21 Nov 2011	
David Roy	Employed Full time at HEFT	21 Nov 2011	
Paul Sabapathy	1-Chairman, Birmingham East & North PCT 2-Trustee, Bournville Village Trust 3-Vice Chair PCT Network, 4-Trustee 4-Director, NHS Confed'ion 5-Her Majesty Lord Lieutenant, West Midlands Lieutenancy	21 Nov 2011	
Neil Smith	Full time employee at HEFT	21 Nov 2011	
Bridget Sproston	Nothing to declare	21 Nov 2011	
Stuart Stanton	Nothing to declare	21 Nov 2011	

Liz Steventon	Friends of Solihull Hospital	21 Nov 2011	
David Treadwell	1-Shareholder, Lloyds TSB 2-Shareholder, STW 3-Shareholder, Nation Grid	21 Nov 2011	
Thomas Webster	1-Pensioner, Ex-Production D irector o f subsidiary company – ICI/IMI 2-Committee Member, North East Panel, Duke of Edinburgh Award 3-Assistant O rganiser, M arlbrook Golden Circle Club 4-Occasional H ost, G rey Court H oliday, Arnside, Lancashire	21 Nov 2011	
Dr Olivia Craig	No declaration Received	Nothing to declare	
Dr T im Freeman	No declaration Received	Nothing to declare	
Rocio Hernandez	No declaration Received	Nothing to declare	
Florence Nash	No declaration Received	Nothing to declare	
Cllr Jim Ryan	No declaration Received	Nothing to declare	

COUNCIL OF GOVERNORS

AGENDA ITEM 5

SCHEDULE OF MATTERS BROUGHT FORWARD AND ACTION POINTS

Date raised	Minute No	Detail	Action by	Due	Status	Completed
10 Jan 11		Update on Fractured Neck of Femur		Jan 12		16/1/12
23 May 11	11.29.4	Update on Community Services	CM	2012	On March Agenda	
15 July 11	11.35	CoG/Board Away day to be organised	PH	2012	Planned for 23 March 2012	
	11.35	Structure of NED appraisals	PH	Sept 11	On March Agenda	
	11.35	Governor Visit Protocol	CoSec	ASAP	Being worked on by Patient Experience Committee	
	11.35	Establish Young Governors Council	PH		Being reviewed by Membership & Community Engagement Committee	
	11.35	Further Governance review meeting	PH	July 2012		
	11.36.1	Develop process for Governors to regularly meet with Directors	PH		Under consideration	
19 Sept 11	11.38	Consider update presentation on wider NHS issues	PH	Spring 2012	To be combined with Away Day.	
	11.44	Chest Clinic Visit	PH	Spring 2012	Planned for 23 January 2012	23/1/12
21 Nov 11	11.51	Set up meeting to review Outpatient Booking System	PH	Spring 2012	On March Agenda	
	11.52	Possibility of Clinicians presenting to Governors on reshaping HEFT	PH	Spring 2012		
16 Jan 12	12.05	Update on Staff Governors involvements	PH/NT	14/3/12	To be covered within Chairman's Report	

Chairman's Report - Update to Governors March 2012

Please find following a copy of my report to this month's Trust Board which I thought that the Governors would be interested in receiving. I would like to specifically draw the Governors attention to:

Smoking

The Trust Board discussed the issues specifically around people smoking outside Princess of Wales on the Heartlands site. It was agreed for the Executive to debate options to this specific issue where the clinicians are backing a move to ban smoking from outside of the unit. In addition, the Board was extremely pleased to learn that the Governors, via the Governors' Patient Experience Committee and Membership Committee, has already debated the issue of restricting smoking and even a smoking ban on all sites. From the Committee's minutes it is clear that additional work has been commissioned and is underway to both define the size of the challenge, options available and a possible way forward which we look forward to hearing about at future meetings.

Governors Awareness

A number of projects are underway to improve the visibility of the Governors both with members and within the constituencies. A video with the staff Governors is underway and their role, especially in connection with support they can provide alongside the Whistle Blowing Policy. This is now part of the induction process.

New kiosks are being developed for each main hospital entrance to highlight the work of the Governors. In addition further videos of the Governors, a dedicated website, community visits and an email address are all part of a programme the team are developing to improve the connect between Governors and members. We look forward to seeing this progress over the coming months.

Non Executive Appointments

I know that the Governors' Appointments Committee will be reporting back on the process and making recommendations shortly to the full Governing body following interviews for the two vacant Non Executive Director positions. However, I wanted to put on record my thanks to Malcolm Pye and the HR recruitment team for their support throughout the process which generated 158 applications for the posts. In addition, I would like to also thank the Governors' Appointments Committee who invested a great deal of time prior to the interviews in generating the shortlist and two days interviewing some exceptional candidates.

Chairman's Report - Update to Board of Directors March 2012

Safety, Quality and the Cost Improvements Programme

I, along with many of my NED colleagues, continue to attend the programme of safety walk rounds. I recently attended a safety visit to theatres in Solihull, which was very enlightening and discussed with staff the standards and processes in place to prevent and learn from any errors.

Visits/Meetings

Since the last Board meeting I have continued to go out and about visiting with Chairs and senior members of some of the Trust's external stakeholders; these have included:

Cluster Board to Board Meeting – Our first joint Board to Board meeting with the Cluster proved very successful. At this it was agreed to continue collaborative work and develop a concordat for joint arrangements.

Noor TV and Community Time – I met with representatives from Noor TV and we are continuing to review how we can work closer with local community organisations.

Waverley School – I met with Liam Byrne MP and the School's head to explore how we can work closer together to support job creation and opportunities for young people within our local communities. This is an aspiration I know that the MP shares with us and by highlighting the diverse roles available within the Trust we can continue to attract local people to apply for positions within the Trust.

Birmingham University – I have had an initial meeting to discuss on how we can become involved more formally with Birmingham University and I will keep the Board updated on these discussions going forward.

John Taylor Hospice – I met with representatives from John Taylor Hospice on developing stronger working relationships.

Birmingham City Council - I have also met with Elenor Brazil, Strategic Director for Children, young people and families at Birmingham City Council to discuss working opportunities going forward.

West Midlands Council Annual Conference – I was invited to attend and take part in a panel discussion at the West Midlands Council Annual Conference focusing on 'Getting to Grips with Local Government's New Role in Public Health'. Representing all 33 local authorities, the conference explored the difficulties facing us going forward and the need very much to work in partnership and collaboratively across the whole health economy.

Governors

The Governors' working groups are continuing and I am receiving very positive feedback that these are both valued and appreciated by those Governors involved. Some of the work they are undertaking is coming together and has already resulted in joint meetings between the Patient Experience Committee and the Membership Committee.

I am continuing with my early breakfast meetings and we are now focusing these on specific topics. The recently held event focusing on complaints proved very poplar and created a good debate.

Mark Newbold and I met with the Staff Governors and we are working together to improve their role and their visibility amongst our staff. From April we will be further raising awareness of the Whistle Blowing Policy and raising awareness of the role of Staff Governors with our employees, highlighting that any member of staff has access to me and the Board via their Staff Governor.

The Council of Governors meeting held on 16 January proved very successful as we developed our new format enabling Governors to present to their colleagues on the committee work they were undertaking within the Trust. I am looking forward to their updates at our next meeting later this month.

Along with some of the Governors we had a very successful and engaging visit to the Chest Clinic. Talking to the dedicated staff, it is clear that we have very supportive teams working in an environment which has already recognised needs to be addressed in the long term.

Patients Association Conference - 26 April 2012

We are working with the Patients Association to host the first ever West Midlands Regional conference on the Prime Ministers five point plan and the 'CARE' campaign. This will take place at Heartlands from 10am to 4pm with the speakers, their presentations and the audience debates relayed to Solihull and Good Hope Education Centres so staff across the Trust can join in.

Confirmed speakers so far include Jill Finney, Deputy Chief Executive CQC; Kathryn Hudson, Deputy Ombudsman, Parliamentary and Health Service Ombudsman; and Professor David Oliver, National Clinical Director for Older People, Department of Health.

Chairman's Lectures

Following on from the very successful Guest Lecture by Dame Carol Black our next Chairman's Lecture was equally productive with Professor Dame Sally Davis. Our professors and members of the research and development team were able to share their vision for the Trust and hear the current policies and activities being undertaken nationally. Over the coming year we will be continuing to invite clinical teams to hear from leading policy makers and key national figures to inform debate locally.

Charity Work

Our charity work continues and in January Solihull's unborn babies have benefit from a generous donation from Balsall Common Lions, getting 2012 off to a good start for the Baby Lifeline appeal. Thanks to the Lions, Baby Lifeline has made its first presentation of maternity and special care baby equipment since the launch of its £250,000. The £365 hand-held fetal Doppler monitors an unborn baby's heart rate and will be used by community

midwives as well as in the birth unit. In addition, a further presentation of 12 baby weighing scales (including three high specification ones) for the delivery suites at the three hospitals, as well as seven with special carrying cases for community use, took place at the same time from funds raised so far for the appeal.

HEFT nursing and midwifery badge – launch of application process

I am very excited and proud that the nursing directorate has launched the application process for those nurses and midwives looking to achieve their HEFT nursing and midwifery badge.
From this month Mandie Sunderland, chief nurse, and her head nurses have been inviting applications from those nurses and midwives meeting the following criteria:

- 100% attainment in VITAL
- Commitment to the HEFT Nursing & Midwifery Values
- Evidence of demonstration of those Values
- Complete and up to date evidence of mandatory training

Nurses and midwives who meet the above criteria will be invited to meet with their head nurse/midwife to discuss their application and receive endorsement.

Those who are successful will be invited to a formal ceremony where they will receive their badge and we will celebrate their achievement. Attainment of the badge will be an ongoing process and ceremonies will be held throughout the year.

The launch of this Trust initiative follows numerous discussions in recent years in which nurses and midwives across the Trust have supported the development of a nursing and midwifery badge that would be awarded to those who can evidence excellence in clinical standards, knowledge and professionalism.

Smoking Policy

For discussion at the meeting.

AGENDA ITEM 7

COUNCIL OF GOVERNORS
14 MARCH 2012

Chief Executive's Report - March 2012

Please find attached to this report the update I presented to the Trust Board on the 6th March 2012. In addition to the activity detailed in my Trust Board report I would like to highlight the following for Governors:

Birmingham City Council

Following conversations at previous Governors and Board meetings concerning the outstanding debts including delayed transfers of care with Birmingham City Council, we have written to the Council outlining the need for resolution. The Council has responded with a request for additional details and has not accepted that a sum of £3.2m is owing to the Trust. Please find the two letters attached for your reference. We are currently in the process of responding to their letter which received on the 13th February and will keep the Board and the Governors informed of all developments.

Four-week "tweetathon"
#Patient Services
@Heart of England NHS Foundation Trust

The Patient Services team launched their four-week "tweetathon" on Sunday 4th March 2012 aimed particularly at young patients. It is important that young people and children know that they have a voice and Patient Services think Twitter may appeal to them as a way of getting in touch with us. The team offers confidential advice and support, provides information on NHS services and listens to concerns and suggestions.

The launch was a huge success with visits from patients, carers and staff alike stopping to chat with the team.

At the end of the month long "tweetathon", all those who tweet Patient Services will be entered into a prize draw - prizes up for grabs include two admission tickets to Cadbury World and two tickets to see Blood Brothers at the Hippodrome in Birmingham.

The launch could not have happened without the support from:
Cadbury World
Birmingham Hippodrome
Asda
Aldi
Communications and Medical Illustration teams - whose help was, as usual, invaluable.

Patient Association 'Partners in Care Conference'

The Trust is to host an innovative conference on behalf of the Patients Association, on **Thursday 26th April 2012 (10am to 4pm)** at Heartlands Hospital. This is the first ever West Midlands Regional

conference and it will be transmitted to the other sites for those that cannot attend Heartlands. This is being held as part of Patients Association CARE Campaign where the Association is working with NHS trusts to share experiences and hear of new local initiatives, cascading learning to as many NHS professionals promoting the experience and outcome for patients. Confirmed speakers so far include Jill Finney, Deputy Chief Executive CQC; Kathryn Hudson, Deputy Ombudsman, Parliamentary and Health Service Ombudsman; and Professor David Oliver, National Clinical Director for Older People, Department of Health. Governors are most welcome to attend and we will keep you informed on the day's agenda.

Chief Executive Update to Trust Board – March 2012

George Eliot Hospital

As you will be aware we were asked by a local trust, George Eliot NHS Trust, along with other providers to consider options to support them under a partnership arrangement. We have now decided not to pursue this formally. After a briefing session with the Council of Governors and much debate at Executive and Trust Board we have come to the decision that going into partnership with George Eliot does not fit in with the strategic priorities of the Trust which are to continue to develop and embed our three healthcare systems, and to develop our academic base in the context of the proposed Academic Health Science Network programme.

Restructure

The first phase of our proposals to realign the organisation to better support each of our Hospital sites as well as our centralised services is out to consultation. This proposal will take us from having five separate clinical groups to a matrix structure comprising three dedicated hospital based teams and two Clinical Divisions (Clinical Services and Women's and Children's).

These changes will embed the learning following a period of stability and improved performance over a period of months. In 2011 winter planning was started, and it was agreed to defer the second and final stage of the restructure until after the winter period. Instead, the Trust Board approved the implementation of a 'winter' structure and programme to ensure satisfactory performance over the challenging winter period.

The winter period has been managed very successfully, with December breaches being reduced by 50% and 66% on the Heartlands and Good Hope sites respectively, compared to the same month in 2010. It is clear that the creation of hospital-based teams has bought about a much greater measure of control, supported by greater 'buy-in' from staff who naturally feel an affinity with 'their' local hospital.

It is important to note that the Clinical Directorates will remain as the fundamental unit, will be increased in number, and will be based within the five teams as appropriate.

The consultation is progressing well and it expected to be finalised in the coming weeks. Following this we will then be working on the second phase which will involve aligning Clinical Directorate with the Site Teams and Divisions. Some Clinical Directorate realignment has been proposed by the Divisions and this will be discussed as part of this next phase.

For note Rebecca Fenton, who was previously on an external secondment, has left the organisation. There will be no direct replacement of this role.

Meetings and Events

I was invited to speak at a parliamentary seminar on the 'Nicholson Challenge'. The aim of this seminar was to provide parliamentarians from both Houses and all parties, and senior figures from across the health care sector, with the opportunity to enhance their understanding of the 'Nicholson Challenge', and the drive for the NHS to make efficiency savings of between £15 and £20 billion by 2015. I had an opportunity to address MPs and Peers openly and directly in relation to how the NHS will meet the 'Nicholson Challenge' expressing the need for working in partnership and collaboration as key principles for success.

I was also invited to speak at the Ninth National Conference on Complaints for Clinicians and Managers in Health and Social Care. This one day conference provided an important update on handling, resolving and learning from complaints with a focus on the patient perspective and lessons from the Ombudsman. Here I shared our learning and progress as well as the changes we have planned to ensure that we get early resolution for anyone raising concerns about the care we provide.

I was invited to speak at Keele University on their Consultants' Leadership Programme. This focused on the leadership challenges for consultants in the present environment exploring the health policy issues and their likely impact on clinical practice.

I was invited to take part in the Stage 2 screening interviews for Graduate Management Training Scheme where I assisted with the recruitment and selection of the 2012 intake of management trainees.

I attended a national policy-setting meeting held by Professor Keogh focused on Seven Day Working in the NHS. This is being driven by the finding of lower survival rates for patients admitted to hospital at the weekends, as well as the efficiency improvements that could be brought about. At this we discussed successes for implementation and shared our ideas for implementation. The work completed in this Trust by Mary Ross, in implementing seven day working for Therapies, was highlighted and praised at this event. This Trust already has an active programme being led by Medical Director Aresh Anwar and is continuing to make progress to ensure full clinical engagement.

Since the last Board Meeting Sue Moore and I have met with Andrew Mitchell MP. He commented on the improved feedback he is receiving on Good Hope Hospital in recent months, and remains very keen to work with us as we develop stronger links with the local community.

MN/DB

30th January 2012

Stephen Hughes
Chief Executive
Birmingham City Council
Council House
Victoria Square
Birmingham
B1 1BB

Dear Stephen

Re: Outstanding Debts Including Delayed Transfers of Care (DTOC)

Back in June when we last met and corresponded on this topic, we jointly agreed to find a compromise solution to this matter involving the use of Belchers Lane as the starting point alongside other measures i.e. GHH Car Parking and Chest Clinic. There have been repeated attempts at all levels by HEFT to reach a settlement, however no such agreement has been secured. By way of contrast and whilst trying to reach this solution, I would mention that Council officers have threatened to withdraw key services and have taken legal action to recover its debts from HEFT.

You will now see from the attached, Birmingham City Council currently has in excess of £3.5m of outstanding debt with HEFT, [of which] £3.2m relates to DTOC charges, raised in accordance with the Trust's statutory entitlement under the Community Care (Delayed Discharges) Act 2003. This debt is increasing daily and likely to near £4m by the end of the financial year.

No dispute has been raised to this debt and for the DTOC debt there is no standing agreement in place not to fine. HEFT has incurred significant extra capacity cost and impact on patient care and performance over the last three years as a result of the increased level of delays.

These facts, frustrations and the timeline of events have been explained to HEFT's Trust Board and it has now asked for a swift conclusion to this matter by way of payment of the outstanding debt by end of February 2012.

If payment is not received by this date, the Trust Board has instructed that the matter be referred to the Trust's solicitors to institute court proceedings for recovery of the outstanding debt. This is far from desirable for either the Trust or the Authority and is very much a last resort but if payment is not forthcoming we feel we have no alternative. I would prefer a quick personal intervention from yourself to reach a mutually acceptable agreement for this residual debt without recourse to legal action.

We are grateful for your efforts in reducing DTOCs over the winter period and want to continue to work closely together to make further sustainable reductions to delays. I remain keen to put in place a written Service Level Agreement on DTOCs as it is obviously in the interests of both parties and of course patients that a satisfactory solution is found rather than having to resort to imposing DTOC fines. However you will understand that this level of debt is unacceptable and similar to the Trust not paying its Council Tax.

I am available to discuss a settlement with yourself and I am contactable on 0121 424 0329.

Yours sincerely

DR MARK NEWBOLD
Chief Executive

Enc

cc: Jeremy Roper, DAC Beechcroft Solicitors
Adrian Stokes, Finance Director
Lord Hunt, Chairman

Birmingham City Council

Council House
Victoria Square
Birmingham B1 1BB
Telephone: (0121) 303 2000
Facsimile: (0121) 303 1309
E-mail : stephen_hughes@birmingham.gov.uk

Our ref: SH.lkL1Feb0812.66295
Your ref: MN/DB

8 February 2012

Dr Mark Newbold
Chief Executive
Heart of England NHS Foundation Trust
Birmingham Heartlands Hospital
Bordesley Green East
Birmingham B9 5SS

WITHOUT PREJUDICE

Dear Mark

Thank you for your letter of 30 January. I will agree with you that we have not made good progress on a raft of issues, and part of that is due to the Council not taking a coherent view across all the issues.

However, we cannot accept that a sum of £3.2m is due to the Trust. Firstly, we believe you are a party to the RIG agreement which is specifically designed to avoid fine and counter-fine on issues such as delayed discharges. While, as my letter of June last year made clear, we are prepared to be flexible on things such as land costs, we have not accepted that we have a debt.

Secondly, even if we did accept a bill was payable, we could not authorise payment on the basis of the schedule you attach. We would need to see detailed evidence of all the incidents and copies of all the invoices that make up the total. I have asked Peter Hay and his Finance Officer, David Waller, to get in touch with you about the detail that we require to give you a substantive response to your request.

David Waller will work with your finance people through the detail of your demand so we can bottom out what if anything we owe you. I am still willing to negotiate across the other issues we discussed in order to see whether we can find a common solution. To that end I am also briefing elected Members about the situation in order that we can form a single politically backed stance.

In your first paragraph you refer to "Council Officers have threatened to withdraw key services". Can you tell me what the detailed background to that is, as I am unaware?

Yours sincerely

Stephen Hughes
Chief Executive

cc Paul Dransfield
Peter Hay
Eleanor Brazil
Sharon Lea
Peter Jones
David Waller

AGENDA ITEM 8

COUNCIL OF GOVERNORS
14 MARCH 2012

The Appointments Committee of the Council of Governors wishes to make recommendations to the Council of Governors to appoint the two new Non Executive Directors.

The Committee first met on 10 November 2011 upon the request of the Chairman, in order to consider a request from the Board's Nominations Committee to fill both a long standing NED vacancy and also the NED vacancy that would be created when David Bucknall stood down in January 2012.

Following due deliberation, the Committee considered that candidates should be in a position to either

- help develop links with local universities especially in the areas of teaching and research; or
- have a very strong NHS background that would help to facilitate improvements in links with other NHS bodies at all levels; or
- be able to scrutinise and challenge in the areas of safety, quality and clinical risks; or
- provide senior level Estates management background.

A draft Recruitment Information Pack and outline timetable were considered but these would need reviewing and updating in light of the parameters set out above by the Committee.

The Committees met again on 16 December 2011, when it reviewed some further draft documentation, the draft Recruitment Information Pack and draft advert wording all of which, subject to minor amendments, were approved.

Adverts were placed in early January in the Birmingham Post, Solihull News, Tamworth Herald and the Lichfield Mercury. The vacancies were also posted on NHS Jobs and promoted by the Appointments Commission. The application deadline was 27 January 2012 and all responses were required to be made through NHS Jobs (online). There were 3400 hits on the website with 158 completed applications received.

The short listing/Interview Panel, comprising Lord Hurt, Richard Hughes, Mark Kibilski, Veronica Morgan and Michael Kelly, met on 6 February 2012. Of the 158 completed applications, 78 were rejected as not meeting the minimum criteria. The Panel eventually reduced to 11 the number it wished to interview.

Interviews took place over two days (23/24 February). Each candidate was asked to make a 5 minute presentation, including why they wanted to be a NED at HEFT. Following this, there was 30/45 minutes of Q&A. The questions were the same for each candidate.

Each individual member of the Panel scored each candidate based upon a combination of their responses to the 7 specific questions asked of them together with consideration of their general communication/interpersonal skills, the depth and breadth of relevant knowledge and the fullness of their relevant personal experience. Taking the average of those individual scores, the Panel then collectively considered 'Board Balance' and the 'Ability of each individual to fit into the team'.

From this, two candidates emerged.

The Committee also thought it sensible to consider a reserve.

Copies of the Application Forms of the proposed two candidates and the reserve are attached, together with the Job Description and Personal Specification.

Subject to receipt of satisfactory references, CRB checks etc., the Committee recommends the appointment of Edward Peck and Laura Serrant-Green, each for a 3 year period.

NHSJOBS

Submitted Application Forms

This report contains 2 selected applications for:-

Position	Non Executive Director
Vacancy Ref.	295-NED-YA
Employer	Heart of England NHS Foundation Trust
Department	Trust Board

Application Reference Numbers:-

AR-916-763-79
AR-917-036-35

Submitted Application Form

Applicant: Laura Serrant-Green

Position
Non Executive Director
Employer
Heart of England NHS Foundation Trust
Department
Trust Board

Reference **295-NED-YA**

Application Reference **AR-916-763-79**

PERSONAL & CONFIDENTIAL

APPLICATION FOR EMPLOYMENT

Application Reference **AR-916-763-79**

QUALIFICATIONS

Details entered in this part of the form will be held in the HR department of the recruiting organisation and will be made available to the shortlisting panel.

Education & Professional Qualifications

All qualifications disclosed will be subject to a satisfactory check.

Subject/Qualification	Place of study	Grade/Result	Year obtained
PhD Nursing	University of Nottingham	pass	2004
PGCE	Nottingham Trent University	Pass	1994
MA Women's Studies	Sheffield Hallam University	Pass	1993
BA Hons. Nursing Studies	Sheffield City Polytechnic	2:1	1986
Registered General Nurse	Sheffield City Polytechnic	pass	1986

Training Courses Attended

Course title	Training provider	Duration	Year obtained
Care of people with HIV/AIDS	ENB	1 year	

Membership of professional bodies

** Please indicate your UK professional registration status.*

I have current UK professional registration

Professional Body and Membership 1

NMC ~ Sub-Part 1 (Adult)

If "Other", please provide details below.

Membership/Registration/PIN number 82Y2824E

Expiry/Renewal date 03/2013

Professional Body and Membership 2

Please select

If "Other", please provide details below.

Membership/Registration/PIN number

Expiry/Renewal date

If applicable, please provide details of any conditions/restrictions you may have.

Are you currently the subject of a fitness to practise investigation or proceedings by a licensing or regulatory body in the UK or in any other country? No

Have you been removed from the register or have conditions been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country? No

PERSONAL & CONFIDENTIAL

PERSONAL & CONFIDENTIAL

EMPLOYMENT HISTORY

Please record below the details of your previous employment, beginning with the most recent first. Up to 10 previous employments can be entered here. If required, please provide additional information regarding your employment history within the 'Supporting Information' section.

Employer name

University of Wolverhampton

Employer address

School of Health and Wellbeing
University of Wolverhampton
Room ML110
ML Building
Deanery Row
Off Molineux Street
Wolverhampton
WV11DT

Type of business	Higher education
Telephone number	01902 518627
Job title	Director of Research and Enterprise/Professor of COmmunity and Public Health Nursing
Start date	26/01/2011
End date (if applicable)	
Start date of continuous NHS service (if applicable)	
Grade	professoriate
Salary	

Reporting to (job title)	Dean, School of Health of Wellbeing
Period of notice	

Reason for leaving (if applicable)

NA

Brief description of your duties and responsibilities

Strategic lead for research and enterprise across school
Director f research centre (Centre for Health and social care improvement)
Member of School executive
Doctoral student supervision
staff appraisals and strategic planning
income generation
ethics
External liaison
Publication and Scholarship
INcome generation

Employer name 1

University of Lincoln

Employer address

Faculty of Health, Life and social Sciences
Brayford Pool
Lincoln

Job Title	Professor of Community and Public Health Nursing
Grade	professoriate
From	10/2008
To	01/2011

Reason for leaving

Professional advancement. To lead research centre.

Brief description of duties and responsibilities

Professional lead for Nursing and research
research and income generation
staff development in research
External liaison
staff appraisals and strategic planning
NHS partner link.
Clinical Audit

Employer name 2

University of Wolverhampton

Employer address

School of Health
University of Wolverhampton
Molineux Street
Wolverhampton

Job Title	Principal Research Fellow
Grade	
From	02/2007
To	10/2008

Reason for leaving

Promotion to Professor.

Brief description of duties and responsibilities

lead clinical and health care practice research stream. Income generation, publication and conducting research. supervision of research students and research assistants.

Employer name 3

University of Nottingham

Employer address

Faculty of Medicine and Health Sciences
School of Nursing
Queens medical Centre
Nottingham

Job Title	Lecturer in Adult Health
Grade	Lecturer
From	01/1998
To	02/2007

Reason for leaving

promotion to principal research Fellow

Brief description of duties and responsibilities

taeching
research
publications
presentations at conferences
clinical supervision
clinical audit

Employer name 4

Clarendon College of FE (now New College Nottingham)

Employer address

Pelham Building
Mansfield Road
Nottingham

Job Title	Curriculum director - care, health and Childcare services
Grade	senior manager
From	08/1994
To	01/1998

Reason for leaving

move to HE
completion of PhD studies

Brief description of duties and responsibilities

Head of department

Curriculum development
childcare and day care services across college
staff management (teaching and care services)
staff appraisal
annual monitoring and service planning

Employer name 5

Employer address

Job Title

Grade

From

To

Reason for leaving

Brief description of duties and responsibilities

If you have any gaps within your employment history, please state below.

PERSONAL & CONFIDENTIAL

PERSONAL & CONFIDENTIAL

ADDITIONAL INFORMATION

Supporting Information

* *Supporting information*

I would like to offer the following information in support of my suitability to be considered for the post of Non-Executive Director at the Heart of England Foundation Trust.

Why this post?
The primary reason I am applying for this post is that I am committed to making a contribution to ensuring we have an NHS that is fit for purpose to meet the needs of the people of the West Midlands in the 21st century. The values that underpinned the NHS at its inception included equity, care, compassion and provision of a high quality service based on patient need – this is as important now as it was in 1948. However, the modern NHS is charged with delivering on its promises in the face of economic, social and health challenges, which were unimaginable at the time. The success of health care for example, results in pressure on services and commissioning as a result of capacity as well as capability. This calls for strong management of resources, human as well as financial, to ensure we are able to innovate and respond to health care needs of local people. The role of NHS Trust boards in this is critical, providing an internal platform for support, scrutiny and critical review; essential if the NHS has any chance of meeting the challenges it faces. The development of services in any NHS Trust however, cannot be achieved in isolation from our patients, communities and practitioners. Sustainable service improvement and development requires a focus on the individual and shared aspects of our contributions to health and health care. I believe appropriate evaluation of service quality, safety of patients and evidence-based practice are the main vehicles through which we will advance the delivery of high quality health care and ultimately improve the health and life chances of our patients and communities. This post offers a unique and fantastic opportunity to nurture, support and actively engage in the development and delivery of health care in the local NHS and partnership working with colleagues in policy, academic and clinical practice arenas.

Why me?
I believe I have the professional skills, experience, knowledge, attitude and enthusiasm to make an excellent Non-Executive Director. Much of my work to date has focussed on marginalised or hard to reach populations in health and social care, with particular emphasis on clinical practice, research, policy development and education to inform care service delivery. I have worked extremely hard over the past decade to acquire my PhD and develop my post-doctoral research, leadership and clinical specialist expertise within this domain of scholarship. This has been achieved during an intensive clinical, education and research career in nursing and health care of over 25 years duration. I have an excellent specialist reputation in my field of practice (health inequalities), which has led to invitations to sit/advise on international, national and professional bodies in relation to my research, education, policy development and practice work. I have been registered on the Nursing and Midwifery Council in the UK on the professional registry since my qualification as a Registered General Nurse in 1986. I am still currently registered on the active part of the NMC register. My registration number is 82Y2824E.

I currently hold a Chair as Professor of Community and Public Health Nursing at the University of Wolverhampton. I have strategic responsibility as a member of the Executive for research, evidence based practice and income generation in the School of Health and Wellbeing at the University through my role as Director of Research and Enterprise. In this capacity I also have managerial responsibility for the research centre in the School (Centre for Health and Social Care improvement).

In relation to the specific requirements identified in the Person Specification, I would like to offer the following information in support of my application:

Skills :

- I have worked at a senior level in a variety of roles in health and social care education including my current role as Director of Research and Enterprise at the University of Wolverhampton. I have also previously worked as Practice and education lead for Nursing at the University of Lincoln and Curriculum Director for Care Health and Childcare Services (HoD) in one of the largest Further Education Colleges of the time. In these senior roles, I have effectively managed strategic planning, delivery and evaluation of core (education) business services in complex, multi-faceted organisations.

• Working in complex organisations and developing networks with stakeholders on a local, national and international platform has helped me to be an open minded strategic thinker, particularly in considering how to manage and meet desired outputs in complex situations. Often my best resource in these situations has been my willingness to utilise my own experiences and those of others to illuminate and guide issues under discussion

- During my work at the Department of Health, most recently as a member of the Prime Minister's Commission on the future of Nursing and Midwifery I have gained an appreciation of the importance of good judgement, coupled with the mental resilience, as basic pre-requisites (along with a sense of humour!) in making difficult evidence-based decisions. The complexity of our discussions in considering the direction of travel for nursing and health care practice within a landscape of human and financial resource constraints required me to use effective oral and written communication skills as well as command the trust and respect of colleagues in order o get my point across and ensure consensus was reached where needed.

- I have demonstrated my intellectual ability, commercial and political acumen through my income generation activities around research and enterprise development. In addition my work with international health care providers, government health policy departments and educational establishments has given me opportunities to develop excellent interpersonal, written and oral communication skills. I have a working use of three languages including English, French Creole and Italian.

- I have good chairing skills, developed and demonstrated in my chairing of local, national and international meetings, conferences and networking events. I have demonstrated my chairing abilities in meetings conducted in person as well as utilising multimedia platforms such as Skype, video and tele-conferencing. This has also required me to spend time preparing for meetings, reading and analysing complex papers and weighing evidence. Preparation is an essential basis for effective use of time and resources on such occasions.

• I have experience of holding a senior managerial role in one of the universities of the West Midlands (Wolverhampton), over 20 years experience in healthcare teaching and/or research. I have worked with health care commissioners and service providers in the West Midlands and have a working knowledge of healthcare arrangements, especially in the West and East Midlands regions. This will help me to work with colleagues on the Trust board to facilitate improvements and develop links at all levels with other NHS organisations and external healthcare providers.

• I have experience through a range of roles with voluntary, third sector and charitable organisations of challenging and critiquing service providers on their provision for marginalised, hard to reach and seldom heard communities. Any challenge must be constructively presented to facilitate improvements and foster closer working between stakeholders. The aim for me is always to focus on the overall patient, service user, carer or customer experience including on safety, quality and clinical risks

Knowledge:

I am committed to the ethos and purpose of the NHS, based on effective team working and an inclusive approach to service delivery, development and improvement. I have worked in many multi-professional teams in a variety of settings and organisations including local, national and international government departments, professional bodies, NHS trusts, Further and Adult education, community organisations, Voluntary and self help groups as well as Higher Education. During my career I have worked both as a team member and in a team leadership capacity. Good communication, commitment to the agreed goals within set timescales, resourceful budget management and a willingness to listen and negotiate with others are I believe the main prerequisites in effective team working and delivering high quality outcomes.

My multi-professional working and project management skills have continued to develop through a variety of professional roles supported by successful Grant and Fellowship acquisition. I have completed research and development projects in the academic, voluntary and statutory health and social care fields. This often means working with colleagues and service providers to assess the needs of their clients alongside the policy requirements for targeted, quality services, training or educational programmes. Actioning the outcomes of my work includes devising processes and strategies to maximise their potential to achieve success. Investigating Lay and professional experiences of health care and public health policy to underpin service delivery and development are a core part of my work.

My current role calls for Business understanding; an understanding of the various components of the complex organisation, planning, budgeting, quality assurance, financial control, performance management and stakeholder development.

Experience

My current and past roles involve working with health and social care professionals, fellow academics, service users/carers and service providers on projects around service improvement, evaluation and professional development to improve service delivery and patient care experience. In summary,
I am currently Director of Research and Enterprise in the Centre for Health and Social Care Improvement (CHSCI), School of Health and Wellbeing at the University of Wolverhampton. I am also visiting professor at The University of the West Indies and Adjunct Faculty member at the University of Alberta, Canada. As a member of an EU network of Nurse Educators and researchers, I am working with colleagues to develop ways of working together to improve nurse training, education and vocational mobility across 10 countries of Europe through mutual support and partnership working. I have over twenty five years' experience of health care practice, research, policy development, training and management. My greatest attribute is my ability to support, inspire and develop others to reach their full potential for the benefit of themselves as individuals, employers and the wider community.
I have extensive experience in service development, professional management and strategic leadership in health and social care through my roles in the UK and overseas, capacity building and project dissemination. Much of my work focuses on needs of marginalised and 'seldom heard' communities. My commitment to equality of opportunity, determination and leadership skills enable me to demonstrate this formally and informally with policy makers, third sector organisations, colleagues and the local communities through mentorship, effective management
I was editor of Nurse Researcher Journal for 4 years and in 2010 was appointed as member of the Prime Minister's commission for the review of Nursing and Midwifery by the Department of Health. I have received various national research awards around sexual health and ethnicity
I previously sat on Independent Advisory Group to the UK government on Black and minority ethnic issues relating to sexual health and HIV which informed the development of the national strategy for sexual health and HIV for England in 2001.
I am a steering group member of INVOLVE, a national organization ensuring effective user involvement in research.

Most important personal qualities I can offer to the post

- Excellent communication skills
- A clear long term vision and ability to horizon scan.
- Ability to set priorities and make feasible and affordable plans to achieve these.
- Ability to lead, mentor and inspire others.
- Ability to create a productive, hardworking and co-operative group working environments.
- Role modelling, management skills, educational vision.
- Commitment to capacity building in health care practice and service delivery through education, research and practice development.
- Commitment to collaborative working with internal and external key stakeholders, peers and other colleagues.
- Ability to network at a local, national and international level.
- Commitment to multidisciplinary working in health and social care.

I am applying to work with the Heartlands Foundation Trust as a Non-executive Director as a positive move which will enable me to engage with NHS services directly and support continuing delivery of high quality care to local people in a thriving environment. I believe I have the experience, energy, drive and capabilities required to make a successful and effective NED. I hope the information I have provided is useful to you in considering my suitability to work with you and contribute to moving the work of the Trust forward. If you require any further information please do not hesitate to contact me. Thank you for taking the time to consider my application. I welcome the opportunity to meet and discuss it with you further.

Additional Personal Information

Preferred employment type

Part Time

If applicable to the post, do you hold a certificate to support your responsibilities under IR(ME)R 2000? Please select

Evidence of relevant training and experience is required for those justifying or undertaking x-rays, interventional radiology, CT scans etc. Please place this evidence within your supporting statement.

PERSONAL & CONFIDENTIAL

PERSONAL & CONFIDENTIAL

REFERENCES

Referee 1

Title	[redacted]
* Surname	[redacted]
* First name	[redacted]
Job title	[redacted]
* Address line 1	[redacted]
Address Line 2	[redacted]
Address line 3	[redacted]
Town	[redacted]
County	
Postcode	[redacted]
* Country	[redacted]
Telephone	
Fax	
Email	
* Relationship	[redacted]
* Can the referee be approached prior to interview?	[redacted]

Referee 2

Title	[redacted]
* Surname	[redacted]
* First name	[redacted]
Job title	[redacted]
* Address line 1	[redacted]
Address Line 2	
Address line 3	
Town	[redacted]
County	

Postcode	
* Country	[redacted]
Telephone	
Fax	
Email	
* Relationship	[redacted]
* Can the referee be approached prior to interview?	[redacted]

Referee 3

Title	[redacted]
Surname	[redacted]
First name	[redacted]
Job title	[redacted]
Address line 1	[redacted]
Address Line 2	[redacted]
Address line 3	[redacted]
Town	[redacted]
County	
Postcode	[redacted]
Country	[redacted]
Telephone	
Fax	
Email	
Relationship	[redacted]
Can the referee be approached prior to interview?	[redacted]

Referee 4

Title	Please select
Surname	
First name	

Job title	
Address line 1	
Address Line 2	
Address line 3	
Town	
County	
Postcode	
Country	United Kingdom
Telephone	
Fax	
Email	
Relationship	
Can the referee be approached prior to interview?	Please select

If you have applied to us within the last 3 months, are you happy for us to use the references from your earlier application? Please select

PERSONAL & CONFIDENTIAL

PERSONAL & CONFIDENTIAL

SUBMIT & DECLARATIONS

Declaration

The information in this section is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional registration details.

* *I agree to the above declaration..* ☑

Submitted Application Form

PERSONAL & CONFIDENTIAL

Applicant: Edward Peck

Position
Non Executive Director
Employer
Heart of England NHS Foundation Trust
Department
Trust Board

Reference **295-NED-YA**

Application Reference **AR-917-036-35**

PERSONAL & CONFIDENTIAL

APPLICATION FOR EMPLOYMENT

Application Reference **AR-917-036-35**

QUALIFICATIONS

Details entered in this part of the form will be held in the HR department of the recruiting organisation and will be made available to the shortlisting panel.

Education & Professional Qualifications

All qualifications disclosed will be subject to a satisfactory check.

Subject/Qualification	Place of study	Grade/Result	Year obtained
PhD	University of Newcastle	Pass	1997
MA	Nottingham University	Pass	1986
BA	Bristol University	2.1	1981

Training Courses Attended

Course title	Training provider	Duration	Year obtained
Diploma in Personnel Management	Bristol Polytechnic	One Year	1982
Diploma in Health Services Management	Self Directed Study	Three Years	1989

Membership of professional bodies

* *Please indicate your UK professional registration status.*

Not required for this post

Professional Body and Membership 1

Please select

If "Other", please provide details below.

Membership/Registration/PIN number

Expiry/Renewal date

If applicable, please provide details of any conditions/restrictions you may have.

Are you currently the subject of a fitness to practise investigation or proceedings by a licensing or regulatory body in the UK or in

any other country?	Please select
Have you been removed from the register or have conditions been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country?	Please select

PERSONAL & CONFIDENTIAL

PERSONAL & CONFIDENTIAL

EMPLOYMENT HISTORY

Please record below the details of your previous employment, beginning with the most recent first. Up to 10 previous employments can be entered here. If required, please provide additional information regarding your employment history within the 'Supporting Information' section.

Employer name

University of Birmingham

Employer address

Muirhead Tower
Edgbaston
B15 2TT

Type of business	University
Telephone number	01214148963
Job title	Pro-Vice-Chancellor Head of College of Social Sciences
Start date	01/2008
End date (if applicable)	
Start date of continuous NHS service (if applicable)	
Grade	
Salary	[redacted]
Reporting to (job title)	Vice-Chancellor
Period of notice	Three Months

Reason for leaving (if applicable)

Brief description of your duties and responsibilities

As a member of the University Executive Board, I contribute to the leadership of the University with turnover approaching £500m, over 6,000 staff and around 28,000 students. Over the past twelve months this corporate agenda has included:

• Implementing a new strategic framework – Shaping Our Future – and the development of key performance indicators that monitor its delivery;
• Improving research performance through challenging targets and more consistent incentives, support and performance management for academics;
• Devising the response to the new policy for funding of students;
• Increasing international research collaborations, international student recruitment and student mobility;
• Maintaining financial buoyancy by increasing income, reducing expenditure, addressing underperformance and investing in academic activities;
• Prioritising the capital programme for the next decade;
• Integrating more closely with the cultural and economic life of City and Region.

I have taken personal responsibility for leading on behalf of UoB the:

• Creation of the Institute of Sport, Exercise and Health to drive cross-campus collaboration in

research, teaching and external profile;
• Delivery of a major international collaborative platform with Guangzhou Municipal Government in South China which focuses on health related research;
• Design of the Birmingham Policy Commission programme which harnesses intellectual capacity from across Colleges to address issues of public concern (and the third commission is a collaboration between medics, lawyers and philosophers exploring end of life care and death in the 21st century);
• Oversight of the University engagement with political party conferences;
• Relationship with Birmingham City Council, including the initiation of a Public Services Academy (with a Steering Group including Directors of Service from BCC) and an Academic Advisory Board to the LEP;
• Collaboration with Birmingham Chamber of Commerce and;
• Project Board to explore the pathway to a University School and Sixth Form.

The College of Social Sciences teaches over 9,000 students, around 5,000 u/g and 4,000 p/g, and has an annual turnover of around £75m. As Head of College, I have:

• Devised and implemented the academic strategy for the College in the context of the University's strategic framework;
• Delivered on specific student recruitment, research award and resultant financial targets in each of the last three years; and
• Provided academic and managerial leadership to almost 400 academic and around 200 professional staff within four schools (Business School, Education, Government and Society, and Social Policy) and sixteen departments.

I chair the College Board comprising academic Heads of School, academic leads for Education and Research, College Director of Operations, and Business Partners (Finance, HR and Planning).

I have retained close connections with the NHS through being the University Governor of University Hospital Birmingham Foundation NHS Trust and have ensured that there are growing research and teaching collaborations between the College of Medical and Dental Sciences at UoB and academic colleagues in my College (in particular within the Health Services Management Centre and Birmingham Business School).

I am Co-Investigator on a major national research project which seeks to connect academic expertise with the development needs of small businesses, a collaboration with Aston and Warwick Business Schools.

Employer name 1

University of Birmingham

Employer address

54 Pritchatt's Rpad
Edgbaston
B15 2TT

Job Title Head of School of Public Policy

Grade

From 08/2006

To 12/2007

Reason for leaving

Promotion

Brief description of duties and responsibilities

Director, School of Public Policy, and Professor of Public Services Development, University of Birmingham, August 2006 - December 2007

I provided strategic leadership to over 150 academic and professional staff within four departments (the Centre for Urban and Regional Studies, the Institute of Local Government Studies, the International Development Department and the Health Services Management Centre) delivering undergraduate and postgraduate teaching programmes to over 650 students and engaging in primarily policy and practice orientated research across the public services.

Key achievements in this role included:

• Overseeing the School's contribution to the 2008 Research Assessment Exercise, adopting a more strategic approach to the investment of research resources and increasing research income;
• Undertaking and/or implementing reviews of academic departments across the School which resulted in changes in direction, structure and staffing;
• Implementing outcomes of the reviews of support and finance staff which produced a streamlined and integrated School structure which significantly enhanced capacity and capability in relation to financial management, project management and marketing;
• Developing strategic alliances with a range of external agencies in support of the strategic aims of the School, for example collaborations on leadership development programmes with Ashridge Management College, Tavistock Institute, Manchester Business School and the National School for Government; and
• Delivering a surplus on the circa £14m annual turnover in 2006/07 following a significant deficit in the previous year.

During this period my projects encompassed:

- Playing an active role in shaping national government policy in projects linked closely to my research agenda;
- Presenting at major national conferences about, and writing opinion pieces on, the future of the NHS, social and public services more broadly;
- Designing and delivering competitively awarded senior leadership development programmes for the West Midlands Strategic Health Authority and the National School for Government;
- Being selected as a 'world class' action learning set facilitator by the NHS Institute for Innovation and Improvement and facilitating locality groups of clinicians and managers re-shaping local health care services;
- Leading a national PCT CE network for the NHS Institute for Innovation and Improvement;
- Continuing as Chair of the Sandwell Children and Young People's Board, which led to the creation of the Sandwell Children's Trust;
- Designing and facilitating a major healthcare change programme in West Sussex and supporting the development of innovative health and social care initiative across the UK; and
- Teaching modules on partnership working, policy making and implementation, and organisational strategy on a range of postgraduate programmes.

Employer name 2

University of Birmingham

Employer address

Park House
Edgbaston Park Road
B15 2TT

Job Title	Head of Health Services Management Centre
Grade	
From	10/2002
To	07/2006

Reason for leaving

Promotion

Brief description of duties and responsibilities

I was responsible for the leadership of thirty academic and twenty support staff in a leading UK department which brought academic rigour and practical relevance to the teaching, research and development of policy and practice across health and social care systems. As Director, I oversaw a number of significant changes:

• Rationalisation of activities to focus on areas of work in which HSMC had expertise and experience and where clear market opportunities existed, including health and social care partnerships, primary care commissioning and the management of long-term conditions;
• Introduction of structured coaching and mentoring support to junior academic colleagues to enhance their research careers;
• Re-development of the teaching portfolio, moving all teaching programmes onto market fees whilst maintaining student numbers and winning competitive tenders to provide in-house teaching programmes (including the prestigious NHS Graduate Management Training Scheme);
• Enhancement of the capacity and capability of HSMC to undertake major knowledge-transfer projects; and
• Delivery of a surplus of income over expenditure in each full financial year.

On a personal level, my activities included:

- Continuing my contribution to health and social care policy, focusing on the development of integrated health and social care services, for example by my membership of the Steering Group of the Department of Health's Integrated Care Network through which I also published policy papers and briefed ministers;
- Increasing significantly my research profile through the leadership of four major research projects (with combined income of circa £500,000), co-authorship of two research monographs and publication of fifteen peer-review papers in the 2001-2007 Reserach Assessment Exercise census period;
- Contributing to major national conferences, including the Guardian Public Services Summit, on the future of public services;
- Making media appearances, and writing newspaper and professional journal articles, discussing NHS and broader public service reform;
- Teaching of modules on organisational theory, leadership and policy making which generated consistently excellent feedback;
- Acting as both a coach and action learning set facilitator in executive development programmes;
- Facilitating the board development of a number of PCTs, and senior teams in health and social care;
- Mentoring a senior civil servant in the Department of Health;
- Leading teams undertaking competitively won consultancy projects across the UK on re-designing whole service systems (e.g. in Liverpool), integrating health and social care (including in Solihull), reconfiguration of Primary Care Trusts (e.g. in West Sussex); and
- Acting as a policy and market adviser on due diligence projects around the acquisition and disposal of private health and social care companies.

Employer name 3

Kings College London

Employer address

Waterloo Bridge Road
London

Job Title Director of Institute and Centre

Grade

From 02/1992

To 09/2002

Reason for leaving

Brief description of duties and responsibilities

Director, Institute for Applied Health and Social Policy, King's College London (KCL), 2000-2002

The Institute for Applied Health and Social Policy was created in April 2000 bringing together a number of departments within King's College focused on research and development in health and social care. The key components of this post were to:

• Provide managerial and academic leadership to over sixty staff engaged in health and social care modernisation and located in four bases in England, Scotland and Wales;
• Participate in the corporate management of two Schools in King's College London (School of Nursing and Midwifery and School of Social Science and Public Policy);
• Create and maintain links with key national figures in the field of health and social care and make significant contributions to national policy formulation;
• Design and deliver service, organisational and leadership development programmes to health and social care agencies; and
• Lead major research projects and publish peer-review papers.

Director, Centre for Mental Health Services Development, KCL, 1994-2000

I turned the Centre into one of the most influential policy and practice development agencies in the field of health and social care in the UK. This involved participation in several national policy fora on mental health services – including my membership of the Mental Health Task Force that drafted the White Paper 'Modernising Mental Health Services' – and playing a leading role in briefing politicians and policy makers.

Senior Consultant, Centre for Mental Health Services Development, KCL, 1992-1994

National recognition of my impact in Newcastle led to me being selected as one of the six founding staff of this Centre which was created and part funded by the Department of Health to give impetus to the transformation of community mental health services and the closure of psychiatric hospitals across the UK.

Employer name 4

Newcastle Health Authority

Employer address

Job Title General Manager Mental Health Services

Grade Scale 27

From 07/1986

To 06/1992

Reason for leaving

Brief description of duties and responsibilities

General Manager, Mental Health Services, Newcastle Health Authority, 1986-1992

Ultimately, this was a second-in-line board position in a unit within a large teaching health authority, responsible for managing around four hundred clinical staff, overseeing a multi-million pound budget, transforming acute mental health services in the City and acting as the nominated Deputy to the Unit General Manager.

Prior to that I was Community Mental Health Team Manager at Nottingham Health Authority, 1984-1986 and I started my career on the NHS National Management Trainee, Wessex Regional Health Authority, 1982-1984. A participant on the highly competitive graduate-entry national management training scheme for future NHS managers, I was engaged in one the most respected graduate management schemes in the UK, based at the King's Fund in London.

Employer name 5

Employer address

Job Title

Grade

From

To

Reason for leaving

Brief description of duties and responsibilities

If you have any gaps within your employment history, please state below.

PERSONAL & CONFIDENTIAL

PERSONAL & CONFIDENTIAL

ADDITIONAL INFORMATION

Supporting Information

* *Supporting information*

There are seven of reasons for my application for this position:

- Throughout my career I have been engaged in consultancy, teaching and research which has sought to make policy and practice in health and social care services more responsive to the needs of patients whilst being cognisant of the professional aspirations of staff and the inevitable constraints on resources. Being a Non-Executive Director of an innovative NHS Foundation Trust such as Heart of England would seem to provide an ideal opportunity to continue that contribution. Not unusually, healthcare policy is currently in a state of flux and this demands that boards have the wisdom to identify the challenges and the imagination to spot the opportunities and I believe I could bring strengths in both areas.

- I have demonstrated in my career to date that I can thrive at a senior level within a range of complex organistions. Typically, my leadership has been exercised where organisations want to re-think their strategy, develop original solutions and then see them through; this has characterised my achievements as Head of the College of Social Sciences over the past four years where we have improved student quality whilst increasing student quantity, sharpened our research performance, enhanced our public profile and exceeded financial targets. These characteristics would also appear to be important to the contribution of the Non-Executive Directors that Heart of England wishes to recruit.

- Furthermore, my role as external facilitator of boards and senior teams in health and social care demanded that I possessed the interpersonal skills and the trust of participants to be able to oversee sessions where challenging issues where raised and resolved.

- As a Professor of Public Services Development and previous Director of the Health Services Management Centre, I have extensive personal experience around teaching and research in health and social care. As Pro-Vice-Chancellor of the University of Birmingham, I have led initiatives to draw together the healthcare expertise and experience across the campus and also to deploy these assets in creating an international research paltform in China. I can see a number of opportunities to link the research interests of the University with the service innovations and clinical ambitions of the Trust (e.g. the integrated health and social care model in Solihull).

- I have ensured that I have maintained my links with a wide range of NHS organisations across the West Midlands and my understanding of current NHS policy; this was one of the reasons for becoming the University Governor of UHBNHSFT. I have good working relationships with members of the Corporate Management Team of Birmingham City Council, the Birmingham Chamber of Commerce, the Greater Birmingham and Solihull Local Enterprise Partnership, a number of well known local entrepreneurs and MPs.

- I trust that my CV shows my strong commitment to the NHS as well as my familiarity with its origins, aims, culture and structure. Much of my personal research has been on the governance and leadership of the NHS, including the effectiveness of its corporate boards. I am adept at being a member as well as the leader of a team, have an in-depth understanding of the importance of business disciplines in the public services and can communicate with a range of audiences.

- I have extensive experience in setting policy and reviewing strategy in the public services: as a senior manager in both the NHS and Higher Education sectors; as a Non-Executive Chair of (what became) a Children's Trust; as a Governor of an NHS Foundation Trust; as a Parish Councillor; and as a School Governor.

Additional Personal Information

Preferred employment type

Part Time

If applicable to the post, do you hold a certificate to support your responsibilities under IR(ME)R 2000? Please select

Evidence of relevant training and experience is required for those justifying or undertaking x-rays, interventional radiology, CT scans etc. Please place this evidence within your supporting statement.

PERSONAL & CONFIDENTIAL

PERSONAL & CONFIDENTIAL

REFERENCES

Referee 1

Title	[redacted]
* Surname	[redacted]
* First name	[redacted]
Job title	[redacted]
* Address line 1	[redacted]
Address Line 2	
Address line 3	
Town	
County	
Postcode	
* Country	[redacted]
Telephone	
Fax	
Email	
* Relationship	[redacted]
* Can the referee be approached prior to interview?	[redacted]

Referee 2

Title	[redacted]
* Surname	[redacted]
* First name	[redacted]
Job title	[redacted]
* Address line 1	[redacted]
Address Line 2	
Address line 3	
Town	
County	

Postcode

* Country [redacted]

Telephone

Fax

Email

* Relationship [redacted]

* Can the referee be approached prior to interview? [redacted]

Referee 3

Title [redacted]

Surname [redacted]

First name [redacted]

Job title [redacted]

Address line 1 [redacted]

Address Line 2

Address line 3

Town

County

Postcode

Country [redacted]

Telephone

Fax

Email

Relationship [redacted]

Can the referee be approached prior to interview? [redacted]

Referee 4

Title Please select

Surname

First name

Job title	
Address line 1	
Address Line 2	
Address line 3	
Town	
County	
Postcode	
Country	United Kingdom
Telephone	
Fax	
Email	
Relationship	
Can the referee be approached prior to interview?	Please select

If you have applied to us within the last 3 months, are you happy for us to use the references from your earlier application?	Please select

PERSONAL & CONFIDENTIAL

PERSONAL & CONFIDENTIAL

SUBMIT & DECLARATIONS

Declaration

The information in this section is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional registration details.

* *I agree to the above declaration..* ☑

JOB DESCRIPTION

Job Title: Non-Executive Director

Accountable to: The Council of Governors, through the Chairman

KEY FUNCTIONS:

- To consult and work with the Council of Governors on the strategic and annual plans of the Trust to ensure that the priority local health needs of the population served by the Trust are fully considered

- To ensure that the Trust establishes key objectives to deliver the agreed plans and to regularly review performance against these objectives so that appropriate corrective action can be taken

- To ensure systems of risk management are robust and defensible

- To lead or participate in committees or sub-groups of the Board charged with specific activities to support the delivery of services

- Use professional and technical experiences to constructively question strategies and approaches deployed by the Executive Team, specifically in regard to at least one of the following

  - Developing the partnership with local universities especially in the areas of healthcare teaching and research
  - Developing high level links with NHS and other healthcare organisations
  - Developing the overall patient experience especially in the areas of safety, quality and clinical risk
  - Developing our multi site property strategy

- To ensure that processes and procedures are established to deliver high standards of professional, clinical, administrative and personal behaviours across the Trust

- To represent the Trust in dealing with national, regional or local bodies or individuals to ensure that the view of a wider range of stakeholders are considered and the position of the Trust is enhanced

- To support and constructively challenge, where appropriate, the Chairman, Chief Executive and other Directors of the Trust to ensure that the workings of

the Board of Directors conform to the highest standards of corporate governance and the delivery of the local health services is enhanced

- To determine appropriate levels of remuneration for executive directors and have a prime role in appointing and, where necessary, removing, senior management and in succession planning.

The Non-Executive is expected to:

- Keep abreast of the changing service and the intellectual and policy context, both internal and external to the Trust
- Be assured that the necessary resources are in place for the Trust to meet its objectives and plans
- Be assured that controls and information systems are in place to provide reliable and timely information to the Board about both the management and clinical performance of the Trust
- Be assured that the Trust works within the terms of its authorisation and constitution
- Ensure the Board acts in the best interest of the public and is fully accountable to the public for the services provided by the organisation and the public funds it uses.

The following are key traits that underpin the necessary contribution:-

Insightful Integrity -

Insightful integrity is the foundation stone of the required characteristics of any Non-executive Director and represents the strongly held sense of commitment to openness, honesty, inclusiveness and high standards that the role requires.

It includes:

- Being alert and engaged, guarding against complacency
- Asking brave and probing questions at the right time
- Ability to identify and distil the important issues
- Upholding the values of the Trust, to be an appropriate role model and to ensure that the Board promotes quality and diversity for all its patients, staff and other stakeholders
- Setting an example on all policies and procedures designed to ensure equality of employment, staff, patients, and visitors must be treated equally

irrespective of gender, ethnic origin, age, disability, sexual orientation, religion etc.
- Showing a willingness to act in line with insights or concerns, particularly when complex or hard decisions have to be taken.

Commitment to the NHS -

A Non-Executive Director will need to hold and be able to demonstrate, a strong personal commitment to the underpinning values and ethos of the NHS.

These characteristics may include:

- A deep motivation to improve local health services and thereby make a real difference to others' health and quality of life
- Looking to the longer term, seeking to leave a legacy of improved health services with enduring benefits
- Placing own experience and expertise at the disposal of others in the wider health and social care context for the greater good
- Keeping abreast of national developments in health and social care
- Understanding the underlying social, political and historical factors which shape the local and national realities of health services.

Building effective relationships

Non-Executive Directors need to be able to build and maintain effective relationships based upon a broad understanding of how the NHS, the local health and social care community and the Foundation Trust operates.

Effective Non-Executive Directors will be able to:

- Develop and sustain the right relationships with the right people across a broad network
- Build and utilise a diverse network inside and outside the Trust
- Understand how and when to influence the situation in light of the changing context
- Use complex and multi-layered influencing strategies to work for the longer term improvement and modernisation of services
- Work with key stakeholders both inside and outside the organisation to achieve positive outcomes and longer term service improvements
- Understand and be able to engage with the local communities we serve.

Serving on Public Bodies

Non-Executive Directors will also be required to show commitment to the Seven Principles of Public Life, as drawn up by the Committee on Standards in Public Life. These can be viewed at:
http://www.public-standards.gov.uk/Library/Seven_principles.doc

PERSON SPECIFICATION

Job Title: Non-Executive Director

Skills :

You must:

- Have the skills to operate at a senior level in a complex, multi-faceted organisation
- Be an open minded strategic thinker able to bring your own experiences to bear on issues under discussion
- Have good judgement, coupled with the mental resilience to participate in making difficult evidence-based decisions
- Have demonstrated intellectual ability, coupled with commercial and political acumen
- Have excellent communication and interpersonal skills
- Have good chairing skills
- Be able to command the trust and respect of colleagues
- Be able and willing to spend time preparing for meetings and have experience of reading and analysing complex papers and weighing evidence
- You must to able to bring with you at least one of the following specific skills or experiences
  - Wide ranging senior managerial role within one of the universities of the West Midlands having extensive experience around healthcare teaching and/or research
  - Knowledge of healthcare arrangements, especially in the West Midlands area, that will help to facilitate the improvement and development of links at all levels with other NHS organisations and external healthcare providers
  - Ability to constructively challenge the directors on the overall patient experience including on safety, quality and clinical risks
  - Senior level building contract management or property development and managing substantial and complex building contracts

Knowledge:

To make an effective contribution, the Non-executive Director must have a good understanding and strong commitment to:

- The NHS, its purpose, structure and ethos
- The Foundation Trust, its purpose, organisation and aims
- The local health community, the structure, roles and key players
- The health needs of the population served by the Trust
- How organisations are effectively governed
- Risk Management

Applicants should be able to demonstrate the following:

- Team working; the ability to work as an effective member of the Board and its committees and sub-groups
- Business understanding; an understanding of the various components of the complex organisation, planning, budgeting, quality assurance, financial control, performance management and stakeholder development
- Communications; to relate to and understand a range of healthcare professionals, representatives of local government and voluntary organisations and members of the public

Experience

In order to make an effective contribution, it would be helpful if you have specific experience in one or more of the following areas:

- Strategic review and policy setting
- Serving in the voluntary sector, particularly in an organisation working in health issues
- Management experience in the public, private or voluntary sector
- Serving in the local government, education or other public sector bodies
- Relevant professional experience

AGENDA ITEM 9

COUNCIL OF GOVERNORS

REPORT FROM THE AUDIT APPOINTMENTS COMMITTEE

14 March 2012

1. Introduction

In line with Monitor's Terms of Authorisation, the Trust is required to have an external auditor, and this role has been filled by PwC for the last 5 financial years, up to the financial year ending 31 March 2012 with work for this year end being completed in the summer of 2012. The external auditor is appointed to provide an annual audit opinion on the Trust's Annual Report and Accounts, Quality report and Charitable Funds Annual Report and Accounts.

Over the last 6 months the Trust has followed a process to appoint an external auditor is by 31 March 2012 in line with the Trust's constitution, Monitor's Audit Code, Monitor's Terms of Authorisation and recognised procurement regulations. It is proposed that PwC are reappointed as external auditor for the Trust for the 3 financial years 2012/13 to 2014/15 and the Council of Governors are requested to ratify this decision.

2. Process

The process that has been followed is set out in the chart below;

Event	Time	Outcome
First meeting of Audit Appointments Committee	October 2011	Agreed process for appointment, use of framework and scoring of tender documents.
Tender process	November to January	Tender managed by the procurement team through the Buying Solutions Framework. Finance representative reviewed documents from 2 bidders and produced scoring.
Second meeting of Audit Appointments Committee	January 2012	Committee reviewed scoring and agreed to have a presentation from both bidders.
Presentation of Bidders to Audit Appointments Committee	January 2012	Agreed to propose PwC to Council of Governors for appointment.
Council of Governors meeting	March	Ratification of decision to appoint.
Audit Committee	April	Decision to appoint PwC is confirmed to Audit Committee members.

3. Scoring

For the first stage of assessment the tenders were scored against the following categories;

Category	Score
Transitional arrangements	15
Quality of Services	45
Other Services	10
Cost	30
Total	100

At this stage PwC scored 89 and Deloittes 78 so it was C:\DOCUMENTS AND SETTINGS\HUDSONA\LOCAL SETTINGS\TEMPORARY INTERNET FILES\CONTENT.OUTLOOK\H4OCC4I6\REPORT FROM THE AUDIT APPOINTMENTS COMMITTEE TO THE COUNCIL OF GOVERNORS.DOCnext 3 years.

4. Recommendation

The Council of Governors is recommended to appoint PwC as external auditor to the trust for the 3 financial years from 2012/13 to 2014/15.

AGENDA ITEM 11

COUNCIL OF GOVERNORS
14 MARCH 2012

From Simon Hackwell

Enclosed is the update report on the Reshaping HEFT clinically led service redesign strategy.

Reshaping HEFT

A clinically led service redesign strategy

January 2012

HEART of ENGLAND
NHS Foundation Trust

Table of Contents

1. Forward

I am pleased to present this document which sets out the main clinical priorities we believe we need to address over the next three to four years.

In effect, HEFT is a healthcare system comprising of three acute hospitals and a range of community services. This linked system, serving a very large population base, provides us with unique opportunities to review our services to ensure we 'localise where possible and centralise where necessary'. In this way we can maximise access to services close to home, whilst concentrating equipment and expertise where necessary to meet the highest quality standards.

Reshaping HEFT is a clinically led programme and is about making sure that the services we offer to our patients and GPs continue to be safe and of high quality in light of changing population needs and expectations. It sets out a clearer picture for each of our main hospital sites and the community services that we provide.

Some of the services we provide at different sites and the way we provide care and treatment to our patients may change. It reflects a need to ensure that we can continue to provide safe and appropriate care in a changing world. In many areas we are looking to invest and extend the range of services we can provide to our local communities; in other areas it is about strengthening the services we currently provide. So to be clear, this is not about cost cutting rather a recognition that we need to change to meet the needs of our patients and maintain high quality care.

It is very important for me to underline that our Trust recognises that change cannot be effected by HEFT alone and that only by working in collaboration with our partners in health and social care can we bring about improvement and sustainability in our services. We are proud to be part of the NHS system and as such have no desire to work in isolation behind the walls of the hospital. Our success depends on the success of our commissioners, our GPs, community services and social carers to name just a few. We will therefore engage in close consultation and dialogue with our colleagues about moving forward with the projects set out in this document, and will listen carefully to any changes that may be suggested. In this respect I would welcome feedback from any of our partners on the contents of this document.

The areas of work set out in this document are in most cases still at an early stage of development and should not be taken as a fait accompli. Some may not come to full fruition, some may change and no doubt over the next three years other priorities may also come to light. What they are is a product of a number of discussions held with our senior clinical leaders at the end of last year around how we should respond to the challenge of providing safe and appropriate, and indeed efficient, care in a changing world.

Many of our patients are elderly with increasingly complex clinical and social conditions, and many have ongoing chronic diseases which require expert care and treatment, that does not always need to be in a hospital setting. We deliver over 11,000 babies each year and care for many children and in these areas there are quite properly increasingly stringent requirements on safety and risk management. We also continue to see over a quarter of a million patients in our emergency departments each year; these and other 24/7 services we provide are a vital part of a local healthcare system and are highly valued by their local communities. We will continue to invest in these services and work with commissioners and others to ensure out of hours emergency care remains accessible and safe. These investments must be linked with improvements in efficiency, given that the NHS will continue to receive comparatively less resource than in previous years.

In short demand for our specialist care will continue to increase but not all of this care will need to be provided in a hospital setting and where it is we need to continue to make sure it is accessible, safe and of a high quality.

So there is a legitimate need to change and I recognise the uncertainty that this can bring. I understand the concern that people may have about the 'future look' of their local hospital. I want to assure you that the changes we need to make are about doing the right things for our patients and making sure what we do for them is right first time - and because of this I believe we will actually enhance and strengthen our hospitals and the role they play in the local communities.

The Board and all staff in the Trust are determined to ensure quality and safety remains at the centrepiece of our future strategy. The Reshaping HEFT programme clearly describes the next phase of our development as a large healthcare provider, and clarifies the future shape of each of our three hospitals. It also outlines a determination to move towards a 'well being' agenda, by providing clinical services in non-hospital settings that are aimed at improving health and helping people with chronic illness to stay well. This is an exciting new area for an acute hospital Trust, and one we feel links closely with the needs of our communities and also one that will lead to improvements in the effectiveness of our hospitals in the coming years.

Mark Newbold

Chief Executive

mark.newbold@heartofengland.nhs.uk

2. Introduction

As the largest provider of acute care in the West Midlands, HEFT has an important role in helping to shape future healthcare in the communities we serve. Our catchment area for patients covers about one million people and while this overall number will remain relatively stable over the next five years there continue to be some important trends to which we need to respond. These include the increase in number of older patients many of whom will have complex and multiple conditions, an increase in the number of people who will have chronic (ongoing) diseases and an increase in the birth rate among certain parts of our population with a higher risk profile.

In thinking about how we might ensure our treatment and care is fit for purpose going forward I think there are five key challenges:

- Ensuring we offer the right care to the right people at the right time – whether this is in or out of hospital. In some cases this means our staff will be more focused on avoiding admission to hospital and in other areas it will mean earlier involvement of our teams in a patient's pathway;

- The need to work with colleagues and partners outside of HEFT to ensure pathways, treatment and care are more and more centred around the individual ;

- Continue to invest in services that will mean our patients have the opportunity to receive excellent treatment supported by published outcomes, seven day working and staffed with appropriate multi disciplinary teams;

- Providing services that value care as much as cure. This is particularly true for our older patients where the personal, social and psychological implications of their circumstance are just as important as the underlying illness;

- Improving our productivity so we maximise the skills and time of our highly talented workforce and enable our patients to get back home as quickly and safely as possible.

Good health is less expensive than bad health. Improvement in the quality of diagnosis, access to state of the art facilities, faster recovery times, reduced error and duplication all offer better value for money and reduce the chance of long-term disabling conditions. To continue on our journey of improvement we will need to work closer with our GP colleagues and other health and social care professionals and especially increase multi disciplinary working around chronic conditions such as heart disease, dementia and respiratory conditions. In practice this means HEFT clinicians will need to increasingly organise care around an individual's medical condition and their care pathway and less around traditional specialty means. For some severe and urgent conditions it may be necessary for patients to travel between our hospitals so that we can offer the highest quality of care for them and their families. Where this is the case we shall be clear and transparent about the evidence and

outcomes that underpin this. Above all though our purpose remains to ensure we provide first class local hospital and community care for our different populations.

Reshaping HEFT sets out our key priorities in terms of service development. Ongoing work around operational improvement and enhancing the quality of day to day care continues, but it is important to highlight those areas where we feel we will need to focus a particular effort to ensure we can meet the needs of our patients in the future. This document captures these areas. They have been developed by our clinical leaders and will be implemented by them with support from our colleagues and partners.

Taken with improvements in our day to day work, I believe Reshaping HEFT offers the opportunity to significantly improve the quality of care we are able to offer patients and ensure the viability of all of our hospital and community based services for the patients we currently serve and those whom we will serve in the future.

Aresh Anwar

Medical Director

Aresh.anwar@heartofengland.nhs.uk

Simon Hackwell

Commercial & Strategy Director

simon.hackwell@heartofengland.nhs.uk

3. A vision for HEFT

Over recent months the Trust Board has engaged in a number of discussions around the future strategy for the organisation and its hospitals. To begin with it is important to be clear about purpose and direction.

Mission

What is our purpose?

Healthcare at the heart of our communities

Vision

Where do we want to be?

To provide services that inspire confidence, trust, and pride within the communities we serve

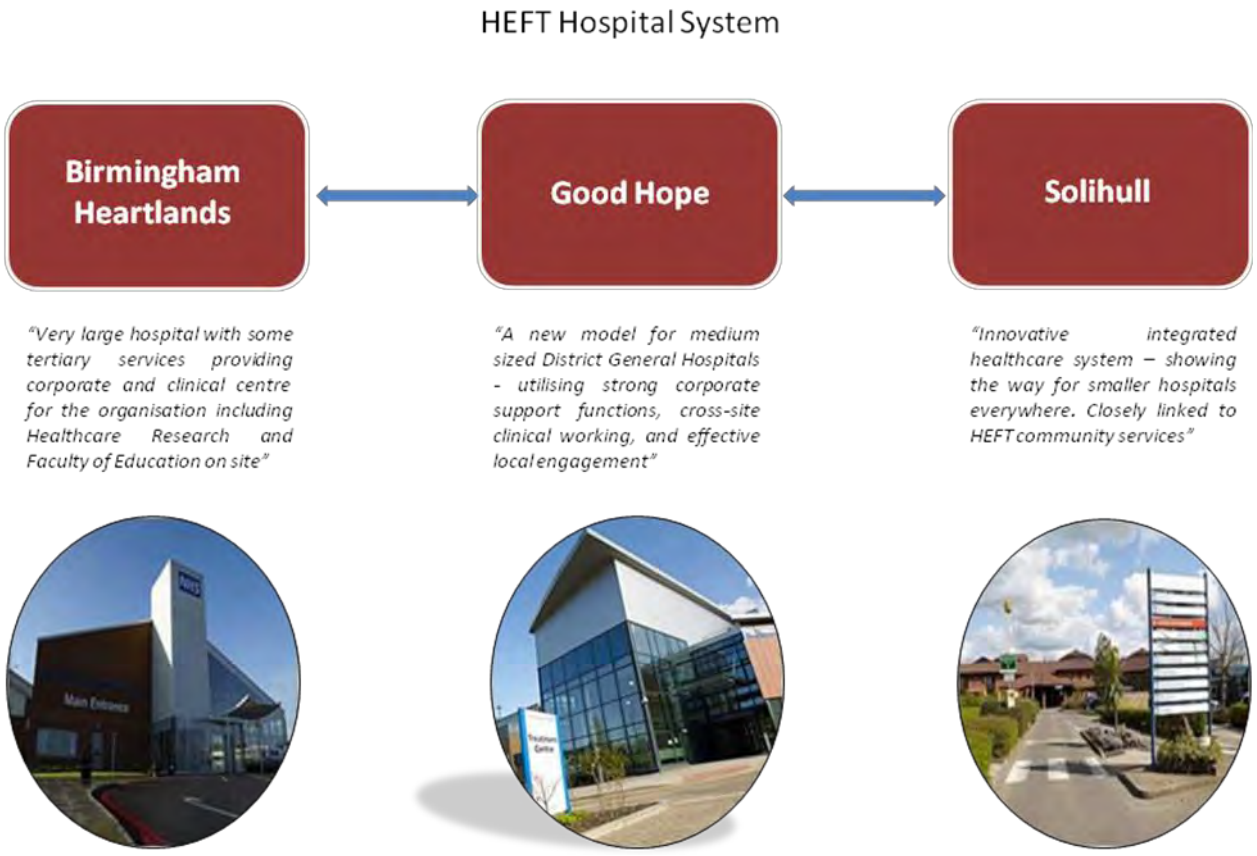
Priorities

Tell us what is important and how we will measure ourselves

1. Safe and Caring
2. Locally Engaged
3. Efficient
4. Innovative

Our hospitals

The Trust recognises that the future success of its three main hospitals is closely linked to them each having a clear identity and close relationship with their local GPs and communities. Going forward, each hospital will have increasing levels of autonomy to drive the development of their hospital and the role it plays in the local health economy. The diagram below sets out where we are in defining the distinct role for each hospital.



Birmingham Heartlands Hospital

Heartlands Hospital is a large site which sits in the heart of a dynamic community. It is increasingly the centre for more acute and complex care as it is home to a number of specialist clinical teams and facilities. For example, it is able to offer 24 hour high quality and complex maternity and surgical services to our population. It is also home to a number of regional services such as infectious

diseases, cystic fibrosis, thoracic and bariatric surgery. Along with our other hospitals, Heartlands employs a number of nationally recognised clinicians who are at the leading edge of their profession.

Heartlands Hospital also leads on the Trust's academic work. It is home to our Faculty of Education. As a whole HEFT is one of the largest centres for training doctors, nurses and other clinicians in the country and the Faculty brings together our work in this area and has developed innovative learning packages which are being adopted across the country. Research and innovation is also centred at Heartlands. HEFT undertakes a large number of clinical trials each year and has ambitious plans to expand its translational research portfolio.

Given the large and diverse population served it is important that Heartlands hospital plays its part in not only caring and treating disease but an active role in safeguarding the future health of the community. The hospital will, therefore, be increasingly active in early intervention and prevention work and along with others play its part in contributing to the future health and well being of the communities it serves. It is planned, therefore, that Heartlands Hospital will use its expertise and resources to play an important role in public health over the next few years.

Solihull Healthcare

The vision for Solihull incorporates care outside of a hospital setting. As the provider of both community and hospital services, and through our emerging 'Accountable Care Partnership' with Solihull Council, local GPs and other partners, we have a unique opportunity to shape services across traditional care boundaries and to develop more coordinated and seamless care.

Our vision is for person centred care that is coordinated with shared assessment and planning and services that support people in the most appropriate care setting with seamless pathways between community and hospital.

We believe we can do things differently. We want care that supports our patients through the health and social care system from home to hospital and back again. We want pathways that keep our patients healthy and well; provide personalised care and support in their own homes and community settings; prevent unplanned admission and provide rapid access to diagnostic and expert services, and that are seamless and guide our patient the whole length of their journey.

We will continue to invest in the hospital (e.g. the development cancer services and surgery) and work with our partners in Solihull to ensure that appropriate and safe acute services are available to local people.

Good Hope Hospital

'Local enough to Care, Big enough to count'. The Good Hope vision is to deliver the very best care of secondary care, to provide an access portal to both community and specialist tertiary services ensuring a seamless transition for patients.

Like our other partner hospitals we believe that it is possible to bridge the gaps in care that patients report to us, when they transfer from one organisation to another. Whilst Good Hope is not formally integrated with the Community Providers that provide care to the local patient population, we have started to develop strong working relationships. Our joint venture with Birmingham Community Trust to provide smoking cessation services to south Staffordshire is one example, and our collaborative refurbishment of Community Ward 3 with the sharing of nursing metrics is ongoing.

Good Hope will continue to offer a local acute service with a full range of ambulatory and diagnostic services to the people of North Birmingham and South Staffordshire. We also offer access to more specialist services at Heartlands or other larger centres. Good Hope is also home to the Hollier Simulation Centre – one of the largest of its kind in the country where each year hundreds of clinicians are trained in human factors and team training, making a significant contribution to patient safety.

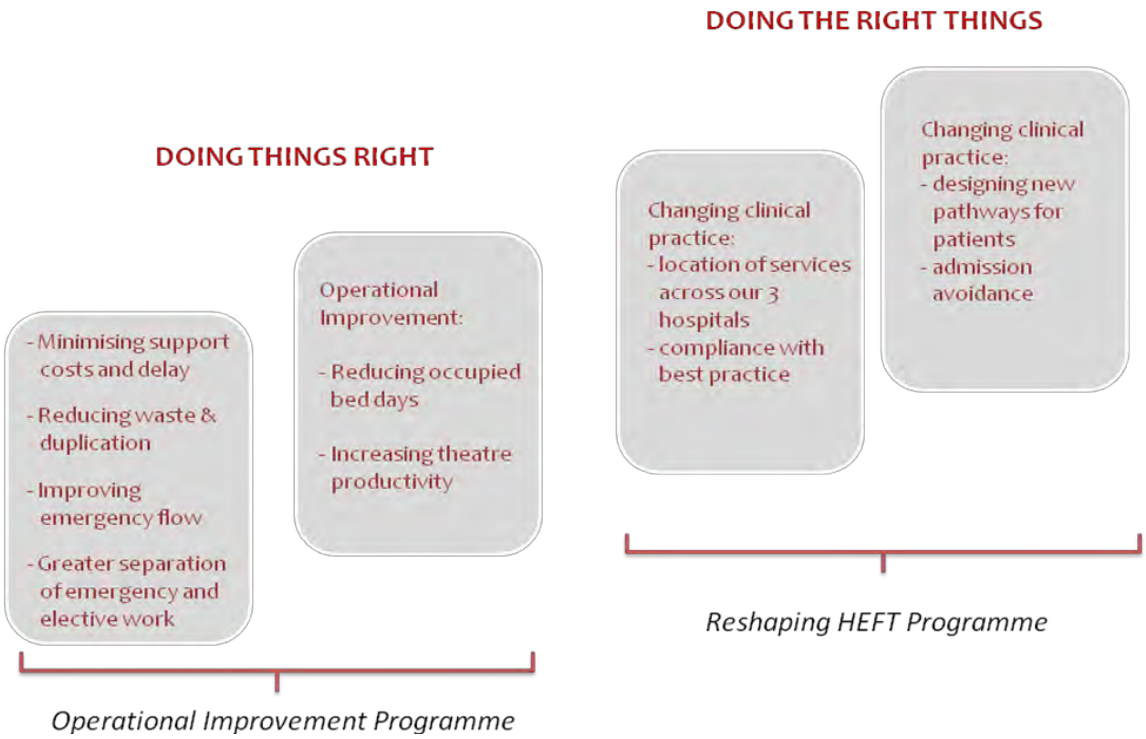
4. Reshaping HEFT

The overall objectives of the Reshaping HEFT programme are:

1. Raise awareness around the need to reshape our hospital system
2. Develop a clinically led plan to deliver appropriate care within the context of a changing external environment
3. To engage the wider Trust and our partners around options for consideration

During the autumn of 2011 a large number of workshops were held with senior clinical teams from our main bedholding specialties.

The main outputs from these workshops are summarised below and fall into two broad categories. The first category is about making use of current resources to most effectively deliver today's services to today's patients i.e. improving our operational management. The second category is about deciding how current operations need to change in order to deliver against the challenges in years ahead i.e. how we might need to reshape the organisation to make sure it is doing the right things to remain viable in the future.



The Trust is developing an Operational Improvement Programme (and in some areas performance is already improving) to run alongside the Reshaping HEFT programme. This document, however, focuses on the 'Doing the Right Things' side.

Reshaping HEFT – Portfolio of projects

Frail Elderly

Aim:

To work with our partners in building stronger clinical pathways for frail elderly patients that are focused around individual need.

Objectives:

- To provide local frail elderly services on all 3 sites that are integrated with community services
- To develop safe alternatives to admission
- To provide more early discharge & community rehabilitation
- Enhance partnership working with surgery in the care of frail older patients (i.e. hip fracture, general surgery etc.)
- To improve the integration of mental health services for older patients into the acute hospital

"There is a pressing need to build on and improve the pathways for our frail patients, and much of this is about preventing unnecessary admission to hospital."

Peter Wallis, Consultant Geriatrician Clinical Director Elderly Care

Elective Care

Aim:

To develop a treatment centre for elective surgery at Solihull Hospital that is efficient, fit for purpose and an attractive facility for our patients.

Objectives:

- To develop a centre that facilitates a greater concentration of routine elective surgery on one site
- To provide the best patient experience in fit for purpose, attractive facilities
- To be as efficient as possible for our routine elective surgery
- To provide a greater focus on measuring outcomes from surgery

"Development of a dedicated treatment centre for some of our surgical procedures provides a great opportunity to improve the service we provide to patients, both in terms of the experience and outcomes."

Roger Stedman, Associate Medical Director, Solihull

Stroke Services

Aim:

To ensure that we provide high quality, cost effective stroke services for our patients.

Objectives:

- To ensure that we have a clear direction of travel for the provision of hyper acute stroke care, whilst maintaining local rehabilitation services
- To further develop Early Supported Discharge Pathways at each of our 3 sites to improve stroke integration and patient outcomes
- To reduce the length of stay in hospital for stroke patients

"We will carry out an option appraisal to assess the optimum configuration for Hyper Acute Stroke Services at HEFT. We will also ensure that the rehabilitation and discharge arrangements at each of our hospitals continue to provide the best care for these patients"

David Sandler, Lead Physician, Stroke Services

Respiratory Services

Aim:

To transform the care of people with long term conditions by designing a patient centred service which will enhance self-care and keep them well in the community.

Objectives:

- To become a Multi-axial and Multi-professional Hub for managing Long Term respiratory conditions & co-morbidity management
- To replace the rigid model of fixed clinic appointments characterised by unnecessary delays with a responsive service capable of specialist-led rapid assessment and decision making
- Reducing Unscheduled admissions & readmissions through up-skilling/supporting primary care and enhancing self care and self efficacy of people with long term respiratory conditions & co-morbidities

"Like many others with respiratory problems, I find it very reassuring to know that I have access to your excellent facility at Heartlands Hospital. Breathing difficulties can occur without notice and develop rapidly so those such as myself greatly value being able to seek virtually instant advice from your unit via telephone."

Respiratory Patient, 2011

Maternity Services

Aim:

To ensure we deliver maternity pathways that are both effective and efficient and we make it possible for women to be back at home with their families as soon as possible.

"We are proud to have the highest number of births at any Trust in the country; we are absolutely committed to ensuring women and their families have choice and access to a wide range of high quality services."

Mike Wyldes, Clinical Director

Objectives:

- To ensure that all women are back at home with their families as soon as possible.
- To reshape our pathways for normal births.
- To improve enhanced recovery and discharge following C-section.

General Medicine

Aim:

To ensure we are increasingly able to organise our services in the context of the patient as a whole and their particular circumstances and environment.

"Our patients don't care about the specialist / generalist debate. What they want is the right care, in the right place and at the right time."

Aresh Anwar, Medical Director

Objectives:

- To ensure best patient experience with high quality outcomes
- To ensure that we have maximum senior intervention across 7 days and promote Multi Disciplinary Team working as the norm
- To develop a cohort of beds dedicated to treating general medicine and as part of this create standard operating procedures for the wards delivering this care.

Day surgery

Aim:

Explore the feasibility of creating separate daycase businesses for routine elective surgery across our hospital sites.

Objectives:

- To explore options for improving daycase surgery productivity that can match the levels achieved in other sectors
- To improve the patient experience
- To ensure our clinical teams have greater autonomy in delivering this work.

Diabetes

Aim:

To work with our partners to ensure the management of patients with diabetes is integrated, of high quality and provides good value for money.

> *"We recognise that HEFT needs to work more closely with its partners in primary and community care to ensure our services are part of an integrated approach to managing diabetes"*
>
> *Sri Bellary, Clinical Director*

Objectives:

- Ensure information is used to improve how care is delivered for the Diabetes Patient Population across primary, secondary and tertiary care.
- Design and evaluate initiatives to improve care at the most appropriate level for patients.
- Actively manage patients, not just through an individual care pathway, but throughout a complete care cycle.

HEFT@Home

Aim:

To look at the feasibility of HEFT providing models of care to enable patients to be cared for in their own homes.

Objectives:

- To support hospital discharge, helping people return home from hospital and reduce length of stay
- Preventing hospital admission by keeping people out of hospital by supporting them at home and offering help 24/7
- To provide medication home support and treatment
- To work with others in developing these services.

Surgical specialties

Aim:

Review the location and configuration of surgical specialities to ensure that the provision of emergency and elective workloads is balanced.

"We will undertake an objective, evidence based review of the location and range of our emergency and elective surgical services to ensure they offer the best care for our patients."

Charlie Hendrickse, Clinical Director

Objectives:

- Ensuring that patients needs are put at the forefront of any redesign
- Ensuring patient safety and quality of care is maintained in line with national guidance and best practice
- Ensuring that patients are placed in the appropriate location and nursed by appropriate staff.
- Minimising elective cancellations

Community cardiology

Aim:

To optimise the management of patients with suspected cardiac disease in the primary care setting using evidence-based pharmacological treatments.

"The cardiology team is keen to explore, with our colleagues in primary care, new models of care for assessing, treating and managing patients - particularly those with chronic conditions."

Mike Pitt, Consultant Cardiologist
Gordon Murray, Consultant Cardiologist

Objectives:

- To enable patients to take greater control of their condition
- To provide patient-centred treatment and support
- To reduce unnecessary hospital admissions and readmissions
- To work in partnership and improve communication between primary healthcare teams
- To work towards the delivery of the DOH policies, NSF and NICE guidelines on supporting people with long-term conditions
- To work closely with palliative care teams in managing end-of-life care

Cancer services in Solihull

Aim:

Establish a facility at Solihull hospital to allow the safe and timely delivery of high quality chemotherapy and supportive care to patients with cancer in a comfortable, local environment.

"We are committed to providing specialist cancer care in more local settings."

Jo Ewing, Clinical Director

Objectives:

- To provide local services for our patients in environments that are fit for purpose.
- To ensure that we can serve cancer patients better to ensure excellent patient experience and strive to hit targets that put our services in the very top echelons of the country.
- To ensure that despite increase in demand we can continue to offer patients innovative therapies as part of NCRN trials and other trials (we currently have the highest level of trial entry across the pan Birmingham Network).

Birmingham Chest Clinic

Aim:

Develop options around the future provision of the services that we currently provide from this city centre location.

Objectives:

- To explore the options around alternative sites in the city centre
- To ensure any services we provide in the city centre are accessible and in an appropriate environment.
- To explore options with other providers to offer multi use facilities e.g. health promotion, primary care, private providers.

In addition to these projects other specialties will be involved in supporting the Reshaping Programme either through their own service development plans or directly supporting the projects in the Reshaping HEFT programme (e.g. pharmacy, theatres, radiology etc.).

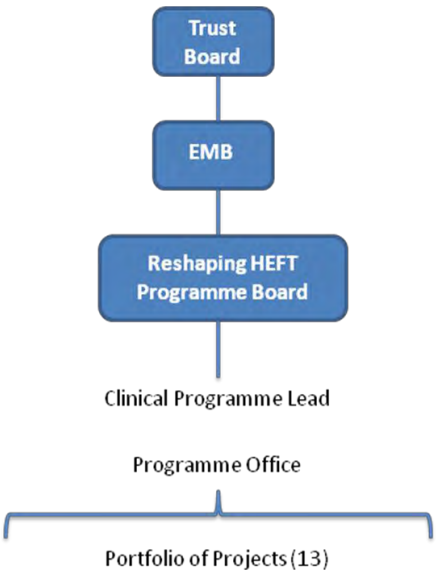
5. Delivering the programme

Programme management arrangements for Reshaping HEFT

It is important to recognise and support that the delivery of Reshaping HEFT needs to take place either within the clinical teams or at a site level. To support the operational and clinical teams a structured programme and project management approach will be put in place.

The benefits of using a programme and project management approach are that it provides a framework for implementing business strategies and initiatives through the co-ordinated management of a portfolio of projects, to achieve benefits of strategic importance. At an **organisational** level, the top team need to be clear about strategic goals and activities overseeing the portfolio of major programmes, managing risk against capability, at a **programme** level, there is a key requirement to understand departmental priorities, identifying and managing risk and interdependencies with regular independent scrutiny of progress and at a **project** level, there is a key requirement for the team to have clear roles and responsibilities and a vision translated into a plan with milestones, regular reporting and review and stakeholder involvement from the start.

The programme will require a formal reporting structure with the establishment of a Reshaping HEFT Board meeting bi-monthly and chaired by the CEO. Membership will also include representatives from the commissioners. The Commercial Director will be the reporting link to EMB and Trust Board. Each project will have a Clinical and Executive lead who will report to the Reshaping HEFT Board. This is described below:



Programme Approach

Our approach to managing this programme will be the adoption of a hybrid model which is tight on the co-ordination and reporting aspects but allows more freedom on the actual delivery of the projects. All projects will follow a consistent format (risks, benefits etc.) with common documentation.

To ensure this programme has appropriate Clinical Leadership a dedicated Clinical Programme Lead will be appointed and will be responsible for:

- Overall co-ordination of the Reshaping HEFT programme
- Ensure continued clinical buy-in to and involvement in the programme
- Ensuring there are appropriate resources in place to deliver the projects
- Lead on some projects
- Manage communications in the programme – act as first point of contact and be responsible for wider communications in the Trust
- Play an active role in liaison with commissioners around Reshaping HEFT
- Ensure consistent, accurate and timely reporting
- Manage any third party contributions to the programme
- Identify and manage interdependencies across the portfolio of projects

Role of Virtual Programme Office

To ensure that the directorates or sites are supported where appropriate, a virtual Programme Office will be set up.

This will consist of a small number of individuals who will work closely with the Clinical Programme Lead and whose primary role will be to provide support to the projects in the following areas:

- Data analysis and modelling
- Pathway redesign
- Business Case support
- Option appraisal / feasibility studies
- Support to the Clinical Programme Lead
- Project management
- Use of consistent documentation and library of resources

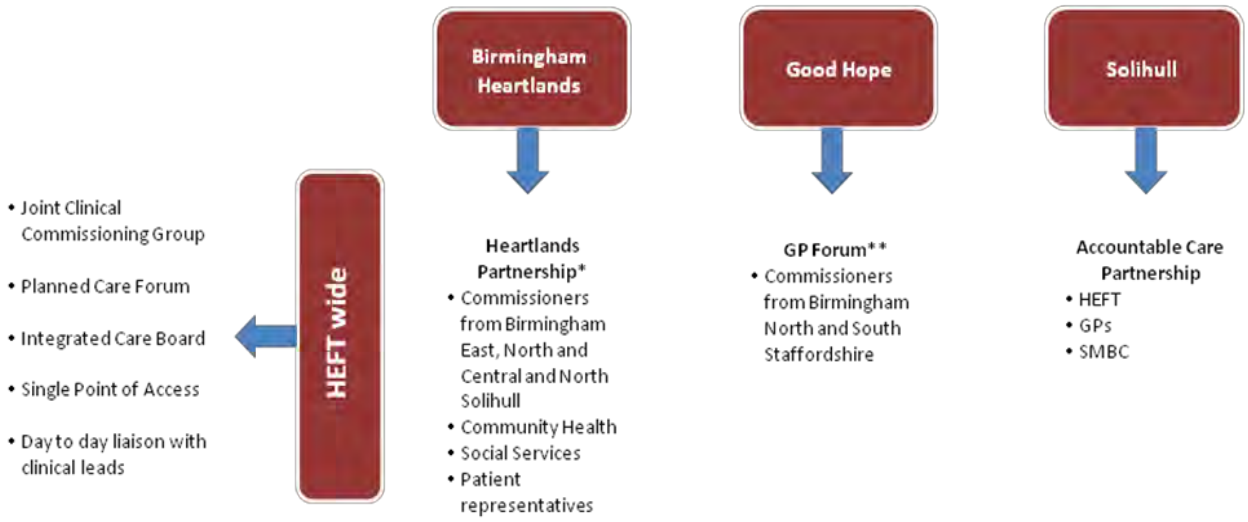
It is envisaged that the Programme Office will involve individuals who are already in post but able to provide support in these areas (e.g. Commercial Directorate, Site Programme Office, Service Improvement Specialists).

6. Engaging with our partners

Our hospitals cannot be described or exist outside of the local health system in which they operate.

HEFT has made a commitment to change – to work beyond the walls of the hospital to reduce unplanned and avoidable admissions, reduce time spent at and in hospital and increase our focus and resources around the patient as a whole. None of this is achievable on our own. Reshaping HEFT in short is about working with others.

How we achieve this engagement with our partners will vary from hospital to hospital and service to service. Set out below is an overview of the main means of engagement with commissioners and other partners. As well as site led initiatives we acknowledge the work currently being undertaken in cross Trust groups such as the Joint Clinical Commissioning Group. At present it is proposed that these groups continue in their current form.



*proposed arrangement subject to consultation
** to be formalised with possibly extended membership

The Accountable Care Organisation in Solihull has already been established and it is likely to have a major influence on the Solihull health and social care system as it begins to gather momentum.

At Good Hope, initial meetings have already taken place with local GPs and it is planned to establish a more formal group to support the development and improvement of pathways between primary, community and acute care.

Birmingham Heartlands Hospital also needs closer engagement with its partners. It is proposed to develop a Heartlands Partnership in 2011/12 to facilitate this.

Across all the hospitals closer working with commissioners and other providers is intended to:

- encourage closer liaison between HEFT clinicians and GPs;
- ensure the services provided at our hospitals are appropriate and fit well with the models of care and patient pathways outside of the hospital;
- share understanding around operational weaknesses in the current system e.g. delayed discharge and agreement about how to overcome these;
- encourage joint working around service redesign and benefit / risk sharing. Agreeing common goals and securing the means and resources to deliver these;
- ensure a stable, managed and affordable transition is made from old to new models of care
- gain consensus over the future role of the hospital and its services (consultation and participation in Reshaping HEFT).

At an organisational level, recent history in the NHS can perhaps be best described as producing a set of financially driven relationships. It is clear that we need to move towards a more value based healthcare system where outcomes, integration and shared risk are more important. We recognise that changing this approach will not always be easy, but it starts with a commitment from the Trust Board and senior management and clinicians.

We believe closer working at a hospital level offers the best opportunity to change the debate and encourage partnerships. We look forward to engaging with our colleagues in primary care and others over the forthcoming months about how we can take forward and translate the aspirations into more specific proposals.

Appendix – The portfolio of projects

Theme	Project	Key focus / outcomes	Initial delivery	Clinical Lead	Operational Lead
Development of new pathways	Frail Elderly Pathway redesign	Admission avoidance and early discharge	Pathway redesign	Peter Wallis	Ryan Irwin
Development of new pathways	Respiratory Day Hospital Pilot	Admission avoidance	Production of a business case for Respiratory 'Hub' pilot at Solihull hospital	Dr Mukherjee	Kate Duffield
Development of new pathways	Maternity Services Efficiencies	Reduced length of stay	Programme to support redesign within the Directorate	Mike Wyldes	Katy Dale
Development of new pathways	Diabetes Pathways	Management of care in the community	Design options for new pathways using data to support interventions	Sri Bellary	David Willis
Development of new pathways	Community Cardiology	Admission avoidance and management of care in the community	Development of a community cardiology strategy	Mike Pitt/Gordon Murray	Sharon Parkinson
Service Development	Elective Care Centre at Solihull	Concentration of elective care to increase efficiencies and improve patient experience	Activity Modelling		
Service Development	Review of General Medicine	Streamlined pathways for Gen Med - < LOS	Scoping exercise to determine best configuration of general medicine	Aresh Anwar	
Service Development	Day Surgery Models	Increased efficiencies	Feasibility Study		

Service Development	HEFT @ Home Modelling	Early discharge, improved patient experience	Feasibility Study	Mary Ross	Simon Hackwell
Service Development	Cancer services at Solihull	Development of a Chemotherapy service on Solihull site	Business case to support development	Jo Ewing	Gaynor Hill
Stroke Services	Review of acute and rehab services	Streamlined pathways, early discharge and the concentration of hyper acute service delivery	• Options appraisal for Hyper acute stroke • Development of early supported discharge pathways	David Sandler	Jonathan Vaughan
Surgical Specialities	Review location and configuration	Ensuring provision of emergency and elective workloads is balanced.	Mapping current position and challenges for surgical specialities.		
Birmingham Chest Clinic	Alternative locations	Ensuring future provision of services are accessible and in an appropriate environment.	Development of a business case.	Richard Steyn	Simon Hackwell

AGENDA ITEM 13

COUNCIL OF GOVERNORS

NON-EXECUTIVE DIRECTOR APPRAISAL PROCESS

14 MARCH 2012

Heart of England NHS Foundation Trust is required to formally appraise its Non-Executive Directors (NEDs) annually.

Below is outlined the suggested process for this.

1. Each NED will be asked to complete an on-line self-assessment, using a 360 degree feedback questionnaire

2. Each NED will nominate peers and colleagues to provide feedback to them using the 360 questionnaire. These individuals must consist of:
    - Minimum of 2 other NEDs
    - Lead Governor
    - The Chairman
    - The Company Secretary
    - The Chief Executive

    NB. The Chairman's appraisal group will be: all NEDs, the Lead Governor, Deputy Lead Governor, CoG Committee Chairs, the Chief Executive and all ED's,

3. The responses are entirely confidential, the individual will see only an overall report, not individual responses.

4. Once the questionnaires are completed, the report generated will be shared with the Chairman (the appraiser).

5. The appraisal discussion will focus on the outcomes of the report, what strengths are apparent, and what are key areas for development.

6. The output from the appraisal discussion will be a personal development plan.

7. This process will be repeated every 12 months. At the 12 month review, the achievement of the previous years' development plan will be assessed, and the previous years' 360 report will be viewed alongside the current one to establish where improvements have been seen.

Draft 360 questions

Answer options will be:

A significant strength / Needs some development / Significant development need / Unable to answer

- Consistently promotes the success of the Trust for the benefit of patients, carers and staff?
- Considers the long term needs of the Trust and encourages focus on future planning?
- Uses their area of expertise and knowledge to support the Executive team in achieving success?
- Helps to ensure that clinical quality and safety discussions are -taking place?
- Puts forward robust but constructive and professional challenge that adds value?
- Challenges in a way that is conducive to harmonious working relationships?
- Is respected and listened to by the Executive Directors?
- Demonstrates ability to challenge financial decisions and drives financial stability?
- Demonstrates an understanding of key performance of the Trust and applies logical questioning?
- Takes opportunity to engage with staff across the wider organisation?
- Chairs meetings well, keeping to time and agenda?
- Communicates well with Governors and all other key stakeholders?

The paperwork to be completed is attached.

NON-EXECUTIVE DIRECTOR ANNUAL APPRAISAL PAPERWORK

Name of NED:

Date of Appraisal:

What do feel you have achieved this year in your NED role?

What do you feel you could have done differently this year in your NED role?

List selected 360 reviewers:

Based on your 360 feedback, please list below your relative areas of strength and areas for development, along with thoughts as to how those development needs could be met:

Areas of strength:

Areas for Development	**How might development needs be met?**	**Agreed as part of PDP?** **Yes / No**

Appraiser comments and sign off

Name of Appraiser ..... Signature of Appraiser .....

Appraisee comments and sign off

Name of Appraisee..... Signature of Appraisee.....

Minutes of a meeting of the AUDIT APPOINTMENTS COMMITTEE of the COUNCIL OF GOVERNORS of Heart of England NHS Foundation Trust held in Board Room, Devon House, Birmingham Heartlands Hospital on 17 January 2012

PRESENT: Richard Samuda (Chair)
Richard Hughes
Stuart Stanton
Liz Steventon

IN ATTENDANCE: Angeline Jones, Chief Financial Controller
Claire Walker, Executive Assistant

12.1 WELCOME AND APOLOGIES

Richard Samuda welcomed everyone to the meeting.

Apologies were received from Adrian Stokes, James Cox and Malcolm Pye.

12.2 MINUTES OF THE MEETING 11 OCTOBER 2011

The minutes of the meeting held on 11th October 2011 were agreed with the minor change to 11.3 being made.

12.3 MATTERS ARISING

No items were discussed under matters arising.

12.4 REVIEW OF TENDERS

Mrs Jones outlined the pre-circulated document which showed the scores for each section of the tender and comments to support the scores. It was brought to the attention of the Committee that the total score for each of the two bidders had been calculated incorrectly, a recalculation gave a score of 89 for PwC and 78 for Deloittes.

Following detailed discussions it was agreed that both companies were able to provide the services required. One of the original intentions of the tender process was to check that PwC were delivering good value and quality for money and as they were only marginally more expensive than Deloittes this would suggest that VFM was being delivered. However, because PwC were more expensive and because Mr Hughes wanted to confirm that the correct amount of rigor was being put into the audit process, the Committee agreed there would be merit in seeing both companies on 31st January. It was agreed that each company would be asked to prepare a 15 minute presentation allocating 5 minutes to each of the following sections Financial Audit, Quality Audit and

Donated Funds Consolidation. In addition, Deloittes would be asked the very specific question of 'what level of liability they could offer the Trust' as it was currently noted as £0 in comparison to PwC's £5m.

Mrs Jones agreed to produce draft questions for the three sections and get approval from Mr Samuda before forwarding to the bidders for preparation. A score sheet would also need to be produced for use during the presentations.

It was confirmed that the next Council of Governors (CoG) meeting was due to be held on 13th March 2012 and that the Appointments Committee would therefore be able to give a recommendation of which organisation had been appointed but that the decision was subject to ratification.

12.5 ANY OTHER BUSINESS

There were no items discussed under any other business.

12.6 DATE OF NEXT MEETING

31 January 2012, 11.30 am - The Boardroom, Devon House

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Chairman

Minutes of a meeting of the AUDIT APPOINTMENTS COMMITTEE of the COUNCIL OF GOVERNORS of Heart of England NHS Foundation Trust held in Board Room, Devon House, Birmingham Heartlands Hospital on 31 January 2012

PRESENT: Anna East (Chair)
Richard Hughes
Stuart Stanton
Liz Steventon
James Cox

IN ATTENDANCE: Adrian Stokes, Director of Finance
Angeline Jones, Chief Financial Controller
Malcolm Pye, Company Secretary
Claire Walker, Executive Assistant
Rishi Thakrar, Manager, Procurement Department

12.7 WELCOME AND APOLOGIES

Anna East welcomed everyone to the meeting, explaining that as a member of the Audit Committee and Trust Deputy Chair she was standing in for Richard Samuda.

Apologies were received from Richard Samuda.

12.8 MINUTES OF THE MEETING 17 JANUARY 2012

The minutes of the meeting held on 17th January 2012 were agreed as a correct record and signed by the Chair.

12.9 MATTERS ARISING

a. Deloittes clarification on liability levels

A clarification question had been raised with Deloittes as it was unclear whether, or to what extent, they offered any liability protection. The Trust had been referred to the section on liability within their bid which stated that liability would be £1m. Deloittes were asked to increase this to £5m to match that of the other bidder and the Trust were waiting for a response to that request, the Committee would seek confirmation at this meeting.

12.10 SCORE SHEET EXPLANATION

Mrs Jones distributed the score sheet that would be used following the presentations from the bidders. She explained the document and the three pre-approved questions that had been sent to the bidders in preparation for today's Committee meeting.

12.11 QUESTIONS TO ASK THE BIDDERS

The bidders were asked to prepare and present for 5 minutes on each of the following topics;

1. Please outline how you would approach the year end audit if you were advised in February that from the 1 April the Trust was moving to another clinical insurance provider away from the NHSLA.
2. Please outline your approach to dealing with audit and governance issues associated with consolidated charitable funds which comes into effect for year ended 31 March 2013.
3. Please explain how you see the future of Quality Reports changing over the next three years and how you see the external auditor's role impacting on this.

In addition to questions of which the bidders had been given notice, the Committee was asked if there were any additional questions that they would like to put to them. The following subject areas were agreed;

- Mr Hughes would ask a question on particular areas where they are/would challenge the executive.
- Mr Cox would seek clarification on what added value their company could give to the Trust.
- Mr Stanton would pose a question, more specifically to Deloittes, as he felt that the bid was worded using a very 'one-sided' approach, the other bidder had given the impression of a more team based approach, how the relationship would work.

12.12 BIDDER 1 – DELOITTES

Deloittes gave a handout of their presentation to attendees of the meeting and gave an overview of its contents.

Members of the Committee challenged the bidders on the additional questions and any ad-hoc questions that arouse at the end of the presentation. Deloittes were asked to clarify the point on liability and confirmed that they had agreed to increase this sum to £5m.

12.13 BIDDER 2 – PwC

Members of the PwC team distributed copies of their presentation and gave an overview of the main points within the document.

Again, the Committee asked additional questions at the end of the presentation.

12.14 REVIEW OF BIDS AND APPOINTMENT PROPOSAL

A lengthy debate took place between the Committee members and there was general agreement that both bidders were appointable. However, the overall consensus was that PwC had been able to answer the questions posed more specifically targeted towards the Trust and its needs.

The Committee members gave their personal overall impression of the two companies and their presentations and then completed the score sheets.

Of the 5 voting members of the meeting 4 had scored PwC higher and 1 had given Deloittes the higher score. Out of a possible 400 points each, a total of 317 had been awarded to PwC and 273 to Deloittes.

It was therefore agreed following discussion, completion and calculation of the score sheets that the Appointments Committee would give a recommendation that PwC be awarded the contract. This recommendation would be presented to the Council of Governors (CoG) meeting in March.

12.15 ANY OTHER BUSINESS

Members of the Committee decided that it would be beneficial to give comments on how this particular Committee could be improved upon going forward. The Company Secretary would circulate this request by separate email.

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Chairman

COUNCIL OF GOVERNORS
FINANCE & STRATEGIC PLANNING COMMITTEE

Minutes of a meeting of the FINANCE & STRATEGIC PLANNING COMMITTEE of the Council of Governors of Heart of England NHS Foundation Trust held in the Education Centre, Good Hope Hospital on 10 January 2012

Present:	Barry Orriss (Committee Chairman)	
	Phillip Johnson	
	Stuart Stanton	
	Richard Hughes	
	Albert Fletcher	
In attendance:	Adrian Stokes	Director of Finance
	Joanna Hodgkiss	Commercial Business Consultant
	Angeline Jones	Chief Financial Controller
	Claire Walker	Executive Assistant (minutes)

12.01 APOLOGIES

Apologies were received from Mr Malcolm Pye and Mrs Bridget Sproston.

12.02 MINUTES OF MEEETING – 07 NOVEMBER 2011

The minutes of the meeting held on 07th November 2011 were accepted as a correct record.

12.03 MATTERS ARISING

The Committee asked if a letter could be written in January from HEFT CEO to Birmingham City Council CEO detailing that debts be resolved by the end of this financial year or the Trust will take legal action. It was confirmed that the debt could be settled in instalments and that a copy of the letter would be circulated with the agenda and papers of the next meeting.

Mr Stokes reported that Mr Newbold, CEO was writing to Birmingham City Council.

12.04 GOVERNORS FINANCE & STRATEGIC PLANNING COMMITTEE

Mr Stokes gave more detailed information on the pre-circulated slides, the topics and points discussed are noted below:

Year to Date Performance (month 8) – It was reported that there were no performance issues to highlight and that the Monitor risk rating of 3 had been maintained. In Q3 there had been no cases of MRSA, the Trust had achieved the A&E target and our c-diff figures were lower than the target set.

Current Forecast – We will deliver a Financial risk rating of 3 and the Trust is expecting

a surplus of £7m at year end with winter costs at £2m, although early indications show that this may cost a little less. PCT's will now pay a proportion of new to follow up patients if deemed clinically appropriate. It was confirmed that when the Consortia takes over from PCT any outstanding debts will be transferred, however the Trust will try and get as many cleared as it can before the change happens.

Mr Stokes clarified that the £7m would be used as Capital and that when the Trust is planning to use the capital sum any proposal goes through Capital Prioritisation meeting. It was agreed that the Capital Expenditure Plan would be brought to the next meeting for information, this details what the next 3 / 4 years may look like. In future the Committee would like to be informed and have some input before any decisions on capital expenditure are made.

Forecast Issues – A revaluation of the entire estate by district valuers will take place this year and although this was a 'none cash' item it would reflect in the figures. Predicting the valuation was not possible due to the current property market however it was anticipated that the figure would not differ that greatly from this year's whether it is lower or higher. It relation to the year-end settlement with PCT's it was confirmed that they could afford to pay us but wanted a degree of flexibility, the PCT's within our cluster are not forecasting a deficit. Pay controls are not expected to move much over the rest of the year, the Committee was assured that the controls had been well received and that redundancies had been avoided.

It was confirmed that the HEFT contribution to the staff pension scheme would not be changing.

2012/13 Operating Framework – It was believed that managing the waiting lists would be a high priority for 2012/13 and that the Trust will be issued with new tighter targets and be driven to reduce waiting times once set by Government. Members of the Committee asked for reassurance that the Trust would be able to meet these targets when set, and if we were able to reduce waiting times should we not start to do that now rather than waiting until we are 'forced' to comply. Mr Stokes explained all targets are a balancing act and it is not unusual for new targets to change behaviour. Work is being progressed on improving pay distribution with Theatre.

2012/13 Contracting – With the option for change in how income is received via a fixed price contract with the PCTs currently being discussed, it was agreed that it would be necessary to ensure the 'mix' was correct and that there would be an element of negotiation and looking at previous years outline activity. We expect that the contract will detail certain outlines and targets. The 'block contract' should be seen as a joint managed risk arrangement and one of the main benefits of this would be the potential to meet targets early and then bring in work from other areas and generate more income.

Annual Plan Progress – Mr Stokes reassured the Committee that there should not be any internally generated surprises in this area. The format in which this was presented last year would be improved upon as it was not seen as very user friendly. The new format will be shared with the Committee.

12.05 ANY OTHER BUSINESS

It was agreed that Performance would be added as an item to future agendas.

An additional meeting will be arranged in July as there is a gap in the meeting being held in May with the next not planned until September.

Miss Hodgkiss confirmed that there was no further information to update the Committee on regarding reshaping HEFT but that a document would be ready by the end of January and would be shared at the next meeting. Miss Hodgkiss also verified that at present this piece of work was focused on clinical areas and had not yet looked at the non clinical side. The Committee requested that Miss Hodgkiss considered adding non clinical areas to the strategic review exercise.

12.06 DATE OF FUTURE MEETINGS

11 April 2012 at Birmingham Heartlands Hospital.

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Committee Chairman

COUNCIL OF GOVERNORS
FINANCE & STRATEGIC PLANNING COMMITTEE

Minutes of a meeting of the FINANCE & STRATEGIC PLANNING COMMITTEE of the Council of Governors of Heart of England NHS Foundation Trust held in the Board Room, Devon House, Heartlands Hospital on 01 March 2012

Present:	Barry Orriss (Committee Chairman)	
	Phillip Johnson	
	Stuart Stanton	
	Richard Hughes	
	Albert Fletcher	
	James Cox	
	Bridget Sproston	
In attendance:	Adrian Stokes	Director of Finance
	Joanna Hodgkiss	Head of Planning and Developmer
	Angeline Jones	Chief Financial Controller
	Claire Walker	Executive Assistant (minutes)

12.07 APOLOGIES

The Chairman of the Committee opened the meeting and welcomed James Cox to the Committee who has agreed to replace Paul Sabapathy.

No apologies have been received, however, it was noted that Bridget Sproston was attending a meeting in Leicester on the morning and depending on traffic may be slightly late.

12.08 MINUTES OF MEEETING – 07 NOVEMBER 2011

The minutes of the meeting held on 10th January 2012 were accepted as a correct record.

12.09 MATTERS ARISING

Mr Stokes confirmed that a response had been received from Birmingham City Council and HEFT were currently in the process of writing another letter. These documents will be shared with the Governors at the March meeting.

Members of the Committee asked whether there was the potential to charge interest on the debt, Mrs Jones thought that this may be a possibility and confirmed that this would be looked into.

It was confirmed that the Contract Proposal of a Jointly Managed Risk Agreement would be going to the Board next Tuesday for final sign off and it was thought that there would be no reason why this would not be going ahead.

12.10 RESHAPING HEFT STRATEGY

Miss Hodgkiss gave a brief overview of the Reshaping HEFT strategy and explained that all of the work undertaken with the Clinical teams throughout the autumn and described at previous meetings of this Committee had been pulled together into a single document. The Committee were asked to endorse the proposed way forward described in the document and for their initial conceptual agreement of the actual projects. The following points were raised:

- As the document was a 'clinical' document it should be endorsed by the Chief Nurse as well as the Medical Director.
- That the reporting structure should detail that the Governors will be updated via this Committee.
- The document should ensure it portrays the correct message of being for the benefit of patients and partners.
- Additional partners should be noted in section 6, such as Councils, 3rd Sector Providers and Local Communities.
- Any proposed service moves be managed explicitly but sensitively.

The Committee endorsed the strategy and agreed that the document could be shared at the Governors meeting on 14th March but that the enclosure of a high level time line of next steps should be included.

Committee members will be kept appraised of progress and the programme plan will be shared with them following completion.

12.11 ANY OTHER BUSINESS

Mr Stokes confirmed that there were no significant changes to update the Committee on following the forecast give at the last meeting.

Mr Fletcher wished to make members of the Committee aware of Couriers Charity 'Free Wheelers' that provided services to other Trusts at no cost. The possibility of making use of a service of this kind had been discussed at the last Council of Governors meeting and had also been discussed with John Sellars, Director of Asset Management. Mr Fletcher asked for the support of this Committee in chasing up a response to this subject and helping to move things forward. It was agreed that Mr Sellars would be asked for a response at the Governors meeting in March, and should therefore be informed in advance to prepare a response.

12.06 DATE OF FUTURE MEETINGS

11 April 2012 at 10.00 at Birmingham Heartlands Hospital.
14 May 2012 at 10.00 at Birmingham Heartlands Hospital.
10 July 2012 at 10.00 at Birmingham Heartlands Hospital.

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Committee Chairman

COUNCIL OF GOVERNORS
HOSPITAL ENVIRONMENT COMMITTEE

Minutes of a meeting of the Hospital Environment Committee of the Council of Governors held in the Education Centre, Solihull Hospital on 4 January 2012

PRESENT: John Roberts (Chair)
David Treadwell
Elaine Coulthard
James Cox
Mark Kibilski
Rocio Hernandez
Florence Nash

IN ATTENDANCE: John Sellars, Director of Asset Management
Ann Harwood, Executive Assistant to Director of Asset Management

12.01 APOLOGIES

Apologies for absence were received from Liz Steventon and Kevin Daly.

12.02 VISIT/ TOUR ROUND THE CPU

Barbara Green, Catering Co-ordinator and Mike Read, Quality and Training Manager, took members on a tour of the Central Production Unit (CPU) and End Unit.

The following points were noted:-

- Mike Towler is the Trust Catering Manager.
- The CPU was fully refurbished 2 years ago.
- The CPU is ISO and STS accredited. It produces 43,000 patient meals per week and has the capacity to produce 60,000 meals per week.
- There is a 3-week menu cycle in place and patients are offered a variety of meals at each meal time.
- The CPU produces all patient food for Heartlands, Solihull and Good Hope hospitals. The food is delivered to each site via a refrigerated lorry.
- All food can be traced back to the supplier.
- Random samples of food are sent to the Public Health laboratory every day for testing.

- The cook/ chill method is used when preparing food and food is re-generated only once via the regeneration trolleys once delivered to the wards.
- The Trust is now on the NHS list of food suppliers and is able to supply food to other organisations as long as it is commercially viable and does not affect the provision of patient food.
- The End Unit is replicated on each site and is where the food trolleys are dispatched to each ward from.
- Florence Nash suggested that the Trust might like to supply the food for events organised by Solihull Metropolitan Borough Council. It was agreed that it would be a good idea to arrange a food tasting session for the Mayoress of Solihull to attend and sample the food, together with some of the Governors. John Sellars agreed to organise this.
- Members were very impressed with the efficiency and method of working in the CPU and End Unit.

12.03 FOOD TASTING SESSION

The tour round the CPU and End Unit was followed with a food tasting session in Room 6, Education Centre, Solihull Hospital. The food was served by Tim Gould, Head Chef.

Members were very impressed with the variety and taste of the food provided which was a sample of the patient food on the menu for that day.

John Sellars agreed to write to Barbara Green, Mike Read and Tim Gould to thank them for the tour and food tasting session on behalf of the Committee. Members thanked John Roberts, John Sellars and the team for their help in arranging the tour and food tasting session.

12.04 MINUTES OF THE MEETING HELD ON 30 SEPTEMBER 2011

The minutes of the meeting held on 30 September 2011 were approved as an accurate record.

It was agreed that in future all minutes/ meeting papers would be posted to members on request and that members would forward their address to Ann Harwood if they would like their papers posted to them in future.

12.05 ACTION SHEET FROM MEETING HELD ON 30 SEPTEMBER 2011

12.05.1 Terms of Reference

The Hospital Environment Committee Terms of Reference had been approved and circulated to members.

12.05.2 Notices in Main Entrance

John Sellars advised that notices had been put up in the Main Entrance at Heartlands Hospital informing patients/ visitors of the position regarding the escalators. Members were shown a sample notice.

12.05.3 Escalators in Main Entrance at Heartlands Hospital

John Sellars gave an update on the current position with regard to the escalators in the Main Entrance at Heartlands Hospital. John Sellars had written directly to the Chairman and Non-Executive Directors of Assura (the company that owns the Main Entrance building) outlining his concerns, following which he had met with Assura's CEO. The Trust's solicitors are also involved. The Trust has given Assura one last chance to resolve the situation prior to taking out legal proceedings. Assura have met with all their relevant parties, who have accepted that there is a problem with the escalators and have agreed to come back with a resolution to the problem in January. As a minimum this will be replacement of the handrail mechanism or if proved necessary, complete replacement of the escalators. It was noted that the escalators were manufactured in China for Otis and are maintained to 'bronze' standard by Schindlers. Assura have agreed that in future the escalators will be maintained to 'gold' standard.

The Main Entrance building costs the Trust £40k per year in rental and in 14 years time the building will revert back to the Trust.

12.05.4 Recycling Facilities in Catering Outlets

John Sellars had discussed the possibility of implementing recycling facilities in the Trust catering outlets with Martin Long, Head of Hotel Services. Currently the Trust recycles cardboard but not glass due to the risk of contamination with medicine bottles. However in the restaurant areas cardboard is disposed of as general waste. As recycling in restaurant areas will be very complicated and costly to implement it will be an action for the future. It was noted that the Trust is currently spending approx £1m per year on waste management.

12.05.5 Shuttle Bus Timetables

Timetables are now displayed at the Shuttle Bus pick up points on each site and an example of the timetable was shown to members.

12.06 PRESENTATION ON THE CAPITAL PROGRAMME

John Sellars gave a presentation on the Trust X-Site Programme and other Capital schemes. The following points were noted/ discussed:-

- *Tranche 1*:
  - The construction of Ward Block 1 at Good Hope Hospital and the refurbishment of the Bedford Road houses are both now complete.
  - Works to the A&E Department and Theatres at Good Hope Hospital have commenced and are due to be completed in November 2012.
  - Pathology project at BHH – construction has commenced and is due for completion in November 2012.
  - Plans for a new Ambulatory Care and Diagnostic Centre (ACAD) on the Heartlands Hospital site are currently being discussed as to whether this is an appropriate investment for the Trust at a cost of £37m. This issue will be discussed at the Executive Management Board and the Board of Directors.
- The presentation included some visuals of the above projects. Elaine Coulthard queried what

the Main Entrance at Good Hope Hospital will look like and John Sellars agreed to bring a visual of this to the next meeting in April.

- *Tranche 2:*
  - A survey of the ward stock on all three sites has been undertaken to understand the condition of each ward. Following which a rolling ward refurbishment programme will be developed.
  - A site rationalisation programme is also to be developed which will ensure that each site is more efficient and cost effective.
  - Heartlands and Solihull hospitals both have a Combined Heat and Power Plant (CHP) which utlises heat generated to provide energy. A CHP plant is also to be installed at Good Hope Hospital in the existing Boiler House.
  - The Trust is advertising for an energy partner to look at the complete energy infrastructure to improve efficiencies and generate savings. The Trust also has to reduce its carbon emissions by 25% over a 5-year period.
  - Potential future developments include an Elective Care Centre at Solihull Hospital, a new or refurbished Main Entrance at Solihull Hospital, an extension/ refurbishment to the Princess of Wales Maternity Unit at Heartlands Hospital and a new Critical Care Facility at Heartlands Hospital. John Roberts raised the issue of signage to the Main Entrance at Solihull Hospital which is confusing. John Sellars advised that the signage and car park had been designed to fit around the new Main Entrance which had not yet been built and agreed to review the signage and footpath in this area. David Treadwell was concerned that the entrance to the Maternity Unit at Heartlands Hospital is small, dark and claustrophobic. John Sellars stated that this will be picked up as part of the works to the Maternity Unit and should be addressed within the next 18 months.
- *Operational Estates Developments*:
  - The Operational Estates Team has a block capital budget of £1m for small capital works and £1m for strategic capital projects with a value of less than £250k. This budget can be supplemented centrally. A capital plan for 2012/13 is currently being put together with the Executive team. John Sellars advised that he will present this at the next Hospital Environment Committee meeting in April.
  - The various schemes which have been carried out on each site were listed.
  - David Treadwell raised a query with regard to the Trust's responsibility in relation to PCT buildings. John Sellars advised that the Trust does not own these buildings but are tenants. The Trust has to ensure that the Landlord has met all statutory requirements with regard to these buildings and that Trust staff have received appropriate training.
  - It was noted that there are no current plans to carry out any works to Devon House
  - James Cox queried what the Trust's responsibilities are in relation to the Chest Clinic. John Sellars replied that the Chest Clinic building is owned by Birmingham City Council and the Trust pays a peppercorn rent of £35k per year to occupy the building. John Roberts informed members that a visit to the Chest Clinic has been arranged by Lord Hunt for the 23rd January 2012.

12.07 ASSET MANAGEMENT REPORTING STRUCTURE

John Sellars circulated a copy of the Asset Management Directorate Senior Management structure which was discussed as follows:-

- John Sellars is the Director of Asset Management. His deputy is Bob Anderson, Operations Director.
- The Directorate is split into four main areas:
  - Hotel Services with responsibility for cleaning, portering and catering. The Head of Hotel Services is Martin Long. The Hotel Services Managers for each site and the Trust Catering Manager with responsibility for catering on all three sites, all report to the Head of Hotel Services.
  - Estates with responsibility for all E states maintenance works, emergency repairs, statutory compliance works, and minor capital works. The Head of Estates is Mike Taylor. The Estates Manager for each site report to the Head of Estates.
  - Technical Services with responsibility for the maintenance of medical equipment; the Directorate's own IT staff; quality and information (the Directorate has ISO accreditation in certain areas and is in the process of expanding this to most areas); fire safety across the Trust and parking and security. The Head of Technical Services is Paul Quinsey. The Trust EBME Manager; Directorate's IT Manager, Quality & Information Manager, Specialist Fire Safety Advisor and Parking and Security Contract Manager, all report to the Head of Technical Services.
  - It was noted that G4S will be taking over the parking and security contract at Heartlands Hospital from the end of February 2012, which will generate a saving of £188k per year. G4S also run the cleaning and portering contract at Heartlands Hospital. Although the cleaning and portering staff work for G4S they are still part of the Hotel Services team and have the Trust logo on their ID badges.
  - Florence Nash queried whether the parking fees, including the 3-day and 7-day parking concessions, could be publicised more around the visitor's car parks and in the main entrance on each site. John Sellars agreed to look at *THIS*.
  - Elaine Coulthard raised a concern regarding the treatment of a member of staff by a member of the car parking staff. John Sellars advised that as part of the security and car parking tender all staff will be renewing their customer service training.

12.08 ANY OTHER BUSINESS

12.08.1 <u>WRVS at GHH</u>

Elaine Coulthard was concerned that the WRVS staff in the Fothergill Block at GHH still have nowhere to store their coats, bags etc. John Sellars replied that this had been looked at but it had not been possible to identify a secure area for 2 lockers. Elaine Coulthard queried whether there was any space behind the reception area and John Sellars agreed to look into this.

12.08.2 <u>Disabled Spaces at Good Hope Hospital</u>

John Roberts queried what was happening with regard to the disabled spaces at the bottom end of the car park at Good Hope Hospital. John Sellars advised that these will be marked up in March/ April when the contractor comes on site to carry out some re-lining work.

12.08.3 Cold Water Temperature

John Roberts had been liaising with John Sellars and Malcolm Pye with regard to the cold water temperature on wards at Heartlands Hospital and whether chillers could be provided on each ward. John Sellars advised that the cost per ward would be approx £1.5k and it was up to each individual ward to put in a request for a chiller to be installed and to provide the funding.

12.08.4 Role of Hospital Environment Committee

It was noted that the correct way to raise any concerns/ issues relating to the hospital environment is via the Hospital Environment Committee. John Roberts will give feedback from the Hospital Environment Committee to the Council of Governors meetings.

12.08.5 CRB Checks

David Treadwell queried whether all staff undergo checks before they are employed by the Trust. John Sellars advised that all frontline staff are CRB checked and catering staff hold food hygiene certificates.

12.08.6 Infection Control

John Sellars confirmed that the Infection Control Team are responsible for the control of infection in the Trust. The Trust's C-Diff and MRSA rates have dropped significantly.

12.09 DATE OF NEXT MEETING

2.00 p.m. on Thursday, 5 April 2012, in Committee Room 2, Devon House, Heartlands Hospital

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Chairman

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Joint Meeting of the PATIENT EXPERIENCE AND MEMBERSHIP AND COMMUNITY ENGAGEMENT COMMITTEE of the COUNCIL OF GOVERNORS

of Heart of England NHS Foundation Trust
Minutes of Meeting held in the Education Centre, Solihull Hospital
28 February 2011 at 4.00pm

PRESENT:

Michael Kelly	**(Chair)**
Elaine Coulthard	**(Chair)**
Arshad Begum	Public Governor, Birmingham Central
Peter Colledge	
Kath Bell	Patient Governor
Olivia Craig	Public Governor, Sutton Coldfield
Albert Fletcher	Public Governor, Birmingham North
Patricia Hathway	Public Governor, Birmingham Central
Rocio Hernandez	Public Governor, Birmingham East
Margaret Morcom	Stakeholder, Stepping Stones
Veronica Morgan	Staff Governor: Nursing, Midwifery & Healthcare Assistant
John Roberts	Public Governor, Sutton Coldfield
David Roy	Staff Governor, Allied Health Prof, Technician or Clinical Support Worker
David B Treadwell	Public Governor, Birmingham Central
Thomas Webster	Public Governor, Birmingham North

Apologies

Dr Syed Hussain	Public Governor, Birmingham East
Marck Kibilski	Public Governor, Birmingham East

In Attendance

Lisa Thomson	Executive Director, Corporate Affairs Directorate
Sam Foster	Deputy Chief Nurse
Simon Jarvis	Head of Patient and Public Involvement
Sue Kong	NHS Elect
Sir Graham Morgan	NHS Elect
Gerry Robinson	Chair of CHC
Sandra White	Membership Manager

Minutes

Angie Hudson	Senior Executive Assistant

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1. Welcome and Introductions:

The Chairman welcomed and thanked everyone for attending this joint meeting of the Council of Governors' Patient Experience Committee (PEC) & Membership and Community Engagement Committee (MECE).

Mr Fletcher raised the matter of the joint sitting of the committees and asked who had made the decision to amalgamate them, adding that the Membership and Community Engagement Committee should have met to discuss and agree the amalgamation prior to this meeting being held.

Mrs Coulthard, Chair of the MECE advised that as there had been little interest shown in the membership committee felt that as the two committees had similar interests it would be beneficial that they meet as joint committees.

Mrs Thomson advised that the Chairman of HEFT Lord Hunt had approved the joint committee meetings until the 12 month review of the new committee structure was held at the end of March 2012.

Mr Webster added that in his opinion the committees complimented each other and that the amalgamation was a step in the right direction.

It was agreed that the MECE would meet separately to discuss the amalgamation on 14th March 2012 prior to the formal Council of Governors meeting.

2. Minutes:

Patient Experience Committee:
The minutes of the meeting held on 11 January 2012 were unavailable due to an administrative issue. It was agreed to defer these and bring forward any action points to the next meeting.

Membership and Community Engagement Committee:
To be discussed at the meeting to be held on 14 March.

3. Actions:

Patient Experience Committee:
To be deferred to the next meeting one the minutes of the PEC meeting were available.

Membership and Community Engagement Committee:
To be discussed at the meeting to be held on 14th March.

4. Amended Committee Terms of Reference

To be discussed following the debate about the committee's amalgamation.

5. Update on protocol / concordat document

Mr Jarvis presented an update, he had met with Sam Foster, Deputy Chief Nurse to discuss the terms of reference. A discussion had been held around ward visits and it

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was agreed that patients and wards need to be protected and the current concordat needed to be updated to give guidelines around ward visits including the prevention of people just dropping in to undertake a ward visit and that this fitted into the larger framework around inspections and actions falling out of these visits in that they should improve things for patients. Ms Foster went on to add that the plan was to improve quality and greater partnership working including support from governors.

Mr Robinson advised that the last meeting of the Consultative Healthcare Council (CHC) had discussed the concordat and were in favour and agreement of better partnership working and governor support. It had also been agreed that the CHC would continue to undertake their visits.

Mr Treadwell raised concerns around clarity and the changes in levels and groups who visit wards to endure that there are not too many group visiting. Ms Foster advised that the concordat would set out guidelines around who is visiting and when.

Mr Robinson added that the CHC had also discussed this and had agreed that visitors needed to be able to justify their visit.

Mr Jarvis would take these comments on board and a draft document would be bought back to a future meeting for further discussion.

6. Presentation from NHS Elect – overview of Customer Care

Mr Jarvis and Ms Kong from NHS Elect gave a presentation on the customer care work that is underway at HEFT. NHS Elect is a member organisation network with 50 members nationwide offering three programmes of expertise: service improvement, business of healthcare and patient experience, marketing and branding. The overarching aim is to ensure that organisations are not working in silos and work undertaken is adding value to patients and the patient experience.

The Trust has undertaken a series of patient and carer feedback sessions known as the Goldfish Bowl Experience. Patients, carers and relatives are invited to come back into the organisation to tell their stories of their hospital experience and get their views. Staff and clinicians from the ward are also invited to join the meeting to listen and gain first hand feedback on the service they give. Ms Kong added that in order to get the most out the Goldfish Experience Sessions it was essential to get a good spread of experiences as those who had received a bad experiences often find they are helped by good experiences and what learning's can be made. The recommendations and action plans from these sessions are being embedded and fed back into everyday working and actions monitored.

The Trust is also undertaking sessions whereby patients who cannot join the goldfish bowl experience can tell their stories and in turn these are staff feedback sessions are recorded. The sessions are proving to be very powerful learning tools for staff.

Ms Hernandez praised the Trust in carrying out these sessions and asked if Governors and in particularly herself could be involved in these. Mr Jarvis and Mrs Thomson confirmed that they were happy to invite Governors but were mindful that the number of attendees at these sessions needed to be kept low. Mr Jarvis and Ms Hernandez to meet outside of the meeting to discuss.

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Mrs Begum asked how the attendees at these sessions were decided. Mr Jarvis advised that patients, carers and relatives were invited asked to take part following contact with the Trust or a conversation with ward staff.

Mrs Coulthard advised that she had joined a session held on ward 24 at Good Hope Hospital and had found it to be brilliant. There had been a mixture of complaint and praise. She added that the staff present had listened and found the session to be very informative.

Mr Roberts asked how the learning's from these sessions are fed back to the Trust as a whole. Mrs Thomson advised that the Communications department undertakes this.

Mr Kelly and Ms Hernandez emphasised how important it was to get good news stories into the organisation.

Mr Roy asked if it was possible to incorporate the good news stories on the touch screens, Mr Jarvis advised that this was being looked into.

Ms Morgan fully supported these sessions in gaining and understanding how patients perceive staff and suggested round table exercises for staff to promote discussion and understand learning outcomes and added that the Trust needs to support these patients and staff before they leave hospital get a snapshot of how their experiences. Mr Jarvis advised that a number of wards have started to do drop in sessions in safe environment for patients and relatives to give feedback before they leave hospital.

Mr Treadwell asked if nurses got a chance to tell their stories and frustrations about bureaucracy which come up as part of the job, Ms Foster confirmed that they and sited the recent ward sister challenge event as a good example. .

Mr Robinson asked if a video could be shown at the next meeting and also at the next CHC meeting. Mr Jarvis to action.

7. Presentation from Sir Graham Morgan / Sam Foster on Nursing Initiative

Sir Graham Morgan an Associate of NHS Elect, who specialises in areas of clinical interest including clinical staff, nurses, therapies to determine clinical needs of patient. Sir Graham has been working with HEFT looking at the processes and procedures the Trust have in place around fractured Neck of Femur pathway whereby all patients admitted with fractured NOF receive surgery within 23 hours and is working with staff to focus on what is important in achieving the best outcome. Sir Graham stressed that the was not about saving money, however if things are done in the correct critical order then savings would be seen. It is anticipated that an improvement in the process will be seen with the first quarter.

Sir Graham advised that the next piece of work is centred around Good Hope and will be looking at the acuity model of care, ie stage 2 patients who are sick and clinical unstable are nursed together with staff that are skilled correctly to give patients the best quality of care. Ms Foster added that our clinicians are very clear and focussed and engaged in getting the process right in order that every patient is receiving the same quality of care. Work will also be undertaken on the Stroke pathway to ensure that all three sites treating patients using the same processes.

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Mr Treadwell asked given the importance of time, where are patients triaged? Ms Foster advised that triage takes place in A&E.

Mr Kelly asked if the dementia pathway was being looked at in association with fractured NOF? Ms Foster advised that the whole patient pathway was being reviewed which included the management of elderly patients to reduce the number of long stay patients including looking at the links with social services, care homes et

Ms Hernandez stressed the need to ensure that links with GPs and community engagement are strengthened in order to improve waiting times for those patients waiting for other treatments that may have an impact on the patient as a whole. Sir Graham advised that the culture is changing in that it used to be admit to assess now it is focussed on assess to admit.

Ms Coulthard asked about the Cardiac pathway and why patients are admitted if they need an angiogram and why angiograms were not available on the Good Hope Site. Sir Graham responded that the decision to admit is based on whether a patient has previously had a heart attack compared to a cardiac episode if it is the first then the patient will be admitted. Ms Foster added that angioplasty's are undertaken on the Heartlands site due to the expertise required and that it is about getting the best outcome for patients.

Mr Kelly thanked Sir Graham and Ms Kong for attending the meeting.

8 Smoke free environment

Ms Thomson presented an overview of her pre-circulated paper on the lessons HEFT can learn from Nottingham University Hospital NHS who are a smoke free trust. The paper gives a flavour of the resistance and frustrations that they faced along their journey and cautioned the committee to not under estimate the resistance, controversy and frustrations that may be seen should HEFT follow this route.

A lengthy discussion took place and it was agreed that in order to begin to move this forward the number of people who are smoking on site, and what will be achieved by having a smoke free environment was required. It was agreed that the Trust needed to deal with this sensitively and a give support to staff and patients in stopping smoking.

Mrs Thomson advised that the committee that the Chairman, Lord Hunt, was planning to discuss this at the next Board of Directors meeting and asked the committee if they would like her to take something back to the Board to add to the discussion.

Mr Roy asked for a motion to be made that information on the number of patients and staff that smoke at HEFT be sought; public and staff are asked for their views about smoking. Once the state of opinion is known this should then be taken to the Board of Directors.

This was agreed and a report will be presented to the next meeting of this committee.

9. Overview of membership

draft

Mrs Thomson presented her pre circulated paper that had been requested at the last meeting of the MCEC to provide an update on the Trust's current membership and options for maximising the impact of future membership. The Trust has seen a change in focus in membership including forging better links to support our local communities. It was agreed to defer the paper until after the Membership Committee and discussed the amalgamation of the committee as per the discussion earlier in the meeting.

10. Any Other Business

Ms Hernandez offered her services to the membership department should they wish.

Mr Webster added that although the future of the joint meeting of the PEC and MCEC was still to be decided, he had found this evenings meeting most informative and enjoyable.

11. Date of Future Meetings

Membership & Community Engagement Committee meeting
14 March at 2pm
Venue to be confirmed.

Joint meeting of Patient Experience and Membership and Community Engagement Committee
Friday 27 April at11.30 am
The Boardroom, Devon House

There was no further business and the meeting closed at 6.45pm.

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Chairman

Council of Governors Quality and Safety Committee

Minutes of the Council of Governors Quality and Safety Committee
Wednesday 29th February 2012
held in Room 3, Education Centre, Good Hope Hospital

Present	Title	Initials
STEVENTON, Liz	**CHAIR**	LS
BELL, Kath		KB
COULTHARD, Elaine		EC
MORGAN, Veronica		VM
ORRISS, Barry		BO
ROBERTS, John		JR
TREADWELL, David		DT
WEBSTER, Thomas		TW
In attendance		
BLACKBURN, Rachael	Head of Corporate Risk and Compliance, HEFT	RB
KEOGH, Ann	Director of Medical Safety, HEFT	AK
REES, Alison	Executive Assistant to Sarah Woolley (minutes)	AR
TANDY, Elaine	Governance Manager, HEFT	ET
WOOLLEY, Sarah	Director of Safety and Governance, HEFT	SW
Presentations		
Neil Smith	Consultant Haemotologist / VTE Lead / Staff Governor	NS
Melanie Lynch	Senior Anticoag Nurse	ML

1. Apologies for absence

Apologies were received from:
Margaret Morcom and David Roy

Not in attendance
Kevin Daly
Heidi Lane
Michael Kelly

2. Minutes of the previous meeting (14th December 2012) and ongoing actions

- Spelling of David Treadwell's name corrected on December minutes
- SW reported that Aresh Anwar was unable to attend today's meeting due to a surgical operational away day and that she would invite him to provide an update on stroke services at the April meeting. AK reported that stroke services are involved in a global Dr Foster initiative at the moment. There is a project to look at scoring / baseline information which commences on 1st March 2012 and we are starting a project with regards to stroke services with ward 2. AK confirmed that we should be able to provide an update at the April meeting. **SW**
- Quality Accounts – Barry Oriss reported that at a recent stakeholder meeting,

concerns had been noted that nobody had been able to locate the quality accounts online. ET reported that quality accounts were published on the NHS Choices website and that she would check to ensure they could be easily located. **ET**

- BO confirmed that quality issues are now a standing item on the Council of Governors Finance Committee agenda.

With the above comments / amendments, the minutes of the meeting held on 14th December were agreed as true record.

3. Update on the quality accounts 2011/2012 (Rachael Blackburn)

RB provided an update with regards quality accounts and priorities for 2011/ 2012. A number of public stakeholder events, broadly based across the hospital sites were held from which a list of preferred priorities was created. This list was then taken to the Executive Director team, who voted on the top four priorities. These were confirmed as:

- Fundamentals of care
- Falls
- Tissue viability
- Fracture neck of femur

Key points to note:

- Concerns were expressed with regards to the continued work on last year's (2011 / 201) priorities. SW confirmed that there are systems within the organisation to continue monitoring these once they are no longer one of the key focuses of the current quality accounts (e.g. Sarah Woolley and Aresh Anwar are currently working on a quality dashboard which will measure stroke and other services on an ongoing basis)
- RB confirmed that the first draft of the quality account and report is now complete, with the completed quality account and report report being published on NHS Choices website on 30th June 2012.

4. Presentation: VTE priority from quality account 2011/2012

Neil Smith, Consultant Haemotologist gave a presentation about preventing venous thromboembolism (VTE) in hospitals. VTE was chosen by this committee as the 'topic for scrutiny" that it wanted to focus on for this year's quality account. Neil's presentation was arranged to give the group more clarity around incidents of VTE at HEFT and programmes of work in place to look at managing this.

Key points to note:

- Reports estimate 90,000 cases of VTE each year in the UK of which 54,000 cases resulted in pulmonary embolisms. NS reiterated that the UK data was for episodes of VTE and PE, whereas France and Germany were recording fatalities
- Cases of VTE are higher for inpatients (rather than day patients), with restricted mobility cited as the main contributing factor. NS confirmed that there are currently no specific guidelines with regards to how soon a patient should be mobilised post-surgery and that it is ward / patient dependent
- The current CQUIN goals are to reduce the impact of VTE and improve the responsiveness to the personal needs of patients. The trust expects VTE to be

reflected in the CQUIN targets

- Neil Smith explained the trust system for ensuring all patients have a VTE risk assessment completed. He also commented that this system will enable the trust to maintain compliance going forwards
- The committee gave their thanks and praise to NS, not only for the presentation but for the assurance of the ongoing work at HEFT with regards to VTE
- The committee members asked for some clarity as to the best way forward for the group to monitor VTE work. SW confirmed that we are about to start the safety dashboard (going live from April 2012). Once the dashboard is up and running and we will have metrics included around VTE that we will use as the starter for scrutiny RB / AK / NS / ML to sit down and discuss how this would work / what measures will be correct. **RB/AK/NS/ML**

5. Safety SIT REP

SW gave a brief overview of the Safety SIT REP paper. This paper is the safety report that is submitted to the Governance and Risk Committee, Trust Board and Executive Management Board.

Key points to note:

- Strategic risks: Current strategic risks for the Trust are: Future tariff efficiency – 15% CIP across the Trust / Patient flow / Implementation of the NHS reforms / future income. These will be discussed at the March Trust Board Committee
- Operational risks – There are currently three risks on the SIT REP principally relating to pieces of kit. 1) **Security systems on the paediatric wards** – a system is in the process of being installed which should mitigate this risk. 2) **Graseby pumps** – this was flagged as a risk because there are now better pumps on the market and these new pumps have been purchased and will be on the wards shortly. 3) **Manual handling equipment on wards** - a very thorough assessment has been undertaken and the main issue relates to manual handling aids for the support of bariatric patients. Work is ongoing, a budget has been set aside and this will be down scored in the next month or two.
- SUIs – SW reminded Governors that in total, there are approximately 18,000 incidents are reported to us annually across the organisation through our incident reporting system (this is a mandatory system for all NHS organisations and is a measure of our safety culture). As part of the Safety SIT REP Report, we only summarise the serious category incidents that have happened with an aim to undertake a detailed root cause analysis. Since our last meeting, there is one new serious incident to report and this relates to a vaginal swab that was left inside a patient post delivery. An investigation is ongoing. SW commented that the management team had identified that there had been a theme relating to surgical never events over the last few months and confirmed that a trend analysis had been undertaken by the management team and that there were no general themes picked up from this analysis. A copy of this would be provided to members of the Quality and Safety Committee. The committee queried arrangements for theatre safety and whether arrangements for use of the theatre checklist were robust enough. SW reported that the organisation is using the correct site surgery checklist and that we are also auditing our practice at present with regards to the correct site surgery checklist on all sites. AK confirmed that we are setting up a theatre safety improvement programme to improve the safety culture within theatre teams. AK will send list of never events to all members of the committee. **AK** **AK**

- Regulatory matters – SW reported that we achieved NHSLA compliance for Level 2 Acute Services in January 2012.

  SW reported that she would aim to bring the Patient Safety Team to the next meeting to inform members of all the safety improvement programmes and campaigns we are currently implementing to improve safety across all sites.

  Tom Webster asked that it was noted at the meeting and on the SIT REP the number of successful operations and attendances without incident that are carried out at HEFT. The committee supported this suggestion.

6. AOB

- SW updated the committee with regards to the Care Quality Commission who have contacted us about establishing regular (6-monthly) contact with the boards of governors of foundation trusts, to talk about their work and findings for each trust. This is part of CQC's commitment to work with representatives of people who use services and to have good arrangements in place for exchanging information. The committee were supportive of this and SW agreed to provide contact details to Liz Steventon and Lesley Ward, our CQC assessor. **SW**
- David Treadwell requested a Board structure chart. This will be circulated to all members of the committee. **SW**

7. Date of next meeting

The next meeting is on Tuesday 24th April 2012 @ 1.00pm in the Board Room of Devon House, Heartlands. Please send any apologies to Elaine Tandy (Elaine.tandy@heartofengland.nhs.uk / 0121 42-43094).

Council of Governors – Quality and Safety Committee
ONGOING ACTIONS – 29th February 2012

Date of mins	Action	Target date	Owner
Oct 2011	Forward details of Patient Safety Walk Rounds to all Governors.	ASAP	AK
Dec 2011	SW to invite Aresh Anwar (Medical Director) to the next meeting to provide an update in response to issues and questions raised about the stroke services report.	ASAP	SW
Dec 2011	SW to invite Simon Hackwell (Commercial Director) to attend the April meeting to talk through the Quality Assurance process for reshaping HEFT in relation to Quality and Safety.	ASAP	SW
Feb 2012	ET to check that quality accounts are available (and easy to locate) online and also send a printed copy to Tom Webster	ASAP	ET
Feb 2012	AK to send a copy of the report regarding the trend analysis of surgical never events to all committee members.	ASAP	AK
Feb 2012	SW to provide contact details for CQC (Lesley Ward) to Liz Steventon.	ASAP	SW
Feb 2012	SW to circulate a Board structure organisational chart to all committee members.	ASAP	SW
Feb 2012	AK to send a list of all never events to all committee members.	ASAP	AK
Feb 2012	SW to invite one of the Patient Safety team to attend April meeting.	ASAP	SW
Dec 2011	AK to arrange a presentation at the April meeting with regards to discharge summaries.	Apr 2012	AK
Feb 2012	RB / AK / NS / ML to meet to discuss the best way to scrutinise VTE (once safety dashboard is in place).	Apr 2012	SW/AK /NS/ML