

**Meeting of the Council of Governors  
4.00 – 6.00pm on 26 June 2017  
Room 2, The Education Centre,  
Birmingham Heartlands Hospital**

# AGENDA

	Indicative Timings (minutes)
<b>1. Apologies</b>	1
<b>2. Minutes of Previous Meetings</b>	5
2.1 24 April 2017	
<b>3. Matters Arising</b>	5
<b>4. Chairs Report and Emerging Issues (Oral -JS)</b>	5
<b>5. Performance Report May (M2) Oral -KB)</b>	15
<b>6. Financial Report May (M2) (Oral – JMi)</b>	15
<b>7. External Audit Report on Governor Quality Account Indicators (AB)</b>	10
<b>8. Chair of CoG Sub-Group Reports</b>	
8.1 Hospital Environment Group (SH)	10
8.1.1 7 January 2016	
8.2 Membership and Community Engagement Group (AF)	10
8.2.1 17 February 2017	
8.3 Patient Experience Group (TC)	10
8.3.1 20 January 2017	
8.3.2 17 March 2017	
<b>9 Any Other Business Previously Advised to the Chair</b>	10
<b>10 Next Meeting (Formal – Q1) – Monday 24 July 2017, Rooms 2 &amp; 3, Education Centre, Birmingham Heartlands Hospital</b>	

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

David Burbridge  
Interim Director of Corporate Affairs  
2 June 2017

**Minutes of a meeting of the  
Council of Governors of Heart of England NHS Foundation Trust held  
in Rooms 2 & 3, Education Centre, Birmingham Heartlands Hospital  
on 24 April 2017**

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

Mr S Baldwin	Mrs V Morgan
Mrs K Bell	Mr G Moynihan
Mr A Cannon	Mr B Orriss
Ms S Edwards	Mrs J Teall
Mr K Fielding	Mrs J Thomas
Mr A Fletcher	Dr M Trotter
Mr D Hoey	Mr D Wallis
Mrs S Hutchings	Mr T Webster

<b>IN ATTENDANCE:</b> Ms F Alexander	Mrs A Hudson (Minutes)
Mr K Bolger	Dr M Kinski
Mr J Brotherton	Mr J Miller
Mr D Burbridge	Dame J Moore
Mr A Edwards	Dr D Rosser
Mrs S Foster	Prof M Sheppard
Prof J Glasby	Mrs H Wyton
Mrs J Hendley	

**17.024 WELCOME and APOLOGIES for ABSENCE**

The Chair welcomed everybody to the meeting.

Apologies for governors had been received from Cllr Cotton, Mrs Doyle, Mr Johnson, Mrs McGeever, Mr G Moynihan, Mrs Nicholl, Mrs Passey, Mr Treadwell and Mr Williams.

Apologies for directors had been received from Mrs K Kneller.

The Chair advised that Governors would in addition to the business on the agenda receive an update on the Trust Parking Strategy and the Membership Recruitment Strategy.

**17.025 DECLARATIONS OF INTEREST**

There were no new declarations noted from Governors or Directors.

**17.026 MINUTES OF PREVIOUS MEETING**

**27 March 2017**

The minutes for the meeting held on the 27 March were deferred to next meeting.

**17.027 MATTERS ARISING**

There were none.

## 17.028

## CHAIRS UPDATE

The Chair reported that the pre-notification document for the Case for Change had been submitted to the Competitions and Markets Authority (CMA). The document included the benefits case, which has been developed with the involvement of staff from both Trusts. The CMA process could take up to 40 days and the NHSI process could take up to a further 3 months. The Chair and Mr Martin Nadin, Project Director, Case for Change had attended each of the site Patient Carer Panel meetings in March and also met with Staffside to brief them on progress. The next stage in the process was the further development of the Case for Change and Board and CoG seminars would be arranged to allow discussion and review. The earliest date for acquisition was expected to be October 2017.

The Chair reported on the progress of the STP Board. Dame Julie Moore had been appointed as its new leader. It had also appointed a project manager. A refresh of the 5 year plan had been undertaken and priorities set.

Birmingham City Council had appointed Stella Manzie as its new Chief Executive and Paulette Hamilton as Chair of the Health and Well-being Scrutiny Board.

Following the announcement of a general election, it was noted that the Trust had entered a period of Purdah, the pre-election period when specific restrictions applied, principally around the activity of those working in central and local government including the NHS. Its purpose was to prevent announcements and activities by public bodies which could influence or be seen to influence the election. The Trust would not be hosting any political visits.

The Chair had attended and compared the recent annual Solihull Together Awards. The awards established in 2015 celebrated outstanding work by individuals and organisations from across the borough that supported vulnerable and frail people in Solihull.

**Resolved:** to receive the report.

## 17.029

## PERFORMANCE

The Council of Governors received an update given by the Deputy CEO Improvement. Following the NHS Improvement consultation that ended in August 2016, the new final framework had been introduced from 1 October 2016. The key principles of the new framework remained. Providers were assessed against five domains (Quality of Care, Finance and Use of Resources, Operational Performance, Strategic Change and Leadership and Improvement Capability (Well-Led). Of the five operational performance indicators, the Trust had delivered against 4. The A&E 4 hour standard had not been met and remained a risk. However, performance had improved in March to 83.9% from 80.12% in February. There had been 23,156 attendances in March (an average of 746 patients per day, the busiest month since July 2016).

The Trust had met the CCG ambulance handover target of 95% of patients waiting less than 30 minutes (95.59%) and 60mins (99.97%) in month.

The 52 week breach reported to the last meeting had been investigated and it had been clarified that it had not been a breach. The Trust had taken all appropriate actions.

In terms of the other performance targets, the Trust had met the 18 week referral to treatment target. There had been a slight decline due to the consequences of the winter pressures earlier in the year.

There had been 7 cases of CDiff during March 2017 and, as a result, the Trust had exceeded the monthly trajectory of five cases for the month. The total number of post 48 hour C.diff cases for the year was 76 compared to the trajectory of 64 cases. Of the 76 cases, sixteen were deemed to be avoidable following clinical review carried out in conjunction with CCG. The C.diff reduction plan for 2017-18 is currently being developed.

Two urgent operations had been cancelled for the second time in March. Both patients had been treated.

There had been one 12-hour trolley breach in March at GHH. A full RCA had been carried out and remedial action was in place.

The Trust had failed to meet the DTOC target in month and work was underway to improve performance. At its meeting earlier that day, the Board had discussed and received assurance of the action being taken to improve performance.

Two quarterly maternity indicators were non-compliant. An analysis had been undertaken at the divisional review meeting.

With regard to Medicines Management (1b) Reducing inappropriate use of piperacillin with tazobactam ("piptaz") - 100 % have stop date/specified duration. The KPI CQUIN had been reviewed and updated for the coming year to look at the number of patients with a review rather than stop date.

The Trust had failed to meet the Stroke target for the first time this year achieving 74.5% against a target of 80%. Initial indications were that the dip was due to a rise in the number of patients being admitted to Good Hope and later diagnosed with a stroke. A review was under way.

The Chair opened the meeting to questions from Governors.

In response to a question as to why A&E performance was worse at GHH, it was noted that performance had improved in month, but GHH continued to struggle with capacity and a review was underway to look at how this could be addressed.

The number of patients who were affected by DTOCs was in the region of 80, with a further 130 patients in the system still to be assessed.

It was reported that the majority of the patients waiting 18 week RTT were not cancer patients.

There was a discussion on the delay in diagnosing of stroke patients at GHH and it was reported that some patient who suffered a stroke didn't have the 'typical' signs of stroke, which resulted in a delay in diagnosis.

In response to a question as to who was responsible for closing beds in the community the CEO reported that some councils had not followed the national assessments and had agreed to move to one process. However, Solihull Council was working proactively with the Trust to streamline the process. Once care homes had closed it was difficult to reopen them.

In response to a question on how easy it was to fill the junior doctor rotas and whether the Trust used agencies to fill those rotas, the Deputy CEO Improvement advised that it was very difficult to fill the rotas; agency staff were only used in certain specialities as it

was very expensive and the Trust would not be held to ransom to pay higher than average rates to fill vacancies.

One of the Governors referred to a recent Schwartz round when a junior doctor had described his poor experience and the Trust needed to be mindful of how they treated junior doctors. The Director of Workforce reported that all departments should be following local induction policies.

**Resolved:** to accept the report.

## 17.030 CARE QUALITY REPORT

**17.030.1** The Council of Governors considered the Clinical Quality Monitoring (CQM) Report presented by the interim Medical Director. The report provided assurance on clinical quality and detailed action being taken following the CQM Group held in April 2017. There were currently six investigations in progress into doctors' performance.

There had been three CCS (Clinical Classification System) diagnosis groups with higher than expected results in December 2016: 'Liver disease alcohol-related (150)'; 'Gastrointestinal haemorrhage (153)' and 'Other perinatal conditions (224)'. The case lists had been reviewed and no further actions had been identified.

The Trust SHMI (Summary Hospital – Level Mortality Indicator) and HSMR (Hospital Standardised Mortality Ratio (HSMR) performance were within acceptable limits.

The Trust's CRAB (Copeland Risk Adjusted Barometer) 30 day surgical mortality O/E (outcome versus expected) ratio had been reviewed and was within the normal range. Following a meeting, it had been agreed to extend the contract for a further 12 months whilst work to develop the tool was undertaken.

There was a discussion about the recent Board of Directors' unannounced visit to Elderly Care (ward 11) at Good Hope Hospital (GHH) on 23<sup>rd</sup> March 2017 and Ophthalmology Day Surgery and Ophthalmology Out-patients at Solihull Hospital (SH) on 12<sup>th</sup> April 2017. Ward 11 had been chosen as an example of 'calm care'. The main common issues identified on all three visits had been around environment. Action plans had been sent to the visit teams for comment prior to sending to the Divisional Management Team for completion. The action plan from the visit to Ophthalmology Day Surgery and Ophthalmology Out-patients was being drafted.

The Chair invited questions from Governors.

The interim Medical Director, in response to a question, explained the process undertaken when reviewing all deaths in the Trust. In addition to identifying whether any deaths were avoidable, the Trust was looking to prevent minor mistakes from happening that could have potential impacts.

It was confirmed that the Board Quality Committee received the actions plans put in place following Board Unannounced Governance visits and closely monitored the actions taken.

In response to a request for further details on the MHPS investigations, the interim Medical Director advised that this would not be appropriate, as the cases were subject to a legal process.

The Chair, in response to an observation that there had been occasions in the past when Governors had not received notice of upcoming media and news items, advised

that when the Trust knew that there was to be a media alert or story, she personally emailed out to Governors.

The Chair of the CoG Hospital Engagement Group reported that it had been reported to a recent meeting that work to refurbish wards was restricted due to the lack of spare ward space in which to decant patients whilst remedial works took place.

**Resolved:** to accept the report

### 17.030.2 Draft Quality Report 2016/17

The interim Medical Director presented the draft Quality Account 2016/17. The majority of the report was not within the Trust's control and was very prescriptive in its content. The report had been received and discussed at the Audit Committee meeting that day who had in turn reported to the Board of Directors meeting, also held earlier that day, that they were content with the content. There had been some feedback regarding the commentary on the priorities, in that it needed to be more positive. Amendments were to be made and recirculated by the 28 April for further consideration.

The report had been circulated to the CCGs and Healthwatch for comments and feedback. The final draft would be presented to the Audit Committee on 24 May followed for approval by the Board of Directors later that same day.

The final version of the Quality Account 2016/17 would be presented to the AGM in September 2017.

The Chair invited questions and comments from Governor.

The interim Medical Director reported that the Quality Account was for information and its primary purpose was to encourage boards and leaders of NHS organisations to assess the quality of services they provided. The Quality Account formed part of the annual report and Accounts 2016/17, that would be presented to the AGM in September. Both documents would be distilled into a more readable annual review document.

**Resolved** – the report was received

### 17.031 CARE QUALITY REPORT

The Council of Governors considered the Care Quality Report presented by the Chief Nurse. There had been seven cases of post 48-hour positive clostridium difficile cases during March 2017, as a consequence the Trust had breached the monthly trajectory of five cases. The total number of cases for the year was 76 compared to the trajectory of 64. A trust-wide deep clean action programme had commenced.

There had been a reduction in the number of avoidable grade 2 pressure ulcers and avoidable grade 3 pressure ulcers. The number of avoidable grade 2 pressure ulcers performed under trajectory at year end as of March 2017. The number of avoidable pressure ulcer grade 3 had met the year end trajectory as of March 2017. Tissue viability metrics were compliant at 96% with repositioning frequency adhered to slightly decreased at 89%.

The Trust dementia screening target was 90% with performance for March 2017 at 87.93%. It was an expectation of the Trust that all patients over the age of 75 are screened for dementia.

The Trust target that 90% of all Parkinsons medication was administered within 30 minutes had improved at 78.81% in March 2017.

Nurse staffing. Compliance with nurse staffing was 100% in March 2017 with the exception was critical care at 87% compliance and Paediatrics at 92% compliance for Registered Nurses. All units within critical care were mitigated and staffed safely according to patient acuity. The new nursing associates were now in post.

Compliance against the 30 day working standard for complaints in February was 54%.

The Friends and Family Test positive responders remained at 94%. ED had shown an increase of 2% at 85% for positive responders compared to the previous month.

The Chair invited questions and comments from the Governors.

In response to a question, the Chief Nurse explained why that it was important to only measure whether Parkinsons medicine was given on time. It was due to the complicated nature of the illness and the impact that late administration of medication could have on a patient's neurological state. This had been the main reasons Governors had chosen this as a priority for the Quality Account audit.

There was discussion regarding the content of discharge letters, with reference made to a recent case reported to a governor where a letter had referenced a kidney injury that they had been unaware of. The Chief Nurse and interim Medical Director advised that the content of any discharge letter should be explained to the patient, including what medication they had been prescribed, if any, before they left hospital. The patients GP also received a copy of the discharge letter. Ideally discharge letters should not include medical jargon. The Chief Nurse advised that this had been raised as a complaints theme and improvement work with wards was required. The interim Medical Director advised that, in relation to the kidney injury issue, there had been a recent drive and initiative to highlight any potential kidney injury, and GPs should be able to explain the content of the letter.

There was a general discussion on the feedback of compliments from patients and carers, including a request that the number of compliment received should be included as well as complaints. The Chief Nurse advised that Matrons discussed compliments at team meetings. Work to ensure compliments were fed back would continue.

**Resolved:** to accept the report

## 17.032

## FINANCE REPORT

The Council of Governors received the report presented by the Finance Director, setting out the unaudited results for the 2016/17 financial year. The Trust had agreed a planned deficit of (£13.6m) for the 2016/17 financial year, in line with the control total set by NHSI. However, after the plan had been submitted, it was confirmed that emergency readmission penalties (£5.4m) would continue to be levied by commissioners. As a result, the forecast for the year had increased to a deficit of (£19.0m), assuming full receipt of the Sustainability and Transformation Funding (STF). The Trust had incurred a net impairment charge to I&E of (£11.5m) that comprised of a net land / buildings revaluation of (£3.7m) and a (£7.8m) write down of the previous medical record scanning project. Including impairments, the overall reported deficit was (£24.7m), prior to any extra incentive or bonus STF.

In summary, excluding impairments, the Trust had delivered an overall deficit of (£13.2m) for the 2016/17 financial year, which was £0.4m ahead of the financial plan.

The full allocation of £23.3m of STF had been recognised and the Trust expected to receive notification of additional STF from the Incentive and Bonus schemes, on 24 April 2017, which would improve the position further. The overall reported deficit including impairments was (£24.7m) prior to any additional STF.

The cash balance at the end of March was £19.2m against the planned overdraft of (£9.6m) a favourable movement of £28.8m. The previously introduced cash management initiatives continued and the drawdown of interim revenue support had now been delayed until 2017/18.

Although the Trust had successfully achieved its plan deficit for 2016/17, this had, included some non-recurrent gains and therefore the underlying run rate would need to improve significantly for the Trust to achieve its control total for 2017/18.

The Chair reported that the Board had formally recorded their thanks to the Director of Finance, the finance team and the operational teams for the year end results, at the meeting held earlier that day.

The Chair opened the floor to questions and discussion from Governors

There was a general discussion on outstanding debt and the interim Director of Finance reported that the outstanding debt was circa £500k and all issues with CCGs had been resolved. The outstanding debt in general had reduced by £4m since the last report. In respect of the three largest outstanding debts, payment plans had been agreed. Where payment plans had yet to be agreed, plans were in place as to how the debt recovery would be undertaken. In respect of Burton, the majority of the debt now had a payment plan and the Trust had agreed to write off a portion of the debt.

The interim Director of Finance agreed to look into and report back on what was included within 'intangible assets'.

The Lead Governor on behalf of the CoG formally thanked the interim Director of Finance, the finance team and the operational teams for all the work they had achieved over the last 12 months.

**Resolved:** to accept the report

## 17.033 NATIONAL STAFF SURVEY

The Council of Governors considered the report presented by the Director of Workforce and OD, outlining the main findings from the 2016 national staff survey. The survey had taken place between October and December 2016 and all staff had been invited to take part. There had been a 36% response rate, a slight improvement on the previous year's response rate of 29%.

The Trust had improved on 78 of the 88 questions, and significantly improved on 45 of the 88 questions (51%). The questions were grouped into 32 key findings and used for benchmarking against other Trusts. Of the 32 key findings, the Trust had improved on 23 and seen no change on 9. The Trust's overall Staff Engagement score had improved from 3.63 to 3.73 (scores out of 5), against a national average of 3.81. The Trust's benchmarking position for Staff Engagement has improved from 97<sup>th</sup> of 99 Acute Trusts in 2015, to 81<sup>st</sup> of 97 in 2016, which put it just inside the bottom 20%.

The Chair invited questions and discussion from the Governors.

There was a discussion held on the response rate and areas of concern, in particular

the feedback on harassment. The CoG received reassurance that processes were in place for staff to be able to report incidents, including the whistleblowing policy and Speak Up Guardian. Staff were actively promoted to feedback any incidents as part of the induction process. The CoG were reassured by the Director of Workforce and OD that an action plan was in place and that divisions would be also be developing local actions plans over the next two months and that progress would be monitored.

**Resolved:** to accept the report

## 17.034 CAR PARKING

The Council of Governors considered the update presented by the Interim Director of Communications, outlining proposed measures to manage car parking demand and encourage car drivers to change their mode of transport by the implementation of the Travel to Place of Work Eligibility, Heartlands Zoned Parking Eligibility and introduction of Peripatetic Parking Zones that had been agreed by Board of Directors earlier that day.

The report had also set out the proposed new tariffs for employee parking from 1 June 2017. The increase was the first since 2014.

The proposal had also included the changes to the visitor parking tariffs, the first increase since 2013. An analysis of visitor parking to determine average length of stay by patient and visitors had been undertaken and the average stay was two hours. It had been proposed and agreed that a new reduced tariff of £3 (rather than the current £3.75) was introduced and the 30mins -1 hour tariff be discontinued. There had been a discussion around whether the 30 minute 'free' drop off and collect allowed sufficient time for patients and carers to do so and it had been agreed that feedback would be monitored.

The Chair invited questions and discussion from the Governors

There was a discussion on the parking plans for the Good Hope site and it was reported that this would be addressed as part of the overall site strategy. However, the priority was to upgrade vital equipment and clinical accommodation.

In response to a question, staff who worked outside of the core hours (7am – 7pm) and were not front line staff and who parked at either of the Yardley Green Car parks had access to transport that would take them to the car parks so they did not have to walk alone to the car parks.

**Resolved:** to accept the report.

## 17.035 Membership Recruitment and Engagement Strategy 2017/18

The Vice-Chair of the CoG Membership and Community Engagement Group reported that the Board had, at its meeting earlier that day, received and agreed the membership recruitment and engagement strategy 2017/18. The Vice Chair gave a brief overview of the history behind the review and rationalisation of the Trust's membership undertaken during 2016/17 and outlined the membership recruitment and engagement strategy for 2017/18 that included the costs associated with delivering the strategy and the wider Foundation Trust sector-related activities.

The CoG was reminded that an exercise had been undertaken in late 2016 to reduce the membership from over 100,000 to 26,000 members, in order to develop a strategy

to have a smaller but more engaged membership. The CoG MCE had, in conjunction with the Lead Governor and the CoG as a whole, held several meetings to gain ideas and feedback that had formed the Strategy agreed by the Board. The Vice- Chair went on to outline those actions and encouraged all governors to participate in planned drop-in sessions. The action plan would be monitored and the CoG would receive a 6 month update.

The Chair invited questions and discussion from Governors.

The Chair of the CoG MCE noted the work and effort that had been put into the strategy and offered a vote of thanks and asked governors to support the strategy.

The Chair, in response to an observation that South Staffs was not included within the constituencies, believed this was an error and it would be updated.

It was suggested that drop in sessions should be combined with dates where governors were already on site, eg breakfast meeting and CoG meetings.

**Resolved:** to accept the report and note the progress made.

#### 17.036 TERMS OF REFERENCE

The Council of Governors considered the following terms of reference presented by the Chair.

Hospital Environment Group  
Membership and community Engagement Group

It was noted that the Patient Experience Group Terms of Reference had not been included. The Chief Nurse advised that there had been no substantial changes made to them.

**Resolved** the Council of Governors ratified the Terms of Reference.

#### 17.037 ANY OTHER BUSINESS

**Chairs Report and Minutes from CoG Groups.** As agreed at the last meeting these would be included on future agendas.

**Quiz Night.** On a lighter note the Chair advised that the NED and Governor Team had come a respectable 4<sup>th</sup> place at the recent Quiz night and thanked everyone who took part.

#### 17.038 DATE OF NEXT MEETING

The next meeting (Focus) was scheduled for 17 May 2017, to be held in the Education Centre, Heartlands Hospital.

There being no further business the meeting closed.

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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 12.00 p.m. on Thursday, 30 March 2017,  
in the CPU and Room 7, Education Centre, Solihull Hospital**

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

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

#### **17.9 APOLOGIES**

Apologies were received from Andy Edwards and John Sellars

#### **17.10 CPU WALKABOUT**

- Members thanked Gary Jones and the Catering Team for facilitating the CPU walkabout which they felt had been very worthwhile, well organised and efficient.
- To support the walkabout Gary Jones had circulated a copy of a report entitled 'Interesting Facts about Catering', which gave an overview of the CPU including the fact that the CPU produces meals for patients on all 3 sites using the cook chill system.
- A summary showing the results of the 'Come Dine With Me' surveys for all sites, for the period 14<sup>th</sup>, 15<sup>th</sup> and 17<sup>th</sup> March 2017, was also circulated. The summary showed that 45% to 50% of patients had scored the service as 'excellent' for all 4 categories (taste; texture; appearance; and overall quality of the food).
- Members raised a couple of queries during the walkabout relating to the siting of the hazard signs and cleaning schedules. Gary Jones has agreed to take these forward.

#### **17.11 FOOD TASTING SESSION**

Members were very impressed with the food served at the food tasting session including the taste of the pureed food and thanked Gary Jones and the Catering Team for a well organised session. David Treadwell felt that the quality of the food was even better than that provided at previous food tasting sessions. Members completed a feedback form and Gary Jones agreed to produce a graph showing the results of this feedback for Ann Harwood to circulate with the minutes.

Sue Hutchings queried whether HEFT have formally approached UHB with regard to the CPU providing their patient food. Chris Davies advised that John Sellars has discussed this with Karen Johnson, Estates Director at UHB. At a 'Come Dine With Me' event held last year Dame Julie Moore had been very impressed with the food and this had led to initial discussions with regard to UHB who are currently under contract with a supplier. The CPU has the capacity and experience to provide all UHB's patient food. Members asked for the minutes to reflect the Committee's endorsement of this proposal.

- Sue Hutchings suggested that a Health Seminar could be organised to showcase the service provided by the CPU to patients and visitors.
- CD confirmed that HEFT only looks to make savings on patient food services where it can be evidenced that there will be no detriment to food quality and safety. HEFT are committed to providing 2 hot meals a day for patients and to providing support to patient recovery.

With support from John Sellars funding has been obtained to invest in new equipment every year.

- Sue Hutchings advised of an article in the Birmingham Mail re Sandwell and West Birmingham having problems with the provision of Halal food and the suggestion that they were liaising with HEFT. Chris Davies agreed to discuss with Gary Jones as to whether he has received any enquiries.

**Post meeting note: Gary Jones received a call from the Trust w/c 27/3/17 enquiring how HEFT produced Halal meals, they have not yet asked HEFT to produce a proposal.**

- Sue Hutchings referred to a recent article by Prue Leith criticising Hospital food. Sue recommended she should visit HEFT.

**Post meeting note: Sue has forwarded the article to the Comms Team to pursue after discussion with Jacqui Smith.**

- Gerry Moynihan advised that the business case for the merger needs to include a uniform approach to catering i.e. in-house or out-sourced for HEFT and UHB.
- David Wallis agreed to raise the benefits of the CPU producing meals for UHB at the next Project Review Group the following Monday.

## 17.12 MINUTES OF MEETING HELD ON 26 JANUARY 2017

The minutes of the meeting held on 26 January 2017 were approved with the following amendment:

- *Item 17.4.1: Outsourced Contracts: third bullet point:* David Treadwell has requested that this bullet point be re-phrased to state “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.” AH to amend the minutes and pass to Sue Hutchings for signature.

David Treadwell advised that he has sent a letter to his MP expressing his concerns regarding companies who are involved in tax avoidance, but has not yet received a response. It was noted that as the Main Entrance is owned by Assura, HEFT has no control over which companies Assura rent their retail outlets to, however members of the public are not necessarily aware of this and this is an issue for all companies who have PFI buildings on their sites. Gerry Moynihan queried whether some signage could be put up in the Main Entrance indicating that it is not owned by HEFT and therefore HEFT has no control over who the retail outlets are let out to. Chris Davies advised that this could be looked at.

Chris Davies updated members on the G4S contract for housekeeping and portering at BHH. A business case had been submitted to the Board of Directors the previous Monday recommending that when the contract ends the service be brought in-house. The business case was approved and the Facilities Management team will be working with G4S to transfer the service in-house from the 1<sup>st</sup> November 2017. There are approx 400 to 500 staff members who will be TUPE'd across to HEFT. The Car Parking and Security contract with G4S still has a number of years to run.

## 17.13 MATTERS ARISING FROM MEETING HELD ON 26 JANUARY 2017

### 17.13.1 Minutes of Meeting Held on 3 November 2016

As agreed the minutes have been amended to reflect that John Sellars would source the Ethical Trading policies for HEFT and Interserve, and Sue Hutchings has subsequently signed these minutes off.

### 17.13.2 Terms of Reference

Sue Hutchings had e-mailed David Burbridge in January regarding the draft Terms of Reference

and the process for approval. She has since followed this up with another e-mail but has not yet received a response. Following discussion it was agreed that Sue Hutchings would chase a response for the third time and if a response is not received within 10 working days she will escalate this. In the meantime the committee will continue to operate under the terms of the draft Terms of Reference.

#### 17.13.3 Ward Condition Assessments

A copy of the ward condition assessment reports for BHH and SH had been circulated with the minutes. These were discussed as follows:

- The SH report shows a comment referring to ward 20a against the line reporting on wards 18/19. Chris Davies agreed to refer this to Jim Fitzgerald, Estates Manager at SH, to check whether it is a typing error.
- Members queried how the reports are used. Chris Davies advised that the reports are used as an ongoing tool to inform on issues around backlog maintenance and the capital programme. This is a continual process and works have to be prioritised as there is limited funding available. The reports will also have an impact on the new site strategy.
- Members felt that the RAG rating for BHH and SH is difficult to identify whereas on the GHH report it is clear. Chris Davies confirmed that the aim is to achieve condition 'B' on all wards and this is the position for wards at SH, at BHH the majority of wards have been assessed as condition 'C'. Condition 'A' relates to new buildings. A score of 'D' means that work is required urgently but is not economically worthwhile.
- The 'functional suitability' score is based on the results of the 6 facet survey and refers to environmental conditions e.g. heating, lighting etc. Sarender Chana agreed to arrange for a brief information/ guidance sheet on the 6 facet survey to be produced for circulation with the minutes.

#### 17.13.4 Trip Hazard at GHH

Gerry Moynihan had raised concerns at the last meeting regarding some raised paving slabs located near to the Fothergill Block at GHH. Chris Davies confirmed that these slabs have now been levelled and showed members a photograph of the work which has been undertaken.

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

Sarender Chana, Head of Design and Compliance, gave a presentation entitled "A&E Emergency Way-finding, Birmingham Heartlands Hospital". The following points were noted/ discussed:

- Way-finding covers everything to do with how people find their way around an environment, e.g. from appointment letters to site maps and from architectural features to signs.
- A review of the way-finding and signage in A&E at BHH was undertaken following an unannounced walkabout by Execs and Non-Execs prior to the CQC visit in October 2016.
- A number of issues relating to way-finding/ signage were identified together with language issues, clutter and unauthorised posters, gaps in signage, dementia friendly signage and updates required to maps. A sequence of signs is necessary in A&E and these have to be shown in white on red.
- The presentation gave an overview of the steps taken to resolve these issues including:
  - There are now separate children's and adults entrances to A&E.
  - For patients with language/ communication problems a set of way finding cards has been produced which include symbols/ shapes on each side of the cards to indicate which department they relate to. Other hospitals are looking at using these cards.
  - Dementia friendly signage has been installed.
  - Access control has been installed for secure areas/ majors areas.
- Stan Baldwin queried who is responsible for making sure the signage is effective and kept permanently up-to-date. Sarender Chana advised that Estates are responsible for maintaining signage and departments are responsible for notifying Estates of any damaged

signs or issues with signage. Ideally there should be routine signage checks and an audit schedule.

- Members agreed that the colour and shapes used on the signage cards are appropriate however Gerry Moynihan felt that the signage cards could be confusing, as there is a different symbol/ shape on each side of the cards patients could get confused re which shape to follow. He queried whether there should be separate cards for each department. Sarender Chana confirmed that there will be monitoring of this system to see how effective it is. He also confirmed that 50 sets of cards have been produced so that they can be cleaned/ sterilised between use.
- Keith Fielding was concerned regarding the positioning of the entrance and exit to the visitors car park. He felt that visitors can easily approach the exit thinking that it is the entrance to the car park and queried whether the flow to the car park could be reversed. Sarender Chana advised that there is signage written on the roadway but agreed to look at whether bolder 'no entry' signs could be installed adjacent to the exit.
- Members thanked Sarender Chana for giving a very interesting presentation.

#### 17.15 FEEDBACK FROM CoG MEETING RE: ESTATES STRATEGY

- At the CoG meeting on 27 March Kevin Bolger had given a presentation on the Estates Strategy. It was agreed that Ann Harwood would e-mail a copy of the presentation to members with the minutes.
- The presentation includes an update and timetable for the ACAD proposal.
- It was agreed to include updates on the Estates Strategy as a regular agenda item.

#### 17.16 ANY OTHER BUSINESS

##### 17.16.1 Main Entrance

David Treadwell advised that at the last CoG meeting a point had been raised re the Main Entrance and the fact that since the opening of the M&S food outlet and the demise of the previous outlet there is nowhere to purchase pens/ pencils/ stationery. Kevin Bolger had agreed to look at this with John Sellars at his next 1:1 meeting.

##### 17.16.2 Bordesley Green Ward Meeting re Parking Issues

Gerry Moynihan reported from the above meeting held on 24 February and advised that there had been concerns raised by local residents regarding hospital staff, patients and visitors parking on the streets around the BHH site and the threats/ verbal abuse the residents receive when they speak to them about their inappropriate parking. It was acknowledged that the allegations against staff are unfounded. The Chair of the ward meeting advised that the Trust has been made aware of the parking concerns and that a representative from the Trust has been invited to attend a future ward meeting to discuss these concerns. It was agreed that Gerry Moynihan would e-mail a copy of the notes from this meeting to Sue Hutchings and Ann Harwood.

#### 17.17 DATE OF NEXT MEETING:

**Thursday, 25 May 2017 at 2.00 p.m.,  
in Meeting Room 1, Estates Building, Heartlands Hospital**

.....  
Chair

**Minutes of a meeting of the, 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 17 February 2017 at 10.00am**

**PRESENT:** S Hutchings – Chair  
T Cannon, Governor  
J Thomas, Governor  
D Treadwell, Governor  
T Webster, Governor

**IN ATTENDANCE:** F Alexander, interim Director of Communications  
D Burbridge, interim Director of Corporate Affairs  
A Hudson (Minutes), Senior Executive Assistant  
S White, Membership Manager

**17.001 INTRODUCTION AND APOLOGIES**

S Hutchings welcomed everyone to the meeting. Apologies had been received from Mr Emery, Mr Fletcher and Mr Hoey.

**17.002 MINUTES OF PREVIOUS MEETING**

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

**17.003 MATTERS ARISING**

16.045 Representative Membership. The interim Director of Corporate Affairs tabled the list of returns from the recent governor elections. Complete.

There was discussion on the breakdown of ethnicity categories. The interim Director of Communications advised that a review of the membership was underway to proactively increase membership generally and included targeted work to increase the 'under 40' age group.

In response to a question, the interim Director of Corporate Affairs advised that, as governors elections had place in July, the 6 month period whereby governors were required to attend at least one meeting had only just come into effect. No Governors had, at the present time, been put forward for removal from the CoG for non-attendance.

The number of GP practices who referred patients required clarity. It was noted that the dots had represented truncated postcodes not the number of GP practices within that postcode. – Complete.

**17.004 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 approved the version presented.

**Resolved** - to approve and circulate the final version of the Terms of Reference. **AH**

The meeting agreed to take the next two agenda items as a single item.

17.005

## WORKPLAN FOR 2017/18 & BRAINSTORMING FOR WAYS TO ENGAGE MEMBERSHIP

The meeting considered the membership update circulated by the interim Director of Communications and discussed how it could target those areas with a lower representative of members.

The Trust had undertaken a significant piece of work in July 2016 to reduce the number of members to achieve a proactively engaged membership. The strategy for the next 12 months was to have a qualitative not quantitative membership and to maintain the current number of members.

As at January 2017 there were 10,576 staff members, 15,745 public members giving a combined total of 26,321. There needed to be a targeted recruitment plan to cover demographic shortfalls and increase and maintain public membership numbers to 17,000. Several constituencies including Tamworth, Sutton Coldfield, Perry Barr and Hall Green needed to increase membership.

It was suggested that Hall Green would be the pilot constituency for targeted recruitment to determine the process for all constituencies.

The meeting discussed how it could increase the membership on a targeted basis taking into consideration the shortfalls in representation in each constituency: i.e. age, gender, ethnicity, etc. and increase the number and variety of opportunities for community engagement to achieve this as well as motivate all Governors to become involved in this exercise, particularly supporting events in their own Constituency. It was agreed that the Membership Manager would contact each of the Governors to discuss their willingness to participate and gather any ideas they may have. The results would be collated and form the work plan to be presented by the interim Director of Communications and the Vice Chair to the March meeting of the CoG.

Governor attendance at Trust events such as recruitment days and health fairs was also suggested. In order to enable this to take a single point of contact was required and it was suggested that Amy Passey, who coordinated such event should be invited to a future meetings.

The Lead Governor reported that at the breakfast meeting earlier that day, governors had been advised of some dates for their diaries and suggested that these could also be used as membership recruitment opportunities. The dates were:

- Saturday 13<sup>th</sup> May 2017, 10am -2pm - Family Fun Day - Ramada Hotel, Sutton
- Thursday 30<sup>th</sup> March 2017 from 6.30pm - Quiz Night - Birmingham City Football Club
- Friday 16<sup>th</sup> June 2017, 9am – 1pm, Carers Conference - Renewal Centre, Lode Lane, Solihull.
- Wednesday 7<sup>th</sup> June 2017, 12pm - 3pm - Volunteer Long Service Awards - Harvest field, Sutton Coldfield.

It was reported that the Trust was looking to outsource its membership database. The monthly newsletter would no longer be posted out to members from April as the Trust would be using alternative means such as text messaging, email and social media in an effort to reduce costs.

**The following actions were noted:**

- Membership Manager would contact each of the Governors to discuss their willingness to participate and gather any ideas they may have. **SW**
- The results would be collated and form the work plan to be presented interim Director of Communications and the Vice Chair to the March meeting of the CoG. **FA/SW.**
- Amy Passey to be invited to a future meeting. **AH**

**16.054 ANY OTHER BUSINESS**

Mr Webster believed that he was still not officially a volunteer. The Director of Communications was of the view that he was but agreed to investigate. **FA**

**16.055 DATE OF NEXT MEETING**

.....  
**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	Completed	Feb 17
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	Completed	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>•</li> </ul>	AH DB DB	Completed Completed Completed	Feb 17 Feb 17 Feb 17
16.046	18.11.2016	AF to recognise contribution of M. Kelly at next Council of Governor meeting.	AF	Completed	Feb 17
17.004	17.02.2017	Circulate approved Terms of Reference	AH	Completed	2 Mar 17
17.005	17.02.2017	<ol style="list-style-type: none"> <li>1. Membership Manager to contact all Governors in order to discuss their willingness to participate and gather any ideas they may have.</li> <li>2. The results to be collated and form the work plan to be presented to the March meeting of the CoG.</li> <li>3. Amy Passey to be invited to a future meeting.</li> </ol>	SW FA/SH AH		

**Agreed Minutes of a meeting of the Patient & Staff Experience Group of the  
Council of Governors  
of Heart of England NHS Foundation Trust  
held in the Boardroom, Devon House, Birmingham Heartlands Hospital  
on Friday 20<sup>th</sup> January 2017 at 12.30pm**

<b>PRESENT:</b>	<b>FOSTER, Sam (SF)</b> BALDWIN, Stan (SB) CANNON, Antony (AC) CHAPLIN, Dawn (DC) FIELDING, Keith (KF) HUTCHINGS, Susan (SH) KNELLER, Karen (KK) PASSEY, Louise (LP) RUDGE, Kevin (KR) TEALL, Jane (JT) WEBSTER, Thomas (TW)	<b>Chair (and Chief Nurse &amp; Executive Lead)</b> Governor Governor and Chair of the GHH PCP Head Nurse, Patient Experience Governor Governor Associated NED Governor TBC Governor Governor
<b>IN ATTENDANCE:</b>	BEGUM, Arshad (AB) LINN, Frances (FL)	Patient Community Panel Member Solihull Patient Community Panel Member

Please note there were no formal minutes taken at this meeting due to sickness.  
Therefore, a brief summary of each section is given below.

**17.001 Welcome**

SF welcomed everyone to today's meeting.

**17.002 Apologies for Absence**

Apologies were received from Nicola Burgess and Gerri Nevin.

**17.003 Minutes of the Previous Meeting**

The minutes of the meeting held on Friday 23<sup>rd</sup> September 2016 were agreed as an accurate record.

**17.004 Matters Arising**

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

**17.005 Election of New Chair**

SF welcomed everyone to today's meeting and announced that AC had put himself forward for the position of Chair and he was duly elected by those present.

**17.006 Trust Care Quality Update**

SF gave a situation update, case for change, performance and the Associate Nurse position.

**17.007 Trust Patient Experience Update**

DC advised the number of complaints had dramatically reduced, the quality had improved utilising centralised processes and responses within 30 working days had improved with improvement along trajectory.

TW congratulated the Divisions and the Complaints Team for their ongoing work and acknowledged the complexity of dealing with complaints.

The group discussed medicines management, SOL PCP, the function of the Community around Patient Experience and Community issues (ie. requesting their help to support the Trust around enhanced Patient Experience), ward visits, more involvement via UHB's systems and a timetable of visits and work plans.

Main issues from complaints were around communication, staff attitude, environment, appointment cancellations and care. Other themes were around Duty of Candour and protected characteristics.

FLRs (where complaints come back) had increased, mainly due to patients and/or their family now requiring a meeting with staff, rather than the response being inadequate. New PHSO complaints that were not upheld had also increased.

The team had devised a new snakes and ladders game for complaints training, utilising a complex and robust QA process.

There were weekly escalation meetings within the Divisions looking at complaints and discussed with the Divisional Leads and the Complaints Team.

Complaints were report monthly in SF's Quality Paper and the Divisions discussed their complaints via their Executive Divisional Meetings.

#### **17.008 2017/18 Planning**

SF discussed the CQC visit and Mock Visits. Information Governance was one area being looked at around notes and the provision of lockable trolleys. A visit from the Information Commissioner requested training for Information Governance.

There was an update on Infection Control, uniform non-compliance and issues with staff walking around in theatre scrubs.

#### **17.009 Patient Community Panels - All Sites**

DC advised they were working closely with the CoG PEG and PCPs to look at projects of work to enhance patient experience around the inclusion agenda and other projects.

SF advised they were improving the walkabouts for Governors and Patient Experience to link in with AC looking at a rolling programme of supported visits for specific areas of good practice and where improvements could be made.

DC advised they were monitoring new protected characteristics within complaints, reviewing complaints that come in to look at their severity in line with patient safety concerns.

#### **17.010 Any Other Business**

There was no other business discussed at today's meeting.

#### **17.011 Confirmation of the Next Meeting**

The next meeting will take place on Friday 17<sup>th</sup> March 2017 at 12.30pm in the Boardroom, Devon House, BHH.

**COUNCIL OF GOVERNOR'S - PATIENT & STAFF EXPERIENCE GROUP**

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

Date Raised	Minute Number	Details	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	Done.	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	Done.	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	Done.	Nov16

**Agreed Minutes of a meeting of the Patient & Staff Experience Group of the  
Council of Governors  
of Heart of England NHS Foundation Trust  
held in the Boardroom, Devon House, Birmingham Heartlands Hospital  
on Friday 17<sup>th</sup> March 2017 at 12.30pm**

<b>PRESENT:</b>	<b>CANNON, Antony (AC)</b> BALDWIN, Stan (SB) FIELDING, Keith (KF) FOSTER, Sam (SF) HUTCHINGS, Susan (SH) PASSEY, Louise (LP) THOMAS, Jean (JT) KNELLER, Karen (KK)	<b>Chair (and Chair of the GHH PCP)</b> Governor Governor Chief Nurse & Executive Lead Governor Governor Governor Associated NED
<b>IN ATTENDANCE:</b>	BLOMER, Sheila (SB) EMERY, Jamie (JE) LINN, Frances (FL) NEVIN, Geraldine (GN)	Non-Voting Lay Member Head of Patient Services & Engagement SOL PCP Member Head of Skills and Simulation, Birmingham City University
<b>MINUTES:</b>	HIGGINS, Vickie (VFH)	Executive Assistant (Minutes)

**17.012 Welcome**

AC welcomed everyone to today's meeting.

**17.013 Apologies for Absence**

Apologies were received from Dawn Chaplin, Mick Corser and Kevin Rudge.

**17.014 Minutes of the Previous Meeting**

AC advised there had been a delay in producing the minutes of the previous meeting. Once they have been completed, they will be circulated to the group.

**17.015 Matters Arising**

To be carried forward, due to the previous minutes not yet complete.

**17.016 Elect a Deputy Chair**

AC asked for nominations for a Deputy Chair. KF put himself forward, which was seconded by SH and SB. **Agreed : KF to be Deputy Chair.**

**17.017 Patient Experience Matrix Review**

SF took the Group through the tabled document entitled; "Patient Experience and Activity Dashboard" (attached). This was a first draft and reported on those issues that affect patients, such as performance, complaints feedback, Patient Experience, waiting times, DNAs, patients formally medically fit for discharge and cancelled operations. Here, they could review the current position and trends in a one-page summary. The next report will contain a narrative of what was happening next. The dashboard shows HEFT in the top ten of the whole country in how patients are treated and also cancer pathways.

AC felt it was a very impressive report and thanked Ruth Spencer for her involvement.

SB asked about RAG ratings. SF advised the Friends & Family results were red and green. Referral To Treatment (RTT) could also be RAG rated by specialty to give a visual picture of what was going well and what was not.

FL asked about MFFD and SF advised that 200 beds were closed last quarter and HEFT had lost a lot of capacity with patients not being discharged. SF will add a narrative to the next report to give assurance.

LP asked of any complaints themes and SF advised of the monthly Clinical Quality Report that was produced that goes to Trust Board. **Action : VFH to circulate the latest Report with these minutes.**

JE advised of themes around clinical care. They needed the right people in the right room to explain most issues as problems were often around the way messages were conveyed.

SB commented on the 94% Friends & Family result, which was very good and asked about comparators. JE advised HEFT were  $\pm 1\%$  in the region, which was standard and SF advised figures were around the actual numbers of cards collected. JE advised there were often low responders. SF would put this in a narrative in the next report.

KF asked how this was representative of the Trust and JE advised HEFT had a 40% CQUIN for the national inpatient survey, which had seen just 350 responses in the whole year. AC felt the winter pressures meant a drop in the response rate, so this should improve.

AC asked about waiting times by specialty and the number of patients waiting 18 weeks or longer. Figures were static due to winter pressures and the 10% of DNAs were down 5% due to operations cancelled by the Trust.

AC asked about active complaints and bringing the report in-line with Trust Board and Council of Governors. JE advised the Jan17 complaints were not yet closed. Therefore, from next week, figures could increase/decrease a small amount but would not be as good as Dec16. The average was approximately 50% - Division 5 was currently at 75%.

SF asked for any further feedback to be sent to AC for the next meeting. Further reports would go to Trust Board and then this Group.

## 17.018 Review of Complaints Process

JE advised the Jan17 figures were slightly down and they had RAG rated their complaints with an 85% target. Six/seven months ago they were in single figures for response rates. They were now in their mid-50s. In 2016, there were 434 live complaints on the system. So far, for 2017, there were 240.

FL asked if there were time limits and JE advised these were usually within 12 months of an incident or of becoming aware of an incident. However, if this was longer and they were able to respond, then they replied anyway, regardless of the timescales. If it was impossible - ie. 25 years ago - they respond saying they cannot give any more information. SF advised of a recent 2011/12 complaint, which did receive a response. It was a generic question and it felt right to reply.

JE advised they were looking at performance measures as part of the new dashboard and would review each Division.

AC asked about the definition of “not responded to” and JE advised they would apologise for the delay and offer a meeting with the staff. Sometimes, more work needed to be done. SF also advised our letters offered patients the option to go to the Ombudsman if they were not satisfied with our response. Sometimes, we simply get to the point that our processes are exhausted, so the Ombudsman would try to resolve the issue.

FL asked how soon GPs were notified of scan results and SF advised HEFT had an 18-week RTT limit for most cases but some took longer. However, it was agreed patients should be made aware of how long results could take, either by their GP or outpatients.

SH advised of an issue following an MRI in Dec16. The patient did not receive their results until just recently, after chasing their GP. It was agreed the results from an MRI should not take three/four months. SH felt this required a proper process/trigger point. SF advised this was being reviewed by Theresa Price’s Access Team but many specialties were currently being outsourced - ie. X-rays and Radiographers.

SH asked how action plans worked and JE advised an action plan was drawn up following a complaint and Divisions were monitored around complying with the action plan and giving assurance or identifying where actions were missing.

SH advised of another issue around breast cancer patients in 2014 and blood tests. Some patients could not give blood from their arm so their hand was used but, often, the Phlebotomist could not do it due to training issues. An action plan was put in place for training around cancer patients but was still an issue.

SF said there was a high turnover of Phlebotomists. They could train everyone but then, two years later, there was a whole new team. However, it was agreed all Phlebotomists should be fully trained as standard.

SF advised they reviewed action plans and staff were challenged if issues were found. They should ensure the correct proportion of staff can look after a wide spectrum of patients but some issues were difficult to operationalise. JE agreed training staff was very important but also the capacity to listen to patients.

SB asked about the Friends & Family national report and improvements in ED. JE advised figures were just for inpatients and ED saw a good performance for positive responders. The six-month average was around 80% and had gradually improved to 84% for Jan17, which was close to the regional score and due to lots of work and focus.

FL asked about complaints training and JE advised they had held lots of training sessions for many staff groups - ie. sisters, matrons and operational staff. They used a video showing a difficult time on a ward and also used a new snakes and ladders board game, which was very well received.

SF advised they had also held a Sharing Event with our colleagues from the QE, comparing what was being done and swapping ideas for the best response in the quickest turnaround.

JT asked about complaints from outside agencies - ie. HealthWatch Solihull - due to concerns with it going out to tender and JE advised he had met with HealthWatch recently but had not received any complaints from them directly. If they did, they would need the relevant consent. It would then be dealt with as per other complaints, unless the complaint was from staff, which followed a different process.

## 17.019 Feedback / Verbal Reports from PCP Meetings

AC advised the group met at GHH yesterday. Martin Nadin, Project Director at UHB and HEFT, gave a presentation on the merger, which was very well received. There were some concerns around service reconfiguration. Martin Nadin and Jacqui Smith advised there were no plans over the next three years. All in all, it was a very good meeting and AC was pleased to see Emma Hartill and the Nursing Report back on the agenda.

FL advised SOL's meeting and agenda was very similar. Martin Nadin gave an excellent presentation and there was a lot of input. It was a good meeting and there were quite a few people present. The Nursing Report was also presented at SOL by Stuart Beddard. The group discussed urgent care, giving an "outsiders" point of view and was working well. There were a few internal issues around A&E's four hour limits. They discussed the merger, looking from the top to the bottom and all the different layers. It is a huge piece of work. JT agreed and was pleased with the level of input from all PCPs.

AC advised Derek Hoey attended the BHH PCP and gave a very positive report.

AC advised that Martin Nadin would provide a written update for the PCPs in Jul17, and attend the Sep17 meeting. It was good to involve the panels and made the members feel part of something meaningful.

## 17.020 Any Other Business

### 17.020.1 Workplans

AC asked the Group to consider two potential future workplans:-

- (1) The **Inclusion Agenda** looking at how the Trust supports vulnerable patient groups - ie. those with Learning Difficulties, Autism, Epilepsy and Impaired Mobility. This will involve SF's team, Communications and this Group. If agreed, the first objective would need to be looked at and then a sub-group formed, with a draft plan brought to the May17 meeting.
- (2) Development of the **Governor & Lay Member Drop-In Programme** based on the system used at UHB. This would be part of a communication monitoring system for staff and Executives, to include Governors and Lay Members. Discussions would be held with Senior Nurses for the programme format to be mapped out and timings discussed.

SF advised recent NED visits had a strong focus on Patient Experience, which worked well for this group and benefited the organisation. The Group asks; "What is it like being a patient here today?" Talking to patients represents the views of that patient on that ward that day. Themes were then tracked. JT felt this was similar to the recent Mock CQC Inspections, which she thoroughly enjoyed and found extremely interesting.

AC felt that it was advisable to run the projects consecutively taking in to account current workloads but SF was confident that both could be run concurrently as there were a number of overlaps. This was welcomed by AC and the group. The Trust was already doing an inclusion agenda but this could focus on key areas - ie. this is where we are, we can aspire to do better, discuss dementia, go to Paediatrics, meet people in general and those with children with disabilities or visually impaired and 'do it all'. In essence, being our patients' eyes and feeding back to this Group.

FL felt the PCP's would be very interested in this and AC advised that the group would need to oversee the design of guidance notes and literature for patients and carers, which was currently sadly lacking. It was agreed that a sub-committee be setup involving members of this group plus trust personnel to progress the workplan. AC asked for volunteers for this sub-committee. LP, SH, FL and AC volunteered - Trust personnel are TBA.

SF suggested Riaz Janjua, Head of Equality & Diversity, be invited to the next meeting to give a flavour of where we are and then look at a draft programme of drop-in visits. AC suggested the sub-group met before this, with a full update at the May17 meeting.

FL advised of a recent issue where patient information may have gone where it should not have done and JE advised there were only a few Information Governance breaches around inappropriate access. **Action : FL to send the relevant information to JE.**

#### **17.020.2 Visit to Macclesfield District General Hospital**

LP advised she would be visiting Macclesfield District General Hospital on Wednesday 5<sup>th</sup> April 2017 to look at the work they had done and will bring an update back to this Group.

#### **17.020.3 Future Meetings**

AC proposed this Group held four reporting meetings each year plus two focus group meetings to decide on future work programmes. This proposal was agreed by the Group.

#### **17.020.4 Photocopied Documents**

KF advised of a recent issue around photocopied documents from his recent physiotherapist appointment where the document had been copied many times and was of very poor quality, which did not look good.

SF advised she would need to see the document in question and asked for a sample to be sent through for her to discuss further. AC also suggested KF spoke to Suzanne Nicholl, Clinical Director for Therapies.

#### **17.021 Confirmation of the Next Meeting**

The next meeting will take place on Friday 19<sup>th</sup> May 2017 at 12.30pm in Room 6, Education Centre, Birmingham Heartlands Hospital.

**COUNCIL OF GOVERNORS - PATIENT & STAFF EXPERIENCE GROUP**

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

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23Sep16	16.034	Julie Tunney to send Care Quality Strategy dates to Michael Kelly for COG.	J Tunney	Nov16		
17Mar17	17.017	VFH to circulate the latest Clinical Quality Report with these minutes.	VFH	24Apr17	Done.	21Apr17
17Mar17	17.020.1	FL to send JE the information re. a recent possible IG breach.	FL	24Apr17		