

**Meeting of the Council of Governors  
4.00 – 6.00pm on 17 May 2017  
Room 2, The Education Centre,  
Birmingham Heartlands Hospital**

### **A G E N D A**

	Indicative Timings (minutes)
<b>1. Apologies</b>	1
<b>2. Minutes of Previous Meetings</b>	5
2.1 27 March 2017	
<b>3. Matters Arising</b>	5
<b>4. April (M1) performance position</b> (K Bolger)	15
<b>5. April (M1) financial position</b> (Oral – J Miller)	15
<b>6. Paterson update</b>	10
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8.1 Hospital Environment Group (SH)	10
8.1.1 07 January 2016	
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8.3 Patient Experience Group (TC)	
8.3.1 18 March 2016	
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8.3.3 15 July 2016	
8.3.4 23 September 2016	
<b>9. Any Other Business Previously Advised to the Chair</b>	10
<b>10. Next Meeting (Focus)</b> – Monday 26 June 2017, Harry Hollier Lecture Theatre, Partnership Learning Centre, Good Hope Hospital.	

Light refreshments will be available from 3.00pm when NEDs will be available to Governors

## Council of Governors

**Minutes of a meeting of the  
Council of Governors of Heart of England NHS Foundation Trust held  
on 27 March 2017 at 4.00pm  
in the Education Centre, Birmingham Heartlands Hospital**

**PRESENT:** Rt Hon. J Smith (Chair)

Mr S Baldwin	Mr G Moynihan
Mrs K Bell	Mrs S Nicholl
Mr A Cannon	Mr B Orriss
Cllr J Cotton	Mrs J Teall
Mr K Fielding	Mrs J Thomas
Mr D Hoey	Mr D Treadwell
Mrs S Hutchings	Dr M Trotter
Mr P Johnson	Mr D Wallis
Mrs V Morgan	Mr T Webster
	Mr L Williams

**IN ATTENDANCE:**

Ms F Alexander	Mrs A Hudson (Minutes)
Mr K Bolger	Miss M Lalani
Mr J Brotherton	Mrs K Kneller
Mr D Burbridge	Mr J Miller
Mrs S Foster	Dame J Moore
Prof J Glasby	Prof M Sheppard
Mrs J Hendley	Mrs H Wyton

### 17.017 WELCOME and APOLOGIES for ABSENCE

The Chair welcomed Cllr John Cotton, Stakeholder Governor representing Birmingham City Council, to his first meeting.

Apologies for Governors had been received from Cllr Fairburn, Mr Fletcher, Mrs Passey and Mrs McGeever.

Apologies for Directors had been received from Mr Edwards and Dr Kinski.

### 17.018 MINUTES OF PREVIOUS MEETINGS

#### 23 January 2017

17.007 Performance. Penultimate paragraph should read. "In response to a question it was noted that staff turnover was between 100 and 200 leavers per month with an average of around 1,200 per annum".

17.013 Compliance and Assurance Report. The word unannounced should be removed. The sentence should now read "In September and October 2016 the CQC had carried out inspections".

The Trust had still not received the draft report.

Subject to the above amendment the minutes were approved as a true record.

## 27 February 2017

17.018.1. Paragraph 13. Clarity on the minute was requested. The Chair advised that discussions had been held with the CEO of the BCC just prior to his resignation. Discussions had continued to look at ways both organisations could work together to reduce DTOCs.

There was a discussion on the historical process whereby the Trust leveled fines against the BCC and that the process that had ceased following the agreement DTOCs would not continue to occur.

The interim CEO advised that the Trust was not penalised financially by not fining BCC. It was in the patient's benefit that DTOCs did not occur rather than financial gain.

Subject to the above amendment, the minutes were approved as a true record.

## 17.019 MATTERS ARISING

### 17.019.1 Transfer of HEFT Charitable Funds

The Chair advised that, at the private Board meeting held earlier that day, the Board, in its capacity as corporate trustee of the Heart of England Charity, had agreed to transfer the charity assets to an independent charity, UHB Charities Limited. This had followed a discussion held by the Board at its meeting on 27 February 2017.

The Chair gave a brief resume of the background behind the decision. An independent review of the HEFT Charity had been commissioned in 2015 and undertaken by Mike Hammond, UHB Charities Limited. The recommendations from that review had been discussed at length by the HEFT Donated Funds Committee (HEFT DFC) and it had agreed, at its meeting on Friday 10 February 2017, to consolidate HEFT Charitable Funds with UHBFT Charitable Funds under a single independent charity. The recommendation was not dependent on a decision for the two trusts to become one organisation.

The CoG was reminded that the HEFT DFC had governor representative, Albert Fletcher, who had supported the transfer.

During discussion, it was confirmed that all charitable funds held by individual directorates would transfer to the new independent charity. Where funds had been donated for a specific site, ward or department, they would continue to be applied in accordance with those instructions. All fund holders would have the opportunity to meet to discuss the new arrangements with the interim Deputy CEO Improvement and Mr Hammond, UHB Charities Limited.

The new charity would work with fundraising the Friends of Solihull Hospital or Friends of Good Hope over the coming months to look at fundraising opportunities.

### 17.019.2 Feedback following the Governor / NED discussion on the case for change held at the last meeting.

The Chair gave an update on the progress, as requested by Governors, following

the private discussion between Governors and NEDs held at the last meeting. Staff had been kept up to date on progress via the monthly staff and team briefings. Updates had also been presented to each of the Site Patient & Carer Panel meetings. A second meeting with Staffside and union representatives had been held earlier that day, when an update had been given.

Clinicians and staff had been working to identify how services could be improved by the two organisations coming together. Each organisation had a Project Review Group made up of Governors who had monitored the work undertaken by the Project Office. There was also a joint CoG HEFT/UHB working group that was considering the membership and structure for the single organisation. The next stage of the process was the pre-submission of the Case for Change to the Competitions and Mergers Authority.

Work to consider the combined organisation including how the new Board would operate, policies etc. was still being developed. The HEFT Director of Operations was a member of the Case for Change Project Board.

UHB Governors were following the same process, including NED and Governor meetings, where similar questions had been asked.

Governors would continue to be kept up to date with progress.

## 17.020 PERFORMANCE & FINANCIAL POSITION REPORT

### 17.020.1 *Performance*

The Council of Governors considered the update given by Mr K Bolger, interim Deputy Chief Executive Improvement, on the Trust's performance. NHS Improvement (NHSI) had introduced a Single Oversight Framework (SOF) which had replaced the Risk Assessment Framework (RAF). The framework looked at 5 themes and a set of measures and triggers which determined the level of support required. Of the 5 indicators in the Single Oversight Framework, 4 were on target.

The A&E 4 hour wait trajectory had not been met. Attendance had increased slightly but not significantly. The activity in February had improved to 80.12% from 77.14% and further improved to 79% for March. There had been 705 attendances above the STF projection for the month. Work was still underway to increase the number of community beds.

As a result of the on-going failure to meet the STF target, an appeal paper had been submitted to NHSI outlining the Trust's mitigation for non-delivery of the target. A proposal for a revised trajectory for delivery of the target had been made and, whilst formal feedback from NHSI was awaited, there had been confirmation that the funds would be received.

The 18 week Referral to Treatment incomplete pathway performance had been achieved in February. Three areas had failed the target T&O, Urology and Gynaecology, action plans to achieve the target were in place and being monitored.

The Trust had met both the 62 day cancer targets (referral from GP and referral from screening service) achieving 85.67% and 100%, respectively in January. The performance for referral from GP was above the national target but slightly below the STF trajectory of 86.1%.

Ambulance Handover performance in February had shown significant improvement compared to the previous month.

The Chair opened the floor to questions.

The Deputy CEO Improvement, in response to a suggestion as to whether it was feasible to transfer patients to non-acute beds whilst they waited for transfer of care, reported that this was not an acceptable way to manage patient care.

The Trust took every opportunity to give positive feedback to staff, including team briefs, weekly communication bulletins and the Trust newspaper '@news'.

The Director of Workforce and OD advised that data from leavers was being captured. Some data cleansing was required and a report would come back to a future meeting.

## **17.020.2 Finance**

The Director of Finance gave an update on the financial position for the period ending February 2017 and it was reported that the Trust would deliver the control total for this year. The Trust had reported a surplus of £0.2m for February 2017 (month 11) which was a favourable variance of £0.4m against the planned deficit of (£0.2m). This moved the year to date deficit to (£13.7m) which was an adverse variance of (£0.3m) against the plan trajectory.

Within the year to date position, (£0.5m) of STF had been removed for the under-performance against the A&E target trajectory in months 10 and 11. Under the double jeopardy principle, any performance deduction was discounted for the purposes of accessing the remaining STF for the quarter. This was an improvement on the month 10 position following notification that the STF appeal for quarter 3 had been upheld and the deduction of £0.7m had been released back into the Trust's position. As a result, the Trust was increasingly confident that the appeal for quarter 4 would also be recouped. On that basis the forecast outturn deficit was (£13.2m) overall or (£13.5m) on a control total basis dependent upon the Trust obtaining full STF of £23.3m for 2016/17.

The Trust's cash balance at the end of February was £24.0m against a planned overdraft of (£5.4m) a favourable movement of £29.4m. The previously introduced cash management initiatives continued and the drawdown of interim revenue support had been delayed to 2017/18 and therefore the distressed funding application has not been submitted. The revised forecast for 2016/17 was in line with the control totals. There was an increased focus on medical pay and medicines, both being areas of overspend.

The interim Director of Finance reported that the Trust had worked throughout the year with the CCG to resolve any disputes and just under £2m of disputed income remained unsettled.

In response to a question it was reported that the total medical pay was broadly in line with expected expenditure.

The impact on the collection of admissions, discharge and transfer data was unknown however income capture processes had improved.

**Resolved** the report was received.

**17.021 SITE STRATEGY UPDATE**

The interim Deputy CEO Improvement gave an update on the Trust's Site Strategy. A 6 Facet Estate Survey had been carried out in 2015, which, along with a '*Strategic Review of the Estate*' by RMS Building Services Consultancy Ltd in 2016, highlighted that the 'Functional Suitability' and 'Quality' facets did not meet modern healthcare expectations. A significant proportion of the building stock on the Heartlands and Good Hope sites was over 30 years old and could be considered to be at the end of their useful life without major capital investment. Following the interim leadership intervention in 2015, a review of the estate had been undertaken and works implemented on each of the sites to address immediate clinical needs.

With the majority of key clinical areas on Heartlands' site undersized for current demand, inefficient for modern practices or worn out, Heartlands was considered to be the highest investment priority. Areas including A&E, ITU & Critical Care, Outpatients, Endoscopy, Radiology, Theatres, Maternity and In-patient wards all fell into at least one of the above categories. With a constrained, congested and fully occupied site, development land was extremely limited and any available space needed to be utilised wisely.

A sizable new facility, constructed on the only remaining area of Trust prime real estate, was therefore necessary to replace and enhance some of the highest priority departments and unlock the site for future development

The preferred solution was a two phase approach. Phase 1, an Ambulatory Care and Diagnostic Centre (ACAD), incorporating Outpatients and many of the appropriate highest priority services, followed by phase 2 that included an Acute Tower on the old Outpatient's site.

NHSI and the Department of Health had recognised the need for investment and had signified their agreement in principle by releasing some initial funding to develop plans for the ACAD.

The build would engage with the new charity to help fundraise for improved facilities for patients and staff.

The new ACAD facility would provide the opportunity to separate out ambulatory, elective and emergency pathways, provide a modern and well equipped environment for patients and staff, as well as providing compliant and enhanced Endoscopy, Decontamination and Interventional Radiology facilities. There would also be the opportunity to use generic spaces in a more flexible and efficient way by removing traditional departmental boundaries to provide centralised managed patient administration systems and the sharing of a skilled workforce across departments to support patient pathways and aid recruitment and retention.

The planned reduction in the use of external real estate such as Lyndon Place would realise approximately £500k per annum.

The Chair opened the floor to questions and discussion.

In response to a query as to why the Chest Clinic had not been included, it was reported that Birmingham City Council had recently sold the building to a development company with the Trust as sitting tenants. Some refurbishing work was planned by the new company.

There were no plans to reinstate the air ambulance facility on the roof of the ED at Heartlands.

There was a need to improve traffic flow around the GHH site as roads around the site often become gridlocked.

It was reported that the Trust had recently purchased some land on Yardley Green Road to convert into staff car parking. A report was due to come to the next meeting setting out the Trust Parking Strategy

There were no plans at the present time to undertake joint planning with UHB, but there may be future opportunities.

The timetable for commencement of the ACAD building works was dependent upon capital being available but it was anticipated that works would be completed by 2019/20. The Trust had received an advance of £3m to commence preliminary work and to progress the business case. The interim CEO would continue to pursue funding with the Treasury. It was likely that any such funding would take the form of a public sector loan.

There was an issue with a pot hole that despite continued repairs kept appearing. The interim Deputy CEO Improvement agreed to investigate and report back.

There were no plans to use the space formally used by the walk in centre.

It was agreed to circulate the presentation.

## 17.022 ANY OTHER BUSINESS

It was reported that visitors to the Trust were now unable to buy simple items of stationary since M&S Simply Food had replaced the WRVS shop. The interim Deputy CEO Improvement reported that the Trust had no control over the stock they held, however the Trust would ask them if they were able to accommodate this request.

The Chair reported that Chairs of CoG Sub Groups would feedback to future meetings and finalised minutes of those meeting would also be circulated.

The potential use of vacant shop units in the main entrance at Heartland's was raised. As the building was not owned by the Trust, there was a rental charge of circa £35k per annum per unit which made it difficult to fill those units. It was reported that Boots were leaving and there may be an opportunity for Pharmacy to take over some of the space.

On a lighter note, the Chair reported that NEDs and Governors had combined forces to put a team together for the upcoming Trust Quiz night and would report back on their success to the next meeting.

**17.023 DATE OF THE NEXT MEETING**

The next meeting (formal) was scheduled for 24 April 2017 in Rooms 2 & 3, the Education Centre, Birmingham Heartlands Hospital

There being no further business the meeting closed.

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**Chair**

**HEART OF ENGLAND NHS FOUNDATION TRUST**

**COUNCIL OF GOVERNORS**

**WEDNESDAY 17 MAY 2017**

<b>Title:</b>	<b>Performance Indicators Report</b>
<b>Responsible Director :</b>	<b>Kevin Bolger – Interim Deputy CEO - Improvement</b>
<b>Contact</b>	Kevin Bolger, Interim Deputy CEO – Improvement

<b>Purpose</b>	To update the Council of Governors on the Trust's performance against targets and indicators in the Single Oversight Framework, contractual targets and internal targets
<b>Confidentiality Level &amp; Reason</b>	
<b>Annual Plan Ref</b>	Not applicable
<b>Key Issues Summary:</b>	<p>Exception reports have been provided where there are current or future risks to performance for targets and indicators included in the Single Oversight, national and contractual targets and internal indicators.</p> <p>A&amp;E 4 hour performance remains a risk for the Trust.</p> <p>Due to the Meeting being held earlier in the month than usual, much of the data contained within the report is provisional and focussed on national rather than local targets; April's final position will be updated in next month's Committee Report.</p>
<b>Recommendations</b>	<p>The Council of Governors is requested to:</p> <p>Accept the report on progress made towards achieving performance targets and associated actions and risks.</p>

<b>Approved by:</b>		
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# HEART OF ENGLAND NHS FOUNDATION TRUST

## COUNCIL OF GOVERNORS

WEDNESDAY 17 MAY 2017

### PERFORMANCE INDICATORS REPORT PRESENTED BY THE INTERIM DEPUTY CEO - IMPROVEMENT

#### 1. Purpose

This paper summarises the Trust's performance against national indicators and targets, including those in the NHSI Single Oversight Framework 6, as well as local priorities. Material risks to the Trust's Provider Licence, reputation or clinical quality resulting from performance against indicators are detailed below.

#### 2. HEFT Performance Framework

The Trust has a suite of Key Performance Indicators that includes national targets set by NHS Improvement and the Department of Health (DH) and local indicators selected by the Trust as priority areas, some of which are jointly agreed with the Trust's commissioners. This report is intended to give a view of overall performance of the organisation in a concise format and highlight key risks particularly around national and contractual targets.

In 2017/18 there is only one Sustainability and Transformation Fund (STF) trajectory, relating to A&E performance.

Appendix 1 shows the latest position for national, contractual targets.

#### 3. Material Risks

The DH sets out a number of national targets for the NHS each year which are priorities to improve quality and access to healthcare. NHS Improvement (NHSI) tracks the Trust's performance against a subset of these targets, enabling Trusts to access the Sustainability and Transformation Fund as long as agreed trajectories are achieved.

Table 1: Performance against National Contractual Requirements  
(\*position is unvalidated)

Indicator	Threshold	Current Data Period	Performance
<b>Single Oversight Framework</b>			
18 week RTT - incomplete	92%	April	92.3%*
A&E 4 hour access	95%	April	86.73%*
Cancer 62 day - GP urgent referral	85%	Mar	88.80%
Cancer 62 day - national screening	90%	Mar	90.00%
6 weeks diagnostic test	99%	Apr	99.45%

Indicator	Threshold	Current Data Period	Performance
<b>Other National Targets</b>			
Cancer 2 week	93%	Mar	94.70%
Cancer breast - 2 week	93%	Mar	95.20%
Cancer 31 days- first treatment	96%	Mar	99.40%
Cancer 31 days- subsequent treatment - surgery	94%	Mar	100.00%
Cancer 31 days - subsequent treatment - drugs	98%	Mar	100.00%
Ambulance Handover $\geq$ 30 minutes	>0	Apr	374
Ambulance Handover $\geq$ 60 minutes	>0	Apr	2*
12 hour Trolley waits A&E	0	Apr	0
52 week waits	0	Apr	0
Cancelled Ops rearranged 28 days	0	Apr	0
Urgent operation cancelled x 2	0	Apr	3*
Sleeping Accommodation Breach	0	Apr	4 occurrences*
MRSA	0	Apr	0
C.difficile - (all cases)	6	Apr	3*
C.difficile - (avoidable cases)	0	Apr	Not available
VTE risk assessment	95%	Apr	97.27%*
Duty of Candour (2 months in arrears)	0	Feb	0
NHS Number acute	99%	Apr	99.70%
NHS Number A&E	95%	Apr	98.56%

### 3.1 Single Oversight Framework

#### 3.1.1 A&E 4 Hour Waits

The unvalidated performance for the A&E 4 hour wait target improved in April to 86.73% from 83.90% in March.

Table 2: A&E Performance by Site (unvalidated)

Site	Performance
Heartlands	86.01%
Good Hope	81.90%
Solihull	98.97%
<b>Trust</b>	<b>86.73%</b>

A new STF trajectory for A&E has not yet been finalised for 2017/18, however nationally mandated targets to achieve 90% by September 2017 and 95% by March 2018, have been set by NHSI.

### 3.1.2 18 Week Referral to Treatment (Incomplete Pathways)

Although the final position remains unvalidated the incomplete pathway performance was achieved at aggregate level in April with a performance of 92.30% as at 9 May. Further validation will improve performance.

### 3.1.3 62 day cancer

The Trust met both the 62 day cancer targets (referral from GP and referral from screening service) in March. The unvalidated April position shows that these indicators will be met in month.

### 3.1.4 % patients waiting 6 weeks for 15 key diagnostic tests

The Trust met the target in April with performance at 99.45%, against the 99% target.

## 3.2 National Targets Monitored Locally Through CCG Contract

Of the 19 national targets that are not included as Operational Performance Metrics in the new Single Oversight Framework but are included in the CCG contract the Trust is on target for 14.

### 3.2.1 Urgent operations cancelled twice

The unvalidated position shows that there were three patients who had their urgent operation cancelled twice. The specialty and reasons are shown in the table below, all patients have now been treated.

Table 3: Urgent Operations cancelled twice

Specialty	Reason for first cancellation	Reason for second cancellation
General Surgery	Emergency took priority	Emergency took priority
Thoracic Surgery	No surgeon	Emergency took priority
T&O	Ran out of time - previous case overran	Ran out of time - list overbooked

A review of all cases is being undertaken and this will be discussed with Division 5 at their next Divisional Review Meeting on June 7.

### 3.2.2 Ambulance Handover

In month there were 374 patients who waited over 30 minutes and two patients waited over 60 mins for ambulance handover. This performance shows deterioration against March's performance, as is shown in the table below. Although Good Hope remains the poorest performer against this indicator, there has been a significant increase in over 30 minute waits at BHH

Table 4: Ambulance handover 30 minute breaches by site

Site	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
BHH	163	128	139	141	253	116	99	173
GHH	172	175	169	223	295	200	200	185
SH	6	5	6	15	14	5	7	16
<b>Trust</b>	<b>341</b>	<b>308</b>	<b>314</b>	<b>379</b>	<b>562</b>	<b>321</b>	<b>306</b>	<b>374</b>

### 3.2.3 Mixed sex accommodation breach

There were four occasions of mixed sex accommodation breaches in April.

One of these occurred on the BHH site, on Ward 7 HDU, and affected two patients. This was due to a delay with a patient that was fit to return to a base ward being allocated a bed as a result of capacity and flow issues on site.

The other three occurrences took place on the GHH site in AMU, all as a result of capacity and flow issues on the site.

The AMU breaches and plans for rectification will be discussed with Division 3 at their next Divisional Review Meeting on June 7.

## 4. **Local Indicators – acute contract**

There are 67 local contractual indicators that the Trust's performance is measured against (31 are reported monthly, 32 of these are reported quarterly and the others either bi-annually or bi-monthly).

Due to the timing of this month's meeting no data is available for these indicators. A full update will be provided for next month's meeting.

## 5. **Local Indicators – Community Contracts**

The Trust has a number of community contracts, an exception update against the Q4 position is provided below

### 5.1 Community Contract

#### 5.1.1 Designated Doctor

This KPI relates to the percentage of Designated Doctor sessions delivered per month based on commissioned capacity of 2 sessions of Consultant Paediatrician time per week. The target has been missed on a quarterly basis throughout the whole of 2016/17. This indicator is included in the Community contract for 17/18.

Division 2 have advised that this is a limited service and that performance was impacted by one community consultant being absent on long term sick leave and being unable to recruit locums to the post. That consultant has now returned to work and further actions include:

- Interviews for the appointment of the Community/Neuro-Muscular consultant are in early May with an anticipated start date of September
- Job planning for Community Paediatricians is being reviewed
- A weekly prospective review of community consultant capacity is now in place.

## 5.2 Health Visiting Contract

At Q4 five out of the 14 KPIs failed to meet their targets. This is a continuing improvement on previous quarters in Q3 7 indicators were failed.

The Trust was recently unsuccessful in a recent tender exercise to provide Health Visiting Services and will no longer provide the service from August 2017. Whilst contract indicators remain in place until then, it is likely that the targets will be reduced, as the Trust has been asked not to recruit into vacant posts before the contract end date.

## 6. Internal Indicators – Performance

### 6.1 Dementia Screening

The Trust's performance against the dementia screening 'FIND' element of this metric improved slightly in month to 88.42%, but failed to meet the 90% target, as shown in the graph below.

Both Divisions 3 and 4 had deterioration in their overall performance, and failed to meet the target. Division 5 did not meet the target however their performance improved by over 6% in month, a focus will be made on this at the Divisional Performance Review Meetings in June.

Table 5: Dementia Screening Performance.

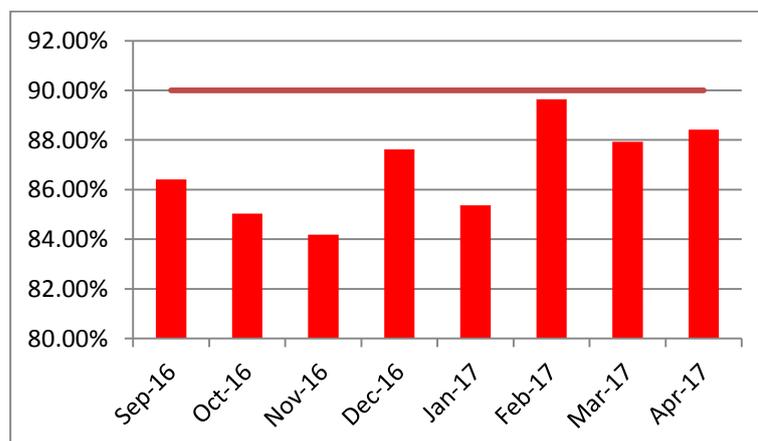


Table 6: Dementia Screening Performance by Division

	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
<b>Div 1</b>	75.00%	100.00%	100.00%	50.00%	100.00%	100.00%	66.67%	100.00%
<b>Div 2</b>	50.00%	N/A	100.00%	100.00%	N/A	N/A	N/A	100.00%
<b>Div 3</b>	87.23%	86.07%	86.64%	90.19%	86.61%	91.31%	88.90%	88.84%
<b>Div 4</b>	86.13%	86.21%	86.23%	80.42%	87.37%	92.94%	93.67%	88.07%
<b>Div 5</b>	83.64%	79.34%	71.77%	81.67%	76.86%	77.47%	79.64%	85.84%
<b>TRUST</b>	<b>86.42%</b>	<b>85.03%</b>	<b>84.19%</b>	<b>87.62%</b>	<b>85.36%</b>	<b>89.64%</b>	<b>87.93%</b>	<b>88.42%</b>

## 6.2 Information Governance Training

Performance against the Information Governance Mandatory Training target of 85% has continued to improve in month, with performance at 78.13%.

Table 7: Information Governance Training compliance

<b>Division</b>	<b>Jan-17</b>	<b>Feb-17</b>	<b>Mar-17</b>	<b>Apr-17</b>
Corporate	69.2%	78.3%	83.1%	86.2%
Facilities	35.5%	50.2%	63.7%	72.3%
Education Services	85.2%	89.1%	92.9%	93.3%
Research Management	84.0%	96.0%	95.7%	97.9%
Division 1	67.9%	79.3%	84.1%	85.8%
Division 2	67.0%	71.1%	74.9%	75.5%
Division 3	54.3%	64.8%	72.8%	74.9%
Division 4	59.6%	69.5%	74.8%	78.0%
Division 5	52.3%	61.1%	64.5%	67.9%
<b>Trustwide</b>	<b>60.17%</b>	<b>69.73%</b>	<b>75.44%</b>	<b>78.13%</b>

## 7. **Local Indicators - Workforce**

### 7.1 Mandatory Training (Target 90%)

Mandatory Training performance remains above target at 91.30%.

### 7.2 Appraisal (Target 90%)

Appraisal completion rates continue to remain above target at 88.57%.

### 7.3 Recruitment (Target 6 weeks)

Time to Hire (recruitment) performance shows a slight increase from 5.71 weeks last month to 5.92 weeks in April, however, remains below target.

7.4 Voluntary Turnover (Target 8.5%)

Retention of staff remains a key workforce objective with Trust turnover rates now at 10.79% which is an increase from 10.60% last month. On-line exit interview completion rates and reasons for leaving are expected to improve with our use of a new exit interview monitoring tool.

7.5 Sickness Absence (Target 4%)

At the time of reporting, sickness absence data was not available, therefore a verbal update will be provided at the meeting.

**8. Recommendations**

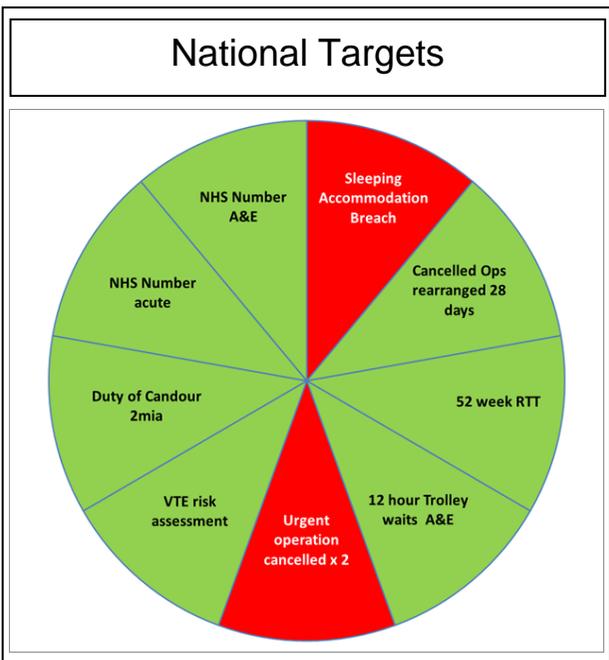
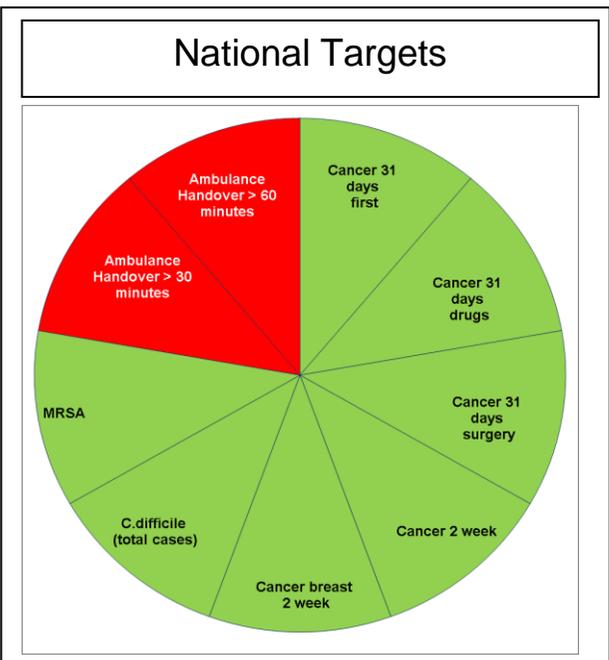
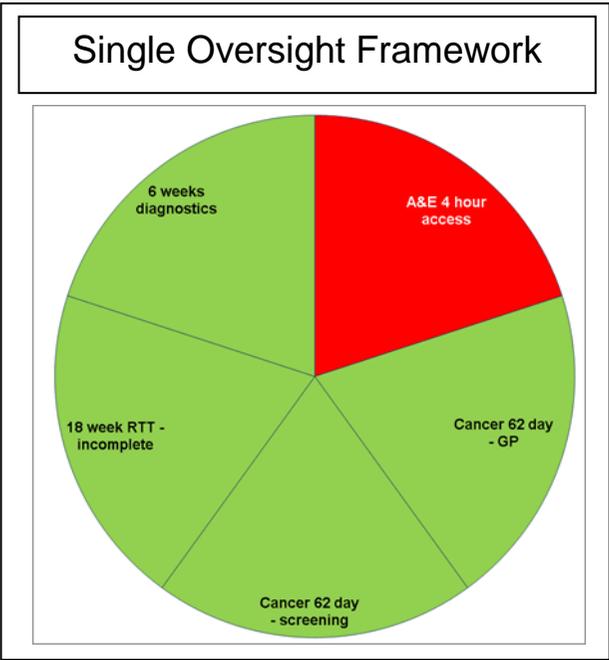
The Council of Governors is requested to:

8.1 **Accept** the report on progress made towards achieving performance targets and associated actions and risks.

**Kevin Bolger**

**Interim Deputy Chief Executive - Improvement**

2017/18 Key Performance Indicator Report (National)



Information where available is for the month of April 2017

Cancer targets are reported a month in arrears the RAG rating therefore relates to March 2017



**Minutes of a meeting of the Council of Governors Hospital Environment Committee  
of Heart of England NHS Foundation Trust  
held at 2.00 p.m. on Thursday, 7 January 2016,  
in Room 6, the Education Centre, Solihull Hospital**

**PRESENT:** Elaine Coulthard (Chair)  
Richard Hughes  
Sue Hutchings  
David Treadwell  
John Sellars

**IN ATTENDANCE:** Chris Davies  
Ann Harwood (minutes)

**NOT PRESENT:** Marek Kibilski

**16.01 APOLOGIES & WELCOME**

Apologies were received from Ron Handsaker, Arshad Begum and Andy Edwards.

**16.02 DECLARATIONS OF INTEREST**

Members present had no further interests to declare. The Declarations of Interest therefore remain the same as those reported for the meeting on 12 November 2015.

**16.03 MINUTES OF MEETING HELD ON 12 NOVEMBER 2015**

The minutes of the meeting held on 12 November 2015 were approved as an accurate record.

**16.04 MATTERS ARISING FROM MEETING HELD ON 12 NOVEMBER 2015**

16.04.1 Terms of Reference

The Terms of Reference are still with Kevin Smith to give final approval.

16.04.2 Physio Gym Room at Solihull Hospital

Following a request by David Treadwell, John Sellars has chased progress with works to a hoist in the Physio Gym at Solihull Hospital, Job No: 131691. Physio staff have prevented the Contractor from accessing this piece of equipment on more than one occasion, however these staff have now confirmed that the Contractor will be allowed access on their next visit. It was noted that this piece of equipment is due to be serviced and Mike Keye from the Estates Department at Solihull Hospital has agreed to confirm to John Sellars when these works are complete.

16.04.3 BHH Site Historical Photographs

John Sellars thanked David Treadwell for forwarding a copy of the historical photographs and advised that he has sent copies to the Arts Department and the Medical Illustration Department, and has retained the original copies in the Estates Department at BHH.

16.04.4 Ward 5: Faulty Taps

Arshad Begum had e-mailed John Sellars regarding the taps in one of the toilets on ward 5 which were not working properly. It had since been ascertained that this related to ward 5 at BHH and this issue has now been resolved.

## 16.05 WARD 3 AT HEARTLANDS HOSPITAL: REPORT ON WARD TEMPERATURE

John Sellars presented reports on the temperature readings taken from ward 3, these had been recorded at hourly intervals, from the ward fixed sensor points, on several separate dates throughout October, November and December 2015. The readings ranged from 21°C and 25°C. Readings had also been taken from the sensor points on wards 1 to 12 in the Tower Block on 14 December 2015, which again showed average temperatures of between 21°C and 25°C. In addition John Sellars presented some photographs which showed open windows on ward 3 and other wards in the Tower Block on 14 December 2015. He advised that he had recently walked around the Tower Block and had not found any low room temperatures. It was noted that ward temperature readings are monitored on a regular basis. If there is an issue with the temperature on any of the wards it is the responsibility of ward staff to report this via the Estates Helpdesk where all issues are logged and a job number issued

## 16.06 SALE OF LAND ON LODE LANE TO SMBC

- John Sellars reported that the strip of land on Lode Lane adjacent to Solihull Hospital has been sold to Solihull MBC to enable them to create a bus lane directly into Solihull town centre. Works have commenced and are due to be completed by the end of March 2016. This has resulted in a temporary loss of approx 30 staff car parking spaces, these will be reinstated once the works are complete. It was noted that car parking on the SH site is generally getting busier and will continue to do so.
- John Sellars also advised that the Trust proposal to purchase the land owned by Birmingham Community Health Trust on Yardley Green Road is currently on hold.
- John Sellars confirmed that the Asset Management directorate is not overspent and will be under-spent at year end.

## 16.07 WASTE MANAGEMENT PRESENTATION

Chris Davies, Head of Facilities, gave a presentation on waste management at HEFT. He explained that Facilities covers all soft FM including: cleaning, catering, portering, waste management, security, car parking, linen, transport and staff accommodation. The purpose of the presentation was to provide an overview of waste management and how this is managed within HEFT. It was agreed that Ann Harwood would circulate a copy of the presentation with the minutes. The following points were noted/ discussed:

- Waste management is given a high priority particularly because approx 5 years previously the Environment Agency had issued a 'Notice of Caution' against the Trust due to some issues with the way in which waste was managed across the Trust. As a result of this an improved system of waste management had been introduced. The 'Notice of Caution' had been lifted after 12 months.
- Waste disposal is split into 3 different types of waste: clinical waste; municipal waste and recycling. During 2014/15 the Trust spent approx £964,763 for the removal of 3,160 tonnes of waste.
- A lot of work has been undertaken in looking at savings in waste management e.g. recycling. During 2014/15, 154 tonnes of waste had been recycled. It is envisaged that for 2015/16 this figure will have increased to 275 tonnes. The Trust receives some monies back on recycled waste.
- In June 2015 the contract for waste management on all sites was awarded to SRCL. This has generated a saving of £100k per year due to the difference in tonnage rates.
- There is a lot of legislation re waste management which includes the Environmental Protection Act 1990, the Trust has a duty of care to manage all waste in line with this legislation. The Environment Agency is the enforcing authority for the management of waste in the UK.
- Every load of waste produced has to be traceable and duty of care audits are undertaken by HEFT to follow the entire waste process and to ensure that all the appropriate paperwork is being completed.

- Birmingham City Council have been awarded the contract for domestic waste and recycling.
- The contract for the disposal of electrical equipment is with Waste Care and the service is free of charge. The Trust does receive some money back if any equipment is sold.
- Some medical equipment is offered to charities.
- The Trust's ICT department is careful to remove the hard drives and crush them prior to the disposal of IT equipment.
- The segregation of waste in wards and clinical areas includes: clear bags for recycling; black bags for domestic waste; purple strips bags for hazardous waste (cytotoxic/ cytostatic contaminated products); yellow bags for infectious waste with medicines or chemicals present; orange bags for infectious waste with no medicines or chemicals present; and tiger stripe bags for offensive, non-infectious waste. It was noted that the use of clear bags for recycling is currently being rolled out at GHH.
- Clinical waste bags are stored in the dirty utility rooms on wards and the 'bag to bed' system is used in every bay to avoid having clinical waste bins in every bay.
- All waste bags are taped up using bespoke tape for each ward/ department so that they are fully traceable.
- All sharps have to be disposed of via the sharps disposal boxes and porters are not allowed to remove them until they have been signed off by ward/ department staff.
- There are also separate systems in place for recycling toner cartridges and batteries.
- Quarterly waste audits are undertaken by the Compliance Team on every ward/ clinical department across the Trust, using a waste management checklist. A copy of the completed audit checklist is forwarded to the Ward Manager to address any failings/ actions. Scores below 95% are classed as a failure. In the event of a failure a re-audit will be carried out within 5 days, if there is another failure this will be escalated, a further failure will be escalated to management and the matron for the ward/ area, in the worst case it would be escalated to the Associate Head Nurse. However in general issues are addressed quickly. Where necessary the Compliance Team will carry out 'on the job' training. Chris Davies agreed to forward a copy of the audit checklist to Ann Harwood for circulation with the minutes.
- Waste management training is now mandatory for all staff. This can be undertaken electronically via the Moodle system or by completing a training booklet. Chris Davies circulated a copy of the training booklet to members for information.
- Waste Management posters are in place in all wards/ departments across the Trust and a Waste Management newsletter is distributed to all staff with their payslips on an annual basis. Chris Davies circulated a copy of the most recent newsletter for information. Individual training sessions can also be arranged.
- Elaine Coulthard queried what process is followed for recycling pharmacy waste that is still in date. Chris Davies advised that the Pharmacy department take back any unused pharmacy products, they only re-use products that have not been opened and that are still in date, any half used or out of date products are disposed of. It was noted that Pharmacy are not re-charged for any disposal costs. Elaine Coulthard queried why the disposal of pharmacy waste is more expensive, Chris Davies advised that this is because it has to be incinerated, the tonnage rate is the same as that for other incinerated waste.
- Chris Davies Chairs the Waste Management Group which meets on a quarterly basis. Membership of this group includes contractors, representation from Facilities, Estates, Nursing, Health & Safety, Portering, Infection Control etc.
- It was noted that the CHP plants are not able to burn waste they only burn gas.
- Elaine Coulthard queried the process used to dispose of cooking oil. Chris Davies confirmed that all cooking oil is removed from site by a company called Olleco who recycle the oil, there is no cost to the Trust but the Trust does receive some income back.
- David Treadwell queried why there are no litter bins in the corridors, it was noted that this is for fire safety reasons.
- Chris Davies confirmed that the small waste bins around the site are emptied by the grounds contractor. All waste is stored in waste carts which are locked and stored in the waste compounds which are also locked.

- Members thanked Chris Davies for his presentation and were very impressed with the Trust Waste Management system.

## 16.08 ANY OTHER BUSINESS

### 16.08.1 Good Hope Hospital

- Elaine Coulthard advised that there are issues in the GHH main corridor with the flooring and leaks in the ceiling. John Sellars confirmed that Estates are aware of these problems and that there are similar problems at BHH. However all capital funding has been stopped and a review of the Estate Strategy is underway. There are currently no major capital projects being carried out on any of the Trust's sites.
- Elaine Coulthard was concerned that the Friends of Good Hope Hospital have recently been charged £400 by Estates to roll out some extension cables, she queried how this work could be so costly. John Sellars agreed to ask Dave Smith, Estates Manager at GHH, for an explanation/ update on these costs.

### 16.08.2 Committee Structures

- Elaine Coulthard advised that Julie Moore is in the process of reviewing the Trust's committee structure including the Governors committees.
- Members discussed whether the Hospital Environment Committee was productive and felt that generally it was. David Treadwell was happy that all the issues raised at the committee are picked up and addressed where possible.

### 16.08.3 Heartlands Hospital

- Members had concerns around the state of the wards in the Tower Block at BHH, which need refurbishment. To-date it has not been possible to empty any of these wards for a refurbishment to be carried out. John Sellars advised that there has been £0.5m allocated for the refurbishment of ward 5 for the last 4-5 years but it has not been possible to vacate the ward for 8 weeks to enable the refurbishment work to be carried out.
- John Sellars stated that any Estates problems reported are logged onto the system and are tracked until the works are complete. A system is being rolled out whereby problems can be reported via the Intranet, a job number will be allocated and progress can be tracked.

### 16.08.4 Catering

Elaine Coulthard was concerned that patients at GHH are still often being given apples to eat with only a plastic knife, it had previously been agreed to provide more bananas. Chris Davies agreed to look into this as he thought that the issue had been resolved. He advised that there is cutlery available on the wards and that plastic knives should not be used.

### Hand Gel

16.08.5 It was noted that it is the ward's responsibility to refill hand gel dispensers on the wards and Facilities' responsibility to fill the dispensers outside the wards.

## 16.09 DATE OF NEXT MEETING:

**Thursday, 31 March 2016 at 2.00 p.m.,  
in Meeting Room 1, Estates Building, Heartlands Hospital**

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Chair

**Minutes of a meeting of the Council of Governors Hospital Environment Committee  
of Heart of England NHS Foundation Trust  
held at 2.00 p.m. on Thursday, 31 March 2016,  
in Room 1, the Estates Building, Heartlands Hospital**

**PRESENT:** Sue Hutchings (Chair)  
David Treadwell  
Ron Handsaker  
Arshad Begum

**IN ATTENDANCE:** Mike Taylor  
Ann Harwood (minutes)

**NOT PRESENT:** Marek Kibilski

#### **16.10 APOLOGIES & WELCOME**

Apologies were received from Elaine Coulthard, Andy Edwards, Richard Hughes and John Sellars. As Elaine Coulthard has resigned as Chair of the Committee the first item on the agenda was to elect a new Chair.

#### **16.11 DECLARATIONS OF INTEREST**

Members present had no further interests to declare. The Declarations of Interest therefore remain the same as those reported previously.

#### **16.12 ELECTION OF NEW CHAIR**

- Members expressed their appreciation of all the work that Elaine Coulthard has undertaken as Chair of the Hospital Environment Committee and requested that this be minuted. Members all agreed that Elaine has achieved a lot during her time as Chair.
- Ron Handsaker proposed that Sue Hutchings be appointed as Chair of the Committee and this was seconded by David Treadwell. As there were four members of the Hospital Environment Committee present the meeting was quorate and Sue Hutchings was unanimously elected as Chair.
- Mike Taylor queried what the formal process is for electing a Chair of the CoG committees. Members confirmed that the Chair is elected by those Committee members present and the decision is submitted to the CoG for approval.
- Sue Hutchings agreed to take on the role of Chair subject to the outcome of the review of CoG committees which will be discussed at the CoG meeting the following week.

#### **16.13 MINUTES OF MEETING HELD ON 7 JANUARY 2016**

The minutes of the meeting held on 7 January 2016 were approved as an accurate record.

#### **16.14 MATTERS ARISING FROM MEETING HELD ON 7 JANUARY 2016**

##### **16.14.1 Ward 5 at Heartlands Hospital**

- Arshad Begum queried what the current situation is with regard to the refurbishment of ward 5 at BHH. It was noted that these works had not been undertaken to date due to the lack of decant facilities on the BHH site. Mike Taylor confirmed that funding has been allocated to these works for the last three financial years however decant facilities have never been available due to winter pressures and demand/ capacity issues.
- Mike Taylor advised that a condition appraisal of the BHH site has recently been undertaken and surveys of the GHH and SH sites are also planned. Dame Julie Moore has commissioned Ray Shillam, retired Head of Estates at UHB, to look at the Estate as a whole. As part of the

survey of the BHH site, Ray Shillam has looked at existing data and the 6-facet survey and has put forward recommendations which Dame Julie Moore has discussed with the DoH. The outcome of these discussions has not yet been confirmed however it is hoped that sufficient capital funding will be secured to develop the BHH site. Approx £150m to £200m capital funding is required to carry out projects such as ACAD (Ambulatory Care and Diagnostics) and a new Tower Block. As part of these proposals the existing OPD will need to be demolished and relocated in ACAD. The new Tower Block proposal would create vacant ward space to allow for refurbishment of the wards in the existing Tower Block. The entire works are likely to take 3-5 years to complete.

- Members agreed that the condition of the BHH site is generally poor. Arshad Begum felt that the Princess of Wales Maternity Unit is not fit for purpose.

#### 16.14.2 Terms of Reference

The Terms of Reference are still with Kevin Smith to give final approval and will now depend on the outcome of the review of CoG meetings.

#### 16.14.3 Physio Gym Room at Solihull Hospital

It has been confirmed that the works to the hoist in the Physio Gym at SH are now complete and the hoist has been serviced.

#### 16.14.4 Good Hope Hospital

Mike Taylor gave an update following the query raised by Elaine Coulthard at the January meeting re why the Friends of Good Hope Hospital were charged £400 by Estates for rolling out some extension cables for their fete last summer. He explained that this was a one-off cost for the purchase of several runs of cable, the upgrading of a switch panel and the associated labour costs. There will be no further charges to the Friends of Good Hope Hospital for this type of work.

### 16.15 PROPOSED CHANGES TO CoG COMMITTEES

Sue Hutchings had circulated the paper prepared by Jacqui Smith, Chair of HEFT, entitled: Proposals for Reform of Council of Governors Meetings and Committees. Elaine Coulthard has stated that she 'believes there is no longer a need for this Committee'. Jacqui Smith has asked for the CoG views on this. Sue Hutchings asked members for their thoughts on the future of the Hospital Environment Committee (HEC), these were discussed as follows:

- Arshad Begum felt that the HEC should continue to meet and that it is a good arena to raise environmental issues that are not being resolved e.g. she had recently raised with John Sellars an issue re a tap on ward 5 which was not working and this had quickly been fixed. Mike Taylor advised that this issue should have been reported by the ward to the Estates Helpdesk where all calls are logged, responded to within 3 days and completed within 4 days subject to the type of breakdown.
- David Treadwell has been a member of the HEC since he became a Governor and feels that it is a very useful and important committee where concerns relating to the Estate and Environment can be raised. He also felt that the HEC acts as a scrutiny committee with the authority of the Governors representing patients and the public. Issues that are raised at the HEC are always actioned. There is a good relationship between the Governor members and the staff who facilitate the HEC. David Treadwell's recommendation is that the HEC should continue.
- Ron Handsaker felt that the HEC is of vital importance to the running of the Trust's three sites, all issues raised and actions taken are minuted and can be tracked.
- In summary those members present agreed that the HEC should continue to run as an overview and scrutiny committee of the Trust environment.

It was agreed that Ann Harwood would forward this minute to Sue Hutchings to report back to the CoG meeting on 4 April 2016.

### 16.16 GOOD HOPE TREATMENT CENTRE – DRINKING WATER FACILITY

Sue Hutchings has been liaising with Dave Smith at GHH re the drinking water facility in the

Treatment Centre at GHH as although the pipework has been installed there is still no drinking water facility in place. However it is the Outpatient Department's responsibility to pay for the water cooler which has now been ordered. Mike Taylor advised that the pipework was a Legionella risk and the Directorate had been warned that they needed to order the water cooler asap. Now that the order has been placed it is envisaged that it will be installed in the next 2-3 weeks. It was agreed to keep this item on the agenda for an update at the next meeting.

## 16.17 ANY OTHER BUSINESS

### 16.17.1 Outsourcing

- David Treadwell queried who is responsible for making the decision for a service to be outsourced. Mike Taylor advised that a decision would be made by the Board of Directors. If Estates were challenged they would have to demonstrate that their services are competitive with the external market. A company has been commissioned to look at Estates efficiencies and to look at driving down inefficiencies. Over the previous 12 month period Estates has seen performance levels rise. Estates has benchmarked itself against other Trusts with a positive result and the department is underspent in the current financial year. If Estates were asked by the Board to market test their services Mike Taylor advised that the department would be comfortable with this.
- David Treadwell expressed some concerns with regard to outsourcing public services particularly with regard to outsourcing to companies who are not paying their taxes as they should.
- Mike Taylor confirmed that Estates do support local companies where possible. Estates has an approved list of contractors which they subscribe to. For some projects however, due to the value of the work the OJEU process has to be followed. There is an audit trail and the process is audited regularly by external auditors.

### 16.17.2 Car Parking

- David Treadwell was concerned that the car parking situation for patients, visitors and staff is getting worse. He advised that the availability of parking at Solihull Hospital has got worse since the SMBC road realignment works had commenced on Lode Lane, this has resulted in the temporary loss of some parking spaces on the SH site.
- David Treadwell was mainly concerned about the parking situation on the BHH site. Mike Taylor advised that in addition to on site parking at BHH, for staff there is also the multi-storey car park on Yardley Green Road. In addition the Trust is looking at purchasing the land opposite Belchers Lane, which is currently leased from Partners in Health for staff parking. In the past the Trust had submitted an application to the local authority for a car park on land on Belchers Lane however the local authority has since approved planning permission for a sports academy on this land.
- David Treadwell was also concerned regarding the deterioration of the traffic situation on Yardley Green Road since the school opened and the fact that the entrance is directly opposite the Yardley Green Road entrance to the BHH site. Mike Taylor advised that unfortunately the Trust has no influence over decisions made by the local authority. Further traffic calming is being installed in an attempt to slow the traffic down in this area.

### 16.17.3 Birmingham Chest Clinic

- David Treadwell queried whether there are any plans for HEFT to vacate the Chest Clinic building. Mike Taylor confirmed that the Trust is happy to remain on this site, particularly as a peppercorn rent is being paid. In addition UHB are very supportive of the Trust remaining on this site. In the past BCC had considered selling the building but there had been no successful bids and since then there has been no formal notification that they are looking to sell the building again.
- Mike Taylor stated that following a condition appraisal of the building a meeting had taken place with BCC before Christmas to discuss the condition and repairs required as a matter of urgency. HEFT is looking at taking legal action with regard to the statutory issues which are not being picked up by BCC as they are in breach of their statutory duty.

- 16.17.4 Rates  
Mike Taylor reported that Estates are working with GVA Grimley to look at the way in which rates are charged to the Trust with a view to challenging the Local Authority that the NHS should not be required to pay rates. If this is approved the rebate would be backdated for 6 years.
- 16.17.5 Good Hope Hospital  
Ron Handsaker raised an issue regarding the care of post op patients when they are being wheeled on a trolley through the basement, if there was a life threatening situation there is only one telephone along the length of the corridor and this could cause a delay in getting help to the patient. He queried whether additional phones or an emergency buzzer system should be installed. Mike Taylor agreed to discuss this issue with Dave Smith, Estates Manager at GHH.
- 16.17.6 Ward 19 at BHH  
Ron Handsaker was concerned regarding the temperature on the ward and the fact that patients having chemotherapy treatment are being treated in a cold environment. Mike Taylor agreed to request Estates look at the temperature in this area.
- 16.17.7 Radiology Outpatients  
Ron Handsaker had passed a letter to John Sellars in November 2015, suggesting that a saving could be made if Radiology patients were given plastic baskets to put their clothes in rather than the current plastic bags, as the baskets can be cleaned and re-used. John Sellars has passed the letter to Steve Waller, who manages Radiology, and the proposal has been discussed within Radiology. Ann Harwood agreed to chase a response for John Sellars to update at the next meeting in June.
- 16.17.8 Devon House  
David Treadwell advised that a set of keys to the parking space locks in front of Devon House has gone missing which means that there is now only one set of keys. Mike Taylor agreed to pick this up.
- 16.17.9 Dermatology Unit at Solihull Hospital  
Sue Hutchings raised concerns which had been picked up during a recent PLACE inspection. These relate to a public toilet opposite consulting room 2 which has been out of use since the unit opened and the Saniflo system which is causing a few problems including the fact that water in one of the sluices is discoloured. Mike Taylor agreed to arrange for these issues to be looked at. He advised that the Saniflo system was installed as it had not been possible to install a proper drainage system due to the Mental Health Unit occupying the space below. However the Mental Health unit may be vacating this space and if they do the drainage system will be altered and the Saniflo system removed.
- 16.17.10 Meeting  
Ron Handsaker congratulated Sue Hutchings on her new role as Chair. David Treadwell seconded this and felt that it had been a very positive and structured meeting.

**16.18 DATE OF NEXT MEETING:**

**Thursday, 2 June 2016 at 2.00 p.m.,  
in Room 3, Education Centre, Good Hope Hospital**

Arshad Begum tendered her apologies for the June meeting

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**Chair**

**Minutes of a meeting of the Council of Governors Hospital Environment Committee  
of Heart of England NHS Foundation Trust  
held at 2.00 p.m. on Thursday, 2 June 2016,  
in Room 3, Education Centre, Good Hope Hospital**

**PRESENT:** Sue Hutchings (Chair)  
Andy Edwards  
Ron Handsaker  
David Treadwell  
John Sellars

**IN ATTENDANCE:** Karen Tongue  
Ann Harwood (minutes)

**NOT PRESENT:** Richard Hughes  
Marek Kibilski

#### 16.19 APOLOGIES & WELCOME

Apologies were received from Elaine Coulthard and Arshad Begum.

Sue Hutchings advised that following the review of CoG committees, Jacqui Smith felt that the Hospital Environment Committee is worthwhile to continue for the next six months at least. However the outcome of the Governors' elections may affect membership of the Group. Ron Handsaker advised that he will not be standing for re-election as a Governor.

#### 16.20 DECLARATIONS OF INTEREST

Members present had no further interests to declare. The Declarations of Interest therefore remain the same as those reported previously.

#### 16.21 MINUTES OF MEETING HELD ON 31 MARCH 2016

The minutes of the meeting held on 31 March 2016 were approved as an accurate record.

#### 16.22 MATTERS ARISING FROM MEETING HELD ON 31 MARCH 2016

An updated Action Sheet was circulated and John Sellars reported as follows:

##### 16.22.1 Terms of Reference

The Terms of Reference are still with Kevin Smith to give final approval and to ensure they are in line with the Terms of Reference for other CoG committees. It was agreed that although the Terms of Reference are still draft members will abide by them. Once the Governors' elections are over, and depending on the outcome, Sue Hutchings will discuss the Terms of Reference with Kevin Smith.

David Treadwell queried the changes taking place in HEFT's Executive Team and Senior Management Team. John Sellars confirmed that the Executive Team remains the same although a few staff from the Senior Operations Teams are moving on. Andy Edwards advised that HEFT employs approx 11,000 staff and that turnover is approx 8-9% per annum. In the main there is good continuity in the retention of staff. It was noted that four Heads of Operations have been appointed and there is only one existing vacancy in Emergency and Urgent Care (Division 3).

##### 16.22.2 Good Hope Hospital Link Corridor

A survey of the link corridor has been undertaken and as a result an additional 4 phones will be installed along the length of the corridor. It was noted that this is actually a basement/duct area but is also used for moving patients. The phones will be installed by the end of

September. Ron Handsaker was very impressed with the speed of Mike Taylor's response to this concern as he had noted that the survey of this area had been carried out the day after the last meeting on 31 March. John Sellars agreed to pass this on to Mike Taylor.

#### 16.22.3 Ward 19 at BHH

Following the concern raised at the last meeting regarding the temperature on ward 19 at BHH, Estates had visited the ward and discussed the issue with staff. Ward staff had spoken to other patients receiving chemotherapy who were all happy with the temperature on the ward. Estates have also checked the heating system to establish whether there are any variations in temperature but have found no high peaks or lows.

#### 16.22.4 Radiology Patients

- John Sellars has forwarded to Steve Waller the suggestion made by Ron Handsaker that Radiology patients could be given plastic boxes to store their clothes in. Steve Waller has passed this on to Tom Lowbridge, Radiology Operations Manager, for review.
- Sue Hutchings queried whether this proposal could be extended to all patient changing areas. John Sellars advised that there is an infection control issue around cleaning/sterilising the boxes and therefore Infection Control are involved in these discussions. David Treadwell stated that the UHB Radiology department use plastic boxes.

#### 16.22.5 Parking Outside Devon House

- The locks to the car parking spaces at the front of Devon House have been replaced and reception now hold an additional set of keys.
- Sue Hutchings stated that the Governors have been advised that these spaces are for Execs and staff coming over from UHB. Emily from Devon House reception allocates parking spaces to Governors in the Education Centre car park.

#### 16.22.6 Dermatology Unit at Solihull Hospital

- The Saniflo system has been checked and repaired where necessary and WCs are now working.
- John Sellars advised that the Saniflo system had been installed as BSMHFT, who occupy the area below Dermatology, would not allow access to their area so that HEFT could install a proper drainage system. Regular checks of the Saniflo system are carried out at night when there are no patients around. If BSMHFT vacate the area in October 2016 a temporary connection to the drainage system will be installed until refurbishment/ building works are carried out when a permanent connection will be made.

#### 16.22.7 Treatment Centre at GHH

Sue Hutchings reported that during the PLACE inspection of this area it had been picked up that the water cooler has been installed in the main waiting area on the ground floor but is not in use and there are no paper cups available. John Sellars agreed to ask the portering team to speak to the department who run the Treatment Centre to ensure that the water cooler is kept in use at all times.

#### 16.22.8 Contracts

At the last meeting David Treadwell had raised his concerns re outsourcing of contracts in the public sector. John Sellars advised that it is not so much about outsourcing as letting contracts to external contractors where a job can be carried out quicker and cheaper than using the in-house Estates service. He stated that the in-house Estates services are fully utilised wherever possible and where there is in-house expertise. John Sellars confirmed that there is no proposal to outsource the Estates function at HEFT. He advised that Open Gate Consultancy have identified efficiencies which have resulted in Estates giving up 7 WTE members of staff and providing a more efficient service.

## 16.23 DEMENTIA STRATEGY UPDATE

Karen Tongue thanked members for inviting her back and passed on apologies from Niall Ferguson who was held up at BHH carrying out ward rounds and was therefore unable to make the meeting. Karen Tongue gave the presentation update on the Dementia Strategy including from a clinical perspective. A copy of the presentation will be circulated with the meeting notes. The following points were noted/ discussed:

- The group set up by Niall Fergusson to develop the Dementia Strategy is now nearly 2 years old and has recently been disbanded. Environment is one of the four aspects of the strategy.
- Karen advised that in her present role she covers all sites as Operational Lead for Asset Management, leading the Process Design Team which is part of the Programme Management Office (PMO); she is also a registered nurse. The Process Design Team has a client driven brief and looks at patient pathways at the design stage of a project. The Team had provided support to Niall Fergusson in developing the Dementia Strategy as a whole and in particular in relation to the environment. As part of this work the team had engaged with the Alzheimers Society.
- Sarender Chana, Head of Design and Compliance, has overseen the work carried out by the Dementia Strategy group. A set of dementia friendly principles has been incorporated into the Employer Requirements since 2015 and the Estates team incorporate these new requirements in the way their work is carried out.
- There were a few slides which demonstrate how these principles have been incorporated into projects so far e.g. using contrasting colours to direct patients; clear, colour coded signage including the floor number; themed areas/ corridors using pictures of nature which are kept small so that patients don't attempt to walk into them; contrasting fixtures and fittings in bathrooms; lowered reception desks and de-cluttered reception areas; on ward 30 at BHH a homely space has been provided in a day room with nature wallpaper, comfortable chairs and minimal resource from ward staff.
- Sue Hutchings advised that the PLACE inspection forms ask whether ward signage includes the hospital name as well as the ward number. Karen Tongue felt that this could be confusing for patients as once a patient arrives at a hospital site they know where they are. She agreed to ensure this is fed back to the PLACE inspectorate.
- Andy Edwards queried why a bottled water dispenser is being used in the Dermatology department at SH. John Sellars advised that it is Estates practice to replace bottled water dispensers with plumbed water dispensers. Karen Tongue agreed to speak to the Dermatology General Manager regarding this.
- It was noted that there is a rolling programme to replace toilet seats in all clinical areas with dark blue seats.
- Sue Hutchings stated that one of the questions in the Dementia section of the PLACE questionnaire asks whether mirrors can be covered over in areas where there are dementia patients, however as mirrors are screwed to the walls this is not possible and Sue Hutchings queried how this can be resolved. Karen Tongue advised that possible solutions have been considered such as installing small blinds over the mirrors. Operationally, when looking after dementia patients, staff are encouraged to position themselves between the patient and the mirror.
- Another issue from the PLACE inspections is that the clocks used in the Trust don't conform with what is recommended for dementia patients. Karen Tongue advised that this has been looked at but has not yet been progressed; it is felt that the recommended clocks can make some patients less settled. Niall Fergusson has looked at the possibility of using the patient bedside TV screens to show the time together with a sun rising or a moon to show patients the time of the day, this could also be linked to meal times.
- The Dementia Strategy principles are being incorporated as and when work is carried out. Niall Fergusson as clinical lead is happy with the progress being made.

- Ron Handsaker queried whether Niall Fergusson had asked to be the Trust Lead for Dementia. Karen Tongue advised that he was asked to take on this role as an Elderly Care Physician with an interest in Dementia.
- Members thanked Karen Tongue for a good presentation.

#### 16.24 STAFF HEALTH CLUB

- Sue Hutchings advised that during the recent PLACE inspection at BHH Mike Kelly had picked up that there was a 'closed' sign on the door to the Staff Health Club and has followed this up with Hazel Gunter. Sue Hutchings queried whether there are any plans to reopen the health club economically and how this was affecting staff.
- John Sellars advised that the health club had been run by 2 people, there were only 55 members who paid a monthly fee of £27, the annual income was £17,800 and the equipment in the health club needs replacing.
- Andrew McMenemy, Deputy Director of Workforce, has put together a draft business case for the Health Club to be aligned with the Trust's Occupational Health and Staff Well Being initiatives.

#### 16.25 ANY OTHER BUSINESS

- 16.25.1
- With the approaching Governor elections, the membership of the Hospital Environment Committee may change, Sue Hutchings thanked John Sellars, Andy Edwards and Ann Harwood for the support they have given to the Committee and also thanked all the Governor members of the Committee for their input and support. Ron Handsaker advised that although he will not be standing for re-election, he felt that the Committee has achieved a lot during the time it has been running. It was noted that the closing date for Governor nominations is 6 June, shortly after this the voting forms will go out to all members and the new membership will be confirmed by the end of July. David Treadwell thanked Sue Hutchings for her contribution to the Committee as Chair.
  - The next meeting is scheduled for 28 July 2016 and it was agreed to keep this meeting in diaries until the outcome of the Governor elections is confirmed.

#### 16.26 DATE OF NEXT MEETING:

**Thursday, 28 July 2016 at 2.00 p.m.,  
in Meeting Room 1, Estates Building, Heartlands Hospital**

.....  
**Chair**

**Minutes of a meeting of the Council of Governors Hospital Environment Committee  
of Heart of England NHS Foundation Trust  
held at 2.00 p.m. on Thursday, 3 November 2016  
in Meeting Room 1, Estates Building, Heartlands Hospital**

**PRESENT:** Sue Hutchings (Chair)  
Stan Baldwin  
Keith Fielding  
Derek Hoey  
Gerry Moynihan  
David Treadwell  
David Wallis  
Andy Edwards  
John Sellars (part)  
Chris Davies (part)

**IN ATTENDANCE:** Ann Harwood (minutes)

**16.27 APOLOGIES & WELCOME**

There were no apologies.

Sue Hutchings welcomed the new members to the Hospital Environment Committee and members then introduced themselves.

John Sellars apologised that he would need to leave the meeting at 3.00 p.m. and that Chris Davies, Head of Facilities, would take over from him at this point.

**16.28 ELECTION OF HOSPITAL ENVIRONMENT COMMITTEE CHAIR**

It was proposed and seconded that Sue Hutchings continue as Chair of the Hospital Environment Committee. David Treadwell felt that Sue has done an excellent job in her role as Chair to-date.

**16.29 DECLARATIONS OF INTEREST**

Members had no changes to make to the Register of Interests. It was agreed that Ann Harwood would circulate the latest Register of Interests with the papers for the next meeting.

**16.30 MINUTES OF MEETING HELD ON 2 JUNE 2016**

The minutes of the meeting held on 2 June 2016 were approved as an accurate record.

**16.31 MATTERS ARISING FROM MEETING HELD ON 2 JUNE 2016**

16.31.1 Sue Hutchings requested an update on the following actions:

- *GHH Link Corridor:* John Sellars confirmed that four phones have been installed along the length of the corridor, in addition the floors and walls have been painted and additional lighting installed. It was noted that this is not a corridor but an inspection duct, however it provides the only link between the Fothergill block and the rest of the hospital site. Access to the duct is via swipe card access only.
- *Outsourced Contracts:* David Treadwell had raised his concerns at the last meeting regarding the outsourcing of contracts in the public sector and in particular regarding the coffee shop outlet at Heartlands Hospital. He has also raised his concerns with his MP with regard to ‘aggressive tax avoidance’ and the NHS involving themselves with such companies. John Sellars confirmed that the Main Entrance at Heartlands Hospital is a PFI building and the coffee shop outlet is run by Interserve. David Treadwell queried

what the HEFT policy is with regard to ethical trading. John Sellars confirmed that all purchasing is carried out by the Procurement department and ethical trading is part of the Procurement process, he agreed to contact the Procurement Department to request a copy of their Ethical Trading Policy and to also make the same request to Interserve. John Sellars will give an update at the next meeting.

- *Radiology Patients:* John Sellars gave an update on the suggestion that Radiology patients could be given plastic boxes to store their clothes in rather than plastic bags. He advised that Infection Control are against this idea and therefore the disposable plastic bags will continue to be used.
- *Dermatology Unit at Solihull Hospital:* John Sellars confirmed that when the Mental Health Unit vacate the Bruce Burns Unit, they will be expected to leave the unit 'fit for purpose'. As part of the new works to this area the Dermatology Unit will be connected to the mains drainage and the Saniflo system will be removed.
- *Staff Health Club:* the closure of the Staff Health Club at Heartlands Hospital is being picked up by the HR department and to-date there has been no interest from any company wishing to run this facility. It was noted that the company who previously ran the Health Club were not charged any rent for the building and HEFT had paid for the services to the building. The equipment has been left behind and needs replacing. John Sellars advised that he has not received any negative feedback from staff regarding the closure of this facility, only requests to utilise the space. It will be a Trust decision as to how this space is used going forward, John Sellars would like to use part of the building to relocate ICT staff from Bordesley House so that Bordesley House can be demolished as part of the Capital Plan. Stan Baldwin was concerned and queried what health/ social club provisions are now available for staff at HEFT. John Sellars confirmed that there are now no Health Club facilities on any of the Trust's sites and agreed to raise this at his next meeting with UHB Estates to see what Health/ Social Club facilities there are at the QE. However discounts for private gyms are often offered to NHS employees.

#### Terms of Reference

16.31.2

- Now that Kevin Smith is no longer at HEFT, Sue Hutchings agreed to review the draft Terms of Reference (TOR) and discuss them with David Burbridge who is in the process of reviewing all the Trust's TOR. In the meantime members will abide by the draft TOR, a copy of which was circulated for information.
- Stan Baldwin queried what item 7.3 under 'Duties' refers to i.e. "Assist in the promotion to members and the CoG of an understanding of the financial and other constraints that may have applied to the betterment of the Hospital Environment". It was noted that this refers to how the Committee will report to the Council of Governors.

16.31.3

#### Treatment Centre at Good Hope Hospital (GHH)

Following a PLACE inspection at GHH it had been noted that the water cooler in the main waiting area in the Treatment Centre was not in use and there were no paper cups available. John Sellars has requested the Facilities Manager at GHH to discuss this issue with the Department who run the Treatment Centre to ensure that the water cooler is kept in use. The porters in this area will also report back if they notice that there are no cups available so that Facilities can pick this up.

16.31.4

#### Dementia Strategy Update

The actions highlighted from the last meeting are all complete.

## 16.32 RESULTS OF PLACE INSPECTIONS

- A copy of the action plans from the PLACE inspections at Heartlands, Good Hope and Solihull hospitals had been circulated with the meeting papers. All actions have either been completed or 'made good'. In some areas this has meant a 'temporary fix' until the long term works are carried out.
- The action plans are discussed on a monthly basis at the Estates and Facilities Senior Management team meetings until all the actions are complete.
- David Treadwell queried who the point of contact for Committee members is if they have any concerns regarding the hospital environment. John Sellars advised that he should be contacted in the first instance in relation to any building related issues and equipment that keeps the buildings running but not medical equipment. All Estates issues are reported via the Helpdesk so that a works order and reference number can be generated and tracked.
- Urgent works are either carried out immediately or within 24 hours, the next level of works are completed within 3 days and the remaining works are completed within 28 days or longer if they are part of a programme for completion in 3 months time.
- Keith Fielding queried how many live works orders are currently open. John Sellars confirmed that the KPIs which measure responsiveness to works orders are currently running at 94.5% against a 95% standard. He agreed to confirm how many works orders have been completed in 2016 at the next meeting in January.
- Catherine Williams, Patient Engagement and Project Manager, produces the PLACE action plans and is kept informed when the actions are closed.
- John Sellars agreed to ensure that the works order numbers for all jobs are included on future action plans for all sites as currently the GHH and SH action plans include the job or call reference number rather than the works order number.

## 16.33 CAPITAL FUNDING: ACAD/ HEARTLANDS TOWER BLOCK/ 13 YEAR ESTATE PLAN

John Sellars gave an update on the ACAD and Tower Block projects as follows:

- *Ambulatory Care and Diagnostics Centre (ACAD)*: this will be a new outpatient tower block and will house all Outpatients, Endoscopy, Day Surgery and Radiology. The original ACAD plan was ready to go out to tender in 2012 and was then stopped. The new ACAD block, which is phase 1 of the BHH site development, will have an additional floor and will be a 4-storey tower sited behind the Main Entrance and adjacent to MIDRU. £3.5m funding has been approved by the DoH for the initial design and enabling works, this is on the understanding that the remaining funding will be available when required.
- *Tower Block*: once the ACAD block is complete and OPD have moved in, the current OPD will be demolished as it is not fit for purpose, the vacated space will be used to construct the Tower block, phase 2, which will include A&E, a Walk In Centre, ITU. Theatres and Interventional Radiology. UHB are keen for the Tower to have 5 floors which may also include some of the wards from the current Tower Block. No funding is as yet agreed for phase 2.
- It is envisaged that ACAD will be complete in 2019, following which the works to the Tower Block can commence.

## 16.34 TOILET AND SHOWER REFURBISHMENTS

Sue Hutchings queried what had caused the delay in the toilet and shower refurbishment works to ward 11 at BHH. John Sellars advised that these works had gone out to tender but the contractor had been slow and had not been adhering to infection control policies, unfortunately it had taken Estates a long time to pick up that there was a problem. The works should have taken approx 3 weeks but had taken 8 weeks to complete.

### 16.35 REVIEW OF CAR PARKING

- Fiona Alexander, Director of Communications, is reviewing the HEFT Car Parking Policy and is looking at how some of the UHB policies can be incorporated. A meeting with

Fiona Alexander, Kevin Bolger, John Sellars and Chris Davies, has been arranged for Monday, 7 November, to discuss this further.

- Ideas being considered include an exclusion zone around the sites and different levels of payment for staff depending on their banding.
- Patients' and visitors' parking charges are kept in line with other Trusts across the West Midlands.
- There is sufficient staff parking at Solihull Hospital but it is tight at Heartlands Hospital and over-subscribed at Good Hope Hospital. 100 staff spaces have been transferred from staff to visitor parking on the Heartlands site.
- One of the ideas for staff parking at Heartlands Hospital is to move all office staff to the Yardley Green Road car parks leaving on site parking available to staff who need to park on site. It was noted that the multi-storey car park on Yardley Green Road is now full. G4S provide a 4x4 vehicle to take staff to the car park at night and will also provide a security guard to walk people to the car park if requested.
- Chris Davies advised that there are 3,215 staff parking spaces across the three sites (1,765 at Heartlands Hospital, 719 at Good Hope Hospital and 731 at Solihull Hospital). 6,390 permits have been issued for staff parking which gives a ratio of approximately 1 space to 2 permits. There are 1,187 visitor parking spaces across the three sites.
- A paper is currently being prepared with proposals to bring the housekeeping and portering service at Heartlands Hospital back in house. The security/ car parking service will continue to be outsourced. The Executive Directors and the Board will make the decision on this proposal. The in-house service will cost approx £100k per year more, at over £8m per year, but will improve staff morale and give more control and flexibility over the service. Chris Davies confirmed that there are approx 500 portering and domestic staff at Heartlands Hospital, Good Hope Hospital has approx  $\frac{2}{3}$  of this number and Solihull Hospital approx  $\frac{1}{3}$ , giving approx 1,000 staff in total. If it is agreed to bring the service back in-house the staff will be TUPE'd across.

### 16.36 HEARTLANDS DISABLED PARKING

Sue Hutchings represents HEFT at the Breast Cancer Support Group and raised a concern regarding a disabled patient who challenged a member of car parking/security staff regarding cars parked in disabled bays without a disabled/ blue badge. The security guard had advised that he would make a note of the registration numbers but had done nothing. John Sellars advised that Civil Penalty Notices (CPNs) are no longer being issued however staff are given warnings and registration numbers are normally logged and staff can be banned from parking on site for a month. With a member of the public it is much more difficult to police.

### 16.37 CDU, GOOD HOPE HOSPITAL (GHH)

- Sue Hutchings had made a note of comments made after the mock CQC inspections at GHH particularly regarding the CDU which had a very depressing atmosphere due to no windows. Keith Fielding was on the inspection and raised concerns regarding the lighting in the area adjacent to the AMU at GHH, as it is very dark. John Sellars replied that there is some very old estate at GHH i.e. the Richard Salt and Fothergill blocks, which can be difficult to refurbish to modern day standards. He agreed to pick this issue up with Dave Smith, Estates Manager at GHH. There has been a lot of work carried out at GHH e.g. Ward Block 1 and A&E.
- Andy Edwards advised that there is sustainability funding available for LED lighting. John Sellars to discuss with Dave Smith and report back at the next meeting.

## 16.38 WARD REFURBISHMENTS

- Sue Hutchings was concerned about the state of some of the wards in the Tower Block at Heartlands Hospital and in particular ward 5, which she felt was in a desperate state. Funding has been approved for the last 7 years to refurbish ward 5 but it has not been possible to vacate the ward to enable these works to be carried out. This funding has also been included in the capital bids for 2017/18 but will again depend on the ward being vacated. John Sellars advised that works are carried out around patients where possible e.g. the recent works carried out on ward 11. David Treadwell queried whether it would be possible to use a temporary ward however there is no space on the Heartlands site for a temporary ward, particularly as it would need to be attached to the main hospital.
- At the request of Kevin Bolger the Estates team on each site will be identifying the priority works for each site which will include ward refurbishments.

## 16.39 HEARTLANDS OPD: LACK OF REFRESHMENT FACILITIES

It was noted that a vending machine has now been installed in the OPD at Heartlands Hospital to replace the food outlet run previously by the RVS which has now closed. The RVS have vacated OPD and the Women's Unit at Heartlands Hospital as these units are no longer part of their core business. Chris Davies advised that Facilities had prepared a proposal to take over the food outlet in-house which required an investment of circa £80k but it was felt that this was not good value for money due to the plans to demolish OPD once ACAD is built.

## 16.40 ANY OTHER BUSINESS

### 16.40.1 IT Infrastructure

Keith Fielding raised the issue of the IT infrastructure at HEFT which is in a poor condition. Andy Edwards advised that Deloitte (external auditors) had carried out a review 12 months ago which included the computer infrastructure, hardware, software and clones, these were all found to be past their useful working life and need replacing. The systems work but are not user friendly and although there is a range of systems they are not integrated. £3m has been spent up to January 2017 replacing some of the hardware infrastructure and there have been some software updates. In total it will cost approx £40m to £60m to completely replace the current IT infrastructure across HEFT. As HEFT work closer with UHB, who have new IT infrastructure and systems, HEFT will look to utilise UHB's current software suite and buy the appropriate licences. Keith Fielding queried how the Hospital Environment Committee can support this work. Andy Edwards advised that it would be helpful to have the Committee's support in reinforcing with the CoG over the next 6-12 months that this issue needs to be resolved

### 16.40.2 Fabric of HEFT Sites

Stan Baldwin queried on a scale of 0 to 10 how would Chris Davies rate the fabric of the three 3 hospitals (i.e. new to old building stock). Chris Davies advised as follows:

- *Good Hope Hospital*: the ratio between old and new buildings is around 50/50 as there are some new buildings e.g. Ward Block 1 and some very old buildings e.g. Richard Salt Unit and the Fothergill block.
- *Heartlands Hospital*: the ratio is approx 60% old buildings to 30% new builds. There is the new ward block, the MIDRU building and Pathology extension but there is a higher proportion of older buildings e.g. the Tower Block and Bordesley House which is past its useful life and needs to be demolished.
- *Solihull Hospital*: this site is still fairly modern having been built just over 20 years ago and there is no mixture of old and new buildings.

- 16.40.3 Heartlands Hospital Portering and Housekeeping: Outsourced vs In-house  
Chris Davies advised that when cleaning audits are carried out the scores are fairly standard across the three sites. The cleaning service at Good Hope and Solihull hospitals is an in-house service and at Heartlands Hospital cleaning is out-sourced. Security and laundry services are out-sourced on all three sites. The proposal to bring cleaning and portering services in-house at Heartlands Hospital would give the opportunity to engage with staff more directly and improve the service. There is a good relationship between HEFT and G4S.
- 16.40.4 Birmingham Chest Clinic  
David Treadwell requested an update on the Chest Clinic. Chris Davies stated that the Chest Clinic is on the Department's Risk Register due to concerns regarding the state of the building. A number of issues have been put right by Estates to ensure that the building is safe but there are a number of other issues which Birmingham City Council (BCC) need to resolve and which Estates are pushing them on. BCC have been trying to sell the building but without success so far. HEFT only pay a peppercorn rent for the building. David Treadwell felt that any alternative location would need to be in the City Centre.
- 16.40.5 Yardley Green Road  
David Treadwell was concerned regarding the fly tipping which is happening on Yardley Green Road, by the River Cole, and queried whether cameras are going to be installed in an attempt to catch the perpetrators. It was noted that this is not within the remit of HEFT to resolve. Gerry Moynihan advised that BCC have installed temporary cameras in this area but these will be moved around the ward. He also stated that BCC are considering putting double yellow lines in this area to prevent people from parking and may also install bollards.
- 16.40.6 A&E Entrance at Good Hope Hospital  
Derek Hoey was concerned regarding the cold draught that is created in this area every time the automatic sliding doors are used. He queried whether the sliding doors could be set so that they are only used in an emergency or if the revolving door fails. Chris Davies agreed to discuss this issue with John Sellars who will report back at the next meeting in January.

**16.41 DATE OF NEXT MEETING:**

**Thursday, 26 January 2017 at 2.00 p.m.,  
in the Foyer Room, Partnership Learning Centre, Good Hope Hospital**

.....  
**Chair**

**Minutes of a Meeting of the Council of Governors Hospital Environment Committee  
of Heart of England NHS Foundation Trust  
held at 2.00 p.m. on Thursday, 26 January 2017,  
in the Foyer Room, Partnership Learning Centre, Good Hope Hospital**

**PRESENT:** Sue Hutchings (Chair)  
Stan Baldwin  
Keith Fielding  
Derek Hoey  
Gerry Moynihan  
David Treadwell  
David Wallis  
Andy Edwards  
John Sellars

**IN ATTENDANCE:** Ann Harwood (minutes)

### 17.1 APOLOGIES

Apologies were received from Sarender Chana.

### 17.2 DECLARATIONS OF INTEREST/ REGISTER OF INTERESTS

- As agreed at the last meeting Ann Harwood had circulated a copy of the latest Register of Interests with the meeting papers.
- Gerry Moynihan advised that he is listed as Derek Moynihan on the register and he has sent e-mails to Angie Hudson advising her of this and that he has no conflicting interests or anything to declare.

### 17.3 MINUTES OF MEETING HELD ON 3 NOVEMBER 2016

The minutes of the meeting held on 3 November 2016 were discussed. It was agreed to amend the second bullet point of item 16.31.1 to reflect that John Sellars would source the Ethical Trading Policy for HEFT and for Interserve rather than this being an action for David Treadwell. Ann Harwood to amend the minutes and forward to Sue Hutchings for approval and sign off.

### 17.4 MATTERS ARISING FROM MEETING HELD ON 3 NOVEMBER 2016

#### 17.4.1 Outsourced Contracts

- John Sellars reported that Interserve do not have a specific Ethical Trading Policy and showed members a list of Interserve's policies together with a copy of their Vision and Values statement. Following discussions with HEFT Procurement it has been confirmed that HEFT also does not have an Ethical Trading Policy although there are the Trust SFIs (Standing Financial Instructions) and a Desk Guide to Procurement which includes the main considerations and processes involved in making a purchase on behalf of the Trust.
- As the Heartlands Hospital Main Entrance is a PFI building the Trust does not have any influence over which tenants occupy the building.
- David Treadwell was still concerned due to Starbucks past history of reported tax avoidance and is this still an issue, as this is considered a matter of national importance and principle in these difficult economic times. Gerry Moynihan advised that service users need to be aware that this issue is not related to HEFT.
- Andy Edwards expressed appreciation at these sentiments however the PFI contract was signed some time ago and there were no restrictions agreed on which companies/ organisations could or could not occupy the building. He felt that it might be pertinent to consider this for any future PFI contracts.

#### 17.4.2 Staff Health Club

- The future of the Staff Health Club had also been raised at the Patient Experience Committee.

- John Sellars advised that the building is now empty and there are plans to convert it for IT to use as a training venue and an IT repair area.
- HEFT does offer discount cards for staff at various health clubs/ facilities.

#### 17.4.3 Terms of Reference

- Sue Hutchings has sent a copy of the draft Terms of Reference to David Burbridge for review and to advise on the process for approval. It was agreed that in the interim the Committee will comply with the draft Terms of Reference.
- There have been some discussions regarding the Patient Experience Committee merging with the Staff Experience Committee and also the possibility of these groups merging with the Hospital Environment Committee. It was agreed that this would be a big group and although there are crossovers the groups have worked well separately, liaising with each other when required.
- Sue Hutchings will feed this back at the next Patient Experience Committee meeting

#### 17.4.4 Results of PLACE Inspections

- John Sellars confirmed the number of works orders completed for each site in 2016 as follows:  
BHH = 87; 63 completed and 24 outstanding  
GHH = 105; 92 completed and 13 outstanding  
SH = 77; 70 completed and 7 outstanding.  
The reason that the majority of outstanding works orders cannot be completed is because they require areas/ wards to be vacated. The situation is worse at BHH as there are no flex wards available.
- Sue Hutchings was concerned that there is a big issue with wards at BHH requiring refurbishment works and queried what the outstanding works are. John Sellars advised that these are larger works such as replacing a bath with a walk in shower, which has recently happened on ward 11 and required 6 weeks for completion as it was a difficult job to plan. Other examples include creating a wet room, ceiling works which would require the whole 6-bed bay to be emptied to comply with Infection Control rules. All Health & Safety, Statutory Compliance and Infection Control issues are addressed immediately.
- John Sellars advised that meetings are being held with Stuart Dale to close ward 5 at BHH in the summer for a period of 16 weeks to carry out a full refurbishment. There has been £500k allocated for a partial ward refurbishment for the last 6-7 years, £1m has been requested for 2017/18 for a full refurbishment, however this funding is not guaranteed. This will require 28 beds to be emptied for the 16 week period.
- David Treadwell queried whether temporary accommodation can be used to provide decant space. John Sellars advised that this would be costly and at BHH there is no space available to site temporary accommodation. There was a discussion as to whether army facilities could be used however John Sellars stated that this was not a practical solution and would be expensive. The option of transferring patients to GHH/ SH is also not a viable option.
- Mike Taylor, Head of Estates, has confirmed that the Estates works order numbers will be included on the action plans from future PLACE inspections.

#### 17.4.5 CDU, Good Hope Hospital (GHH)

- Following a concern raised at the last meeting, Dave Smith, Estates Manager at Good Hope Hospital, arranged for the lighting in the area adjacent to AMU to be checked. A fault on the circuit was identified which has now been repaired.
- With regard to sustainability funding for LED lighting, John Sellars reported as follows:
  - *External lighting*: 80% has been replaced at SH, 50% at GHH and 80% at BHH.
  - *Internal lighting*: all patient areas were replaced as part of phase one/ two of the sustainability programme. All refurbishments and new builds include LED lighting and

LED lighting is installed in back office areas when any works are carried out. Passive Infra Red Sensors (PIRs) are also installed where possible.

- John Sellars advised that £4.2m was invested into phase 1 of the Sustainability project and £2.5m savings were realised giving a net cost of £1.8m. There are guaranteed savings of £0.5m per year. Further work is planned for when there are grants available.

#### 17.4.6 Ward Refurbishments

- John Sellars reported that the Estate team on each site has carried out a ward condition survey and produced a schedule which lists all the wards at GHH with a RAG rating, the wards highlighted as red require a significant amount of work and are all in the RSU apart from ward 2 in the Fothergill block which will be addressed as part of the City-wide Women's and Children's initiative.
- The ward condition assessments form part of the site strategy for each site together with the 6 facet survey results, these surveys are carried out every 5 years. Sue Hutchings requested that a copy of the BHH and SH ward condition assessments be circulated with the minutes.
- Gerry Moynihan queried what constitutes poor condition and whether these are Health & Safety issues. John Sellars confirmed that all H&S and statutory compliance issues are addressed immediately and from this point of view the wards are legally acceptable. The 'red' status reflects where wards are old and have poor layouts. The 'green' status wards/ areas are all in AMU and Ward Block 1 (new ward block).
- The wards in the Fothergill block have been refurbished since they were built whereas the RSU wards are as they were when built, which is the same for the Tower Block at BHH.

#### 17.4.7 A&E Entrance at Good Hope Hospital

Derek Hoey asked for his thanks to be passed on to Chris Davies for arranging for the issues with the revolving doors and draught to be reviewed and resolved. The revolving and powered side opening doors have to be maintained as functioning entrances and exits to comply with fire safety regulations. However a problem with the heating was identified in this area which has since been resolved.

### 17.5 PRESENTATION ON SIGNAGE IN MINORS AND MAJORS AT BHH

As Sarender Chana had sent his apologies for the meeting, the presentation on signage in minors and majors has been deferred to the next meeting in March.

### 17.6 ISSUES RAISED AT BOARD OF DIRECTORS UNANNOUNCED GOVERNANCE VISIT TO ED AT HEARTLANDS HOSPITAL ON 16<sup>th</sup> SEPTEMBER 2016

- Angie Hudson had forwarded an e-mail flagging up some issues which had been raised at the Board of Directors unannounced governance visit to ED (A&E) at BHH on 16 September 2016. The issues/ concerns related to cleaning; what the cleaning regime is; and how it is monitored to ensure the correct cleaning is carried out.
- John Sellars showed members a copy of the G4S main cleaning schedule and frequencies for ED (A&E) together with an example of the sign off sheets. The schedule is colour coded to indicate the type of cleaning required for each area.
- All areas are cleaned 3 times a day and the sign off sheets have to be signed for each area and each episode of cleaning. These form a record and control document, where cleaning has not been carried out this is usually because the cleaning staff are unable to access the area for clinical reasons e.g. cubicles.
- There is a cleaning monitoring team within Facilities who monitor the cleaning in all areas and on all sites. If they find that an area has not been cleaned they will come back and review again, if an area has still not been cleaned this will be escalated to Sam Foster, Chief Nurse.
- It was noted that nursing staff are responsible for cleaning equipment between patients.

- David Treadwell queried the use of acronyms e.g. ED or A&E, John Sellars confirmed that there is no agreed standard title within the Trust.

## 17.7 ANY OTHER BUSINESS

### 17.7.1 Trip Hazard

Gerry Moynihan highlighted an issue with a paving slab located near to the Fothergill block which was raised by approx 1 centimetre and which is a trip hazard. John Sellars agreed to pick this up with Dave Smith, GHH Estates Manager, after the meeting. He advised that the Estates teams on each site carry out regular walkabouts to look for slip, trip and fall hazards.

### 17.7.2 ACAD

John Sellars gave an update on the ACAD Programme as follows:

- Works are planned to commence on site in January/ February 2018 with completion planned for February 2020.
- £3.5m funding has been approved by the Treasury to take the project to outline business case and to also fund the design fees, enabling works e.g. Health Club works to enable Bordesley House to be vacated and demolished; create a new electrical substation; drainage; medical oxygen plant (there is only one on the BHH site, a second plant will add to the resilience of the site); temporary car parking on the Bordesley House site.
- Discussions are underway with the contractor regarding their access to the site, to ensure that this is kept to the site perimeter and kept separate to visitors' access.
- ACAD Project Board meetings have been arranged to take place every two weeks, Chaired by Kevin Bolger, Interim Deputy Chief Executive – Improvement. An update paper will shortly be presented to the Board of Directors.
- During the construction period approx 300 parking spaces will be lost on the BHH site, the majority of these are staff parking spaces. A proposal to create a staff car park on the Yardley Green Road gravel car park is being produced, to include asphaltting, security and lighting. The plans will shortly be submitted to Birmingham City Council. This will provide an additional 200 staff parking spaces. Discussions are also planned with the Mental Health Trust and CCG to see whether HEFT can rent some land at the back of the Yardley Green site during the ACAD construction period.
- Gerry Moynihan queried whether it is planned to appraise local councillors on the plans.
- John Sellars offered to go through the drawings with Andy Edwards.

### 17.7.3 Car Parking Policy

- The new draft Car Parking Policy is currently with Fiona Alexander as there are some amendments to be made in relation to funding and tax issues which had arisen that week.
- David Treadwell queried where the car parking discounts are advertised. It was noted that these are available on the HEFT website and on notices around the car parks, including at the entrances and on the 'pay on foot' machines.
- There are no profits made from parking charges, the revenue produced goes towards maintaining the car parks including security and lighting, any remaining revenue goes back to the Trust income.

### 17.7.4 Next Meeting

- Sue Hutchings queried, as the Committee membership has changed, could the next meeting at Solihull Hospital in March include a visit to the CPU and a food tasting session. John Sellars agreed that this would be a good idea and that to accommodate this it would be best to bring the meeting forward to 12.00 p.m. Ann Harwood to arrange.
- If members have any other agenda items they would like to discuss at future meetings they should contact Sue Hutchings and Ann Harwood.
- David Treadwell thanked John Sellars and Ann Harwood for the work they do in supporting the Committee.

17.7.5 Merger with UHB

Andy Edwards advised that a paper is due to be submitted to the Board in the next couple of months. He felt that the way in which the Trust is running and the financial position is much improved compared to 18 months/ 2 years ago.

**17.8 DATE OF NEXT MEETING:**

**Thursday, 30 March 2017 at 12.00 p.m.,  
in the CPU and Room 4, Education Centre, Solihull Hospital**

.....  
**Chair**



**Minutes of a meeting of the Membership and Community Engagement Committee of the Council of Governors of Heart of England NHS Foundation Trust held in the Board Room, Devon House, Birmingham Heartlands Hospital on 15 January 2016**

**PRESENT:**

Arshad Begum  
Elaine Coulthard  
Sue Hutchings  
Jean Thomas – Deputy Chair  
David Treadwell

**IN ATTENDANCE:**

Jamie Emery  
Kevin Smith  
Sandra White

**16.001 Introduction and Apologies**

Jean welcomed everyone to the meeting and explained that Albert was unwell so had offered his apologies and asked Jean, as Deputy Chair, to chair the meeting.

**16.002 Declarations of Interest**

No interests were declared.

**16.003 Minutes of previous meeting**

The minutes of the meeting held on 13 November 2015, as circulated with the Agenda, were approved as a true record.

**16.004 Matters Arising/ Recommendations Tracker**

Action 1: Jamie, Kevin and Sandra had developed and agreed a form of words for Governors to use on social media, which was read out. Jamie would circulate it to Committee members (**Action 1: Jamie**).

Action 2: Ask CCG Patient Experience contacts about messaging their readers/ members regarding membership and Governors' identities – Jamie had initiated contact. Birmingham CrossCity CCG had agreed to give column space in their newsletter for a message. South Staffs CCG had agreed to post a message on its website. A response was outstanding from Solihull CCG, which Jamie would chase (**Action 2: Jamie**). It was noted that the Trust maintained a general e-mail address for Governors that could be used as a response address, rather than Governors publishing their own personal e-mail addresses.

Action 3: Sue was awaiting a response from her PPG regarding its willingness to publish information about membership and Governors (**Action 3: Sue**).

Action 4: Jean had circulated a list of the activities of the Citizens Assembly.

### **16.005 Membership Policy and Strategy Update**

Kevin reported that he had not yet heard back from his contact at UK Engage, who was going to provide intelligence on the size of other FTs' membership and what any of them had done to reduce their membership.

He had discussed the concept of reducing the membership with the new Chair and new Chief Executive, who were supportive of the concept.

Kevin tabled a Board paper published on the UHB website from April 2015 that indicated HEFT had the largest membership of all FTs by a significant margin. Northumbria Healthcare was second with 81,948 and Bradford Teaching Hospitals was third with 50,839. The remaining seven from the top ten FTs had membership numbers between 30,000-23,000. UHB sat at ninth position with 23,941 members, including staff. This was a useful indication of the profile of other FTs with larger membership and supported the view that the Trust was an outlier and should reduce its membership numbers, probably to around 30,000, including staff.

Kevin would endeavour to find out more about how UHB had reduced its membership, given that it used to have a much larger membership (**Action 4: Kevin**).

Kevin would work with the Chair to develop a revised Strategy and Action Plan (**Action 5: Kevin**) but an immediate action had been agreed for Sandra to stop auto-enrolling members to maintain the historic target of around 100,000.

A discussion followed on the Constitutional limit of 9 years for a Governor's period of office. Kevin explained the governance background to having such a limit but undertook to discuss with the new Chair whether or not it should be reviewed (**Action 6: Kevin**).

### **16.006 Membership and Community Engagement Update**

Sandra reported the membership number at 31 December 2015 was 98,373, including staff and 88,350 net of staff.

The latest seminar was held on 13 January 2015 at Heartlands on prostate cancer. The seminar was very well received.

A lot of time had been spent with the Youth Forum with much discussion on the Youth Conference 2015 that took place on 27 November 2015. Sandra tabled a paper recording the themes of the Youth Conference and participant feedback. Sue commented that they had been very impressed by the 2015 Conference and she and David had been similarly impressed by the 2014 Conference.

David asked whether we could find a way to put some of the youths into a position of influence. Sandra explained that one had been appointed as a Youth Governor (this was a title that Les Lawrence had approved but it didn't convey any formal Governor status to the individual) but she was about to move away to University. Given that most of the involved youths tended to be aged between 15 and 17, this was a recurring problem. Kevin noted that the Youth Governor, or other interested youths, could attend CoG meetings, which were open to the public, and could attend CoG Committees by invitation.

It was noted that most of the youths attended the Youth Forum from a variety of schools from across the Trust's catchment area but Sandra was still trying to get access to some schools. Arshad said she might be able to help with this, if Sandra could provide her with details of the schools she had been unable to access (**Action 7: Sandra and Arshad**).

Jamie noted that the Trust went 'above and beyond' in its youth and community engagement activities, particularly when taking into account that there was no budget for these activities so Sandra relied on a lot of goodwill and supplier support.

**16.007 How can we use Membership to greater effect?**

Kevin referred to the May 2015 meeting when he had requested this item be a standing item of business for the Committee and didn't want it to be lost from sight. He referred again to the UHB Board paper from April 2015 that listed 13 things that UHB would be doing to maintain membership and develop engagement, noting that most of these were in common with the Trust's own community engagement activities.

Jamie noted that this was important for improving patient experience and patient feedback.

**16.008 Citizens' Assembly ('CA') Update**

Jean noted that the CA had been very effective but it was understood that it would now be subject to review. The January meeting had been cancelled but the Chair was pushing for a meeting in February. Jamie had been invited to attend and give an update from the Trust.

**16.009 Any Other Business**

Jean explained that she had agreed with Jacqui Smith at the Governors' Breakfast Meeting earlier in the day to take soundings on the value of the Committee from both Governors and supporting staff. The unanimous view was that the Committee currently served a useful purpose and that it should continue. Jean would give this feedback to Jacqui (**Action 8: Jean**).

**16.010 Date of Next Meeting**

The next meeting was scheduled for 18 March 2016.

.....  
**Chair**

**Action Log**

Action	Date	Action	Owner	Completed
1	15.01.16	Circulate agreed form of words for use on social media.	JE	05.02.16 by KS
2	15.01.16	Ask CCG PE contacts about messaging their readers regarding membership and Governors' identities – chase Solihull CCG.	JE	
3	15.01.16	Ask PPG about messaging regarding membership and elections – response outstanding	SH	

4	15.01.16	Find out how UHB reduced its membership	KS	
5	15.01.16	Work with the Chair to develop a revised Strategy and Action Plan for reducing the membership	KS	
6	15.01.16	Discuss 9 year Constitutional limit for Governors period of office with the Chair and report on outcome.	KS	03.02.16 CoG
7	15.01.16	Sandra to provide list of schools that she has been unable to access for Arshad to approach	SW/ AB	
8	15.01.16	Give feedback to Jacqui Smith on usefulness of Committee	JT	17.01.16 by e-mail



**Minutes of a meeting of the Membership & Community Engagement Committee of the Council of Governors of Heart of England NHS Foundation Trust held in the Board Room, Devon House, Birmingham Heartlands Hospital on 18 March 2016 at 10.15am**

**PRESENT:** E Coulthard  
S Hutchings  
J Thomas – Deputy Chair  
D Treadwell

**IN ATTENDANCE:** J Emery  
A Hudson (minutes)  
K Smith (Secretary)  
S White

#### 16.011 INTRODUCTION AND APOLOGIES

J Thomas welcomed everyone to the meeting. Apologies had been received from A Fletcher who was on holiday.

J Thomas requested that where future meetings were held with the chair of CoG committees (such as meetings with the Chair) the deputy chair could be present to ensure cover and wider representation. **(Action 1: KS)**.

#### 16.012 DECLARATION OF INTERESTS

No interests were declared.

#### 16.013 MINUTES OF PREVIOUS MEETING

The minutes of the meetings held on 15 January 2016 were approved as a true record.

#### 16.014 MATTERS ARISING

The following matters from the last meeting were noted

1. K Smith and J Emery had circulated the agreed wording for use on social media (subject to correction of a typographical error). K Smith undertook to share this with all Governors **(Action 2: KS)**.
2. J Emery reported that he had contacted Solihull CCG again and had received agreement that HEFT could insert copy in their electronic newsletter. J Emery agreed to draft the copy and send it to the CCGs **(Action 3: JE)**.
3. S Hutchings advised that her PPG had been supportive of the Trust using their PPG newsletter to publish information about membership and the Governors. It was agreed that it may be useful for all Governors to contact their local GP Surgery PPG's in order to promote membership and the Governor elections **(Action 4: KS)**.
4. Actions 4 and 5 would be covered in the meeting.
6. K Smith reported that he had discussed the 9 year constitutional limit for Governors with the Chair, who had clarified at the 3 February CoG meeting that there was no intention to change

this rule.

7. S White reported that she had been unable to contact A Begum but would continue trying.
8. J Thomas had given very positive feedback to the Chair on the Committee's perception of its usefulness.

D Treadwell enquired if there had been any progress with inviting a NED to attend each of the CoG Committees; K Smith advised that appropriate NEDs had been identified for most CoG Committees and that L Lawrence was probably the appropriate NED until his resignation but that no progress had been made since that time.

## 16.015 MEMBERSHIP POLICY & STRATEGY UPDATE

K Smith reported that a response was still awaited from Fiona Alexander, Director of Communications at UHB, who had dealt with the membership reduction at UHB and had agreed to provide a briefing on how this had been done and the learning from the exercise. It was understood that UHB had been assisted by Capita who managed their membership database.

K Smith advised that more recent data, from his contact at an elections consultancy, confirmed that the Trust had the highest membership of all English foundation trusts by a long way.

S White and K Smith had met separately with the Chair and discussed possible methods of reducing the membership, which included (1) only writing to 'auto-enrolled' members inviting them to opt-out and (2) profiling the Trust's demographics to invite members from 'over-represented' groups to opt-out (Capita had indicated that they could do this for a fee of around £3,500). It was felt that the second option would be very difficult and could leave the Trust open to allegations of unfairness to certain groups, so should only be considered with extreme caution.

The meeting went on to discuss the ways in which the Trust could reduce the membership whilst ensuring that the remaining members were engaged and representative of the Trust's demographics; K Smith suggested that one possibility was only to write to level 3 members inviting them to opt-out.

K Smith explained that a likely cost effective way of reducing the membership would be to combine the exercise with the forthcoming Governor elections – the Committee was supportive of this approach. It was agreed that any such communication would need to include an explanation of the advantages of membership and the membership categories. It was also agreed that the required diversity of the membership must be monitored when undertaking the reduction in the membership and adjusted, in due course, if necessary.

It was noted that there was no intention to reduce the staff membership category, where there was minimal cost implication of a large membership. However, S White undertook to investigate with HR what currently happens with staff members who seek to opt out of membership and whether HR have an effective way of recording this on the staff membership register that was maintained by HR (**Action 5: SW**).

## 16.016 MEMBERSHIP AND COMMUNITY ENGAGEMENT UPDATE

J Thomas congratulated S White on the Members Seminar on Thyroid held earlier in the week; it was noted that the meeting had seen a lively debate and over 100 people attended.

S White reported that the public membership database had recently been cleansed and around 1,500 people had been identified as 'gone aways'. The Trust had 87,903 public members prior to removal of the 1,500 'gone aways'. There was an anomaly with the tabled summary of public

membership (only 21 members for Hall Green), which S White undertook to investigate (**Action 6: SW**).

Work with the Youth Forum was currently on hold due to the pressure of other Trust business and the flux impact of students moving from college to university. The Solihull Health Ambassadors had recently undertaken a project for 'Young Minds' on mental health issues affecting children and youths and had produced 3 videos, these were to be uploaded to Moodle. The Trust no longer had the services of the Solihull Youth Worker, but would work with the schools and colleges and report back in the autumn on progress made.

#### 16.017 HOW CAN WE USE MEMBERSHIP TO GREATER EFFECT?

No further update.

#### 16.018 CITIZENS ASSEMBLY UPDATE

J Thomas noted that she and members of the Citizens Assembly were very disappointed with the recent dissolution of the Assembly and reported that members were upset that they had not been communicated with or given a reason why prior to its dissolution. J Emery explained that it was understood that continuing the group was unlikely to be viable under the new leadership regime. J Thomas stated that the dedication and contribution made by the Citizens Assembly had not been recognised by the Trust and she felt this was not compatible with our aim of Community ENGAGEMENT.

It was noted that J Thomas and S Hutchings were Governor representatives on the Citizens Assembly who had a voice at this Committee and who could make their disappointment known to the Chair of the Trust if they wished to do so; J Thomas indicated that she would consider doing so.

#### 16.019 ANY OTHER BUSINESS

D Treadwell referred to the work undertaken in 2016 that had looked at the number of patient groups that represented the Trust and questioned what had been the outcome. J Emery advised that following the work undertaken by Helen Shoker the Trust now had three Patient Community Panels, one for each site, and all ward visits and engagement were undertaken through these panels. J Emery agreed to circulate the Terms of Reference for the PCPs (**Action: JE**).

D Treadwell proposed a vote of thanks to J Thomas for the work that she had undertaken at the last two meetings and in representing the Committee's standing to the Chair, in the absence of A Fletcher.

#### 16.020 DATE OF NEXT MEETING

20 May 2016, Room 2, Education Centre, Birmingham Heartlands Hospital.

.....  
Chair

### Action Log

Action No.	Date	Action	Person responsible	Completion Date
16.011	18.03.2016	<b>Action 1</b> J Thomas requested that where future meetings were held with the chair of CoG committees (such as meetings with the Chair) the deputy chair could be present to ensure cover and wider representation.	K Smith	
16.014	18.03.2016	<b>Action 2</b> K Smith and J Emery had circulated the agreed wording for use on social media (subject to correction of a typographical error). K Smith undertook to share this with all Governors	K Smith	
16.014	18.03.2016	<b>Action 3.</b> J Emery reported that he had contacted Solihull CCG again and had received agreement that HEFT could insert copy in their electronic newsletter. J Emery agreed to draft the copy and send it to the CCGs	J Emery	
16.014	18.03.2016	<b>Action 4</b> S Hutchings advised that her PPG had been supportive of the Trust using their PPG newsletter to publish information about membership and the Governors. It was agreed that it may be useful for all Governors to contact their local GP Surgery PPG's in order to promote membership and the Governor elections	K Smith	
16.015	18.03.2016	<b>Action 5</b> S White undertook to investigate with HR what currently happens with staff members who seek to opt out of membership and whether HR have an effective way of recording this on the staff membership register that was maintained by HR	S White	
16.016	18.03.2016	<b>Action 6</b> S White to investigate the anomaly with the tabled summary of public membership (only 21 members for Hall Green).	S White	
16.019	18.03.2016	<b>Action 7</b> J Emery agreed to circulate the Terms of Reference for the PCPs ( <b>Action: JE</b> ).	J Emery	

**Minutes of a meeting of the Membership & Community Engagement Committee of the Council of Governors of Heart of England NHS Foundation Trust held in the Education Centre, Birmingham Heartlands Hospital on 20 May 2016 at 10.15am**

**PRESENT:** A Fletcher – Chair  
A Begum  
S Hutchings  
J Thomas  
D Treadwell

**IN ATTENDANCE:** J Emery  
K Smith (Secretary)

**16.021 INTRODUCTION AND APOLOGIES**

A Fletcher welcomed everyone to the meeting. Apologies had been received from M Aikhlaq and S White, who was on holiday.

**16.022 DECLARATION OF INTERESTS**

No interests were declared.

**16.023 MINUTES OF PREVIOUS MEETING**

The minutes of the meetings held on 18 March 2016 were approved as a true record.

**16.024 MATTERS ARISING**

The following matters from the last meeting were noted

1. Noted and agreed in principle.
2. Completed, the social media agreed form wording had been circulated to all Governors.
3. J Emery reported that he had discussed the need to produce copy with Comms but they had agreed to hold off pending the Governor elections.
4. Completed.
5. K Smith reported that HR had confirmed to him that there was no staff 'opt out' from membership.
6. Carried forward.
7. J Emery had circulated the PCP Terms of Reference by e-mail and gave an overview of the activities that the PCPs had been undertaking:
  - a. Website task & finish group
  - b. Ward quality reviews
  - c. PLACE inspections
  - d. Exercise 'Dark Star' (Contingency planning exercise)
  - e. Patient pathways – patient perspective
  - f. Governance focus group

In response to a question from D Treadwell, J Emery confirmed that there wasn't any duplication and that lessons were being learned from the various ward inspections.

J Emery explained that ownership of the PCPs was yet to be resolved within the new Operational structure. S Hutchings noted that it may be necessary to review their quorums and membership after the forthcoming Governor elections.

## 16.025 MEMBERSHIP POLICY & STRATEGY UPDATE

K Smith reported that the subject of a membership reduction exercise combined with Governor elections had been discussed at the Council of Governors meeting on 4 April and that the proposal to invite around 75,000 'auto-enrolled' category 3 members (the 75,000) to confirm their membership if they wished to continue as members had been received support from the Interim Chair and Interim Chief Executive.

An example of the 'Membership Update' letter which was mailed to the 75,000 at the beginning of May was tabled. This included a description of what is involved in being a member of the Trust and an explanation of the three levels of membership. Recipients were able to confirm their continuing membership either online or by returning a pre-paid business reply postcard.

It had been made clear to the 75,000 that if they wished to participate in the Governor elections for 2016, they would need to confirm their continuing membership by 5.00pm on 6 June 2016. If they didn't wish to continue as members no action was required.

An example of a 'Membership Update Reminder' was also tabled that was being posted to the 75,000 on or around 18 May with the spring edition of Heart & Soul magazine that featured the Governor elections.

The Notice of Election had been published on 18 May and was available both on the Trust website and at the three main hospital sites on notice boards; this included information on how to make Governor nominations. It also publicised Governor Information Sessions to be held on 26 May at each of the three main sites. Nominations had to be received by 5.00pm on 6 June.

As at close of business the previous day, 1,635 of the 75,000 had confirmed their membership and around 1,000 more postcards had been received but not yet processed.

## 16.026 MEMBERSHIP AND COMMUNITY ENGAGEMENT UPDATE

J Emery reported that new people were joining the PCPs, particularly for Good Hope Hospital. The terms of Reference were due to be reviewed. Approaches were going to be made to the faith advocacy groups in the Heartlands area with a view to increasing the membership of the Heartlands PCP.

Discussions had been held with UHB about Community Engagement.

A Sleep Apnoea session was scheduled for later in the week.

Work around Youth Engagement was continuing and would require a refresh because of the number of interested teenagers who were planning to go to university.

**16.027 HOW CAN WE USE MEMBERSHIP TO GREATER EFFECT?**

No further update.

**16.028 CITIZENS ASSEMBLY UPDATE**

J Thomas explained that the Interim Chair had agreed to draft a letter to members of the disbanded Citizens Assembly to express appreciation to the members for all the support they had given to the Trust – this had been done.

**16.029 ANY OTHER BUSINESS**

There was none.

**16.030 DATE OF NEXT MEETING**

15 July 2016, Board Room, Devon House, Birmingham Heartlands Hospital.

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**Chair**

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**Action Log**

<b>Action No.</b>	<b>Date</b>	<b>Action</b>	<b>Person responsible</b>	<b>Completion Date</b>
16.016	18.03.2016	<b>Action 6</b> S White to investigate the anomaly with the tabled summary of public membership (only 21 members for Hall Green).	S White	

**Minutes of a meeting of the Membership & Community Engagement Committee of the Council of Governors of Heart of England NHS Foundation Trust held in the Education Centre, Birmingham Heartlands Hospital on 23 September 2016 at 11.30am**

**PRESENT:** A Fletcher – Chair  
S Hutchings, Governor  
J Thomas, Governor  
D Treadwell, Governor

**IN ATTENDANCE:** F Alexander, interim Director of Communications  
D Burbridge, interim Director of Corporate Affairs  
J Emery, Head of Patient Services & Engagement  
A Hudson (Minutes), Senior Executive Assistant  
S White, Membership Manager

**16.031 INTRODUCTION AND APOLOGIES**

A Fletcher welcomed everyone to the meeting and in particular the interim Director of Corporate Affairs and Director of Communications. No apologies had been received.

It was noted that following the governor elections and Lead/ Deputy Governor elections the membership would need to be reviewed.

**16.032 MINUTES OF PREVIOUS MEETING**

The minutes of the meetings held on 20 May 2016 were approved as a true record.

**16.033 MATTERS ARISING**

There were no matters arising.

**16.034 COMMITTEE MEMBERS ROLES AND RESPONSIBILITIES**

The Director of Communications had been invited to attend the meeting as she was the trust lead for communications; the role of the committee and its responsibilities was discussed and reviewed in order to ensure that they reflected possible future changes. As part of that discussion the Terms of Reference were reviewed - see agenda item 6. (16.036)

Mr Burbridge explained his role as interim Director of Corporate Affairs and advised that part of his role included legal responsibility and oversight of the trust secretariat duties, the role was also known as Foundation Secretary in other organisations.

**16.035 UPDATE ON MEMBERSHIP FOLLOWING PROACTIVE OPTING-IN OF MEMBERS**

The Membership Manager circulated a report that set out the membership statistics prior to and following the membership rational reduction exercise that had been undertaken in July 2016.

There were now 26,745 members compared to 98,716 at January 2016. The meeting discussed the information set out in the report and it was noted that some constituencies had seen a substantial reduction in the number of members. There was a discussion around the ethnicity summary and the question raised whether the trust could re-approach members who had not stated ethnicity, gender etc. There had been an increase in the number of members who were now contacted by email rather than postal communication.

Following a question it was reported that the governor election rules around voting was statutory and the trust had to adopt those statutory rules. The trust membership constituencies were not in line with the electoral roll and there balloting all council/ward constituency members would be difficult; permission would also need to be granted by the local councils.

Further work to encourage the young and youth members was required; the membership manager continued to work to create partnerships with colleges to hold conferences and youth projects and this would be continued to be built upon.

It was anticipated that the upcoming changes may bring the opportunity to engage more of the population interested in their local hospitals.

The Chair reminded the meeting that membership was not simply concerned with numbers but about encouraging a more active membership; following a further discussion it was agreed that further consideration and focus around engagement was required at the next meeting.

**Action:** Agenda item - Brainstorm ways to engage membership.

#### 16.036 REVIEW OF COMMITTEE'S TERMS OF REFERENCE

The interim Director of Corporate Affairs reported that the Terms of Reference required review. The meeting considered the document and made comment; it was agreed to update and circulate the draft updated terms of reference.

**Action:** AH to update and circulate for comment.

#### 16.037 AGREE DRAFT WORK PLAN FOR THE COMMITTEE FOR THE NEXT 6 MONTHS

Following a discussion on the role of the committee and what it wanted to achieve over the coming months, the Director of Communication and membership manager would bring back a report and draft work plan to the next meeting. The work plan needed to consider how the committee could through a structured approach promote a multi-agency approach including interacting with CCGs, GPs, Consultation Groups.

In response to a question, the interim Director of Communications advised that, work to promote public consultation on the case for change could not be undertaken until the business case had been produced and approved by the Board and Council of Governors. It was however noted that there was a basic draft plan but this would be developed once the business plan had been agreed.

**Action:** Draft Work plan to next meeting

#### 16.038 ANY OTHER BUSINESS

There was none.

**16.039 DATE OF NEXT MEETING**

Friday 18 November 2016, 10.00 – 11.30am, Room 8, Education Centre, Birmingham Heartlands Hospital.

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**Chair**

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**Action Log**

<b>Action No.</b>	<b>Date</b>	<b>Action</b>	<b>Person responsible</b>	<b>Completion Date</b>
16.016	18.03.2016	<b>Action 6</b> S White to investigate the anomaly with the tabled summary of public membership (only 21 members for Hall Green).	S White	September 2016
16.035	23.09.2016	Agenda item- Brainstorm ways to engage staff	All	
16.036	23.09.2016	Terms of Reference to be updated as per discussion and circulated for comment	AH	
16.037	23.09.2016	Director of Communication and membership manager would bring back a report and draft work plan to the next meeting.	FA/SW	

**Minutes of a meeting of the Communication, Membership & Community Engagement Group of the Council of Governors of Heart of England NHS Foundation Trust held in the Education Centre, Birmingham Heartlands Hospital on 18 November 2016 at 10.00am**

**PRESENT:** A Fletcher – Chair  
T Cannon, Governor  
D Hoey, Governor  
S Hutchings, Governor  
J Thomas, Governor  
D Treadwell, Governor

**IN ATTENDANCE:** D Burbridge, interim Director of Corporate Affairs  
J Emery, Head of Patient Services & Engagement  
A Hudson (Minutes), Senior Executive Assistant

**16.040 INTRODUCTION AND APOLOGIES**

A Fletcher welcomed everyone to the meeting. Apologies had been received from Mrs Alexander, Mr Webster and Mrs White.

**16.041 MINUTES OF PREVIOUS MEETING**

The minutes of the meetings held on 23 September 2016 were approved as a true record.

**16.042 MATTERS ARISING**

16.035 Brainstorming ways to engage membership. **Action** AH to add to the agenda for next meeting.

16.037. Director of Communication and membership manager would bring back a report and draft work plan to the next meeting. **Action** Deferred to next meeting.

**16.043 REVIEW OF COMMITTEE'S TERMS OF REFERENCE**

The interim Director of Corporate Affairs presented the Terms of Reference that had been updated following discussion at the last meeting, for further discussion and comment. The meeting considered the document and made comment. As part of the discussion it was agreed that:

- The Group would meet quarterly going forward.
- The Chair of the Group would report formally to the CoG on the business discussed.
- A report on membership would be presented to CoG annually.
- Communications and Governors would advise of any upcoming meetings where the Trust would be presented.
- Patient Experience had in the past (circa 2010) distributed a presentation setting out guidelines for Governors when attending public meetings, but it was unsure if

the document was still available and whether it would still be relevant given the timespan.

- In early 2016 a script had been agreed for Governors to use in social media. It was agreed that the Head of Patient Services & Engagement would circulate it.

#### **Action**

- Updated ToRs would be presented to the next meeting for approval - AH
- To see if Guidelines for Governors when attending public meetings presentation was still available – JE.
- Circulate Social Media script that had previously been agreed for use by Governors – JE

### **16.044 ELECTION OF CHAIR AND VICE CHAIR**

The Chair reported that, following the recent changes to the membership of this group following the recent review of all of the CoG sub groups, the meeting needed to elect a Chair and Vice Chair. Following nominations and a show of hands, Albert Fletcher was elected as Chair and Sue Hutchings was elected Vice Chair.

### **16.045 REPRESENTATIVE MEMBERSHIP**

The interim Director of Corporate Affairs presented a summary of the representative membership for the Trust. The presentation set out the membership breakdown for each of the constituencies of the Trust by percentage of membership, age and by population with a further breakdown by local authority wards. The meeting discussed the data presented and it was noted that:

- The meeting considered how it could target those areas with a lower representative of members.
- The number of GP practices seemed low and it was agreed that the data would be revisited.
- The meeting identified Erdington, Perry Barr and Sutton Coldfield as areas that needed a focused and targeted approach to increase membership.
- Tamworth was also under represented however it was noted that Burton and Robert Peel Hospitals also served patients within the Tamworth and South Staffordshire catchment areas.
- This data could be used to target resources, membership strategy target effort on wards which need to increase membership
- The Group should consider how the Trust could help the Governors for the Rest of England constituency communicate and engage with their members. It was noted that, following the resignation of one of the Governors there was now a vacancy for the Rest of England constituency.

#### **The following actions were noted:**

- The list of returns from the recent governor elections to be presented to the next meeting.
- Breakdown of demographics to include ethnicity was requested.
- The number of GP practices who referred patients required clarity.
- To circulate the presentation.

### **16.046 ANY OTHER BUSINESS**

It was noted that Mike Kelly had resigned his post as Governor and it was requested and agreed that the Chair of this Group would recognise his contribution at the next Council of Governors meeting.

It was agreed to upload the details of the Christmas lunch available in the Prince of Wales Restaurant to the Governor Portal.

There was a discussion as to whether issues of membership raised at Board meetings were fed back to this Group for action and it was confirmed that processes were in place.

Suggested dates for February meeting to be circulated.

**16.047 DATE OF NEXT MEETING**

To be circulated.

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**Chair**

## Action Log

Action No.	Date	Action	Person responsible	Status	Completion Date
16.035	23.09.2016	Agenda item- Brainstorm ways to engage staff	All		
16.036	23.09.2016	Terms of Reference to be updated as per discussion and circulated for comment.	AH	Completed	Nov 16
16.037	23.09.2016	Director of Communication and membership manager would bring back a report and draft work plan to the next meeting.	FA/SW		
16.043	18.11.2016	<ul style="list-style-type: none"> <li>• Following further discussion at November meeting ToRs updated and brought back to next meeting.</li> <li>• To see if Guidelines for Governors when attending public meetings presentation was still available</li> <li>• Circulate Social Media script that had previously been agreed for use by Governors</li> </ul>	AH JE JE	No longer available.  Circulated by email	Feb 17  Feb 17
16.045	18.11.2016	<p>Representative Membership.</p> <ul style="list-style-type: none"> <li>• List of returns from the recent governor elections to be presented to the next meeting.</li> <li>• Breakdown of demographics to include ethnicity was requested.</li> <li>• The number of GP practices who referred patients required clarity.</li> <li>• To circulate the presentation</li> </ul>	AH DB DB AH	Completed	Feb 17  Feb 17
16.046	18.11.2016	AF to recognise contribution of M. Kelly at next Council of Governor meeting. –	AF		
16.046	18.11.2016	Upload details of Prince of Wales Staff Christmas lunch menu to Governor Portal	AH	Completed	Dec 16



**Minutes of a meeting of the Council of Governors  
Patient Experience Committee,  
Heart of England NHS Foundation Trust  
held in the Boardroom, Devon House, Birmingham Heartlands Hospital  
on 18 March 2016**

**PRESENT:** Mike Kelly (Chair)  
Elaine Coulthard, Governor  
Sue Hutchings, Governor  
David Treadwell, Governor

**IN ATTENDANCE:** Rachael Blackburn, Head of Corporate Risk and Compliance  
Sheila Bloomer  
Tony Cannon, GHH Patient Community Panel  
Peter Colledge, Volunteer  
Jamie Emery, Head of Patient Experience  
Sam Foster, Chief Nurse, Executive Lead  
Frances Linn, Solihull Patient Community Panel  
Emma Winterman, BCU  
Sandra White

Angie Hudson, Senior Executive Assistant (Minutes)

#### **16.001 INTRODUCTION AND APOLOGIES**

M Kelly welcomed everyone to the meeting.

Apologies had been received from Carol Doyle.

#### **16.002 MINUTE OF THE PREVIOUS MEETING**

The minutes of the meeting held on 15 January 2016 were accepted as an accurate record of the meeting.

#### **16.003 MATTERS ARISING**

It was unknown if there were any matters arising.

#### **16.004 QUALITY ACCOUNT**

Rachel Blackburn presented an overview of the progress made on the 2015/16 Quality Account and the setting of objectives for 2016/17. The HEFT 2015/16 Quality Account was subject to internal review, external consultation and assurance from PwC, the Auditors, and needed to be compliant with the Monitor Annual Reporting Manual requirements. The priorities for 2015/16 were:

- Reduction of grade 2 pressure sores;

- Improving clinical outcomes for stroke;
- Reduction of incidence of multiple falls;
- Friends and family test response rates in ED.

The priorities for 2016/17 were:

- To be aligned to the Sign up to Safety Campaign
- Include sepsis, Parkinson's medication and maternity indicator

The next step was submission to the Chief Executive's Group following which a draft would be sent Birmingham Cross City CCG, the Overview and Scrutiny Committee, Healthwatch and the Trust's external auditors for comment and feedback.

Governors were required to nominate one of the above priorities for further scrutiny in order to demonstrate that processes put in place by the Trust to achieve its targets were accurate and correct. The meeting discussed each of the priorities in detail and after a lengthy debate concluded that Pressure Ulcers was the top priority for the Trust given the significant volume identified; all patients are assessed for pressure ulcers and should be documented on arrival in ED, the deep dive would be a good test of processes in place.

The Chair would take the suggestion to the next meeting of the Council of Governors for consideration and approval.

## 16.005 COMPLAINTS PROCESS

J Emery advised that a review of the Complaint's Policy had been undertaken. The Trust had over 400 complaints in the system and continued to receive between 80 and 100 new complaints every month. December 2015 saw a new complaints process implemented; the process consisted a 5 stage quality review to ensure that:

- All responses were clinical accurate
- Divisional lead, nursing and operations were happy with content
- All responses were reviewed from the complainant's perspective to check to see if it had answered the question and the tone and phraseology of the letter content was correct.
- Review by Chief Nurse
- CEO personally signs all letters.

The meeting discussed the complaints process and whether the system was able to identify regular occurrences and trend analysis and what action was taken to stop further instances occurring. The Trust had undertaken staff training setting out what was expected from the new complaints process.

## 16.006 NURSING UPDATE

S Foster noted that progress and the following noted:

**Open visiting** - A review had been undertaken following feedback from a survey on open visiting that had included the views of patients, carers and staff. Patients and carers had been positive but there were some concern from staff around environmental issues. The Visitor Code

had been revised to enable ward sisters to keep some control and safety on wards. The meeting discussed open visiting and concluded that overall it was an excellent programme. There were wards where open visiting would not be appropriate such as some surgical wards and maternity. S Foster agreed to circulate the Visitors code.

In response to a question from T Cannon S Foster advised that open visiting had not had an adverse impact on infection; the spread of infection was mainly down to poor compliance of hand washing. A Doctor & Nursing hand washing campaign was underway to promote good handwashing as well as the reissue of appropriate cleaning regimes. S Foster advised that the new leadership team were adamant that none compliance with infection control would not be tolerated.

**Staff recruitment** - The NMC, the body that regulated nurses had made significant changes to the application process for overseas nurses that included the need for nurses to attain level 7 English, which had impacted on a reduction in the number of applications. The Trust had a tender out to recruit nurses from overseas as well as holding recruitment events in Dublin and with the universities as well as working with local universities to increase the number of trainee nurses. It was noted that due to the changes in university tuition fees for all students there was concern that the number of students including those looking to undertake nurse training would decrease. In particular mature students may have difficulty in accessing grants in the future. E Winterman, representing C Doyle, advised that the BCU was in consultation and would report back to government on access to funding.

**Associate Nurse Role** – The trust had applied to be included in a national pilot.

**Sign Up To Safety** - Priorities had been agreed.

S Foster advised that David Burbridge had been appointed as Interim Director of Corporate Affairs and would be responsible for Governance going forward; this would release her to concentrate on other matters.

## 16.007 ANY OTHER BUSINESS

D Treadwell questioned whether the Patient Community Panels were working well; M Kelly and T Cannon advised that both Solihull and Good Hope panels respectively were. T Webster noted he had been disappointed with the Heartlands meeting; however as M Corser was not in attendance at the meeting M Kelly was unable to comment. S Hutching noted it would be useful to have a copy of the minutes from each of the PCPs. **(Action AH)**

There being no further business the meeting closed.

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Chairman

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**Action Log**

<b>Action No.</b>	<b>Date</b>	<b>Action</b>	<b>Person responsible</b>	<b>Completion Date</b>
16.007	18.03.2016	Minutes from each of the site PCP meetings to be circulated	A Hudson	20 May 2016

**Agreed Minutes of a meeting of the Council of Governors'  
Patient Experience Committee  
of Heart of England NHS Foundation Trust  
held in Room 2, Education Centre, Birmingham Heartlands Hospital  
on Friday 20<sup>th</sup> May 2016 at 11.30am**

<b>PRESENT:</b>	<b>KELLY, Michael (MK)</b> BEGUM, Arshad (AB) CHAPLIN, Dawn (DC) COLLEDGE, Peter (PC) FOSTER, Sam (SF) HUTCHINGS, Susan (SH) NEVIN, Geraldine (GN) MEIXNER, Margaret (MM) TREADWELL, David (DT) WEBSTER, Tom (TW)	<b>Governor (Chair)</b> Governor Head Nurse, Patient Experience Volunteer Chief Nurse & Executive Lead Governor Head of Skills and Simulation, Birmingham City University Lecturer/Practitioner End of Life and Dementia Governor Volunteer
<b>MINUTES:</b>	HIGGINS, Vickie (VFH)	Executive Assistant

**16.008 Welcome**

M Kelly welcomed everyone to today's meeting and introductions were made around the table.

**16.009 Apologies for Absence**

Apologies were received from Sheila Blomer, Antony Cannon, Carol Doyle, Frances Linn, Elaine Tandy and Sandra White.

**16.010 Minutes of the Previous Meeting & Matters Arising**

The minutes of the meeting held on Friday 18<sup>th</sup> March 2016 were agreed as an accurate record.

With regard to the Quality Account, S Foster advised Rachael Blackburn was working with PwC to review the indicators.

**16.011 Trust Update**

S Foster gave an update on the NPS results and agreed to circulate around to the Committee. (**Action : SF**). These were aligned to the complaints themes that were being received. They were also working on the National Nursing Strategy around the Triple Aims of the NHS - efficiency, patient health and wellbeing and quality - and looking at what HEFT could do but needed time to review the information. A draft document on the Divisions would be brought back to this Committee, with key priorities around cancelled operations and appointments.

D Chaplin advised they were looking at a Risk Assessment around clinical quality, with main concerns around communication.

S Foster advised there were various areas to focus on and they were working with the Patient Panels and Divisions. A paper would go through to CoG and Trust Board, outlining defined programmes of work. Responses were improving and they were clearing the backlog. There were further actions to reduce complaints by the end of Jun16 and the PLACE Inspections would also come to this Committee.

T Webster advised a PLACE Inspection had just been done and was a big improvement on the last two years but information was not received for a few months, which was not sensible, especially with issues around clutter. These should be handled at the time, not in six months. There was a lot of criticism but also a lot of good. The CF ward was amazing but Estates sometimes did not see the issues. If something was wrong, it should be challenged. There did not appear to be any pride, so maybe there was some way to go.

S Foster advised issues were raised at the Patient Panel meetings at BHH and M Kelly felt the Chest Clinic was neglected. S Foster advised they were looking at how the Children's Hospital worked around environmental inspections and would pick this up with the Divisions. S Hutchings agreed feedback was very important, both good and bad, and across the sites.

M Kelly asked about the difference between G4S and in-house and felt the AMU at GHH was very good. S Foster will feed this into Trust Board.

S Hutchings agreed major issues should be reported there and then to ensure they were dealt with quickly and T Webster felt a follow-up afterwards would also help.

D Treadwell thanked the Clinicians and felt the NHS was irreplaceable but was concerned with rumours around the Senior Leadership and Interim roles. The NHS looks after people but was not given the importance it should. People were moving on and there was a real concern at the moment, so why was HEFT losing senior members of staff.

S Foster advised her personal view was that the Trust was at its most stable since the arrival of Jacqui Smith and Dame Julie Moore. They were enabling them to do their jobs, with more time spent on the wards with doctors and nurses. New roles were very clear but there had been a lot of movement. Some staff were moving closer to home, a few had been promoted and a few were taking MARS (Mutually-Agreed Redundancy Scheme).

D Treadwell advised this was encouraging and S Foster further advised it was very different to 18 months ago - staff simply left - but there were now leaving lunches and people worked their notice. It felt very different and a much better way of doing it. The current leadership team was very influential - Jeremy Hunt often asked Dame Julie Moore for advice.

A Begum agreed with D Treadwell and felt the sisters were doing a great job but had no resources and T Webster felt the system was overloaded. S Foster advised staff managed despite these issues. However, they were closing recruitment gaps and Dame Julie Moore had met with Monitor recently to discuss worn-out estate and equipment. We know what we need to spend and Dame Julie Moore gave a very compelling story and was successful. However, we were not unique.

A Begum discussed recruitment from abroad and it was sometimes difficult to communicate. Therefore, no new nurses were put into surgical wards. S Foster agreed and advised, from April, staff had to take an English language test. Before, nurses were educated by the Trust but now they must reach a certain standard of English, as per the Interpreting Policy.

S Hutchings advised bursaries were being removed from next year and asked how this could affect people. G Nevin confirmed this would take effect from Sep17 and could affect thousands. They were looking at mature students from other professions and Jo Johnson MP, Secretary of State, was aware but they must recruit and meet staffing requirements. They were working with their colleagues but this affected many specialties.

S Foster advised those that went to university had a lot to pay and G Nevin advised it was around £9k per year and staff were often repaying this until the end of their career but the NHS could not continue to pay fees and bursaries.

D Treadwell felt staff were trained and then left and S Foster advised we must back our students. For this, they held a Conference in Jun16 looking at the different generations (Generation X, Y, Z and the Baby Boomers). They were looking at how to utilise staff that were about to retire - ie. come back as a senior member of staff rather than a staff nurse.

M Kelly felt shifts were an issue, with lots of night shifts for new nurses. However, S Foster advised new nurses did not do shifts for three months and this was very clear in the Roster Policy, which Veronica Morgan has recently mentioned. T Webster felt some staff had only been asked to do night shifts since starting here and this was contradictory. S Foster agreed to pick this up with Veronica Morgan. **(Action : SF)**.

Regarding clearing the complaints backlog, D Chaplin advised they were aligning their teams with the new Divisions and the HoO had agreed to transfer staff in. For Division 5, there were 165 live complaints in Mar16. Centrally, there were 124 (25% down), which are to be closed within 30 days, as per the new policy - these are part of the backlog and many will not be closed in 30 days but, going forward, this is our aim. During Dec15, not many were sent out as they were not good enough. They now receive more scrutiny and more were now being closed than received. Around 450 were open in Jan16 - they were now at 359, with more going out today. It was a slow process but they were moving in the right direction and had a better relationship with complainants.

M Kelly asked how they were categorised and D Chaplin advised they were either upheld or not upheld and escalated to Executive level if of concern for a more independent investigation. There had been major improvements from six months ago with the changes to the Divisions.

S Foster advised she reviews complaints daily and responses were now of a very high quality, which felt personal and owned by the Divisions. A lot of work had been done and responses felt authentic, with lots of explanation but no acronyms used. They were returned back to the Complaints Team if they were not good enough. S Foster personally signs most of them, with Dame Julie Moore signing the responses around staff and children.

#### **16.012 DNA Update**

M Kelly was pleased to advise DNAs were at their lowest - 10.2% - which had been at 15.2% (90,000) two years ago.

S Foster advised she would ask Theresa Price to attend the next meeting to give a further update. **(Action : SF)**. Unfortunately, the Trust will always have DNAs, most around mothers with young children.

#### **16.013 Health Club Update**

M Kelly had recently been advised the Health Club was closing at the end of the month. John Sellars was discussing this with Hazel Gunter. It was privately owned and, hopefully, it would be kept going but was currently under Hazel Gunter's ownership, who was reviewing it as the Trust held a CQUIN around health.

#### **16.014 Any Other Business**

##### **16.014.1 Nurses Presentation**

S Foster advised the recent event went well and issues around morale were very important. Fiona Alexander was also looking to hold another event in Nov16.

##### **16.014.2 BCU Initiative**

G Nevin advised Birmingham City University were looking at engaging their service users and carers with the FACE initiative, which looked at real patient experiences and was open to the large and diverse population of Birmingham and Solihull. There was the opportunity for their colleagues (Marie and Claire) to come and talk to this Committee about their objectives as, in 2018/19, nursing education standards were changing. G Nevin felt HEFT was the most supportive Trust when placing students and their relationship was very good.

D Treadwell suggested this was passed onto to Catherine Williams for her to advise of the dates of the next Panel Committee meetings. (**Action : DC to pick this up**).

D Chaplin advised this could help develop others, not just nursing - ie. midwives, speech and language therapists, doctors and physiotherapists. They could engage with the public and also the Faith Advocacy Group.

S Foster felt the students were very engaging and, ideally, every student would be offered employment. D Treadwell felt the matrons were similar to senior officers in the leadership structure and G Nevin advised each Trust and each specialty was slightly different with very important roles.

### **16.014.3 Nursing Hero Awards**

S Hutchings gave an update on the Nursing Hero Awards, including that there were 18 individual and four team awards.

### **16.014.4 NEDs**

M Kelly gave an update on the nominations for new NEDs. They were shortlisting from 60 down to 10. Interviews were to be held next week, when they will look to shortlist down to six. The applicants had been outstanding and would work two or three days per month.

D Treadwell had enjoyed these Committee meetings and the experience in general. He felt it had been both exciting and useful and asked Members to “keep up the good work”.

### **16.015 Confirmation of the Next Meeting:-**

Friday 15<sup>th</sup> July 2016 at 12.30pm in the Boardroom, Devon House, BHH.

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CHAIR

## COUNCIL OF GOVERNOR'S - PATIENT EXPERIENCE COMMITTEE

### Schedule of Matters Brought Forward and Action Points

Date Raised	Minute No.	Detail	Action	Due	Status	Completed
18Mar16	16.007	Minutes from each of the site PCP meetings to be circulated	A Hudson	May16	Complete	20May16
20May16	16.011	NPS results to be circulated	S Foster	Jul16		
20May16	16.011	Night shifts for new nurses to be discussed with Veronica Morgan	S Foster	Jul16		
20May16	16.012	Theresa Price to be invited to discuss DNAs	S Foster	Sep16	Will be attending the Sep16 meeting	
20May16	16.014.2	PCP meeting dates to be shared with BCU	D Chaplin	Jul16		

**Minutes of a meeting of the Patient Experience Committee of the  
Council of Governors  
of Heart of England NHS Foundation Trust  
held in the Boardroom, Devon House, Birmingham Heartlands Hospital  
on Friday 15<sup>th</sup> July 2016 at 12.30pm**

<b>PRESENT:</b>	KELLY, Michael (MK)	Governor (Chair)
	CANNON, Antony (AC)	Chair of the GHH Patient Community Panel
	HUTCHINGS, Susan (SH)	Governor
	NEVIN, Geraldine (GN)	Head of Skills & Simulation, Birmingham City University
	TREADWELL, David (DT)	Governor
<b>IN ATTENDANCE:</b>	EVANS, Hannah (HE)	Fracture Liaison Service Co-ordinator
	PENSON, Ann (AP)	Therapy Secretarial Support, Elderly Medicine
	SEYMOUR, Helen (HS)	Matron, Elderly Care
	THOMAS, Davina (DT)	Head Nurse, Division 3
	TONGUE, Karen (KT)	Operational Lead, Asset Management
<b>MINUTES:</b>	HIGGINS, Vickie (VFH)	Executive Assistant

**16.016 Welcome**

MK welcomed everyone to today's meeting and introductions were made around the table.

**16.017 Apologies for Absence**

Apologies were received from Jamie Emery, Sam Foster, Frances Linn, Elaine Tandy and Julie Tunney.

**16.018 Minutes of the Previous Meeting**

The minutes of the meeting held on Friday 20<sup>th</sup> May 2016 were agreed as an accurate record.

**16.019 Matters Arising**

The outstanding actions have been updated and are at the back of these minutes.

**16.020 Presentation - "Eat, Drink and Move"**

HS gave an on-screen presentation entitled; "Division 4, Initiatives in Elderly Care".

HS advised Painters (the funeral company) attended a recent event and there was also information on will writing, funeral arrangements (with some plans being set up there and then), cremation and burial, organ donation, 'where I want to die', etc. This went really well and raised £500 for MacMillan and Dying Matters. It was very open and it was an honour to have been part of it.

MK asked if some could be too old to be an organ donor and HS advised no, especially when around 95% of corneas could be donated. This was not publicised enough and there were also issues around timing and sensitivity - ie. how to initiate the discussion.

HS advised they held a coffee morning in Rowan recently to promote hydration. Rowan had 25 beds for patients who were medically fit for discharge. The male and female patients sat separately at first but soon began to socialise. MK felt it was a difficult ward and HS advised there was an HCA in each bay and the event ran well and data collection was improving.

AC asked how long patients were on the ward and HS advised around 18 days. They were CHC beds, not Trust beds, and sometimes elderly patients deteriorated and went back to their base wards. Therapists arrive from 8.00am, with patients for transfer, therapy or rehabilitation.

SH advised this was the first time she had heard of these events and suggested, in future, the Governors be invited. HS advised there was a Remembrance Day themed event scheduled for Thursday 10<sup>th</sup> November 2016.

MK advised of a recent PLACE Inspection, which saw an area for elderly patients which had old telephones, clocks, etc. HS advised Ward 30 had a 'reminiscence pod', as well as 'My Life' software and would try to arrange a visit for the Governors.

HS advised of a football themed event in HASU, around the England v Wales game. HASU was for rehabilitation patients staying around 30-36 days. DT had seen a similar event a few years ago.

HS advised each event had really positive staff and patient comments and staff morale was much improved.

MK asked about falls and HS advised, Gareth, a Band 7, visited wards and was specialised in high risk falls and used the yellow arm band system, which is passed onto the next responsible person in order to remain with the patient. The rate of falls had since fallen, to show this was working, and would now be rolled out across the Trust.

HS advised of another project - "Let's get ready, let's get dressed". Following a recent complaint, it was found patients were being transferred from a ward to the Discharge Lounge without being dressed. A suggestion was to promote getting patients dressed, via posters and communications. Another suggestion was the "Wake, Wash, Wear" badge, which was awarded when a third of patients were dressed by 10.00am. This would help with dignity and for patients to feel more confident and able to cope with being discharged.

Other events included Wards 8 and 9 at BHH introducing milkshakes for elderly patients - they were full of calories and far better than water. There was the Remembrance Day event and a Garden Amnesty, with volunteers and patients being involved and staff coming to work at the weekend.

**Action :** VFH to ask Angela Hudson to send HS a list of the Governors (including the newly-elected Governors) for Helen to invite them to the Remembrance Day event on Thursday 10<sup>th</sup> November 2016.

HS advised all events were held at BHH. They would get them running correctly and then roll them out across the Trust.

GN suggested their BCU students could help and HS agreed that elderly care was often overlooked as most students wanted to go into A&E, etc. GN agreed to contact Kathy Liddle, Linda Bale and their Dementia Friends and HS agreed to send her contact details to GN.

GN felt this was a wonderful area of work and AC agreed a lot of work had been done. MK agreed to speak to Jacqui Smith with regard to SH presenting at a future Chairman's Council of Governors meeting.

#### **16.021 Complaints Update - All Sites**

As there was no representative present at today's meeting, this point was not covered.

#### **16.022 Improving Information of Patients in Emergency Department**

DT gave a background to a recent project held in ED across the three sites, whereby they had reviewed the issues in ED over the last six months. Some issues were the same; around the restructure and new Divisions. Common themes were around Patient Experience and they had set up a Working Group (Dawn Chaplin, the Patient Experience Team, Matrons, ED, Nikki Maxted and Hilary Clemson). They had looked at the positives and where they were struggling, with a plan to look at the differences. There was a rapid assessment of patients coming through the system and, when it was difficult, there was chaos.

DT advised BHH MAU had an electronic system showing what was going on in the department, for both staff and patients but it had not been right for six months. BHH was no different and SOL was not as busy. We were not giving patients the right information at the right time when busy. They took the best information from the three sites to fit the rest.

SH wished to congratulate staff on the 96% A&E figures and DT advised this was across all three sites and where it should be. SH felt it was more consistent, even with 1,800 patients attending, and DT advised it was generally slow at this time of year but they would analyse the data every week - looking at what went well and what did not.

KT felt it would show how the hospital was performing, not just A&E, and DT advised they produce daily discharge information, looking at which patients could be sent home at the weekend. This was chased to ensure it was done.

DT advised pharmacy technicians checked drugs before being dispensed but there was not always one present in the Discharge Lounges. AC advised he would check the position at GHH as he was part of the original inspection team and there should be at least one technician present during operating hours.

AC asked for an explanation on 'ratting' and DT advised it was where a patient was fully assessed and transferred into the correct department - ie. some GHH patients pass through the system as quickly as possible or go to AMU rather than out the front door. The process looks good on paper but, in reality, was not perfect.

KT felt there were issues around the volume of patients and we could not predict how many will come into A&E.

MK was pleased to see HEFT's deficit fall from £67 million down to £46 million, with thanks to Dame Julie Moore. There was around £190 million for work in general at BHH and yet around £½ million of drugs were thrown out last year.

#### **16.023 Nursing Associate Role**

As there was no representative present at today's meeting, this point was not covered.

#### **16.024 University Update**

GN gave an update on FACE ("Forum for Accessing Community Experience"). Catherine Williams would contact Marie/Claire at Birmingham City University with regard to the Patient Community Panels and MK advised HEFT could pay their travelling expenses, if required.

**16.025 Any Other Business**

**16.025.1 ACAD**

KT gave a background to the ACAD project, which was for an Elderly Care and Diagnostic Centre. This was originally planned for 2011 but was put on hold. It has since changed track and the new direction was to construct a new building. Dame Julie Moore has approved this work and they have reviewed the plans from 2011. This had been brought to the Committee today to discuss patient representation when discussing the plans.

AC asked what stage they were currently at and KT advised they were previously at the pre-build stage and the plans were being kept as they were, so they did not need to start again but they were being refreshed. There was a new vision, five years later, with how it would look around Outpatients, ENT, Ophthalmology, Endoscopy and Self-checking. UHB had been through to same, so we were getting their past experience and lessons learnt. This may take up to three years and then there was funding for a tower block for Critical Care, ED, Maternity, etc. in six or seven years' time. There was a significant commitment to the funding but there was no 'pot' and things could be affected by Brexit, in her personal opinion.

SH advised she is Chair of the Hospital Environment Committee and the two could overlap. If re-elected, SH felt the Hospital Environment Committee would be very keen on this project and suggested KT kept in contact via John Sellars.

KT advised of the importance of engaging with patients and MK advised they would be supported all the way - either via the Hospital Environment Committee or the Patient Community Panels. AC suggested all three sites were kept informed and KT advised it was a BHH building but they would discuss with patients from all three sites. MK advised it was the same Trust, so this was not an issue.

SH asked where the build would be and KT advised to go to Boots, turn left onto Hospital Street and this was where the new building would be (an extension in front of MIDRU). It would eventually be a 2½-story tower block, where Out Patients was currently situated.

**16.025.2 A&E, GHH**

AC gave some background on the A&E figures and advised GHH was currently performing well. The new Divisions had been implemented and staff were still getting used to this. Tom and Elaine Webster from the Friends of GHH had recently raised £1,000, after working for eight hours solid. The money would go to the refurbishment of Ward 8's Day Room - although they had received a quotation to install a television aerial for over £900. KT suggested he asks John Sellars for a breakdown of the costs.

**16.025.3 Costa/Starbucks**

DT advised of concerns he had around the main entrance at BHH and the recent changes to the reception area. He appreciated the Trust was limited to what it could do but the Trust should appreciate the particular position with the main control of the hospital. DT's concern was that Costa had been replaced with Starbucks, which had recently seen issues around avoiding UK tax payments. There was a deal in place between Starbucks and HMRC for £20 million in tax over two years. DT felt it was unacceptable to have a Starbucks at BHH.

**16.026 Confirmation of the Next Meeting**

The next meeting will take place on Friday 23<sup>rd</sup> September 2016 at 1.30pm in the Boardroom, Devon House, BHH.

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CHAIR

**COUNCIL OF GOVERNOR'S - PATIENT EXPERIENCE**

**Schedule of Matters Brought Forward and Action Points**

Date Raised	Minute No.	Detail	Action	Due	Status	Completed
18Mar16	16.007	Minutes from each of the site PCP meetings to be circulated	A Hudson	May16	Complete	20May16
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20May16	16.011	Night shifts for new nurses to be discussed with Veronica Morgan	S Foster	Jul16		
20May16	16.012	Theresa Price to be invited to discuss DNAs	S Foster	Sep16	Theresa Price invited to the Sep16 meeting	
20May16	16.014.2	PCP meeting dates to be shared with BCU	D Chaplin	Jul16		
15Jul16	16.020	Angela Hudson to send Helen Seymour a list of Governors for her to invite them to the Remembrance Day event on 10Nov16.	A Hudson	Sep16		

**Agreed Minutes of a meeting of the Patient Experience Committee of the  
Council of Governors  
of Heart of England NHS Foundation Trust  
held in the Boardroom, Devon House, Birmingham Heartlands Hospital  
on Friday 23<sup>rd</sup> September 2016 at 1.30pm**

<b>PRESENT:</b>	KELLY, Michael (MK) FOSTER, Sam (SF) HUTCHINGS, Susan (SH) WEBSTER, Thomas (TW)	Governor (Chair) Chief Nurse & Executive Lead Governor Volunteer
<b>IN ATTENDANCE:</b>	BEGUM, Arshad (AB) CHAPLIN, Dawn (DC) LINN, Frances (FL) TREADWELL, David (DT) TUNNEY, Julie (JT)	Patient Community Panel Member Head Nurse, Patient Experience Patient Community Panel Member Governor Deputy Chief Nurse
<b>MINUTES:</b>	HIGGINS, Vickie (VFH)	Executive Assistant (Minutes)

**16.027 Welcome**

MK welcomed everyone to today's meeting.

**16.028 Apologies for Absence**

Apologies were received from Sheila Blomer, Antony Cannon, Derek Hoey, Margaret Meixner and Geraldine Nevin.

**16.029 Minutes of the Previous Meeting**

The minutes of the meeting held on Friday 15<sup>th</sup> July 2016 were agreed as an accurate record.

**16.030 Matters Arising**

The outstanding actions have been updated and are at the back of these minutes.

**16.031 CQC Update**

SF advised the CQC made an unannounced visit on Tuesday 6<sup>th</sup> September 2016. This was a one-day visit and they then requested further information be submitted within three days, which would be followed up by an announced visit. There were 90 information requests in total, with a one-week turnaround. A total of 20 Inspectors visited, covering the three sites and they focused on critical care, surgery and medicine. Critical care was previously "good" and continued to be good. The CQC spent the whole day talking to staff and relatives and gave a brief feedback session afterwards, followed by a letter commending a number of roles, especially SOL AMU, short stay and Ward 20A for leadership. They also focused on the safeguarding process, Mental Health Act and Deprivation of Liberty. Infection control, discharges and ward rounds were also all good.

A further (and much larger) information request was due by Monday 26<sup>th</sup> September 2016. This included a self-assessment for every single service within the CQC's specific criteria.

The CQC will return between Tuesday 18<sup>th</sup> and Thursday 20<sup>th</sup> October 2016 and may request to meet with the Governors. On Day 0 (18<sup>th</sup>), the Inspectors will be at BHH, meeting senior staff and viewing a presentation by Dame Julie Moore. The next two days will see them visiting all sites, including the Renal Unit, Runcorn Road, Castle Vale, Birmingham Chest Clinic and some of the 50 Community Service sites. They will not review midwifery as there is already a review taking place. Internally, JT is leading our “Mock CQC Inspections”, involving a number of teams and looking at how the inspections will work. Staff are being asked to be very open around accountability and escalation and we have received a great response so far, speaking to over 100 Senior Nurses and HCAs. We are also going to the wider staff group with a number of letters and information packs.

FL asked about the Junior Doctors’ strike and SF advised this was due to take place at the same time as the Mock CQC Inspections but may not go ahead.

**16.032 Quarter 1 Complaints - FFT & Themes**

SF tabled the document entitled; “Patient Experience Complaints Analysis Q1 2016” (attached), which will also be submitted to Chief Executive’s Group and Trust Board next week.

This document shows the current position since taking over in Oct15. Previous comments were negative and very critical around the handling and response to complaints. This had seen a major overhaul, including a new policy and personnel changes. The CEO was also keen on accountability and a timely response. SF and Dawn Chaplin read all complaints in the first instance to check there are no patient safety risks for immediate action. There was robust tracking from 0-30 days and around 85% of complaints were responded to within 30 days.

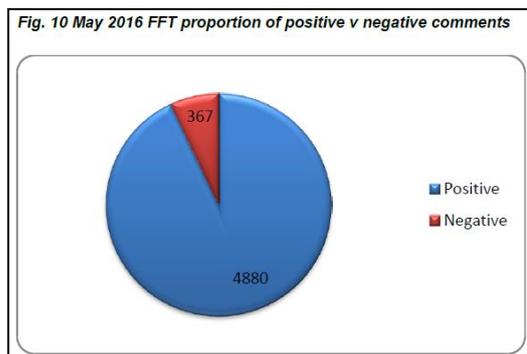
The backlog was currently at 400 and this was reduced via a two-day session with the Senior Nurses. HEFT receives around 100 per month and each is risk-assessed as a high or low risk. Follow-up meetings are offered up to 28 days after or complainants can contact the Parliamentary Health Service Ombudsman (PHSO). Page 5 shows the top six themes:-

Issue Identified	Occurrences
Clinical care	193
Communication problem / information problem	90
Staff attitude	60
Nursing Care	42
Admission, discharge and transfer arrangements	34
Appointments, delay or cancellation (OPD)	15

In conclusion, there has been significant progress around the processes, framework, handling and response to complaints and we will continue to focus on the backlog.

FL asked about good practice and if we were mentoring people. SF advised good practice was reviewed, as well as having the Friends & Family cards with wards and individuals receiving monthly feedback. We also hold Compassion Awards and Staff Recognition events based on patient feedback. We often receive “thank you” letters and we always feed these back to the ward teams as part of the appraisal process.

Page 8 shows positive -v- negative comments:-



DT asked about the management changes and who would be the Governors' contact. SF advised this had not changed - ie. Jamie Emery reports to Dawn Chaplin who reports to Sam Foster - and the Governors can contact any of these people. DC confirmed it was a centralised service and they all work together. **Action : DC to send DT a document outlining the contacts, telephone numbers and process of the Complaints Department.**

DT asked about the amount of money paid out in liabilities and compensation as he felt the Trust had not seen these levels before and the NHS is a non-profitable organisation. SF advised this was wholly around Mr Paterson and Mr Nair. Ombudsman cases are usually around £200 to £1,000 for claims and negligence.

TW felt complaints had seen a huge amount of improvement and was entirely different before. Staff should be congratulated and he hoped the Trust Board appreciated it, too. DC will feed this back to the teams and Directorates.

FL asked how vexatious complaints were handled and SF advised there was a whole section in the policy around this and it was down to staff having knowledge of the stages.

SH felt there was better reporting, which was easier to see - ie. red, amber, green and yellow. DC confirmed green was for issues such as car parking and it then rose to yellow to orange and then to red.

SH advised she was not aware of the new Divisions and SF advised this was to be reported at the next Council of Governors meeting - as follows:-

- Division 1 - Clinical Support Services
- Division 2 - Women's and Children's
- Division 3 - Emergency Care
- Division 4 - Medicine
- Division 5 - Surgery

### 16.033 Patient Community Panels - All Sites

MK advised the PCPs were taking place on the same date as the Council of Governor meeting, which was not ideal.

FL advised she attended the recent meeting at BHH and DC felt the meetings were well-attended and held good discussions - ie. BCU requests for engagement, the CRAG update, research, a physiotherapy triage presentation and site updates from the Triumvirates.

MK advised Fiona Alexander was very good and DC advised the Panel had supported the 'mystery shopper' programme, open visiting, mock CQC involvement and an infection control audit around hand washing and hygiene.

SH had seen the minutes from the three PCP meetings and noticed a lack of Governors as they were not aware of the dates and also the new Governors need to be part of the PCP.  
**Action : MK to speak to Angela Hudson.**

AB felt the SOL PCP was the best attended and SH advised of the Governor's Portal.

TW discussed infection control and advised this was a challenge but many Trusts were in the same position and HEFT was not doing too badly. The media were always negative about the NHS but we were doing very well in a few services. There were a lot of complaints and negative points but the general public were mostly very proud. When infection control was introduced, the response was almost overnight and was fantastic. We need to get it going again. SF suggested Fiona Alexander could promote this as a good story.

#### 16.034 Care Quality Strategy

JT advised of the recent Senior Nurse's Team Strategy programme running over three months with doctors, physiotherapists and pharmacists looking at concerns. In Jun16, Jane Cummings introduced the National Strategy with 7 key straplines, which went out to the staff groups via staff engagement sessions - ie. providing the right care at the right time by the right staff to all patients. They discussed what it meant and what it looked like and pulled it all together into one strategy. This will be launched on Friday 12<sup>th</sup> May 2017 at the International Nurse's Day. These 7 straplines will help make us the best hospital with the best care and the best vision (see attached) and would like this Committee to be involved. **Action : JT to send the dates to MK to circulate to the Council of Governors. DC will send the dates of the PCPs to JT.**

JT advised there had been a lot of changes and they were matching the care values of the organisation.

FL advised the Members of the PCP would need to be prepared and DT felt it would maintain the potential of what was expected from the NHS. We are all responsible and this is important to emphasise.

SF felt the opening ceremony of the 2016 Olympics said it all and we could use photographs from this in our presentations showing the huge amount of pride. DT agreed the success of the Olympics and Paralympics lifted the nation and MK advised the amputees showed the skill of the NHS and our full frontline emergency service.

JT advised the Governors would also be invited to the International Nurse's Day on Friday 12<sup>th</sup> May 2017 and it will be a great celebration.

#### 16.035 DNAs

Unfortunately, Theresa Price was unable to attend today's meeting to give an update on DNAs but TW thanked the Committee for driving this forward and bringing it to the Committee's attention - 90,000 DNAs was a huge challenge and cost the NHS around £2 million.

FL agreed as another patient could have had the appointment and young mothers were the worst offenders.

#### 16.036 Any Other Business

### **16.036.1 Language Barriers**

FL advised HEFT represented many nations but a maternity review of Eastern European. Languages showed how conversing was becoming very difficult and patients were demanding to see a male/female doctor/nurse.

SF advised the Interpreting Policy was currently being revised. HEFT now had a new contract, which gave us a better deal and would be more efficient - ie. utilising a double-ended telephone. There were now around 65 different languages but the Trust could only use family members for low level issues - ie. not for consent or decision-making. Births and emergency situations were very difficult but staff approved of the new system.

FL advised pictures could also be used and SF advised these were used for menus but there were only one or two complaints around interpreting. There can be a gender issue but issues around obstetric screening were smaller and easier to do as there were only two or three sonographers. The Trust also has a very strong Chaperoning Policy.

### **16.036.2 Press Articles**

MK presented three recent press articles (see Appendix).

SH discussed the article around Ward 19 at BHH, which appeared in the 'Birmingham Mail'. The patient was pleased with the healthcare at BHH but was a rather big person and struggled with the MRI scanner. This should be looked at when equipment was renewed as it could be quite traumatic and embarrassing. SF advised they were reviewing the Trust's bariatric equipment around a maximum BMI to meet the demand of the population - ie. introducing a bed to withstand a 35 stone patient.

DT advised of a recent personal experience within ENT where he had to chase his appointment and, when he spoke to the Consultant, he was actually waiting for patients - he could easily see eight patients a day but was generally only seeing three or four.

SF advised ENT had a new lead - Mark Trotter - who is the Senior Doctor for ENT and would be reviewing waiting times.

### **16.036.3 Starbucks**

DT discussed Starbucks at the main entrance and issues around their HMRC arrangements and the non-payment of tax within the UK. He advised he had written, as a Governor, to his Member of Parliament and would let the Committee know of the response.

MK felt they offered a good service and SF advised it was originally going to be a Greggs.

### **16.036.4 HealthClub**

SF advised this issue was still with Hazel Gunter but would be discussed at the next Council of Governor's meeting.

## **16.037 Confirmation of the Next Meeting**

Friday 20<sup>th</sup> January 2017 at 12.30pm in the Boardroom, Devon House, Birmingham Heartlands Hospital (the meeting scheduled for Friday 18<sup>th</sup> November 2016 was cancelled).

**COUNCIL OF GOVERNOR'S - PATIENT EXPERIENCE**

**Schedule of Matters Brought Forward and Action Points**

Date Raised	Minute Number	Detail	Action	Due	Status	Completed
20May16	16.011	NPS results to be circulated.	S Foster	Nov16		
20May16	16.011	Night shifts for new nurses to be discussed with Veronica Morgan.	S Foster	Nov16		
20May16	16.012	Theresa Price to be invited to discuss DNAs.	S Foster	Nov16	Theresa Price invited to the Nov16 meeting.	
20May16	16.014.2	PCP meeting dates to be shared with BCU.	D Chaplin	Nov16		
15Jul16	16.020	Angela Hudson to contact Helen Seymour re. the Governors being invited to the Remembrance Day event on 10Nov16.	A Hudson	Nov16	Helen Seymour asked to send the details to Angela Hudson for forwarding on.	27Sep16
23Sep16	16.032	Dawn Chaplin to send details of Complaints Department to David Treadwell.	D Chaplin	Nov16		
23Sep16	16.033	Michael Kelly to speak to Angela Hudson re. dates of COG and PCP meetings.	M Kelly	Nov16		
23Sep16	16.034	Julie Tunney to send Care Quality Strategy dates to Michael Kelly for COG.	J Tunney	Nov16		
23Sep16	16.034	Dawn Chaplin to send dates of PCPs to Julie Tunney.	D Chaplin	Nov16		

## Appendix

### Press Article 1:-



**Raising tax is the only way to save our NHS**

I KEEP reading about the growing cost of our NHS.

I use the service regularly and I have to say the staff - a big word of thanks to Ward 19 at Heartlands Hospital - are always superb, whatever issues they seemed to be left to deal with. I've got used to the queues and delays for treatment.

It seems to me there is a simple solution to bring in more money. Raise tax. It's time the politicians had the courage to admit it.

If taxpayers paid an extra half-penny in the pound - which isn't going to dent most incomes - that would help pay for those extra nurses and doctors that potentially are required.

**C Stones, Solihull**

### Press Article 2:-

**Bigger MRI scanners required by the NHS**

THIS week I attended hospital for an MRI for an ongoing non weight related issue and I felt so embarrassed and more guilty than anything.

The lovely staff at Heartlands set me up in the scanning machine only to find that my large body mass would not fit in the scanner.

My MRI was for eyes and head so I didn't realise my body needed scanning, but that was my ignorance.

It was explained to me by a very understanding and caring nurse, who advised the middle part of the cylinder of the MRI scanner takes the prints.

Imagine my embarrassment. I apologised obviously because that's how I am, and I am also very conscious of my obesity, but the nurse advised I may be able to try the other slightly bigger machine and I fitted in better.

It was such a relief. I then had a panic attack during the scan. The two nurses and radiologist were great. They told me lots of people nowadays do not fit in and endless patients have to stop and start scans with the panic button.

It put me at ease but it explains a few things. The NHS needs bigger MRI scanners as patients are bigger. They also need more scanners as patients like myself who have panic attacks delay the scans and increase waiting times.

I thank Carly and the others for their care and support.

**ROSS GOODRIDGE, Olton**

### Press Article 3:-

**Thanks to staff at Good Hope Hospital**

DUE to a long-term illness I have recently been discharged from ward 12 at Good Hope Hospital.

I would like to thank consultant Dr F Baig and Dr Robbie Tuffley for their excellent quality of care.

My thanks also extend to the hard-working nurses and all the staff on ward 12 and in particular the nurses in the MRI scan unit.

They are all angels and have a special place in my heart.

It is also pleasing to note that the food was excellent.

Now I can get back to writing letters for consideration in the Talkback pages which I find very therapeutic and keeps my brain busy.

**MIKE BUTLER, Wyld Green**