

**Meeting of the Council of Governors
4.00 – 6.00pm on 19 February 2018
Room 2, The Education Centre,
Birmingham Heartlands Hospital**

A G E N D A

	Indicative Timings (minutes)
1. Apologies	1
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3. Matters Arising	5
4. Chairs Report and Emerging Issues (Oral –JS)	5
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10.1 Hospital Environment Group (SH)	
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11. Any Other Business Previously Advised to the Chair	10
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12. Next Meeting (Formal – Q4) – Monday 26 March 2018, Room 2, Education Centre, Birmingham Heartlands Hospital	

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

David Burbridge
Interim Director of Corporate Affairs
6 February 2018

**Minutes of a meeting of the
Council of Governors of Heart of England NHS Foundation Trust held
in Room 2, Education Centre, Birmingham Heartlands Hospital
on 22 January 2018 at 4.00 pm.**

PRESENT:	Rt. Hon. J Smith (Chair)	
	Mr S Baldwin	Mrs A McGeever
	Mr T Cannon	Mrs V Morgan
	Mr K Fielding	Mr G Moynihan
	Mr A Fletcher	Mr B Orriss
	Mr D Hoey	Mrs J Thomas
	Mrs S Hutchings	Mr T Webster
	Mr P Johnson	Mr L Williams
IN ATTENDANCE:	Mrs F Alexander	Ms K Kneller
	Mr D Burbridge	Miss M Lalani
	Mr K Bolger	Mr J Miller
	Mr A Edwards	Dame J Moore
	Prof J Glasby	Dr D Rosser
	Mrs A Hudson (Minutes)	Prof M Sheppard
	Dr M Kinski	Mr L Tallon

18.001 APOLOGIES & WELCOME

The Chair welcomed everyone to the meeting and introduced Lawrence Tallon, Director of Corporate Strategy, Planning and Performance at UHB.

Apologies for Governors had been received from Mrs Bell, Cllr Mahmood, Mrs Passey, Mr D Treadwell

Apologies for Directors had been received from Mrs Hendley and Mrs Wyton.

The Chair reported that an update on Parking and Membership would be given under any other business.

18.002 DECLARATIONS OF INTEREST

None.

18.003 MINUTES OF PREVIOUS MEETING

23 October 2017

The minutes of the meeting held on 23 October 2017 were considered and approved as a true record.

27 November 2017

The minutes of the meeting held on 27 November 2017 were considered and approved as a true record.

18.004 MATTERS ARISING

Charity Board. In response to a question the Chair reported that the skill mix for the new Board of Trustees for the Charity had now been completed and there were three vacancies to be filled one of which could be filled by a Governor fitting the skill criteria. The details would be circulated to Governors at HEFT and UHB. Expressions of interest should be made by the end of February 2018.

18.005 CHAIRS UPDATE

The Chair reported on the Case for Change transaction process. A response to the letter sent by the UHB to NHSI seeking assurances in respect of finances, future liabilities and recompense for the cost of the transaction was still awaited; some progress had been made but full assurance had yet to be given. The Chair and CEO had met with the new Chair and CEO of NHSI in December, who had advised that, as they were new in post, they wished to review the process from the beginning. Our Chair and CEO had been very clear on the views of UHB and HEFT Boards on the current situation including the need for certainty around STF funding. The NHSI Board were due to meet and discuss the situation.

HEFT was due to have a visit on Wednesday 24 January from the Treasury and the Health Advisor from the Prime Minister's Office in relation to the transaction and ongoing support for financial support relating to the development of the Trust estate.

Local MPs and the Mayor of the West Midlands continued to lobby Parliament on behalf of the Trust.

Behind the scenes, work ahead of the transaction continued, including keeping staff up to date with progress. A joint panel of the HEFT and UHB Council of Governor Appointment Committees had held interviews and appointed to the five expected NED vacancies on the new enlarged Board. All HEFT NEDs been invited to apply and of the five candidates who had applied (Jackie Hendley, Mehrunnisa Lalani, Michael Sheppard, John Glasby and Karen Kneller) all had been provisionally appointed. The joint CoG Appointments Committee had reported how impressed they had been with the quality of the candidates and interviews.

In the wider health system, the three local CCGs were coming together as one organisation and had appointed a Chair and Lay Vice Chair.

The Chair and CEO continued to attend regular meetings of the Birmingham and Solihull Health Scrutiny Committee

The Chair and interim Medical Director had attended a meeting of the Breast Cancer Group who had undertaken the task of contacting, reviewing and co-ordinating all follow-up appointments during the recall of all Paterson patients. The Chair had thanked staff and reassured them that the Board would continue to support them, should there being any future enquiry.

The Chair of the Audit Committee reported that, due to the delay in the transaction, the Internal Auditors had been asked to produce an audit plan for the first six months of the new financial year.

The Chair opened the floor to questions

A show of appreciation was made to the Lead Governor for all the work she carried out on behalf of the CoG.

Resolved: to receive the report.

18.006 PERFORMANCE REPORT

The Governors considered the Performance Report presented by the interim Deputy CEO – Improvement that summarised the Trust's performance against targets and indicators in the Single Oversight Framework, contractual targets and internal targets. The A&E 4 hour standard had not been met and remained a risk for the Trust. Performance had declined slightly in December to 76.30% from 77.98% in November. There had been 22,350 attendances in December (an average of 714 patients per da). Overall figures now included attendees the walk in centres and alternative routes for attending ED.

The Director of Operations gave an overview on the work that had been implemented as part of Winter Planning during January. That included the expansion of ambulatory emergency car capacity to reduce the number of patients requiring admission; expansion of the frailty service to help avoid unnecessary admission of frail patients with complex needs; additional senior emergency medical staff in the emergency department in order to cope with increased patient acuity; utilisation of the discharge lounge in order to make beds available earlier in the day for new patients requiring admission; additional inpatient beds at Good Hope and Solihull Hospital. There were no additional beds available at BHH as all available beds were open. Where elective surgery had been cancelled, theatre teams were being used to undertake emergency work. There had been a co-ordinated effort with the local councils and social services, including additional capacity. A full list of the actions taken was set out in the paper.

The cancellation of elective activity had resulted in a detrimental impact on elective performance and, as a result, the Trust had not met the 18 week RTT target in December 2017. Further RTT performance remained at risk given the ongoing volume of elective inpatient activity being cancelled, but it was expected that the performance would be back on plan by February.

In order to mitigate the impact on long-waiting patients, the Trust had secured the transfer of approximately 200 long-waiting elective patients to the independent sector via Inter-Provider Transfer arrangements. Day surgery capacity at Solihull had also being maximised.

All cancer targets had been achieved.

In November there had been 8 cancer long wait patients and 3 in December treated in excess of 104 days from referral.

There had been one urgent operation cancelled twice in December within Vascular surgery, the operation had been carried out 48 hours post last cancellation.

Following the implementation of the new Emergency Care Data Set at the end of October, it had not been possible to validate 30 minute ambulance handover breaches. It was anticipated that the tool would be back on line at the end of January. There had been 14 confirmed 60 minute ambulance handover breaches (99.8%) for November with the Trust achieving the required threshold of 99%.

There had been one sleeping accommodation breach reported in December 2017 that had affected five patients in the acute medical unit at GHH.

The Trust had not achieved the DTOC target for December, achieving 1.42% against a target of 1.4%. Due to the increased pressures, the January target was also at risk of not being achieved. It was forecast that results would not be as high as previous years due to the additional work that had been implemented.

Of the 14 maternity screening indicators, reported a quarter in arrears, the Trust had failed to meet 4. There was a new senior manager in place and action plans had been put in place to monitor performance and it was expected that all targets would be achieved by Q3.

Performance against the Information Governance Mandatory Training target of 95% has decreased slightly in month, at 84.54% in December. This had been due to the transfer of staff from G4S to HEFT. An action plan was in place.

Appraisals had improved slightly during December at 87.81% above the 85% CCG target. However, these were still below the internal target of 90%.

Voluntary turnover remained static at 10.51% in month. The online exit monitoring tool had improved the quality of the information obtained from leavers with the key reasons being promotion, further education and work life balance including location from home to work. YTD performance was 32.48%.

With the exception of STP and Sepsis, all CQUINs were achieved in Quarter 2.

The Chair opened the floor to questions

In response to a question, the Deputy CEO – Improvement reported that the Trust had considered utilising spare capacity at Samuel Johnson and Sir Robert Peel Hospitals. However the Trust would have to supply staff to provide care at those locations and did not have any surplus staff to facilitate that.

The Deputy CEO – Improvement confirmed that the Solihull Minor Injuries had type 3 classification but was included in the overall numbers of attendees.

The Director of Operations, in response to a question, reported that Heartlands Day Surgery was not suitable to be used as an inpatient ward. It was also used for the vast majority of day case cancer operations, which the Trust would not want to cancel.

In response to a question on how many additional step down beds Birmingham City Council had brought on line as part of the winter plan, the Director of Operations reported that, rather than physical beds being available, more social and home assessments were taking place. Readmission rates were also being tracked with additional beds available for dementia patients.

The Governors expressed their gratitude and asked that their thanks were passed onto staff for their dedication and commitment.

The Deputy CEO – Improvement, in response to a question, reported that the Trust could not dictate that all staff must have a flu jab. Some individuals chose not to have it; the Trust had undertaken a significant amount of work to encourage, educate and highlight the risks of not having the flu jab to staff.

The Trust had not had a choice in which flu jab it used, that decision had been taken by the Department of Health.

The Picker exit monitoring tool would give the Trust the intelligence it needed to put in place a structured action plan for the recruitment and retention of staff.

Resolved: to accept the report

18.007 CLINICAL QUALITY MONITORING REPORT

The Governors considered the report presented by the interim Medical Director. The report provided assurance on clinical quality. Five Doctors were currently subject to investigation. The Trust's mortality rate had been within acceptable limits and there had been no overall concerns.

There had been one CCS (Clinical Classification System) group with a higher than expected mortality 'Pneumonia (except that caused by tuberculosis or sexually transmitted disease)' (122) with 31.74 expected but it had not triggered a Care Quality Commission (CQC) mortality alert in September 2017. Following a review of a sample of patients, all patients had received appropriate care and none of the deaths were unexpected, with multiple comorbidities present in an elderly cohort.

The Trust's mortality rate was within acceptable limits and there were no overall concerns.

In line with national 'Learning from Deaths' requirements a summary of the all results of reviews of inpatient deaths during Quarter 3 2017/18 had been undertaken. The results from both UHB and HEFT had been collated for benchmarking purposes. HEFT used a different scoring system but would be moving to the Royal College of Physicians (RCP) Avoidability of Death Scoring used by UHB. Any cases that had been identified by the Medical Examiners as having potential shortfalls had been escalated to the Clinical and Professional Review of Incidents (CaPRI) Group as per Trust processes to provide further review.

There had been one reportable death reviewed and escalated in line with Trust processes, no significant concerns in care were identified.

The Board of Directors' Unannounced Governance Visit in December 2017 had been to the Delivery Unit (Maternity) at Good Hope Hospital. Overall this had been a positive visit; the ward was clean and well organised and had received good feedback from both patients and staff.

Resolved: to accept the report.

18.008 CARE QUALITY REPORT inc INFECTION CONTROL UPDATE

The Chair welcomed the interim Chief Nurse to her first Council of Governors meeting.

The Council of Governors considered the Care Quality Report presented by the interim Chief Nurse.

There had been no cases of MRSA in December. There had been two cases of post 48 hour CDiff reported, this was within the Trust monthly trajectory of six cases for the month. The total number of cases for the year was 47 against a YTD trajectory of 47 and an annual trajectory of 64 case.

A community outbreak of measles had been reported in November 2017. To date a total of 12 inpatients at Birmingham Heartlands Hospital had been identified with measles, all of whom were community acquired cases.

There had been 1 avoidable grade 4 pressure ulcer in October 2017. The Trust had a zero tolerance target for grade 4 pressure ulcers. The case had been reviewed and an action plan put in place that included extensive staff training; a performance notice for the ward concerned had also been issued.

There had been 5 avoidable grade 2 pressure ulcers and no avoidable grade 3 pressure ulcers reported in October 2017. It was reported that Division 5 had not had a grade 3 pressure ulcer over the last 12 months and the Tissue Viability teams were working with the divisions to share learning and good practice.

Dementia screening performance was 81.95% against the 90% Trust target. Due to the slow progress being made by Divisions individual actions plans were in place and being monitored.

Parkinson's medication compliance was 76.71% against a target of 90%. A review of the process was to be undertaken to understand why the target had not improved.

The Admissions, Discharge and Transfer (ADT) target had improved slightly but remained non-compliant at 88.09% in November. This was reflection of the additional flexed wards open.

There had been no areas of concern regarding nurse staffing compliance with UNIFY for November 2017. Critical care and paediatrics, although rated red, were safely staffed, with twice daily reviews being undertaken, these areas were staffed based on the acuity of patients which fluctuated throughout each day.

The number of qualified vacancies was 334.58 WTE in November 2017, a reduction of 44.27 WTE in month and the third consecutive month where qualified vacancies had decreased. There were 150 registered new starters which included experienced as well as newly qualified nurses. There were also 56 unregistered nurses due to commence with the Trust.

Joint discussions were planned with UHB and HEFT to discuss possible options around overseas recruitment. Further cohorts of Trainee Nursing Associates were being scoped for 2018 based on the funding support from Health Education England.

The performance rate for dealing with received complaints continued to improve at 69% for October 2017 and November 2017. The number of older complaints had continued to reduce.

During November 2017 the percentage of positive responders for the Friends and Family Test (FFT) had increased in month to 95% for inpatients. For the Emergency Departments, the positive responder score remained static at 80% for November 2017.

The Chair opened the floor to questions.

In response to an observation on the discrepancy in the reported data between the Performance Report and the Care Quality Report, November data rather than December. The interim Chief Nurse apologised for the error.

The interim Chief Nurse in response to a question reported that, there was a safer staffing model that was adhered to in order to ensure that there was the correct

number of staff on wards to ensure that patient safety was maintained including taking into account the acuity of patients. Staff were going above and beyond in order to maintain staffing levels including moving between wards, divisions and site.

In response to a query around the high number of HCAs leaving and whether the Trust was encouraging them to undertake the next stage in their training, the interim Chief Nurse reported that the Trust was looking to undertake a training needs analysis that included skills and benchmarking in order to make opportunities available.

It was confirmed that Admissions, Discharge and Transfer (ADT) data was captured but not always within the 2 hour deadline.

Resolved: to accept the report.

18.009 FINANCE REPORT

The Council of Governors considered the report presented by the interim Finance Director that provided an update on the Trust's financial position for the period ended 30 December 2017 (Month 9). The Trust had agreed a planned deficit of (£7.5m) for 2017/18 in line with the control total set by NHSI. The plan included (£21.3m) of STF income subject to delivering the pre-STF position. 30% of the STF was contingent on meeting the ED trajectory. The plan, prior to STF, had a deficit of (£28.8m). For Month 9 the Trust had reported an actual deficit of (£4.9m) which was (£2.5m) above the pre-STF plan of (£2.4m). On a year to date basis the deficit was now (£43.0m) against a pre-STF plan of (£21.7m) i.e. an adverse variance of (£21.3m). Because the deficit was above plan, no STF had been assumed.

The Trust had received confirmation that it would receive £4.2m of winter funding of which £2.2m was to cover existing winter costs resulting in the forecast reducing to (£46.2m).

Given the year to date position, the revised forecast was very unlikely to be achieved. This was due to the deterioration in healthcare income (£10.3m) below plan YTD. The forecast had been produced at M5 when income was only (£2.5m) and made explicit the assumption that it would recover in line with plan. January was likely to have a further detrimental impact with the cancellation of elective surgery (except cancers and urgent operations) and loss of day-case capacity at Good Hope potentially costing up to £4m. Income under-recovery was not a loss to the health economy (as CCG's benefitted).

Efficiency was (£0.2m) in month / (£14.0m) YTD. The YTD delivery £10.1m was consistent with overall delivery of £15.3m / 2.2% against an unachievable target of £33.2m / 4.7% that NHSI had acknowledged, by way of the agreement of the revised forecast. Cost control pay was (£0.4m) above plan.

The cash position was £16.9m which included the working capital loan of £22.4m equating to (£5.5m) in net terms.

The Use of Resources Metric (UoR) was 4 due to the increase in agency expenditure during December 2017.

The CoG received an update on the Capital Expenditure for Q3. The annual plan was a spend of £20.1m which included the Ambulatory Care and Diagnostic (ACAD) build expenditure of £3.1m. The total spend to date was £9.3m against a plan of £14.9m YTD with slippage of £5.6m across a number of areas. Divisions were being encouraged to deliver on their spending plans. The latest forecast was a total spend

of £18.6m which was £1.5m below plan.

Planning permission for the ACAD build had been received and the Trust was now waiting for confirmation of funding from NHSI.

The Chair opened the floor to questions.

The Deputy CEO – Improvement reported that he was unaware that there was an issue with the appointments process in response to the observation that one of the Governors had been waiting for an appointment date but had not received a letter or phone call to advise them of it; it was only when they had phoned to query it, that they were informed of the time and date.

The interim Director of Finance, in response to a question, reported that the funding for the new Chemotherapy Unit was included within the capital budget.

Resolved: to accept the report.

18.010 QUALITY ACCOUNT UPDATE Q3 2017/18

The Council of Governors considered the report presented by the interim Medical Director that provided an update

The Board had approved the report at its meeting earlier that day and it would be published on the Trust website.

Resolved: to accept the report.

18.011 COMPLIANCE AND ASSURANCE REPORT

The Council of Governors considered the report presented by the interim Director of Corporate Affairs. The report set out the actions being taken on the internal and external assurance processes as at 31 December 2017.

The final CQC report had been published on 2 August 2017. The recommendations set out in the report were a combination of area specific and Trustwide recommendations and were split into 'must do' (18) and 'should do' (44). The Trust had asked the CQC for further information on one 'must do' action, as it had been unclear what was required. As a result of the request, the requirement notice had been removed, leaving a total of 17 'must do' recommendations. The majority of the recommendations had been completed or formed part of the Trust's business as usual. Nine of the seventeen 'must do' recommendations had been completed and actions plans were in place for the remaining eight.

The Clinical Audit and Governance Facilitation team were actively working with Divisions and Directorates to increase response rates and compliance with NICE guidelines.

There had been two external visits during Q3 and one in Q2. The outstanding actions from the visits had been received and were being actively monitored.

The Trust was currently either participating in, or had participated in, 44/58 National Audits/registries and 10/11 Clinical Outcome Review Programmes (CORP) listed on the HQIP Quality Accounts that were actively collecting data during 2017/18, and that were applicable to acute and community trusts. There were 14 audits and 1 CORP currently not participated in by the Trust. The Trust was not able to fully participate in the National Core Diabetes Audit due to the extensive resource

requirement to do so although the position was being reviewed.

Novel Techniques and Interventional Procedures (NTIP). There had been 63 proposals received of which 57 had been approved. The clinical audit team continued to review the status of audits. Five new proposals had been approved by the NTIP group for 2017/2018.

Resolved: The report was received.

18.012 REPORT FROM CoG SUB-GROUPS

18.012.1 MEMBERSHIP & COMMUNITY ENGAGEMENT GROUP

The Council of Governors considered the report presented by the vice Chair of the Membership & Community Engagement Group. The group had met on 12 January and had discussed its future membership and community strategy including how communication with the membership could be undertaken more economically. At the present time the Trust spent approximately £25k on mailing out membership publications and it had been agreed to write to all members asking them to update their contact details including email addresses and explaining to them why the information was required.

The Group had approached Healthwatch to ask if it would publish information about the Trust's FT Membership but had been refused, however the Group were looking in to the possibility of attending their meetings.

The Group were looking to hold more membership engagement events, the current cohort was due to finish at the end of the month, to-date over 300 new members had been signed up.

The Lead Governor thanked all the Governors who had taken part in the membership engagement events.

4 October 2017

The minutes of the meeting held on 4 October 2017 were received.

Resolved: The report was received.

18.012.2 HOSPITAL ENVIRONMENT GROUP

As there had been no meeting of the Hospital Environment Group since the last CoG meeting no report was required.

28 September 2017

The minutes of the meeting held on 28 September were received.

Resolved: The report was received.

18.012.3 PATIENT EXPERIENCE GROUP

The Council of Governors considered the report presented by the Chair of the Patient Experience Group. At its meeting on 12 January the group had welcomed the new interim Chief Nurse. The meeting had hoped to get an update from the

pharmacy representative but they had not attended.

Helen Evans had attended and gave an update on the structure and methodology used by the Choose and Book Appointments system. Over £220k was spent on sending out appointment letters during the last financial year and the directorate were looking at alternative methods of communication including a texting service.

Work to develop the call centre was explored in order to deliver a better service and call handling.

There had been a presentation by information governance around the new General Data Protection Regulations (GDPR) regulations; the Trust was developing a new patient information document which the PEG would review prior to it being finalised.

The next meeting of the PEG was due to take place on 9 March.

There was a general discussion on Governor experience of calling the Appointment Service that including an automated message advising callers what number they were in the queue but given no context of the expected wait times which could cause callers to disconnect if they believed they would be holding for a considerable length of time; this in turn could result and contribute to DNAs. The Deputy CEO – Improvement agreed to undertake an analysis of call times.

15 September 2017

The minutes of the meeting held on 15 September 2017 were received.

17 November 2017

The minutes of the meeting held on 17 November 2017 were received.

Resolved: The report was received.

18.013 ANY OTHER BUSINESS PREVIOUSLY ADVISED TO THE CHAIR

18.013.1 Parking

The interim Director of Communications presented an update on parking following the recent media interest. Heart of England NHS Foundation Trust was one of the UK's largest trusts in the country and employed over 11,000 staff, treated over one million patients, and had over 1.5 million visitors to its sites every year.

The Trust did not take any form of profit from car parking charges, with income used to fund capital charges, utility costs, security and the car parking management service, as well as the upkeep, maintenance and investment in the car parks which included CCTV systems, grounds, and road safety. The management of the car parks on all sites (nearly 4,500 parking spaces across 3 sites, used by patients, visitors and staff) was outsourced to G4S. The Trust paid a monthly management fee to G4S and all of the parking monies collected was paid into the Trust's bank account. G4S did not retain any of the income from parking charges.

The Car Parking Strategy had been approved by the Board of Directors and ratified by the Council of Governors in April 2017 and had included the proposals for price increases for both staff and visitors. It had also outlined the proposals for various car parking schemes which were to be funded from the price increases.

The staff overflow car park on Yardley Green Road had closed mid-January in order

that a 12 week refurbishment could commence. The new car park would create 247 staff car parking spaces an increase of 100. To mitigate the loss of car parking spaces for staff the Trust had negotiated 150 spaces at Birmingham City Football Ground including a free park and ride service to and from the heartlands site. Staff who used the BCFC car park would have their monthly car parking tariff suspended for 3 months. To date only 8 employees had taken up the offer. The provision was costing the Trust £11k for the 3 month period but was subject to review should it not be deemed cost effective.

The report was available to take away as a hard copy and would be circulated by email.

The Chair opened the floor to questions.

It was reported that if the Trust did not charge it would not be able to supply parking to either staff or visitors.

In response to the question of who had originally requested the parking tariff information, the interim Director of Communications reported that this was unknown but the Trust was subject to frequent Freedom of Information (Fol's) requests about parking.

In response to the question as to why the Trust was paying for parking provision at BCFC if it was not being used, and whether it had surveyed staff beforehand to establish the demand required, the interim Director of Communications reported that because the Trust had taken out 150 staff car parking spaces, it had wanted to give staff an alternative car parking facility. The Trust was able to review the option on a monthly basis.

There was a discussion on the additional cost of parking for patients that resulted from the late running of clinics and delays experienced in waiting for prescriptions and drugs.

It was reported that the parking pay machines at Solihull would not accept payment by card. The Deputy CEO – Improvement reported that machines were due to be upgraded.

It was reported that there number of pay machines out of action across the sites and the length of time it took to repair them. The Deputy CEO – Improvement agreed to follow this up.

18.013.2 Chest Clinic – concerns raised following Governor Drop in.

The Chair of the Patient Experience Group reported that there had been a Governor drop in visit to the Chest Clinic in in November 2017, where a number of issues had been raised by staff and patients. She along with some governors who had also taken part in the visit had met with the interim Deputy CEO – Improvement and interim Chief Nurse in order to give feedback and was able to report that the feedback would be passed on to the Director of Asset Management who would present a progress report to the next PEG meeting.

18.013.3 Health Tourism – the cost to HEFT.

The interim Director of Finance reported that the Trust had a very good system for reclaiming the cost of treatment for visitors to the UK treated at the Trust. The Trust had (£1.4m) of debt of (£70k) related to the last finance year. Emergency treatment

was free at the point of delivery however the Trust charged overseas visitors for any treatment that was non-life threatening at a rate of 150% of tariff.

EXCLUSION OF THE PRESS AND PUBLIC

The Council of Governors resolved "That representatives of the press and other members of the public, Directors and Non- Executive Directors of the Trust be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted".

18.014 GOVERNOR ATTENDANCE

The Chair reported that under the terms of the Trust's Constitution (section 8.11.2) if a Governor failed to attend any meeting of the CoG and meetings of any relevant committees to which they had agreed to be appointed to for a consecutive period of 6 months, the situation was to be reported to the next duly convened meeting of the CoG and thereupon their tenure of office shall be terminated immediately by the CoG unless they was satisfied that:

- (a) the absence was due to a reasonable cause; and
- (b) the Governor would be able to start attending meetings that they had agreed to be appointed within such a period the CoG considered reasonable.

Having reviewed attendance records two governors Ms A Khan, Public Governor and Dr N Burgess, Partnership Governor, University of Warwick fell into above category. The interim Director of Corporate Affairs had written to both advising them of the requirement and of the potential consequence and to give them the opportunity to give reasons for their absence. Ms Khan had responded to advise that she had not been able to attend meetings as she had been suffering with health issues that had included hospitalisation. Dr Burgess had not, at the time of the meeting, responded.

The Council held a discussion and noted that although Ms Khan had a reasonable explanation for her absence, her attendance record had always been very low; however the CoG agreed that she would remain a Governor but her attendance would be kept under review over the next 6 months.

As there had been no response from Dr Burgess, the interim Director of Corporate Affairs would write to the University of Warwick revoking the tenure and give them the opportunity to nominate a replacement.

The Chair reported that as part of the Governor elections that would take place following the transaction all Governor attendance records would be made public.

Resolved: to allow Ms Khan to remain a public governor and review attendance.
to write to the University of Warwick revoking the tenure of Dr Burgess and give them the opportunity to nominate a replacement.

The next meeting Council of Governors (focus) meeting was scheduled for Monday 19 February 2018, in the Education Centre, Birmingham Heartlands Hospital.

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Chair

HEART OF ENGLAND NHS FOUNDATION TRUST
Council of Governors
Monday 19 February 2018

Title:	Audit Committee Terms of Reference	
Responsible Director:	David Burbridge, Director of Corporate Affairs	
Contact:	David Burbridge, Director of Corporate Affairs Ext: 43297	
Purpose:	To inform the Council of Governor's Committee of any changes to the Audit Committee Terms of Reference.	
Confidentiality Level & Reason:	None	
Annual Plan Ref:	Not Applicable	
Key Issues Summary:	<p>In line with best practice the Audit Committee has undertaken an annual review of its Terms of Reference and these have been updated to reflect changes in some Directors job titles and any references to 'Monitor' have been replaced with 'NHSI'.</p> <p>There has been no change in the FT Code of Governance (last updated in July 2014) which would necessitate a further change to the Terms of Reference.</p> <p>Since the composition and remit of the Audit Committee remained the same, the Audit Committee considered and approved the changes at its meeting on 22 January 2018 and recommended them for approval by the Board of Directors.</p> <p>The Board of Directors approved the Terms of Reference at its meeting on 22 January</p> <p>A full track-changed version of the Terms of Reference can be found in the Appendix 1</p>	
Recommendations:	The Council of Governors is asked to receive the revised Terms of Reference that were approved by the Audit Committee and Board of Directors in January 2018.	
Approved by:	David Burbridge	Date: Feburary 2018

AUDIT COMMITTEE

TERMS OF REFERENCE

(~~Approved-Draft to be Approved~~ by the Board on 4th ~~March 2014~~.....)

All powers and authorities exercisable by the Board, together with any delegation of such powers or authorities to any committee or individual, are subject to any limitations imposed by the Constitution or by ~~Monitor~~ NHS Improvement (NHSI) or by the National Health Service Act 2006. Due regard will also be had to any Code of Governance issued from time to time by NHSI~~Monitor~~.

Any reference to “Director” shall be to formally appointed voting directors of the Board and, unless otherwise specified, not to personnel who carry the word “Director” as part of their title.

1. MEMBERSHIP

- 1.1 Members of the Committee shall be appointed by the Board.
- 1.2 All members of the Committee shall be independent non-executive directors at least one of whom shall have recent and relevant financial experience. The Chair of the Board of Directors shall not be a member of the Committee.
- 1.3 Only members of the Committee have the right to attend Committee meetings. Other individuals may be invited to attend all or part of any meeting as and when appropriate. The Director of Finance ~~and Performance, the Director of Safety and Organisational Development, the Director of Operations,~~ the Director of Corporate Affairs, ~~and Corporate Governance~~ and appropriate Internal and External Audit representatives shall normally attend meetings. At least once a year, the Committee will meet privately with the External and Internal Auditors. The Chief Executive, other Executive Directors and staff may be invited to attend, especially when the Committee is discussing areas of risk or operations that are the responsibility of that individual. The Chief Executive should be invited to attend, at least annually, to discuss with the Audit Committee the draft Annual Report and Accounts and the process for assurance that supports the Annual Governance Statement.
- 1.4 The External Auditor will be invited to attend the meetings of the Committee on a ~~regular~~ basis, especially when matters concerning corporate governance, internal ~~control~~, risk management, and value for money are being discussed.
- 1.5 The Chair of the Committee will be an independent non-executive director, but will not be the Chair, or senior independent director of the Board of Directors. The Board of Directors will appoint the committee Chair. In the absence of the Committee Chair and/or appointed deputy, the remaining members shall elect one of themselves to chair the meeting.

2. SECRETARY

- 2.1 The Company Secretary or their nominee shall be secretary to the Committee and shall attend all meetings and provide appropriate support to the Chair and Committee members.
- 2.2 The Secretary's duties will include:
- 2.2.1 agreement of the agenda with the Chair, collation and circulation of papers;
 - 2.2.2 minuting the proceedings and resolutions of all meetings of the Committee including recording the names of those present and in attendance. Minutes shall be circulated promptly to all members of the Committee;
 - 2.2.3 keeping a record of matters arising and issues to be carried forward; and
 - 2.2.4 advising the Committee on pertinent areas.

3. QUORUM

- 3.1 A quorum shall be two members. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

4. FREQUENCY OF MEETINGS

- 4.1 Meetings shall be held not less than three times a year, and otherwise as required by any member of the Committee. The External Auditor or Internal Auditor may request a meeting at any time if they consider that one is necessary.

5. NOTICE OF MEETINGS

- 5.1 Meetings of the Committee shall be summoned by the Secretary of the Committee at the request of any of its members or at the request of the External Auditor or the Internal Auditor.
- 5.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Committee and any other person required to attend no later than five working days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees as appropriate, at the same time.

6. ANNUAL GENERAL MEETING and ANNUAL MEMBERS MEETING

- 6.1 The Chair of the Committee shall attend the Annual Members Meeting and the Council of Governors meeting at which the Annual Financial Statements are received, prepared to respond to any questions on the Committee's activities.

7. **DUTIES**

The duties of the Committee are:

7.1 **Governance, Risk Management and Internal Control**

- 7.1.1 The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Trust's activities (both clinical and non-clinical), that supports the achievement of the Trust's objectives.
- 7.1.2 In particular, the Committee will review the adequacy of:
- 7.1.2.1 all risk and control related disclosure statements, especially the Annual Governance Statement together with any accompanying Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board;
 - 7.1.2.2 the underlying assurance processes that indicate the degree of achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
 - 7.1.2.3 the policies for ensuring compliance with relevant regulatory, legal and Code of Conduct requirements; and
 - 7.1.2.4 the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the Counter Fraud and Security Management Service.
- 7.1.3. In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions but will not be limited to these audit functions. It will also seek reports and assurances from Directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.
- 7.1.4 This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.
- 7.1.5 The Committee may rely on the work carried out by the Finance ~~and Performance~~ Committee and the Board of Directors Quality ~~and Risk~~ Committee to support any aspect of its duties.
- 7.1.6 The Committee shall review and recommend for approval the statements to be included in the annual report concerning internal controls and risk management.

7.2 **Internal Audit**

7.2.1 The Committee shall ensure that there is an effective internal audit function established by management that provides appropriate independent assurance to the Audit Committee, Board of Directors ~~Quality and Risk~~ Committee, Chief Executive and Board. This will be achieved by:

- 7.2.1.1 approving the appointment and removal of the Internal Audit function;
- 7.2.1.2 considering and approving the remit of the Internal Audit function and ensuring it has adequate resources and appropriate access to information to enable it to perform its function effectively and in accordance with the relevant professional standards. The Committee shall also ensure the function has adequate standing and is free from management or other restrictions;
- 7.2.1.3 reviewing promptly summaries of all reports from the Internal Auditor;
- 7.2.1.4 reviewing and monitoring management's responsiveness to the findings and recommendations of the Internal Auditor;
- 7.2.1.5 meeting the Internal Auditor at least once a year, without management being present, to discuss their remit and any issues arising from the internal audits carried out. In addition, the Internal Auditor shall be given the right of direct access to the Chair of the Committee;
- 7.2.1.6 considering the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal;
- 7.2.1.7 review and approval of the Internal Audit strategy, operating plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the Trust as identified in the Assurance Framework;
- 7.2.1.8 monitoring together with an annual (or more frequently if considered necessary by the Committee) review of the effectiveness of Internal Audit.

7.3 **Counter Fraud Arrangements**

7.3.1 The Committee shall ensure that there are effective counter fraud arrangements established by management that provide appropriate independent assurance to the Audit Committee, Board of Directors ~~Quality Quality and Risk~~ Committee, Chief Executive and Board. This will be achieved by:

- 7.3.1.1 Approving the annual counter fraud work plan, reviewing progress against plan, emerging risks and system weaknesses identified from proactive exercises

- 7.3.1.2 Seeking assurance that the provision is compliant with the Standards for Providers in Countering Fraud, Bribery and Corruption (NHS Protect) by reviewing the annual report and self review toolkit
- 7.3.1.3 Seeking assurance that there are adequate policies in place to promote standards of business conduct, probity and openness.
- 7.3.1.4 Consider the provision of the counter fraud service, the cost of the service and any questions of resignation and dismissal
- 7.3.1.5 The Committee shall also review the Trust's arrangements for its employees to raise concerns, in confidence, about possible wrongdoing in financial reporting, fraud, bribery or other matters.
- 7.3.1.6 The Committee shall ensure that these arrangements allow proportionate, but seek assurance that they are promoted and ensure there is independent investigation of such matters and appropriate follow-up action.

7.4 External Audit

- 7.4.1 The Committee shall consider and make recommendations to the Audit Appointments Committee of the Council of Governors in relation to the appointment, re-appointment and removal of the Trust's External Auditor.
- 7.4.2 The Committee shall oversee the relationship with the External Auditor including (but not limited to):
 - 7.4.2.1 approval of their remuneration, whether fees for audit or non-audit services and that the level of fees is both reasonable and appropriate to enable an adequate audit to be conducted;
 - 7.4.2.2 approval of their terms of engagement, including any engagement letter issued at the start of each audit and the nature and scope of the audit;
 - 7.4.2.3 assessing at least annually their independence and objectivity taking into account relevant professional and regulatory requirements and the relationship with the Auditor as a whole, including the provision of any non-audit services;
 - 7.4.2.4 satisfying itself that there are no relationships (such as family, employment, investment, financial or business) between the Auditor and the Trust (other than in the ordinary course of business);
 - 7.4.2.5 agreeing with the Board a policy on the employment of former employees of the Trust's Auditor, then monitoring the implementation of this policy;
 - 7.4.2.6 monitoring the Auditor's compliance with relevant ethical and professional guidance on the rotation of Audit partners, the level of fees paid by the organisation compared to the overall

fee income of the firm, office and partner and other related requirements; and

- 7.4.2.7 assessing annually their qualifications, expertise and resources and the effectiveness of the audit process which shall include a report from the External Auditor on their own internal quality procedures.
- 7.4.3 The Committee shall meet regularly with the External Auditor, including once at the planning stage before the audit and once after the audit at the reporting stage.
- 7.4.4 The Committee shall meet the external auditor at least once a year, without management being present, to discuss their remit and any issues arising from the audit.
- 7.4.5 The Committee shall review and approve the Annual Audit Plan and ensure that it is consistent with the scope of the audit engagement.
- 7.4.6 The Committee shall review the work and findings of the audit with the External Auditor. This shall include but not be limited to the following:
 - 7.4.6.1 a discussion of any major issues which arose during the audit;
 - 7.4.6.2 any accounting and audit judgements;
 - 7.4.6.3 levels of errors identified during the audit; and
 - 7.4.6.4 consideration of the overall performance of the External Auditor.
- 7.4.7 The Committee shall also review the effectiveness of the audit. This should include but not be limited to the following:
 - 7.4.7.1 review of any representation letter(s) requested by the External Auditor before they are signed by management;
 - 7.4.7.2 review of any management letter and/or equivalent report produced by the Auditor together with management's response to the Auditor's findings and recommendations; and
 - 7.4.7.3 consideration of all relevant NHS professional and regulatory requirements.
- 7.4.8 The Committee shall undertake a market testing exercise for the appointment of an Auditor at least once every five years.
- 7.4.9 The Committee shall develop and implement a policy on the engagement of the External Auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm.
- 7.4.10 If the External Auditor resigns, the Committee shall investigate the issues leading to the resignation and make recommendations on any action required.

7.5 **Other Assurance Functions**

7.5.1 The Committee will review the work of and may request reports from committees and other significant assurance functions, both internal and external to the Trust, whose work can add relevant assurance to the Audit Committee's own scope of work. This will particularly include

7.5.1.1 Any review undertaken by regulators (e.g. [NHS Monitor](#), Care Quality Commission), the NHS [Litigation Authority Protect](#) and professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.).

7.5.1.2 The work of other Committees within the Trust whose work can provide relevant assurance to the Audit Committee's own scope of work and in relation to matters of quality affecting the Board Assurance Framework.

7.5.2 The Committee will receive reports at least annually in relation to the

- Register of Director's Interests
- Register of Governor's Interests
- Hospitality Register
- Register of Gifts

Together with such other registers and information as it shall require and shall make such recommendations for the review of relevant Policies and Procedures as it considers necessary or appropriate.

7.6 **Management**

7.6.1 The Committee shall request and review reports and positive assurances from Directors and managers on the overall arrangements for governance, risk management and internal control.

7.6.2 The Committee may also request specific reports from individual functions within the organisation as may be appropriate to the overall arrangements.

7.7 **Financial Reporting**

7.7.1 The Committee shall monitor the integrity of the financial statements of the Trust, reviewing significant financial reporting issues and judgements which they contain. The Committee shall also review significant returns to regulators and any financial information contained in other official documents including the Annual Governance Statement.

7.7.2 The Committee shall review and challenge where necessary:

7.7.2.1 The consistency of, and any changes to, accounting policies both on a year on year basis and across the Trust;

7.7.2.2 The methods used to account for significant or unusual transactions where different approaches are possible;

7.7.2.3 Whether the Trust has followed appropriate accounting standards and made appropriate estimates and judgements, taking into account the view of the External Auditor;

- 7.7.2.4 The clarity of disclosure in the Trust's financial reports and the context in which statements are made; and
- 7.7.2.5 All material information presented with the financial statements, including but not limited to the corporate governance statement (insofar as it relates to the audit and risk management).
- 7.7.3 The Committee shall review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:
 - 7.7.3.1 The wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee;
 - 7.7.3.2 Changes in, and compliance with, accounting policies and practices;
 - 7.7.3.3 unadjusted mis-statements in the financial statements;
 - 7.7.3.4 major judgement areas; and
 - 7.7.3.5 significant adjustments resulting from the audit.
- 7.7.4 The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

7.8 **Whistleblowing**

- 7.8.1 The Committee shall review the Trust's arrangements for its employees to raise concerns, in confidence, about possible wrongdoing in financial reporting or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow-up action.

8. **REPORTING RESPONSIBILITIES**

- 8.1 The Committee Chair shall report formally to the Board of Directors and, where appropriate, the Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities.
- 8.2 The Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.
- 8.3 The Committee shall report such matters to the Council of Governors relating to audit activities that it considers requiring action and/or improvement to be made, highlighting recommendations.
- 8.4 The Committee shall make necessary recommendations to the Council of Governors on areas relating to the appointment, re-appointment and removal of auditors, the level of remuneration and terms of engagement as it deems appropriate.

- 8.5 The Committee shall compile a report to governors and members on its activities to be included in the Trust's Annual Report. This will include any recommendations by the Committee to the Council of Governors that were not approved, and the reasons for their non-acceptance.
- 8.6 The Committee will report to the Board annually on its work in support of the Annual Governance Statement specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements.

9. **OTHER MATTERS**

The Committee shall:

- 9.1 have access to sufficient resources in order to carry out its duties;
- 9.2 be provided with appropriate and timely training, both in the form of an induction programme for new members and on an ongoing basis for all members;
- 9.3 give due consideration to laws, regulations and the provisions of the Code of Governance (issued by [NHS!Monitor](#)) as appropriate;
- 9.4 monitor the co-ordination of the internal and external auditors;
- 9.5 oversee any investigation of activities which are within its Terms of Reference and act as a court of last resort; and
- 9.6 at least once a year, review its own performance and Terms of Reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board for approval.

10. **AUTHORITY**

The Committee is a non-executive committee of the Board and has no powers, other than those specifically delegated in these Terms of Reference. The committee is authorised:

- 10.1 to seek any information it requires from an employee of the Trust in order to perform its duties.
- 10.2 to obtain, at the Trust's expense, outside legal or other professional advice on any matter within its terms of reference, and
- 10.3 to call any employee to be questioned at a meeting of the committee as and when required.

**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, 23 November 2017,
in Room 3, Estates Building, Heartland Hospital,
Bordesley Green East, Birmingham B9 5SS**

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

IN ATTENDANCE: Karen Glenn (minutes)

17.43 APOLOGIES

Apologies were received from Stan Baldwin and Jean Thomas.

17.44 MINUTES OF MEETING HELD ON 28 September 2017

The minutes of the meeting held on 28 September 2017 were approved as an accurate record.

17.45 DECLARATION OF INTEREST / REGISTER OF INTEREST

(in respect of any agenda items to be discussed)

- As agreed at the last meeting Sue Hutchings contacted David Burbridge regarding Gerry Moynihan being a member of the local neighbourhood forum and any potential conflict of interest in relation to his involvement in the consultation group for the ACAD planning application.
- David Burbridge advised that if ACAD is to be discussed as an agenda item then Gerry Moynihan should declare a potential conflict of interest.
- Gerry Moynihan confirmed that any negative issues that arise in relation to the community and local neighbours raising objections at the planning application stage could be seen as a conflict, however once the planning consultation is closed there would be no further conflict.
- It was agreed by the committee that if ACAD is on future agendas the decision will be made at that meeting as to whether the discussion could lead to a conflict of interest and if it is thought that it would, Gerry Moynihan will be asked to step out of the meeting.

17.46 MATTERS ARISING FROM MEETING HELD ON 28 September 2017

17.46.1 Main Entrance at BHH:

- Assura have been asked if they can erect a sign in the Main Entrance stating that "the building is owned, managed and maintained by Assura".
- John Sellars advised this is still ongoing due to changes within Assura and Estates are awaiting confirmation of who the new contact for HEFT will be.

17.46.2 Guttering at GHH

John Sellars has confirmed with Dave Smith that the low level guttering around the entrance to the Orchard Restaurant at GHH has been cleaned out.

17.46.3 Treatment Centre, GHH

- The requirement for additional dropped kerbs has been noted and will be included in a programme of road works which will be completed once funding has been secured.
- The inadequate signage has been removed from the revolving door and the uneven slab has been rectified.
- New signs have been put in place and staff have been asked to remove any temporary signs.

- Derek Hoey reiterated that there is still a problem with signage being flush against the wall in clinic areas (A, B & C) which are not easily seen by patients from the Main Entrance. A walk round the Treatment Centre will be arranged with Dave Smith to review signage with Derek Hoey prior to planned completion in January 2018.
- Following advice from the supplier, the only way to rectify the issue of glare from the digital patient calling screen is to adjust the brightness.
- Derek Hoey clarified that the problem is not with the Main Reception Desk but the Reception Desks at clinics B, C & D. Dave Smith has advised that modifications have been agreed with the users to the reception desks at each clinic and Estates carpenters will carry out the modifications. These works are planned to complete in January 2018. John Sellars will ask Dave Smith to confirm these works with Derek Hoey as part of the walkabout.

17.46.4 Water Dispenser, Treatment Centre, GHH

Derek Hoey reported that the problem with the cups remains. John Sellars informed the committee that this is an Operational function and he will speak to Theresa Price, Head of Operations for this area, to ensure monitoring the levels of cups at water dispensers is carried out.

17.46.5 Gel Dispensers

The Estates Managers for each site have been requested to redecorate the areas in the main entrances where gel dispensers have been removed. All areas at SH and GHH have been made good, John Sellars is awaiting confirmation from Tony Wright that the works at BHH have been completed.

17.46.6 Bedford Road Car Park

At the last meeting it was reported that there is a large pothole in the Bedford Road Car Park. John Sellars confirmed this has been repaired.

17.46.7 Place Inspection Action Plans

- Action Plans have been received by members. Any issues/comments will be brought up under the agenda item.
- Ann Harwood has forwarded the GHH action log to Catherine Williams.
- John Sellars confirmed that a paper has been submitted to CEG to complete Fire Compartmentation works which will enable a clean of the Tower Block and enable some of the Estates works to be carried out. It is planned that Ward 5 will undergo refurbishment at the end of the project.
- In order to complete these works wards will be decanted one by one, utilising the current Discharge Lounge. The Discharge Lounge will be re-provided and options are being scoped.
- John Sellars reported that recruitment is on-going, however it can be sometimes difficult to retain Estates staff as other Trusts offer recruitment and retention enhanced payments. GHH are managing the issue by moving staff around and where practical contractors are being brought in.
- Stan Baldwin has raised the issue of out of date and cluttered notice boards with Fiona Alexander. In the absence of Stan Baldwin, Sue Hutchings will follow this up with Fiona for an update.
- John Sellars advised that signage on the SH site has been reviewed and replacement signage to reflect the latest site developments has been installed. A full way finding study will be completed once site developments have been agreed and funding will be applied for. The site maps at the North and South Entrance and the Main Entrance lobby area at SH are all out of date. John Sellars will make arrangements to review these and update if necessary.

- 17.46.8 ACAD
➤ Ann Harwood has e-mailed members a copy of the ACAD update, floor plans and elevations.
- 17.46.9 Chest Clinic Relocation
➤ To be discussed under agenda item 6.
- 17.46.10 Toilet at SH
➤ Chris Davies has confirmed that this area has been cleaned.
- 17.46.11 ICT Infrastructure
To be discussed under agenda item 8.

17.47 PLACE INSPECTION ACTION PLANS: Review and Comments

- Sue Hutchings has compiled an exceptions list of actions that are outstanding on the PLACE inspection action plans and asked how the committee can monitor if the issues raised have been resolved.
- John Sellars advised that the actions that carry the highest risk or have a health and safety concern have been completed. Not all issues will be resolved, especially those that are of a low risk to the Trust and patients.
- When works involve patient moves, these are decided by the Ward Operational teams.
- Capital Plan Bids are being developed for 2018/19, once funding is agreed both capital and revenue is reviewed on a monthly basis. Any outstanding issues of a low risk are looked at and those with the least cost but which will have the most impact can be considered.
- Bids for funding can also be made by Wards/Operational Teams which are presented to the Executive for approval.
- John Sellars agreed to provide a copy of the Capital Bids list at the next meeting.

17.48 Chest Clinic Relocation: Update

John Sellars reported that negotiations with CHP regarding locating the Chest Clinic to Attwood Green are on-going. The STP is completing a floor layout to see how the clinic will fit into the 2nd floor of the building. A meeting with representatives from owners of the building has been arranged for next week.

17.49 Pest Control

Sue Hutchings has received comments that rats have been seen around the site. John Sellars confirmed that there is a pest control contract in place and the pest control company are called on site when reports are made to the Estates Department. The Estates Team have removed bushes and all waste is stored in locked bins in an effort to reduce numbers.

17.50 ICT Infrastructure

John Sellars advised the committee that a Project Manager from the Estates team has been seconded to ICT to oversee the infrastructure works and ensure that all installation and cabling is co-ordinated with building works. The entire infrastructure is being overhauled and all systems will link in with UHB and across all three sites. This will ensure a more robust, flexible and resilient system. John Sellars will arrange for a representative from ICT to attend a future meeting and provide the committee with a progress report.

17.51 Any Other Business

17.51.1 Speed Bumps: Trust Policy

Keith Fielding has received a number of queries regarding the installation of the speed bump near to Out Patients and the Yardley Green Road entrance. John Sellars confirmed the Trust does not have a specific policy on speed bumps; however there is a Traffic Safety Policy and following a traffic survey the decision was made to install the speed bumps for pedestrian

safety. John Sellars has confirmed with the Estates team that the speed bumps have been built to meet statutory requirements and regulations. Problems and discomfort should only occur if vehicle drivers go over the bumps at high speed.

17.51.2 Vacant Building on Coventry Road

David Treadwell has received queries regarding the empty Severn Trent building on the Coventry Road and the possibility of taking it over and converting it into a Health Centre. John Sellars advised that this is not within the remit of HEFT.

17.51.3 Future of HEFT Committees

Sue Hutchings has been informed that once the merger by acquisition has gone through, the Patient Experience Committee and this Committee will be merged with the new PCCC. Governors from both committees will sit on the panel; however they will not Chair the meetings.

17.51.4 Car Parking Payment Machines

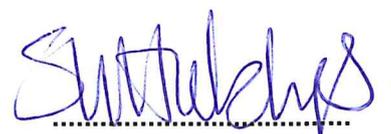
Derek Hoey has received comments regarding the lack of provision to be able to pay for car parking using a debit card after 8.30p.m. John Sellars advised that this has been raised previously and Estates are looking to install card payment machines as soon as possible.

17.51.5 Loss of Hot and Cold Water, BHH

Sue Hutchings raised a concern regarding the loss of hot and cold water at BHH last week. John Sellars advised that this was due to the failure of a piece of equipment. New equipment has been ordered, which will have a backup system should a failure of this type occur in the future.

17.52 DATE OF NEXT MEETING:

**Thursday, 25 January 2018 at 2.00 p.m.,
in the Floyer Room, Partnership Learning Centre, Good Hope Hospital,
Rectory Road, Sutton Coldfield, B75 7RR**


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Chair