Heart of England NHS
NHS Foundation Trust

GOVERNORS' CONSULTATIVE COUNCIL

Minutes of a meeting of the Governors' Consultative Council held on 22nd November 2010 at Maple House, Birmingham

PRESENT: Mr C Wilkinson (Chairman)

Governors:
Ms Arshad Begum
Mrs Kath Bell
Prof Ian Blair
Ms Sheila Blomer
Mr Stuart Clarkson
Dr Olivia Craig
Ms Valerie Egan
Mr Albert Fletcher
Ms Frances Hamer
Ms Patricia Hathway
Mr Richard Hughes
Mr John Jebbett
Mr Mike Kelly
Dr Sunil Kotecha
Ms Gwyneth Lamb
Councillor Ian Lewin
Ms Veronica Morgan
Mr David O'Leary
Mr Barry Orriss
Mr John Roberts
Mr Paul Sabapathy
Ms Yvonne Sawbridge
Mr Roy Shields
Mr Lee Smith
Ms Bridget Sproston
Mr Stuart Stanton
Ms Liz Steventon
Mr Max Stirk
Mr Michael Strange
Dr Jagjit Singh Taunque
Ms Margaret Veitch
Mr Thomas Webster

IN ATTENDANCE:

Non Exec Directors:
Mr David Bucknall
Ms Najma Hafeez
Mr Paul Hensel
Lord Philip Hunt
Mr Richard Samuda

In attendance:
Ms Lisa Jennings, Minute Taker
Ms Claire Lea, Company Secretary
Ms Amanda Marnock, for item 5 only
Mr Simon Jarvis
Ms Sandra White
Ms Chantelle Osborne
Mr Ian Ratcliffe, PriceWaterhouseCoopers

Exec Directors:
Ms Mandy Coalter
Ms Lisa Dunn
Dr Mark Newbold
Mr John Sellars
Dr Steve Smith
Mr Adrian Stokes
Dr Sarah Woolley

The Chairman opened the meeting by congratulating Mr Roy Shields on his election to Lead Governor. He then emphasized the importance of maximum attendance at the meeting on 7th March 2011 as that would be the date the new Chair appointment would be confirmed and a quorum of at least 15 governors would be required for that process to go ahead.

10.60 1. APOLOGIES FOR ABSENCE

Mr Aftab Chughtai, Mr Neil Harris, Ms Heidi Lane, Ms Frances Linn, Dr Dev Sarmah, Mr Andy Laverick, Ms Ellen Ryabov, Ms Mandie Sunderland.

10.61 2. MINUTES OF THE MEETING HELD ON

Mr Fletcher made a number of suggestions regarding the minutes, namely that governors asking questions were named; that the list of governors be before the Directors. It was also noted that Mr John Roberts and Mr Lee Smith should be added to attendees on the Minutes. The governors were reminded of the importance of signing the attendance sheet at each meeting. Following typographical error corrections and the removal of the word clinical at the top of page 11 the minutes were agreed as a correct record.

MATTERS ARISING FROM MINUTES:

Mr Barry Orriss raised the issue of retirement on accounts. Mr Stokes gave a verbal update and agreed to send an email out following the meeting (**Action: Mr Stokes)**.

Mr Albert Fletcher asked about progress regarding the money owed by Birmingham City Council. Mr Stokes confirmed he was attending a meeting on 1st December to discuss a way forward.

Mr Paul Sabapathy asked that the presentation on performance be emailed out, Ms Lisa Dunn agreed to action **(Action: Ms Dunn)**.

Dr Sunil Kotecha asked for reassurance regarding femoral fractures. He was assured that the Trust was in the process of addressing any issues.

10.62 3. THE BOARD'S RESPONSE TO THE WHITE PAPER

Dr Newbold explained that the White Paper laid out how the NHS would look over the next few years. Although there were some changes, other issues had been reinforced, this was true of Quality of Care. There were two crucial priorities, the first set of priorities focused on safety issues regarding the flow of emergency patients through the three hospitals. To support that priority a range of measures had been put in place, which included the addition of Discharge lounges in each hospital and teams to assist in the transfer of patients from wards to discharge lounges. The introduction of site based teams would also help. A new management arrangement had been installed at Good Hope. Mr Andy Laverick and Ms Sue Hyland were overseeing the management of the Good Hope site together with support from Dr Steve Smith and Ms Mandie Sunderland. The PCTs and Ambulance Trust were supporting HEFT in this.

The second of the two big imperatives was Engagement. Mr Newbold confirmed that he was spending a significant part of his time talking to staff and other stakeholders. The process ensured that the Board was getting clear messages back from staff and so the Board was better placed to understand the challenges. Mr Newbold confirmed that those challenges would be his immediate priorities.

Competition was an absolute prime driver of quality in the NHS and the level playing field for non NHS providers would certainly provide that. The trend was to move away from targets relating to capacity, and was now based on clinical outcomes and clinical measures, which would come down to individual consultant level and the third set was patient satisfaction, so quite a different way for Acute Trusts to be measured.

Dr Newbold pointed out that the solution may be different for each of the three sites. Solihull Hospital was the preferred bidder regarding the transfer of Community Services. The Executives had started to work on what was unique about each hospital, Nursing Excellence was very important to the Trust and it had a new nurse

assessment tool, “Vital”, which assessed competency in basic areas prior to interviews.

GP commissioning was more radical, as the Trust needed to look at what other providers were doing. Monitor would become much more remote and would not have the role of supporting Foundation Trusts in the future.

Questions were then invited:

Q. Mr Mike Kelly - has progress had been made regarding medication on discharge as that seemed to hold discharges up?
A. The Pharmacy stage came right at the end of the process, once the Estimated Date of Discharge had been embedded the medicine could be ready the day before.

Mr Roy Shields thanked Dr Newbold and said he thought that the governors, as a Body, would like to understand how they could join with the Board to help move issues forward. He asked if the governors could please be involved at an early stage so that they could contribute to the debate. Dr Newbold agreed that it was a good point and gave assurance that the Board recognised the need to be flexible, and to listen and act upon the governors’ contribution. Ms Najma Hafeez, agreed that the involvement of governors was crucial and that she had received very good feedback regarding the Engagement Programme. It was vital to engage the stakeholders as well, HEFT was now in a competitive market and so it was more important than ever that people were aware of the excellent services within the Trust.

Q. Mr Richard Hughes – what are your plans for fringe areas like Tamworth and Lichfield regarding Community Services?
A. The services in the Birmingham and Sutton areas are going to South Birmingham Trust. In South Staffs there are some services up for tender, however, HEFT has not bid for them. The Trust has been in communication with Burton regarding closer working, as the principles of closer working apply to all areas.

Q. Dr Sunil Kotecha – it is refreshing to be engaging, are there areas that we excel in and could market? Do we have centres of excellence?
A. I agree that in time the hospitals need to build their own identity. The Trust is building on standards of care to a level that the Board and Governors can continue to be comfortable with. The focus is on safety and patient care. In time the Trust will be confident to market HEFT’s services as being better than those of competitors.

Q. Mr Paul Sabapathy – from feedback your new approach of having independent identities has been well received by Partners. The White Paper has directed that Monitor’s regulatory role will be replaced and additional responsibility regarding Board appointment/termination will be transferred to the governors. What plans do the Board have in taking the Governor Development Agenda forward?
A. You are right in saying that governors do have a role in strategy building. This is work in progress and I have started off with staff engagement, particularly the full engagement of clinicians who are not managers. Your point is well made.

Q. Mr Stuart Clarkson – one of my hats is to represent Birmingham City Council, there has been a lot spoken about partnerships, what practical steps are being put in place?
A. In terms of Birmingham City Council, we have met with Mr Peter Hay a couple of times and are meeting with BEN PCT and Mr Hay next week. The focus will be on post discharge arrangements.

10.63 4. UPDATE ON ISSUE REPORTED IN MEDIA

Dr Steve Smith updated the Council on the media reports around one of HEFT's Breast surgeons. Dr Smith assured the Council that all matters regarding the issue had been dealt with at the time and continued to be dealt with on an ongoing basis. The issue had been leaked to the Press by someone who was unaware of the actions that the Trust had already taken.

Dr Smith gave a summary of the situation. The surgeon concerned had, over a ten year period, developed a new method of removing breast tissue which gave a better cosmetic look, leaving some fatty tissue behind, he called it the "cleavage saving mastectomy". However, he developed it himself without going through the various committees required. It had been raised as a concern by colleagues because, if breast tissue was left behind, there was a potential for an increase in the chance of a recurrence of the cancer. In 2007 this was investigated by Dr Hennessey, who advised that the procedure should stop and the Trust should undertake a review to see if there were any problems as a result of that practice. The issue was addressed in 2007 under the Trust Disciplinary Process and all relevant Bodies were informed at the time and subsequently kept up to date with the situation. In addition another breast surgeon was invited to observe his techniques and his fitness to keep working was assessed and he was asked to stop this process.

An audit was carried out and the rates of recurrence of cancer in patients, who had received the treatment in question, were within the recommendations of the Association of Breast Surgeons. However, the audit was not conclusive regarding the issue of whether particular patients were at increased risk. As a result all of his cases were reviewed in a Notes Audit. As a consequence 13 patients were identified and recalled for re examination. This Protocol has operated ever since and if a patient attending clinic was identified as having had this treatment, they would be invited back. To date 66 patients have been identified and most have been seen, some have had further surgery.

Situation up until 4th November was as described, however, since the article was in the newspapers there has been more interest and there has been a small flurry of people coming to clinic. The Trust is happy to see anyone who has had this surgery.

Questions were then invited:

Q. Lord Philip Hunt – you said there would normally be a process of approval, are there wider implications for the Trust, of both wanting surgeons who are innovative but ensuring they understand there has to be some kind of quality check for safety?
A. Yes and I would say that is the normal approach, this approach was not normal. Most innovative surgeons go through all the correct processes, which is standard.

Q. Mr Paul Sabapathy – have things now been put right within the team?
A. Yes, Mr Ian Cunliffe, the previous Medical Director, oversaw the process of ensuring this was the case and he is now confident that the processes are working properly.

Q. Dr Sunil Kotecha – are there liability issues for the Trust?
A. It is difficult to be sure of the potential liability. As mentioned 66 have already been identified, the liability would arise if the patient had to have further surgery and/or developed a recurrence, there has only been one case so far.

Q. Dr Sunil Kotecha – please can you give reassurance that all the review findings were implemented and whistle blowers are still with you?

A. Yes I can give complete reassurance on both those issues.

Q. Ms Yvonne Sawbridge – what reward have the whistleblowers been given and how long was the surgeon practising outside of the correct procedures?
A. The surgeon was practising for about 10 years, during the 90s in small numbers which increased.

Q. Mrs Kath Bell – you say it was difficult to pick out who had procedures because the notes were not clear, has that now been changed so notes are now clear?
A. Absolutely yes, the problem was that these were all described as mastectomies, and it was clearly wrong to describe it as such when not all of the tissue was removed. Very important with regards to consent that it is being made clear what is happening. This was most irregular within the organisation.

10.64 5. UPDATE ON DIRECT PATIENT BOOKING

Ms Amanda Marnock attended the meeting to present this item. Dr Stedman was unable to attend as he was working in Critical Care.

Ms Marnock confirmed that she was able to give assurance that direct booking and pathway management had recently been implemented and had been running since the previous Monday. Pilots were in progress and it would be rolled out across the Trust by April 2011.

Questions were then invited:

Q. Mr Albert Fletcher – will it work within Dermatology?
A. Yes it will be rolled out to all.

Q. Mr Tom Webster – you mentioned the date would stay the same once given but what if the patient wanted to change the date?
A. That was work in progress as the Trust would not want any of the service to be absolutely prescriptive.

Q. Mr Tom Webster – when I needed to change an appointment, they changed it for six months, is this still going to happen?
A. Sorry about that it should not have happened. The Trust is working on streamlining the system for example if follow ups are not required then they will not be issued. There will be a full review of all follow patients.
Q. Mr Tom Webster – there must be other cancellations that can be substituted?
A. Yes, and it is being ironed out, at the moment there is some mismatch between changes and the amount of patients needed to be seen.

Q. Mr Barry Orriss – are appointment cards supposed to be operating now?
A. In the main Outpatient area, yes.

Mr Barry Orriss and Mrs Gwen Lamb confirmed that they had both had experiences when it did not work at Good Hope.

Ms Marnock apologised and confirmed she would look into the cases and send details to Ms Lisa Dunn (**Action: Ms Amanda Marnock/Ms Lisa Dunn**).

Q. Ms Margaret Veitch – how will it be set in stone if consultant goes off sick?
A. It is very rare that people go sick, usually it is Annual Leave or Study Leave and there is a six week notice period required for planned leave.

The Chairman asked for details around the process of a patient securing an alternative appointment if the one supplied was not convenient. Ms Marnock confirmed that the patient should phone the person indicated on their appointment

letter and they would be given an alternative appointment. She offered assurance that there was a lot of work being done on new patient capacity and the same model would be implemented around follow ups.

Mrs Liz Steventon shared two positive personal experiences she had had where she had been offered alternative appointments straight away.

Q. Mr Paul Sabapathy – does the pathway system take into account tests? Will the tests have been done prior to a patient seeing the Consultant?
A. At the moment there are only certain tests linked up to Ultragenda, however, it is work in progress with the ICT Department, when completed the patients will have had all their tests first prior to seeing the Consultant.
Q. Mr Paul Sabapathy – what is the timescale for that?
A. Ms Marnock agreed to liaise with Mr Andy Laverick and to provide feedback on the timescale (**Action:** Ms Marnock/Mr Laverick).

Q. Mr John Roberts – you spoke last time that it was working well on the continent and I don't understand why it is not working well here and why the old system was abandoned?
A. It is based in Belgium, only one other Trust in this country that uses it. Old system is HISS which is very old fashioned and unsophisticated. The old system is being removed gradually as it is being replaced.

Q. Mr Albert Fletcher – if a patient went to the GP and was given a phone number and password, and the patient indicated when they rang that they needed an appointment but stipulated dates when they were not available, would that be taken into account?
A. Unfortunately it is not a local call centre, it is at Milton Keynes and is generic to the NHS. However, it is work in progress.
Q. Mr Albert Fletcher – will it be resolved?
A. I will forward your comments to the Body that looks after Choose and Book and feedback their response (**Action:** Ms Marnock)

Dr Kotecha confirmed that the above was possible if done through the GP.

Q. Mr Barry Orriss – would it be possible for a patient to ring up Outpatients and find out a provisional allocation, in order that a holiday booking could be made?
A. A patient should only be seen in hospital as a follow up if absolutely necessary.

Mr Roy Shields pointed out that it seemed to be a simple issue and that as the Trust had been talking about putting the patient right at the front end of the service, what he had heard that evening was very desponding as it would appear that the Trust was failing to meet the patients' expectations and so with the advent of patient choice the Trust's business would be under threat. It was vital to start looking at the issue from the patient's perspective and turn the situation round and quickly.

Ms Marnock confirmed she would look at the issue. The Chairman assured the Board that Ms Frances Hamer was on the Group 3 Board Committee that was looking to address these issues.

10.65 6. UPDATE ON AMBULATORY CARE AND OTHER ESTATE ISSUES

Mr Sellars presented the above previously circulated presentation and questions were invited:

Q. Mr John Roberts – have you considered saving energy costs by using solar and ground heat.
A. This is looked at on an individual basis, the payback from ground heating does take a long time but in new builds, when cheaper to install at the beginning,

consideration will be given on an individual basis. The Trust looks out for any grants on offer too.

Q. Mr Albert Fletcher – are we building for now or for the future, will the foundations allow expansion and will there be any basements?
A. We view it as building for the future.

Q. Dr Sunil Kotecha – I am interested because we have walk in centre at Solihull and there are lots of buildings at the back due for demolition, are you hoping in this brave new world as partners that we can provide better services. The Trust is the preferred bidder how will you utilise it?
A. The Trust is not inheriting all the estates, Due Diligence is going ahead on what is being inherited. There are no major refurbishments at Solihull but there has recently been a significant invested in power heating at Solihull.

Q. Lord Philip Hunt – I visited the new block at Good Hope on Friday and was impressed by the quality but to what extent would you say the future capital investment would have significant impact on future revenue?
A. It is to do with patient flow and should be cheaper to run than the existing estate. Estates works with their operational colleagues to ensure it is providing what they need. A lot of time is taken early on to try and get that right.

Q. Mr Paul Sabapathy – picking up Lord Hunt's point, there will be a new four ward block and the business case says it will make savings, will you be revisiting to check that is the case?
A. Business Realisation Review is in place to do just that. In the case of Ward Block 1, it was a quality decision by the Board, and the driver was quality.

Q. Mr Mike Kelly – regarding the cleaning contract, an inspection was made at Heartlands and it was made clear that current cleaning was not satisfactory but the company could appeal and drag it out for years?
A. They can and they have, we have rewritten the contract and it is more comprehensive now. It can't be dragged on forever, the Trust would have to go back to lower tenders with mini competition.

Q. Mr Barry Orriss – will the plans alleviate some of the parking problems?
A. No, the majority of the parking land at Good Hope is rented from Birmingham City Council.

The Chairman pointed out that the Trust had obtained planning permission for car parking, as it was important and all efforts were made to provide it where possible.

Q. Mr Barry Orriss – a lot of supermarkets have parking underground, is that something you have looked at?
A. Yes and the Trust cannot afford it.

Q. Mr John Jebbett – please can you justify the statement that the Trust does not make any money out of parking as it would be a good PR opportunity to the Evening mail.
A. The Evening Mail does have the justification but they do not feel it makes a good story.

Q. Ms Liz Steventon – when are the buildings coming down?
A. Early in the new year.

10.66 7. Q2 MONITOR RETURN AND HALF YEAR FINANCIAL POSITION

Mr Stokes presented the previously circulated presentation.

Questions were invited:

Q. Mr Barry Orriss – why will the Trust make more money in the last 6 months of the year?
A. Some of the saving plans kick in but mainly due to activity and emergency activity.

Q. Mr Roy Shields – the White Paper makes significant mention of plans for hospitals re readmission in 30 days, have we had a look at this and what the future impact will be if it is not addressed?
A. The Trust has taken a backward look and we are higher than other organisations. The Board has been considering ways to improve, there will be a cost pressure to the organisation, readmissions are being looked at by area to see discrepancies and to benchmark against national figures.

Q. Mr Roy Shields – will there be a look at demographics on our catchment area?
A. The Policy has not yet been defined or written. Even within Birmingham, South Birmingham and Queen Elizabeth have Moseley hall, whereas HEFT has nothing like that in catchment area for Good Hope and Heartlands.

Mr Shields made the point that this would have significant consequences if it was not addressed.

Mr Fletcher confirmed he was attending a meeting at Birmingham City Council on 1st December and that he anticipated that they would want parking money at Good Hope.

Q. Mr Barry Orriss, we would like to have feedback from 17th December CIP meeting, will we receive it?
A. It will be fed back to the Governors at the January meeting (**Action:** Mr Stokes).

Q. Mr Paul Sabapathy – there is a 15% CIP and 3 year capital plan, the only way costs can be taken out of the system is to take out wards. How can they be married up?
A. The key is to get length of stay reductions delivery, which is being worked on and will continue to be worked on going forward.

10.67 8. ANY OTHER BUSINESS

Q. Mr Mike Kelly – at the Governors briefing held on 22nd October regarding the appointment of a new Chair, the job description was clarified, only a handful of governors were there, please could you give a condensed version of what you said?
A. As many of you will recall the regulator Monitor came into the process because they had concerns about the impact on the Trust of losing the CEO and Chair at the same time. As part of those discussions it was clarified that that they do not consider that the stipulated 3, or even 2 day a week working was necessarily the correct criteria. It was about knowledge and if the right person was chosen, that person could probably do the job one day a month. One of the other criteria was that an independent person to advise and support the governors in the appointment would be of great benefit and Prof Chris Ham, with the approval of the Regulator, was asked and he agreed. The process is now well under way.

Q. Mr Mike Kelly – please clarify the residence criteria?
A. It is expected that the Chair and Non Executive Directors, like the Governors should live in the area they are representing, so they know and understand the community and would be using the services themselves.

Q. Mr John Jebbett – do you think that is reasonable Chairman?

A. Yes it should be about the person, the quality, experience and knowledge of the NHS they can bring.

Mr Roy Shields confirmed that his understanding was that there had been guidance, which indicated the Chair should put in 3 days a week, albeit delivered flexibly.

Mr Albert Fletcher asked for assurance that the governors would receive confirmation of where and when the advert was placed. This was confirmed. (**Action:** Chairman to ensure advert and details of its publication was circulated to governors).

Q. Mr John Jebbett – I had my knee replaced at Solihull, it was a very good service, but the Outreach Nurses were concerned that numbers were being reduced within their service and the Physio service.
A. Dr Newbold thought that related to Healthcare at home and would not be stopped at Solihull but would look into it and feedback (Action: Dr Newbold to seek confirmation of where reductions were taking place).

10.68 9. DATE OF NEXT MEETING

10th January 2011
7th March 2011

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Chairman