Heart of England NHS
NHS Foundation Trust

GOVERNORS' CONSULTATIVE COUNCIL

Minutes of a meeting of the Governors' Consultative Council held on 26th May 2010 at Maple House, Birmingham

PRESENT: Mr Clive Wilkinson (Chairman)

Governors:
Arshad Begum
Famida Begum
Kath Bell
Prof Ian Blair
Sheila Blomer
Aftab Chughtai
Councillor Stuart Clarkson
Dr Olivia Craig
Carole Edwards
Val Egan
Michael Kelly
Frances Hamer
Neil Harris
Patricia Hathway
Mr Richard Hughes
Dr Sunil Kotecha
Bethan Ilett
John Jebbett
Heidi Lane
David O'Leary
Councillor Ian Lewin
Frances Linn
Shahid Mir
Veronica Morgan
Dr Fazil Qulsom
Councillor Jim Ryan
Dr Dev Sarma
Roy Shields
John Simms
Lee Smith
Bridget Sproston
Stuart Stanton
Liz Steventon
Dr Jagjit Singh Taunque
Margaret Veitch
Tom Webster

IN ATTENDANCE:

Non Exec Directors:
David Bucknall
Najma Hafeez
Richard Harris
Paul Hensel
Richard Samuda

In attendance:
Lisa Jennings
Claire Lea
Chantelle Osborne
Sandra White
Pamela Chandler
Jackie Edwards
Fiona Burton

Exec Directors:
Lisa Dunn
Mark Goldman
Ellen Ryabov
Adrian Stokes
Mandie Sunderland
Sarah Woolley

10.29 1. APOLOGIES FOR ABSENCE

Prof Chris Ham, Ms Mandy Coalter

10.30 2. MINUTES OF THE MEETING HELD ON

The minutes of the meeting held on 22nd March, 31st March and 13th April 2010 were agreed as a correct record.

10.31 3. ANNUAL REPORT ON EQUALITY AND DIVERSITY

Ms Chandler presented her previously circulated presentation and then invited questions.

Q. There is nothing to show the measurements of how you arrive at your KPIs and how you measure success as far as KPIs are concerned or how the money was spent. I would have thought it was an essential part of the report. Also it is the third year this group has been in operation and I can't see your base line data for previous years to see how this is progressing year on year. How are you measuring the KPIs?
A. That is because my remit was to produce a short presentation, the data you mention is available and I will send it to you.

Q. Are you going to raise base line targets?
A. The DoH and CQC has asked each organisation to supply a strategy document, the action plan is in there. It covers all diversity and each area has its own action plan and that is scrutinized by the CQC. I can let you have the full report with the KPIs to answer your questions.
Q. No please don't, I feel that you have clarified, however, this is the report that goes into the minutes and I think it should have been more complete.

Q. In view of the ethnic mix of the area, does the black history cover Asians and is it relevant to Somalis?
A. Yes it does cover Asians, however, there are political issues re singling out Somalis. The DoH has established Black and Asian networks. I know some people don't want to be described as black and our networks are called Diversity committees. This is important because it reflects the different strands re diversity.

Q. What comprises the curriculum for Black history?
A. The history is all about Black and ethnic minorities who came to the UK, it looks at their journey and where they have got to. For example Kelly Holmes is someone to aspire to. It is linked to schools, to give role models. It also looks at the relationship between the Commonwealth and aims to achieve understanding and tolerance differences.

Ms Linn told the Council that she was fortunate enough to have joined Ms Chandler's group and her enthusiasm for raising the profile with colleagues, patients, agencies was excellent. It was very difficult to measure some of this because the real measure was by a change to the number of complaints and how patients felt when they left the hospital feel, as well as how colleagues felt about working with each other.

The Chairman said that the Trust was aware that governors were from all backgrounds and so tried to present the reports in clear layman terms and confirmed that Ms Chandler had been asked to produce a general, not detailed, report for the Committee that morning.

10.32 4. GOOD HOPE SITE DEVELOPMENT CONTROL PLAN

Mr Sellars updated the Committee on the site strategy:

He said the vision was to improve quality across all of the 3 sites and not just to replace like for like but to drive quality. It had been split into 3 tranches as a precaution.

The erection of a new 4 storey ward block at Good Hope had gone very well. The Estates Department had been restructured and there was a real sense of experts in terms of planning and programming. Mr Sellars formally thanked Mr Roy Shields and Mr David Bucknall for their input and support.

Questions were then invited:

Q. What is going to happen to the houses on Bedford road?
A. They will be used as housing for doctors and military doctors when they come.

Q. I was recently in Good Hope inspecting the wards and one thing that put me off was the state of the bathroom floors. In view of all the work done on Infection control, I would have thought this was a basic need.
A. On top of the work across the sites, we are refurbishing the wards as quickly as we can, but it is difficult to close wards. Mr Goldman added that he agreed with the governor and that there were a number of areas where the Board had insisted on closing the ward to deal with issues. This had been done with ward 7 but it caused a problem with reduced capacity. Once the new ward block opened it would make it easier to shuffle more and then put more services in place closer to A&E, thus ensuring the worst wards were closed as wards.

Q. We are in recession, did you not check out the financial well being of contractors?
A. Yes we did but we also wanted to use a local company and data is always a year behind, so there is always that risk when using local companies. However, thought it was a risk worth taking because ethically it was right to use the local workforce and contractors and although they have gone into liquidation, the Trust still holds enough money on them to carry on.

Q. Re the Solihull site, I have a Practice at Solihull and I am aware that the nurses' home is up for demolition and there is some talk that this could be used for a therapy place but now it would appear that this is not happening, so what is happening?
A. We are ready for any opportunity that comes up, and it will probably come through Simon Hackwell's team.

Q. You were at one stage going to change 6 bay wards to 4 bay wards?
A. That was one of the options that we looked at, we still have not made that decision yet. We are looking at refurbishing wards without losing bed capacity, however, that is still under consideration.

Q. Yes but 2 years ago you came here with a pack showing how 4 bay wards would look, has that gone?
A. No not gone, the 4 bay ward at Good Hope is up to standard and we will take those quality fittings to Heartlands but may be that the space around the beds may not be as good because cannot lose capacity.

Q. Are you going to change them over at Heartlands?
A. Mr Stokes is taking a paper to the December Board to look at tranche 2. In all likelihood the second ward block at Good Hope will not be built but this will be considered as a Board. We now know we will have 6 or 7% efficiency imposed on us from DoH.

Q. So you will not be changing 6 to 4 at Heartlands, so you have done nothing at Heartlands have you?
A. There has been a considerable amount of money allocated for the purposes of refurbishment of wards at Heartlands.

Q. I am talking about the 3, 6 bay wards that is all, you said it would be changed to 4 bay wards, are you doing that?
A. No

Mr Goldman added that there had been a lot of work done due to the need to abolish mixed sex accommodation and that was very important and a huge improvement. He went on to ask the Governors "Did we do the right thing in pulling back from significant investment when the government is asking us to close between 400 – 600 beds over a 5 year period? I think it is quite reasonable and I would look to the governors to endorse that decision". The Council did endorse the decision.

Q. The general standard of maintenance staff is not up to standard?
A. Our in house teams do a lot of work and it is checked with the supervisor, but we will look into it.

Q. I am concerned about the maternity services at Heartlands, the capacity is not enough for the public, are there plans to increase? Are you in consultation with the Council re parking, as it is a big problem?
A. Re car parking, we are involved very heavily with Birmingham City Council and in talks with them re the land they own. We have 2 applications in at the moment, both done through consultation with their offices. So we are a lot more confident that we can do something. We have a planning strategy. The Maternity work has been part of the move from Solihull, over £2m has been spent over last few months in terms of increasing capacity and improving services.

Q. Is there anything being done about the neonatal unit as it is not fit for purpose at Heartlands at the moment?
A. Mr Goldman said that he took issue with the expression "fit for purpose" and assured the Council that it was fit for purpose, however it could be improved and it would be improved. In view of the many issues there were considerable changes in progress, a large annex had been built but was not well used because a decision had been made at that time not to put certain facilities into that area. Mr Goldman confirmed that he was in discussion with neonatal clinicians to rectify that situation.

Mr Goldman summed up that the Trust had greatly expanded the capacity of the maternity suite at Heartlands and had made significant changes to the main delivery suite and delivered substantial changes re the midwifery led unit to good effect and so could offer reassurance to the Council that the Trust was aware of issues and had intentions to rectify where necessary. He acknowledged that the Marston Green was not welcoming. He confirmed that he would ask Mr Sellars to meet with the Architect to improve the ambience of that building.

Q. We accept the comments made by Mr Goldman, however, there has been a complaint this week from the maternity section in Heartlands, the mothers are not happy with it.
A. Ms Sunderland to address during her presentation.

Q. How will you be competitive with the new Queen Elisabeth hospital?
A. The quality of the new work we do will be as good, just not on that scale.

Mr Bucknall assured the governors that Roy Shields and himself were keeping an eye on the site strategy and did receive day to day information on progress. They were ensuring that the maintenance staff were making good progress.

The Chairman pointed out that there had been a general election and a recession since the Trust had introduced the 10 year plan, so when changes were made it was because the anticipated revenue had been significantly reduced. The Chairman said that as far as maternity services was concerned, the governors had been kept informed about Solihull and

would be receiving an update later in the meeting which to reassure them that there would be additional capacity put in place at Heartlands.

The Chairman asked the governors to bring any subsequent complaint to the Board's attention through the proper process rather than at a Council meeting.

10.33 5. STRATEGIC UPDATE ON QUALITY AND SAFETY

Dr Woolley presented her previously circulated presentation. The emphasis was on the high risk nature of the industry. One of the key measurements was the standardised mortality rate and HEFT's was coming down, though there was controversy around this.
Dr Woolley reassured the Council that only a small proportion of HEFT's incidents were serious.

Questions were invited:

Q. Does this link in with Lean project?
A. Yes it does and also with the Productive Ward Programme.

Q. A lot of mishaps and health and safety issues seem to be systems failure. How do you work with other areas of health to ensure it is joined up?
A. A Joint forum takes place with the different agencies and the main focus of that forum at the moment is about internal processes of care but still need to develop integrated working.

Q. Has the 48 hour working time directive had an effect on safety?
A. It has reduced the number of doctors available but much work is being carried out to ensure patient safety is not affected.

Q. Could we take you up on your invitation to spend a day with you because it seems that much of the NHS adverse publicity across the country has often been about people not reading and checking instructions on the correct dispensing of drugs.
A. Medication error is one of the highest reported errors nationally and is one of our top 10 adverse incidents reported. We have just commissioned a specific review around medication safety, which goes over and above what is required by us. We have also set up a Patients' Medications Safety Group, chaired by Ann Keogh.

Mr Cunliffe informed the Council that there was a change in medical validation which would significantly change how doctors were monitored and regulated. This was due to start in April 2011.

Q. One of the questions at the previous meetings was about locum doctors and the fact that they are not getting the training to do the job properly, i.e., some get it and some don't, is that still the situation?
A. We do use locums but not as many as we used to and they do provide a valuable role. There has now been a particular induction programme for all locums put in place.

Q. My mother was on Ward 21, 6 weeks ago, she suffers from dementia. I saw her a lot, when are we going to get back to the stage where a nurse can sit down and talk to the patients, why are we missing out on that basic thing?
A. Ms Sunderland to pick up in her presentation.

Q. Does clutter come into your safety campaign. I visited 4 wards at Good Hope last week, and on one ward I found 2 tablets which should not have been there.
A. I am telling you about the work we are doing, we are not perfect, we are busy and the organisation is complex, there will always be a mixed picture. We are on a journey with this and we have to take it a step at a time. Clutter within wards is something that is always a regular issue and a lot of the wards do not have enough storage, we are trying

to redesign that and Mr Sellars does have 'Declutter your ward' events. Decluttering is also a module on productive wards.

Q. In a previous life I had a lot to do with health and safety at work, unless it is continually monitored it can become a tick box exercise. I know we try and drill into the team that health and safety is their responsibility, how can we ensure that it is not just a tick box exercise?
A. That is exactly what the whole strategy is about, getting away from the tick box mentality, it is about getting people to think for themselves. As well as doing our own walkabouts, others are doing it to. We have 10,000 staff and it takes long time to get the hearts and minds culture moving.

The Chairman explained that health and safety was on the agenda to assure the governors that safety and care is top of the board's agenda. He went on to say that the possibility for human error was enormous and the fact that there were so few incidents was a great credit to the staff who were delivering the care for the patients. The Board saw this as the most important thing on their agenda and would continue to develop the strategy but it was the culture that was the hard thing to change. The Chairman forewarned the governors that there would be some incidents appearing in the press shortly and he could reassure them that Mr Goldman lead an open strategy and when things went wrong, he was open about them.

10.34 6. NURSING AND IT REVIEW

Mr Laverick and Ms Sunderland assured the Council that the IT department and nursing staff engaged well. The Council was then showed a video on the subject.

Ms Sunderland emphasised the need to measure patient care and how nursing care indicators and patient satisfaction indicators did this. The aim was to provide safe, clean and compassionate care and measure it through patient survey and nursing metrics of care and, where necessary, put remedial measures in place.

Questions were invited :

Q. Is there anything as basic as "were the staff friendly to you?"
A. No but we do ask about courtesy, respect and dignity etc.

Q. But sometimes patients may feel intimidated to answer, how do we deal with that?
A. It is not the people looking after them asking the questions, the tool is anonymous.

Q. Is it possible that this is a chance for volunteers to get involved, totally impartial?
A. We did that to start with and it did not work. Volunteers cannot always be relied upon to turn up, some are elderly and had difficulty with the machines.

Ms Sunderland reassured the Council that it was a very simple system that really worked. It could be seen in 4 months to be driving up care.

Q. There does not seem to be much there about patient communication and that seems to be one of biggest issues?
A. I agree, we are looking at evaluating that in a more detailed way, through observations, someone sitting and observing and then writing up. It is a difficult question to measure a response from.

Q. We constantly are told by patients that "nobody is telling us what is happening". You may not be able to measure it very well but you need to do it.
Q. I am a registered nurse, the sister spent every morning and every evening with the patient on the first ward I worked on, now that does not happen. Are you feeding that back into the education centre?

A. Today I am just presenting one single piece of work, the governor's workshop on Friday will address all these issues, which are part of a much bigger picture.

Q. What is your approach to visits from outsiders?
A. They are very helpful to us.

Q. The impression we get is that nursing standards of bank nurses differs from employed nurses?
A. As a generalisation we use quite a large number of bank nurses when we have to and some are excellent, however, I agree that whenever you use agency nurses in any way they may not be as good as our permanent staff. However, I can reassure you that bank nurses at HEFT have to go through a strict induction and training before going to work on our wards.

Q. I understood we were training nurses as a Trust?
A. Not yet but we are aiming to do that.

Q. You said you don't usually use agency nurses, rather bank nurses. Do they only do bank, do we not need more nurses because if full time nurses are working at the Trust and also doing bank, their time off will be reduced?
A. It is not that simple, sometimes people who want to do bank for more money may work on the bank at HEFT or somewhere else. We would rather employ them for extra hours ourselves. We have put 40 full time equivalent nurses into our hospital. We need it because nurses sometimes ring in at the last minute to say they can't come in.

Q. I found that the army trained nurses were much better so they have better training?
A. That is down to discipline.

Q. Any outcomes re specialist nurses?
A. just coming to an end, much more complicated will give you that report shortly.

Mr Laverick said he could offer the following options to take questions on: scanning of medical records, enterprise and ultragenda and electronic handover, and mixed sex accommodation.

The Chairman directed that it should be patient handover and then deal with the issue of how the Trust was going to get rid of paper:

Mr Laverick said they were trying to get rid of Nursing stations and were looking at putting in a device, ideally in every bed, for electronic handover, trying to get one device per bay on ward 18 at Solihull (computer on wheels).

Questions were invited:

Q. IT interface important for all of us. I am sure we can do a lot better by reducing paperwork, less to lose. The Electronic system is good. I agreed to put in consent of our patients on neurology but has been slow. Trust cannot provide enough laptops for medical staff, I think the Trust needs to do something about it. It is a positive move forward.
A. Doctors are accessing system externally, often our clinical staff are not always aware of what our systems are capable of.

Q. You don't have to convince me, I am happy to take it to pilot and some of the stuff is accessible at primary care too. I can access electronic prescribing to see what has been prescribed and how much.
Q. And Dr Sarmah will be able to access Dr Kotecha's records soon.
A. Yes, also working on trying to get information straight on to GPs systems. Will work with suppliers and GPs.

Q. How will this link to national patient records system?
A. The national programme for IT has not been too successful and they have not been able to share a record in the country.

Q. Regarding the Appointment system, how many appointments are cancelled and put back?
A. Ultragenda is now in and has been a long journey, we have been working closely with the operational team and we are starting to see the benefits, but will not change how GPs and Clinicians work and that needs to change too.

Mr Laverick then gave an update on the scanning of medical records. It had been the ambition of the Trust for a number of years to scan records. The preparation of the notes was the time consuming thing rather than the actual scanning. However, he hoped to have made good progress by September 2010.

10.35 7. ANY OHTER BUSINESS
There was no any other business.

10.36 8. DATES OF FUTURE MEETINGS
20th September 2010 (AGM),
22nd November 2010

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Chairman