



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 21 November 2011**

PRESENT: Lord Philip Hunt (Chairman)

GOVERNORS:

Mrs Kath Bell
Professor Ian Blair
Dr Olivia Craig
Mrs Elaine Coulthard
Mr James Cox
Mr Albert Fletcher
Mr Neil Harris
Ms Rocio Hernandez
Mr Richard Hughes
Dr Syed Raza Hussain
Mr Phillip Johnson
Mr Mark Kibilski
Dr Sunil Kotecha

Ms Heidi Lane
Mrs Florence Nash
Mr Barry Orriss
Mr John Roberts
Mr David Roy
Cllr Jim Ryan
Mr Paul Sabapathy
Ms Bridget Sproston
Mr Stuart Stanton
Mrs Elizabeth Steventon
Mr David Treadwell
Mr Thomas Webster

Directors in attendance:

Dr Aresh Anwar
Mr David Bucknall
Mrs Anna East
Mrs Najma Hafeez
Mr Paul Hensel
Dr Mark Newbold
Mr Richard Samuda
Mr Adrian Stokes
Mrs Lisa Thomson

Members of the public

There were two member of the public in attendance.

Before starting the formal part of the meeting Lead Governor Richard Hughes congratulated the Trust's Faculty of Education on winning the HSJ Award 2011 in the category 'Workforce Development' for HCDU Foundation programmes (Step in Work apprenticeship programmes), plus in the category 'Improving Care with Technology' for VITAL.

11.46 APOLOGIES

Apologies were received from:-

Mr Kevin Daly, Prof Tim Freeman, Mrs Patricia Hathway, Mr Michael Kelly, Cllr Ian Lewin, Mrs Margaret Morcom, Ms Veronica Morgan, Mr Neil Smith and Non Executive Director Mr Richard Harris.

The Chairman also advised of the recent resignations of Governors Gwen Lamb (Sutton Coldfield) and Frances Hamer (Birmingham Central).

11.47 DECLARATIONS OF INTEREST

The Chairman referenced the Declarations of Interest schedule included within the meeting pack and asked that anyone having Interests still to declare should contact the Company Secretary's office which would update the schedule appropriately.

11.48 MINUTES OF MEETING – 19 September 2011

The Chairman advised that a correction of the minutes was required at item 11.43.1:

- fourth line, delete the words 'also' and 'not'
- fifth line, delete 'stroke patients' and replace with 'Governors'.

Subject to the above changes the minutes were approved by the meeting and signed by the Chairman.

11.49 MATTERS ARISING

There was no Matters Arising that would not be covered within the Chief Executive's Report, later in the meeting.

11.50 CHAIRMAN'S REPORT

The Chairman referenced his pre-circulated written report. He had now attended each of the inaugural Governor Committee meetings where Chairs had been duly appointed and the committees were now working effectively. Additionally three breakfast meetings had taken place with Governors and these would continue on a monthly basis.

The recent members' seminar has resulted in a robust exchange of views and it was agreed that similar sessions would take place across all sites on approximately a four month basis.

Lord Hunt had recently attended a meeting with other FT Chairs at Monitor, where the role of Governors was discussed and, based upon his conversations, he believed that HEFT was in a good position to meet the future needs and challenges.

The two public Board meetings held so far had resulted in some agenda items being reported in the media, sometimes with somewhat sensationalised headlines but that this was to be an expected consequence of the change to public Board meetings.

The Chairman reported that David Bucknall was to step down from his position as Non Executive Director at the end of the year and acknowledged and thanked Mr Bucknall for the tremendous support he had given over the last four years.

Recalling the discussions that had taken place at the last Governors' meeting regarding the finances, the Chief Executive would include an update within his report and Mr Hackwell would be reporting on the Re-Shaping HEFT agenda.

11.51 **CHIEF EXECUTIVE REPORT**

Dr Newbold presented his pre-circulated written report, noting in particular that he was comfortable with the media coverage from the Board meeting regarding the reduction in beds, in that the content was fair although the headline had been somewhat sensationalised. His expectation was a reduction in bed numbers of 10/20% over the next 2/3 years. However, he made the point that any reduction in bed numbers would result from a series of initiatives in service provision, rather than being driven by a pure financial decision to reduce costs. Bed numbers could only reduce when the new services were in place.

Cllr Jim Ryan (Solihull MBC) commented that there was a requirement on HEFT to explain in a clear way that the actions would not affect patient care and also the reasons behind the decisions in order to avoid alarming patients.

Cllr Ryan believed that there was work to be undertaken to engage with the public and to explain what was being proposed was in the public interest and Dr Newbold responded that reducing beds could only take place after the services changes had been implemented and the beds had become surplus to requirements.

Q *Kath Bell (Patient Governor)* highlighted that there had been news items about many councils taking services away from the elderly and asked if this would create increases in admissions and length of stay?

A *Dr Newbold* responded that at least 50% of delayed discharges were due to internal reasons but changes in local authority provision would certainly increase admissions.

Q *David Treadwell (Birmingham Central)* commended the Chief Executive for the efforts within the Trust and commented that, in his opinion, the problems were due to institutionalised failures. He asked what plans were in place for implementing staff reductions or downgrading and how this would impact on patients care?

A *Dr Newbold* advised that staff numbers would reduce over the coming years but that nurse and clinical staffing levels were set nationally and the Trust would always comply with this. The reduction in beds would result in a natural reduction in staffing. He further advised that the Mid Staffs Report would strongly recommend that the ratio of clinical staff to patients should not be reduced. Vacancy controls were in place and staff reductions were being managed through normal staff turnover.

Q *Dr Sunil Kotecha (Solihull PCT)* asked if the number of community nurses would increase?

A *Dr Newbold* confirmed that this would be the case but there were also efficiencies to be made.

Neil Harris (Staff Governor) suggested that care should be taken to learn from the Care in the Community initiatives around mental health and to be particularly careful around such phraseology.

Q *Cllr Jim Ryan* asked for assurances that agency staff reductions would be prioritised.

A *Dr Newbold* confirmed that very few agency staff were used for nursing but agencies were utilised to provide locums for medical care.

11.51.1 Infection Control

Dr Newbold advised that there were differences between MRSA and C-Diff and that MRSA was not dangerous unless it entered the blood stream and that positive screenings were being managed with appropriate washing procedures. He reported that there had been six cases of MRSA up to the current time but none since July, which could be regarded as a success for the Trust but that staff still needed to be vigilant.

Dr Newbold reported that C-Diff is found in the intestines of 50% of the population but that over prescribing of antibiotics can be counterproductive. However, last year's figures were 30% above this years although the Trust was not on trajectory to achieve this year's target. Targeted reductions would become progressively more difficult to secure as the absolute numbers became smaller. *Dr Newbold* advised that new methods of testing may result in an increase in numbers due to higher levels of sensitivity.

Q *Liz Steventon (Solihull Central)* asked if there were any areas of the hospital that had a particular problem?

A *Dr Newbold* responded that the cases were fairly evenly distributed throughout the Trust.

11.51.2 Outpatients Booking System

Dr Newbold recognised that there were still some issues with the outpatients booking system, but believed that the situation was improving and that fewer complaints were being received. The new software package would change the way in which consultants managed their diaries. A recent outpatient survey had shown the best results to date but he was far from complacent and every effort was still being made to improve satisfaction levels.

James Cox (Solihull Central) advised that there was still a backlog of notifications and provisional appointments were not being confirmed, which was causing confusion.

John Roberts (Sutton Coldfield) commented that the subject had been discussed for over 12 months and the system was still not working properly.

Elaine Coulthard (Sutton Coldfield) advised that from her own GP practice many patients had complained about the system and *Sunil Kotecha* suggested that all appointments should be booked through the Choose and Book system.

Rocio Hernandez (Birmingham East) reminded the meeting that this topic had also been discussed at the preceding meeting. She had personal experience of trying to change an appointment which encountered difficulties.

Dr Newbold recognised that new systems sometimes need time to bed-down. The system now has to deal with 750,000 appointments each year and *Dr Newbold* acknowledged that improvements were not happening as quickly as he would like. He will continue to prioritise resolution of these issues.

The Chairman asked if the Governors would like to meet separately to discuss the issue of the Outpatients Booking System and the consensus was that this would be welcomed.

11.51.3 George Eliot Hospital

Dr Newbold reported that the Board of George Eliot had contacted the Trust as it had decided to seek a partner rather than attempt to become an independent foundation trust. *Dr Newbold* said that, to date, no further information had been provided but HEFT had confirmed its potential interest in some form of partnering arrangement. *Dr Newbold* said he was open minded but believed that it would be difficult to support George Eliot clinically although HEFT may be able to offer some back office and corporate support.

The Chairman confirmed that the Board had given approval for the executive team to examine the proposals but the Board would take the final decision when all facts had been clearly established.

Cllr Jim Ryan agreed that openness was the right approach but suggested that focus should be on the existing four hospitals. *The Chairman* believed that it was right that the Trust should examine all the issues and implication to see if there were any benefits to be gained for HEFT.

11.51.4 Financial

Dr Newbold confirmed that central controls had been put in place around expenditure to ensure HEFT regains financial balance; these controls had already made a significant impact. He reported that income was falling and focus was being given to finding ways to increase theatre throughput. *Dr Newbold* anticipated the final outturn for the current year to be satisfactory but it is essential that financial balance is achieved going into next year.

Q *David Treadwell* asked if the local population was increasing which would worsen financial balance, would the government provide additional resources?

A *Dr Newbold* confirmed that the commissioners were funded per capita but an additional annual rise in demand of 5% would not attract any additional funding. *Dr Newbold* suggested that the Trust should be part of this continuing debate.

Paul Sabapathy (BEN PCT) advised that BEN PCT would have to save £100m in 2011/12 and around £80m per year thereafter. They would receive a reduced

share due to the distribution mechanisms in place (per capita adjusted for socio-economic issues) but were working with HEFT to make best use of the money available. He believed that the Solihull integrated model of care may be a good way forward.

The Chairman confirmed his belief that working with and alongside commissioners was the only sensible way forward.

11.52 **RESHAPING HEFT**

Simon Hackwell (Commercial Director) presented plans for reshaping Heart of England services which included plans designed in conjunction with clinical staff. He advised that with income remaining flat and costs rising this would result in a funding gap of around 20% and the objective was to raise awareness of the need to re-shape and develop and deliver a plan. Twenty workshops with main bed-holding directorates had been held in order to gain as much feedback as possible. Any reshaping would almost certainly involve changing how and where services are delivered. Amongst others, these might include:

- New Pathways for elderly, maternity and chronic diseases
- Service Development around community based care post discharge, review of general medicine care, cancer services at Solihull
- Developing services that can be delivered locally or at home
- How should Stroke Services be delivered to ensure best practice care?
- Surgical tensions between emergency and elective may be resolved with a better model to achieve best practice in staffing levels
- Examination of appropriateness of the Chest Clinic building and alternative sites for provision of services

Mr Hackwell believed that this would provide a platform for engaging with commissioners and all other relevant partners by providing clinically led solutions.

The Chairman advised that the Board had recently received a similar presentation and had agreed for further work to be carried out. The results of the further work would be reported early next year for a full discussion to take place.

Cllr Jim Ryan suggested this review work should take place not only during times of financial hardship but also when finances were not so tight. He urged that the dignity of elderly patients be at the forefront of all plans. He also pointed out that any plans needed strong management buy-in to implement and requested that the public and stakeholders be included within the debate alongside the Board to ensure that the community is aware of the work being undertaken to improve services.

Tom Webster (Birmingham North) pointed out that everyone was conscious of the need for change but it was informed by past NHS experiences. Some controls being put in place would be outside the jurisdiction of the NHS, with many additional external agencies involved for commercial reasons. There would be a need to control these external agencies otherwise the change process would fail.

Dr Sunil Kotecha believed that as HEFT was an integral part of the community, reshaping its services would be more effectively achieved in conjunction with healthcare partners.

Paul Sabapathy re-iterated the point of the need for engagement with the wider public and suggested a communications strategy would be needed to inform the public. He also asked what involvement GPs had had with the process?

Najma Hafeez (Non Executive Director) informed the meeting that a new Board Committee had been set up specifically to engage with the community and the wider stakeholder group.

Q *The Chairman* asked Mr Hackwell if he believed that management and staff had the capability and capacity to deliver the changes and how they related to the NHS reforms. The Board would be scrutinising this point very carefully.

A *Mr Hackwell* confirmed that the clinicians had approached the redesign from the perspective of the patient, including their privacy and dignity, and were fully patient centred. It was suggested that the clinicians involved could present directly to the governors may be at a future breakfast meeting.

Mr Hackwell said that until the plans need further development it was difficult to see the full extent of the tasks and issues involved. He confirmed that until work was completed with stakeholders, definitive plans could not be agreed. Some areas may be developed further with others being scaled back. However, what he was presenting tonight was the initial internal thinking which would help inform future plans following a full engagement process.

Q *Paul Sabapathy* commended the level of clinical engagement but questioned whether the GPs had been asked what their concerns were particularly around care of the elderly.

A *Mr Hackwell* confirmed that there was an opportunity to better utilise current resources.

Q *Elaine Coulthard* highlighted that operating theatres were empty in the evenings and at weekends as staff were not contracted to work these hours and suggested that thought should be given to better utilisation in order to reduce throughput pressures elsewhere.

A *Dr Aresh Anwar (Medical Director)* confirmed that whilst he was always working to eliminate inefficiencies, normal working practice needed to be in place efficiently at night before 7-day working could be taken forward.

Q *Liz Steventon* asked why it was not safe to operate at night?

A *Dr Anwar* responded that staffing the hospital 24/7 at the same level of normal working hours was neither possible or affordable and clearly patient safety was paramount.

Q *David Treadwell* asked if there was evidence that on surgical wards there was a shortage of staff and therefore an increase in usage of agency staff.

A *Dr Newbold* confirmed that there was a national shortage of theatre nursing staff and more agency staffing was used in this area.

Richard Hughes (Tamworth) advised that Governors would very much welcome more information about the Chest Clinic and how this fitted with the Reshaping HEFT agenda.

Q *Philip Johnson (Patient Governor)* raised the need to find an alternative city centre site for the Chest Clinic and questioned the reasons behind this.

A *The Chairman* invited the governors to visit the Chest Clinic and confirmed there were region-wide services delivered from this site. *Mr Hackwell* confirmed there were respiratory and sexual health services provided which were well received at the central location.

11.53 REPORTS FROM COMMITTEES

11.53.1 Appointments Committee

The Chairman reported that there were currently two vacancies for non executive director posts which would be advertised in January with recommendations being put to the Council of Governors in March.

11.53.2 Audit Appointment Committee

Richard Samuda (Chair of the Committee and also Chair of the Board's Audit Committee) explained that a meeting had taken place to examine re-tendering for the external audit provider. It was reported that PwC were currently in post and would complete the audit for the current financial year. A tender document had been sent out and the shortlist would be available in January and recommendations would be made to the Governors in March.

11.53.3 Constitution Review Committee

The Chairman informed the meeting that the committee had examined issues resulting from the changes in legislation and planned to meet again in February to provide a full report in March. He further advised that any changes to the constitution would need to be approved by Governors, the Board and Monitor.

Q *John Roberts* asked what the impact of George Elliot would have on the constitution.

A *Lord Hunt* confirmed if the Trust merged the constitution would need to be changed but the Committee was only looking at the current position.

Paul Sabapathy suggested that the length of term should be reviewed and elections staggered to provide more stability for the Council of Governors.

11.53.4 Finance and Strategy Committee

Barry Oriss reported that two meetings had been held. He confirmed that the Committee had examined an anticipated year end position of break-even and would receive early warning if this was not the case.

He also advised that service provision would need to be reconfigured and that Governors would be involved in the process from the outset with other governor committees provided with the opportunity to comment.

Albert Fletcher (Birmingham North) pointed out that previous Council of Governor minutes had highlighted an outstanding debt from Birmingham City Council and that this needed to be resolved.

Adrian Stokes (Director of Finance) confirmed that the subject was on the Board of Directors' Agenda for December.

11.53.5 Hospital Environment Committee

The inaugural meeting took place in September and the Committee would look at such issues as cleaning, refurbishment, site management and related issues. The subject of the escalators in the main entrance of Heartlands Hospital had been raised due to issues of reliability as well as the future of Cafe One as opening hours had reduced impacting on the patient experience. Other items raised at the meeting included:

- WRVS at Good Hope were reported to be unhappy
- Recycling was being examined across the Trust
- Shuttle Bus the timetable was to be displayed at pick-up points
- Drinking water – the committee had been asked to examine the temperature of available drinking water for patients.

It was agreed that future meetings would be held quarterly with the next taking place on the 4 January at Solihull and would incorporate a visit to the CPU.

Q *Neil Harris* asked the Committee to consider why the disabled parking at Good Hope was not closer to the treatment centre as many disabled patients used this facility.

11.53.6 Membership and Community Engagement Committee

It was reported that HEFT had the largest membership of any Foundation Trust and that its policy towards members needed to be reviewed by both Governors and Directors. It was advised that seminars would be held across sites which would be advertised in the local press when Governors would be able to answer questions from members.

11.53.7 Patient Experience Committee

The committee had met in October and Mike Kelly had been appointed as Chair. Amongst the items reviewed, the Committee had requested that complaints trends were included as well as the work of the CHC, the meetings of which the Chair would attend.

11.53.8 Quality and Safety Committee

Liz Steventon (Chair) advised that the first meeting had taken place in October. As the Committee had many new members additional training was being provided to enable informed decisions around quality and safety frameworks nationally and within the Trust. The Governance team was acknowledged for its efficiency.

11.53.9 FTGA

James Cox reported upon the FTGA meeting which he and Mike Kelly had attended in Leeds on behalf of Governors. The day had included a number of very interesting topics.

11.54 COMMITTEE TERMS OF REFERENCE

The Terms of Reference of various Council of Governors' Committees were approved.

11.55 ANY OTHER BUSINESS

11.55.1 *Albert Fletcher* advised that he had attended the Donated Funds Committee on 7 December and there would a fundraising campaign launched in the near future.

11.55.2 *The Chairman* encouraged Governors to consider attending the inaugural lecture by Dame Carol Black due to take place on the 1 December in the lecture theatre at Heartlands.

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Chairman