GOVERNORS' CONSULTATIVE COUNCIL

Minutes of a meeting of the Governors' Consultative Council held at the Education Centre, Heartlands Hospital on 23 May 2011

PRESENT: Lord Philip Hunt (Chairman)

GOVERNORS:

Mrs Arshad Begum
Mrs Kath Bell
Professor Ian Blair
Ms Annette Bowen
Mrs Elaine Coulthard
Dr Olivia Craig
Mr Kevin Daly
Mr Albert Fletcher
Ms Patricia Hathway
Ms Rocio Hernandez
Mr Richard Hughes
Dr Syed Raza Hussain
Mr Phillip Johnson
Mr Michael Kelly
Mr Mark Kibilski
Dr Sunil Kotecha
Ms Veronica Morgan
Ms Florence Nash
Mr Barry Orriss
Mr John Roberts
Mr David Roy
Mr Paul Sabapathy
Mr Neil Smith
Ms Bridget Sproston
Mr Stuart Stanton
Ms Elizabeth Steventon
Mr David Treadwell
Mr Thomas Webster

Non Executive Directors in attendance:

Mr David Bucknall
Mrs Anna East
Mr Paul Hensel

Executive Directors in attendance:

Dr Aresh Anwar
Ms Lisa Dunn
Mr Simon Hackwell
Ms Claire Molloy
Dr Mark Newbold
Mr John Sellars
Mr Adrian Stokes
Ms Mandie Sunderland
Dr Sarah Woolley

Staff in attendance:

Ms Hazel Gunter
Mr Simon Jarvis
Ms Lisa Jennings
Ms Chantelle Osborne
Mr Malcolm Pye
Ms Alison Rees
Ms Sandra White

Members of the public

There were nine members of the public in attendance.

11.24 INTRODUCTIONS

The Chairman welcomed everyone to the meeting, including existing and new Governors. He also welcomed Claire Molloy, recently appointed to the post of Executive Director of Solihull Hospital and Community Services.

11.25 APOLOGIES

Apologies were received from Governors, Mr James Cox, Dr Tim Freeman, Mr Neil Harris, Ms Heidi Lane and Cllr Ian Lewin and from Directors Ms Mandy Coalter, Ms Najma Hafeez, Mr Richard Harris, Mr Andy Laverick and Mr Richard Samuda.

11.26 MINUTES OF THE MEETING HELD ON 7 MARCH 2011

Two matters were raised.

Albert Fletcher (Birmingham North).
11.12 – It was agreed that contrary to this point in the 7 March 2011 minutes, Governors who requested hard copies of GCC meeting papers should continue to receive them.

Albert Fletcher (Birmingham North)
It was agreed that, in future, any comments made by a Governor during the meeting or noted in the minutes should have that Governor's name referenced.

Following the comments above, the minutes of the meeting held on 7 March 2011 were approved by the Council and signed by the Chairman.

11.27 MATTERS ARISING

Two items of matters arising were raised.

Barry Orris (Staffordshire South)
Point 11.19 from 7 March 2011 minutes – Quality Accounts - Clarification was requested with regards to the user groups and stakeholders being invited to discuss priorities for the coming year. Dr Sarah Woolley *(Director of Safety & Governance)* confirmed that priorities are Stroke (focussing on the right clinical outcomes and processes), continuing with VTE (clinical outcomes), improving patient experience and mandatory training. The focus will be specifically on these priorities as a result of the consultation exercise. Dr Woolley agreed to circulate a list.

Barry Orris (Staffordshire South)
Point 11.22 from 7 March 2011 minutes – Ultragenda – an update was requested with regards to the progress of Ultragenda. Adrian Stokes *(Director of Finance and Performance and Deputy Chief Executive)* confirmed that Ultragenda is up and running and the pathway system has gone live. It was noted that it will be a substantive item at the September 2011 meeting.

11.28 TRUST OVERVIEW

Dr Mark Newbold *(Chief Executive)* gave a short update regarding the key directions for the Trust and to inform the Governors of current issues and future plans.

<u>Q4 Monitor Return</u>
The Trust failed to achieve the 95% 4 hour target for A&E. Actions that were put in place did, however, improve performance. Dr Newbold confirmed that A&E targets remain his number one operational priority. A more detailed overview will be provided at the September 2011 meeting when we are able to measure against the new targets. Further details on the Monitor Q4 return are set out in minute 11.29.1.

Coroner's Inquest

Dr Newbold reported on the sad case concerning patient Jane Harrop. In summary:

- 30 year old lady who suffered an extremely rare condition affecting brain and spinal cord which proved fatal.
- Four day inquest was held with a "death by natural causes" verdict. The Coroner was critical, however, of care provided by one doctor (who is no longer in Trust) and one Nurse (who currently works at HEFT). Dr Aresh Anwar *(Medical Director)* and Ms Mandie Sunderland *(Chief Nurse)* will be looking at appropriate actions regarding the two individuals and will report back formally at a subsequent Trust Board meeting.

Lord Hunt confirmed that arrangements have been made to send a copy of the Coroner's Summing Up of the case to all Governors.

With regards to lessons learnt, Dr Newbold confirmed that every serious case that goes to inquest is always reviewed in depth especially when the Trust has been criticised. The Harrop case is unusual in that it did not invoke a Rule 43 Report under the Coroners Rules 1984, as no negligence was found. Dr Woolley reported that a full mortality review was carried out and that changes to practice were implemented in radiology, in particularly around access to the MRI scanner, which was necessary for diagnosis. This information will be included as part of the Board report and there will be a full update at the September 2011 meeting.

Positive press coverage

Dr Newbold noted excellent coverage of our apprenticeship schemes and the importance of using the schemes as a way in which we can engage effectively with our community.

New Ward Block

The new ward block at Good Hope Hospital formally opens on 25 May 2011 to which all Governors are invited.

Executive Site Leads

Dr Newbold confirmed that Ms Claire Molloy has commenced work with the Trust as Executive Director of Solihull Hospital. He is looking to appoint an Executive Lead for Good Hope on Friday 27 May 2011. Confirmation of appointment will be provided at the September meeting.

NHS Health and Social Care Bill

Dr Newbold updated on this topic which is currently in a listening phase.

David Treadwell (Birmingham Central)

Q: Regarding the consultation meetings around constituencies, were the public invited or were they just for professionals?

A: *(Dr Newbold)* Open to everyone.

Q: Were they advertised?

A: *(Dr Newbold)* Yes

Michael Kelly (Birmingham at Large)

Q: I understood that the Trust set aside £5m for claims but have read there was a recent claim for £7m. Where do we stand on this and how many claims are still outstanding?

A: *(Adrian Stokes)* We pay a premium of £13m to the NHSLA (NHS Litigation Authority). The NHSLA pays individual settlements on our behalf.

The NHSLA is the NHS's Risk Pooling Scheme for Clinical Negligence and Employer Liability. Our contribution to this scheme is set on an annual basis in accordance with the NHSLA's actuarial calculations and our compliance with NHSLA Risk Management standards (acute and maternity services). The NHSLA review the financial contributions for all scheme members on an annual basis. The sum of £13m is our annual scheme contribution cost for this year (2011/2012).

Dr Sunil Kotecha (Solihull PCT)
Q: How does our NHSLA premium compare to that of other Trusts?
A: *(Adrian Stokes)* We are Level 2 for general acute. There are very few organisations that are at Level 3. Maternity at HEFT is a level 3, which is the highest you can get.

Dr Newbold commented that in terms of actual claims, HEFT is slightly down the league table than the size of the Trust would predicate. This is in line with what we would expect.

John Roberts (Sutton Coldfield)
Q: With regards to the £7m that was paid out, is there any form of excess?
A: *(Adrian Stokes)* There is no excess. We pay a premium of £13m and this covers everything. £7m would be what the NHSLA paid out on our behalf.

David Treadwell (Birmingham Central)
Q: Reading current press, many of the Trusts are closing down beds. Is that a policy with this Trust?
A: *(Dr Newbold)* The recent newspaper article referred to plans for the whole of Birmingham. If the whole system and hospitals perform as efficiently as they could (eg, improving discharge, reducing length of stay etc), then Birmingham could lose 700 beds across the city, approximately 300 of which would be within HEFT. We can only close beds when there is an alternative care facility within the community. We have no problem reducing capacity if the system supports it. Some of our cost improvement programmes will have bed reductions as part of them and further work is required regarding this.
Paul Sabapathy (BENPCT) commented that for hospitals to make the savings in terms of bed reductions, we have to work with PCT's across the system but this doesn't mean poorer care. The only way to save money is to reduce beds but patient care will always be at the centre of priorities.

11.29 FINANCE AND BUSINESS UPDATE

11.29.1 Q4 Monitor Return

Mr Stokes provided a verbal outline of his pre-circulated report.

The key points noted were:

- Comparatively, we are doing well. We always score below 100 (good metric).
- To have an Income & Expenditure surplus of £11.8 million is a very good result that many other organisations do not achieve.
- Whilst there is no clear benchmark, Mr Stokes reported that we are in the top quartile.
- Cash Balances stood at £98m being some £34m ahead of Plan mainly due to timing of capital spend.
- Performance targets were being met other than for A&E
- The overall Risk Rating is 'green'.

Richard Hughes (Tamworth)

Q: Can Governors be supplied with a copy of the draft accounts in advance of the formal publication?

A: (*Adrian Stokes)* This is still planned.

Michael Kelly (Birmingham at Large)

Q: I have great sympathy with the problems around the A&E target. How does 24 hour drinking affect performance in A&E?

A: *(Adrian Stokes)* We all have a level of sympathy. A&E never stops and we have regular return attendees. We are one of the poorer performers but I do believe that there are systems and processes that we can put in place. We don't have any data on alcohol related attendance but one of our jobs as an acute hospital is to be prepared for coping for alcohol related A&E attendees. Wider education around alcohol is a matter for the PCT's.

Dr Sunil Kotecha (Solihull PCT)

Q: Where is the A&E target being missed?

A: *(Adrian Stokes)* The three sites are all very different and have distinctive issues. Solihull has a very small A&E department and currently achieves A&E targets.
Paul Sabapathy agreed that more detail about each site's issues would lead the Governors to a better understanding.

Albert Fletcher (Birmingham North)

Q: I am pleased to see a chart with ticks confirming we are compliant but we need further information when a cross is indicated (i.e. A&E). Why are we failing and what could we do to make things better? There is no point in having a graph saying we're not performing without further information.

A: *(Adrian Stokes)* Point noted and, in future, detailed information will be collated around areas of missed targets.

11.29.2 <u>Monitor Annual Plan 2011/2012</u>

Mr Stokes outlined his pre-circulated report.

- <u>What is the Monitor Annual Plan?</u> – A 12 month forward plan sent to Monitor encompassing financials, commentary on performance and details about Governors, directors and members. The Monitor compliance framework sits alongside this. It was noted that we have a fairly tight timetable, mainly due to information regarding tariff that was made available quite late in the process.
- <u>Funding in the NHS</u> – Mr Stokes particularly emphasised the persistent downward pressures of tariff.
- <u>Overall Strategy</u> – "healthcare at the heart of the community" (Safe & Caring Efficient Locally Engaged, Innovative). Key Objectives are now being formulated in order to assist delivery of the goals.
- <u>Financials</u> – Mr Stokes outlined the four strategic monetary areas all of which drive the I&E result.
  - Capital – comprising a three year £122m programme
  - Investments – in a number of areas
  - Cost Improvement Programmes – aiming to generate £23m for 2011/12
  - Income – where the best that is likely is no increase.

  This should result in a minimum Risk Rating of 3

Richard Hughes (Tamworth)

Q: With regards to capital expenditure, it only appears to add up to £109m but says £122m in presentation.

A: *(Adrian Stokes)* This difference is a timing issue reflecting a level of expenditure carried over from 2010/11.

- Performance – Performance will be measured around a number of factors including Infection Control, Cancer, A&E, 18 Weeks, CQC etc.
- Risks – Key risks going forwards are
  - CIP challenge will be a tough ask for every acute trust (£23m).
  - PCT affordability continues to be a challenge.
  - A&E
  - Contractual expectations from our commissioners become harder each year.

There are additional commentaries around, Directors, Governors and membership.

The point of this meeting is to allow Governors to comment on the draft Plan before final consideration and approval by the Directors and submission to Monitor.

Barry Orriss (Staffordshire South)

Q: We have been presented with a 'fait accompli' and asked to rubber stamp it. More time is needed to allow Governors to consider the proposals and make a meaningful contribution. Please would it be possible to involve Governors much earlier in the process in future?

A: *(Adrian Stokes)* Agreed. We do want to involve Governors much earlier in the year in future. However, this is year two of a 10-year strategy and Governors were involved in developing the longer term strategy.

Lord Hunt proposed that the July 2011 meeting of Governors is used to go through such issues to ensure Governors are involved at an earlier stage.

Paul Sabapathy (BENPCT)

Q: Firstly, we need to recognise a key risk with regards to delayed discharges, particularly with the cut backs on social care. Secondly, with regards to A&E and the indicators, it would be helpful to say what those indicators are so that Governors better understand the actual targets and challenges.

A: *(Adrian Stokes)* I agree and, given that we know Q1 is going to be tight, it would be good to have a section on A&E.

Stuart Stanton (Solihull North)

Q: As with all financial forward planning, there is a need to have a set of basic assumptions. With the possible changes in the way the NHS is going to be financed in future years, how much of an influence will the funding changes have? Are these changes shown in the presentation?

A: *(Adrian Stokes)* Yes, but we do need to keep a close eye on this.

Tom Webster (Birmingham North)

Q: You have given the financial position of the three hospitals taken together. How does the impact of Solihull Community Services affect your presentation?

A: *(Adrian Stokes)* There is an additional £30m of income which reflects the Community Service Transfer. Also, the Sexual Health Service has been brought on board. There may be a small surplus, reflected in those numbers.

Elaine Coulthard (Sutton Coldfield)

Q: Are minor ailments included in the A&E cost and in the performance chart?

A: *(Adrian Stokes)* Yes, there are four tariffs for A&E from minor ailments through to more serious illnesses.

Albert Fletcher (Birmingham North)
Q: Is there anything included in the plan for the recovery of debt?
A: *(Adrian Stokes)* Provision is made for recovery of debt. I am attending a meeting with Dr Mark Newbold and the Chief Executive of Birmingham City Council next month when debt issues will be escalated but plans are in place with regards to this.

Sunil Kotecha (Solihull PCT)
Q: What level of reduction did the PCT receive?
A: *(Adrian Stokes)* The total level of negotiated settlement was £15.0m. The PCTs have agreed to invest £11.5m to support HEFT in 2011/12

Kevin Daly (Birmingham at Large)
Q: Can you explain the reason why the Monitor Risk Rating has dropped in relation to the accounts across the last two years?
A: It is relatively complicated. There are two major factors which influence the Risk Rating and the accounts.
Firstly impairment, these are a charge to our I&E (reducing surplus) but are ignored in the Monitor calculation.
Secondly, reductions allowed to the PCTs, these are reflected in both the I&E and Monitor Risk Rating.
The Risk Rating fall from last year largely reflects the reductions allowed to the PCTs.

Lord Hunt noted two substantive decisions:
In the governance review, we need to look at Governors having earlier input into the Annual Plan and we need to discuss the impact of delayed discharges at the Trust Board meeting on 26 May 2011.
Comments from this meeting would be relayed to the Board of Directors so that, where appropriate, they could be incorporated into the Monitor Annual Plan.

11.29.3 HEFT Business Plan 2011/2012

Simon Hackwell, *(Commercial Director)* presented his pre-circulated Report noting that the Business Plan is more of an internal document detailing plans for the organisation over the next 12 months. It covers the period 2011/12 incorporating the five clinical groups and also a number of corporate departments.

The key points noted were
- We are facing many challenges as a Trust (financially and organisationally).
- We can expect to see much more engagement between the three hospitals, focussing on engaging with the local community (including GPs, voluntary sector etc).
- Solihull is the most advanced with regards to connecting with community.
- Focus on Integration rather than competition, which we will be embracing in a big way (e.g. how hospitals link in with community services).

Key Themes included
- Site and Service reconfiguration
- Development of community services
- Development of a 7-day 24 hour workforce
- Development of ambulatory models of care.

The Chairman emphasised the need to give thought to reorganising the way we provide services so it is better for the patients. Can we do more to develop with the community? Can hospitals work much more over 7 days a week to increase efficiency?

11.29.4 <u>Community Services Update</u>

Claire Molloy gave a brief overview of her first few weeks in post as Executive Director of Solihull Hospital and Community Services.

In brief:

- 700 staff transferred over to HEFT on 1 April 2011, representing approximately 38 community services (public health through to some planned areas, diabetes and out of hospital services).
- The transfer has gone well with all staff made very welcome by HEFT.
- Ms Molloy noted that planning by HEFT leading up to the transfer was fantastic and it has been a very positive experience so far.
- Huge benefit in having hospital and community services provided by one organisation (improved care pathways).
- Priority now is to focus on how we bring services together in a fully integrated way.
- A Partnership Board is to be established in June 2011. This will consist of major organisations involved in the delivery of care but Ms Molloy reported that she would be interested in engaging with the public and other partners in shaping services locally and invited comments and feedback from Governors.

David Treadwell (Birmingham Central) commented that there remains much confusion about Community Services issues and this confusion needs to be tackled.
The Chairman responded by confirming that there was now a great opportunity to provide full integrated services and that Ms Molloy would present a further update at a future meeting.

11.29.5 <u>Update on Site Strategy</u>

Lord Hunt recalled that one of the questions from earlier in the meeting was about the extent of capital projects. John Sellars *(Director of Asset Management)* gave a brief overview of current projects within the Trust reminding Governors that a 10 year programme had been approved in 2008 and highlighting in particular

Projects at Heartlands - Pathology building and new ACAD (Ambulatory Care and Diagnostic Centre building). Work due to start in March 2012 and will be complete in June 2013. This building will be for Outpatients, Endoscopy, Day Surgery and Radiology services. There will also be an extension of the pathology department which Mr Sellars stressed would have both financial and economic improvements for HEFT.

Projects at Good Hope – Four projects:

- A&E extension
- New Ward block (complete) – official opening on 25 May 2011
- New theatre and day case development – this will resolve issues with shared sex bays
- Bedford Road houses – Mr Sellars reported that these houses have been refurbished for accommodating locums and military doctors. He stressed that the houses were for internal use rather than letting externally.

Aside from the Main Entrance and the Boiler House at Heartlands and the Energy Centre at Solihull, HEFT has no PFI Projects.

Michael Kelly (Birmingham at Large)

Q: At the last meeting, you spoke about the cleaning contract. There appeared to be general unhappiness on previous ward visits. Where are we with the cleaning contract at Heartlands?

A: *(John Sellars)* The cleaning contract is now let to Group 4 Security cleaning. I am unable to provide an answer about individual cases regarding the contract with Initial Services but G4S are now fully engaged and the first indications are very positive.

Albert Fletcher (Birmingham North)

Q: How much planning time have Governors been involved in the planning stages of these projects? I like the sound of these projects but how many hours of planning was with Governors?

A: *(John Sellars)* This data has not been collated but Roy Shields is on the relevant Committee.

Lord Hunt commented that he believed Governors should be involved and at the meeting in July, he would like to establish a more formal approach to include Governors. David Bucknall, Non-Executive Director agreed that the process needed to be formalised but did acknowledge the involvement of Governors.

Paul Sabapathy (BENPCT)

Q: What is the extent of the problem across the Trust with regards to mixed sex accommodation? Also, there was no mention about stroke care as one of the priorities of the Business Plan?

A: *(Mandie Sunderland, Chief Nurse)* With regards to single sex facilities, apart from the day-case units, we are fully compliant with single sex standards. At the moment, in order to maintain compliance (for example, the day surgery unit) we are having to run single sex lists as a temporary measure.

Elaine Coulthard (Sutton Coldfield)

Q: Is it possible to see the plans for A&E at Good Hope? Will the WRVS be pushed out?

A: *(John Sellars)* The WRVS will stay.

Kevin Daly (Birmingham at Large)

Q: Who are “BHE Heartlands Limited” Do they own the floor space at the front entrance of Heartlands?

A: *(John Sellars)* Yes, they own it, we rent it.

11.29.6 <u>FTGA Meeting – 7 April 2011 – Report</u>

Lord Hunt welcomed Val Egan who, up until March 2011, represented the Trust at FTGA meetings. Ms Egan outlined the key points of her report which is set out in the pre-circulated papers.

11.30 MEMBERSHIP

11.30.1 <u>Supporting Governors in their constituency</u>

To be embraced as part of governance review.

11.31 GOVERNANCE

11.31.1 <u>Review of the work of the Governors</u>

Lord Hunt noted that the Council needs to take some time to look at the involvement of Governors with the work of the Trust. Lord Hunt asked that if anyone has specific issues that they would like raised, to please inform him a couple of weeks in advance of any meeting. Lord Hunt asked that Governors get together to work through issues.

11.31.2 <u>Appointment of Lead Governor</u>

Lord Hunt stressed the important of the Lead Governor role but reiterated that the appointment is very much in the hands of the Governors.

Albert Fletcher (Birmingham North)

Q: If this item was tabled today, I would vote against it. There are two important issues when electing a Lead Governor. 1) Looking for someone the Governors can trust and 2) Someone who can be an advocate on behalf of the Governors. I don't feel those issues would be addressed by sending out a statement asking Governors to vote now. So that everyone has a fair crack of the whip, I propose that this item goes to next meeting for further discussion. It would then also be an opportunity for all governors to get to know each other.

Barry Orriss (Staffordshire South) agreed that deferring the process until the Away Day would help to establish exactly what was required of a Lead Governor.

Richard Hughes (Tamworth)

Q: Felt that GCC went a long while without a Lead Governor and we are now delaying matters again. It should have been in place before the last Lead Governor left.

A: *(Lord Hunt)* I propose that instead of rushing ahead with an appointment over next few weeks, that we give ourselves a little time and discover a little more about ourselves. The Away Day on 15 July 2011 would be an ideal time to progress. I propose that we take no action at the moment and agree timescales in July.

Lord Hunt put the decision to a vote. The vote was in favour of delaying the appointment of a Lead Governor for further discussions at the July Away Day.

11.32 ANY OTHER BUSINESS

Michael Kelly (Birmingham at Large)

Q: Why is there no record of attendance of Executive Directors at meetings and no record of apologies? Also, it appears the Away Day is being held at the same time as the Staff Recognition Awards?

A; Lord Hunt confirmed that the events were not on the same day and that the date for the joint GCC/Board Away Day was not yet arranged.

Albert Fletcher (Birmingham North)

Q: Proposed a record of the attendance of Governors also.

A: Lord Hunt to look into this.

Kevin Daly (Birmingham at Large)

Q: Last year's financial reports indicated days of sickness lost at 122,000. Which of those were certificated and which of those were ad hoc and which were at Good Hope? Do we have results for sickness this year yet?

A: *(Lord Hunt)* A report was presented at the Governors Consultative Council in November 2010 but I suggest that further information is provided at future meetings.

Hazel Gunter, (Head of HR) reported that we did meet the sickness target for the last financial year. Sickness levels at Good Hope are higher than at Heartlands and Solihull and a strategy is in place to address this. Ms Gunter also reported that sickness absence is improving but there is still a lot of work to be done. It was noted that the reason we are appointing an Executive Lead for Good Hope is to provide for strong leadership on each site.

Elaine Coulthard (Sutton Coldfield)

Q: At Good Hope WRVS we hear comments regarding very low morale.

A: *(Lord Hunt)* People need a strong sense of ownership of their own hospital.

Veronica Morgan (Staff Governor)

Q: One thing that I haven't heard mentioned about is marketing. Adrian Stokes mentioned about the tough contractual obligations and PCT affordability. Other Trusts are marketing their services. We need to market our services. I haven't heard anything about what we are good at, what we can offer?

A: *Lisa Dunn, (Director of Corporate Affairs)* What we are trying to do is a much more interactive approach and work with the new Executive Site Leads and staff on site about promoting their local services and making patients and public aware about those services. The intention is to put our focus of attention here.

11.33 DATES OF FUTURE MEETINGS

- 15 July 2011 – Away Day (Governance Review) – 1pm – 4pm, Solihull Ed Centre
- 19 September 2011 (AGM)
- 21 November 2011
- Breakfast meetings
- 24 August 2011 (Staff Recognition Awards)
- Joint GCC / Trust Board Away Day

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Lord Philip Hunt (Chairman)