GOVERNOR'S CONSULTATIVE COUNCIL

Minutes of a meeting of the Governors' Consultative Council held at Heartlands Hospital on 12th November 2007

PRESENT:	Mr C Wilkinson	*(Chairman)*	
	Professor I Blair		Mrs S Blomer
	Ms A Brierley		Mrs O Cargill
	Mr A Chughtai		Mr A Clements
	Mr M Collard		Dr M Cooper
	Dr P Dodson		Ms C Edwards
	Mrs V Egan		Dr Q Fazil
	Mr J Foster		Mr R Gillard
	Mr P Grace		Ms B Hayward
	Mr R Hughes		Dr S Hussain
	Ms B Ilett		Mr J Jebbett
	Mr M Khan		Cllr I Lewin
	Cllr Ald D Lewis		Mrs F Linn
	Mr D O'Leary		Mr V Palmer
	Mr R Shields		Mrs P Sumner
	Mrs M Thompson		Mr T Webster
	Mr A Weight		Mrs J Weight
IN ATTENDANCE:	Mrs P Chandler		Mrs L Dunn
	Mrs B Fenton		Mrs C Lea
	Mrs M Pittaway		Mr G Robinson
	Dr H Rayner		Mr A Stokes
	Mrs S White		

1. APOLOGIES FOR ABSENCE

Apologies were received from Mrs F Baillie, Ms A East, Mrs J Keogh, Mr D Jones, Mr A Matty, ms Y Sawbridge and Mr T Whittle.

2. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting held on 17th September 2007 were approved by the meeting and signed by the Chairman.

3. PRESENTATION ON INFECTION CONTROL UPDATE

Mrs Fenton began her presentation by informing the meeting that infections were classified across 3 areas, according to their origin and timing. The three classifications related to patients who

were:

- Admitted with infection
- Incubating infection
- Acquired infection after admission

The published rates of infection included all three categories.

C'Diff: Clostridium Difficille

Mrs Fenton informed the meeting that C'Diff rates from January 2004 – June 2007 had recently been published in the press. HEFT figures had shown an increase with the addition of those relating to Good Hope Hospital but when taken in context, the figures were on a par with those for other local bed providers. The Trust had significantly reduced the rates for C'Diff in all categories since June 2007 and the opening of an Isolation Ward on the BHH site had been very significant in reducing the rates of infection.

MRSA: Methicillin Resistant Staphylococcus Aureus

Mrs Fenton informed the meeting that 30% of people carried the germ but that SA and MRSA was not a risk to healthy people. 40% of SA cases were resistant to antibiotics. The graph indicated an upward rise in MRSA cases but this was disproportional since there had been 6 cases recorded in July and only 8 in September 2007. National targets were to reduce cases of MRSA by a further 50% and Mrs Fenton informed the meeting of the positive action that Trust was taking in order to further reduce levels of C'Dff and MRSA by providing information and advice:

- At policy level
- Information for all users of the Trust
- Training for Staff
- Screening patients on admission and during treatment
- Care of patients who were MRSA/C'Dff in an isolation ward
- Identification of MRSA-positive patients
- Co-location of MRSA-positive patients and protection precautions ("barrier nursing")

Questions were invited.

Q Is MRSA seasonal?

A MRSA was not particularly seasonal

Q Did lower bed occupation help to improve C'Diff?

A The Trust's bed occupation was no higher or lower than elsewhere in the NHS. There was no evidence to show that higher bed occupancy equated to higher levels of C'Diff. Dr Rayner stated that beds were being steam-sprayed in order to effect a more thorough clean and the Chairman informed the meeting that each ward would be Deep Cleaned as part of the ongoing

refurbishment of wards.

Q How big are the Isolation Wards?

A There was a cohort ward for C'Diff at BHH (Ward 9) and this was proving to be a more effective way of managing patients with C'Dfff, who were often elderly.

Q Patients often attended A & E with open wounds. Was there any indication whether any of these patients subsequently developed MRSA?

A No, the Trust was not aware of any such cases.

Q Was there any truth in press reports that the use of a particular type of gel might help prevent the spread of infection?

A Dr Rayner responded that soap and water was more effective than gel on MRSA spores

Q Was the Trust satisfied that there were appropriate policies and procedures in place in light of the failings at Maidstone and Kent?

A The Chairman stated that patient safety was the Trust's number one priority and that the figures for Infection Control were regularly reviewed at Trust Board meetings.

Q Given that irrespective of the level of resources committed, infection from outside would still be coming into the hospital, would it not be difficult to reduce infection rates still further?

A Human Resources were consistently driving home the message that there is no room for error and an unprecedented amount of attention was being given to reducing numbers.

The Chairman thanked Mrs Fenton for her presentation. Copies were circulated to the meeting.

4. PRESENTATION ON QUALITY AS A BUSINESS STRATEGY

Mrs B Fenton gave a presentation to the meeting on Quality as a Business Strategy, outlining the new Corporate Vision developed at recent Board and Executive Away Days. Governors were informed that copies would be sent out to them in booklet form in the next few days.

The Diamond Diagram

The Trust's mission was to drive up quality by transforming the 7 areas presented in "The Diamond Diagram". From Leadership, Learning and Innovation came Access & Flow, Safety, Collaboration, Housekeeping and Outcomes, leading to Increased Value for Patients and Staff.

To fulfil the Vision "to be the most exciting and influential healthcare business worldwide" the Trust would need to achieve step changes in order to overtake others who were continuously improving.
"Lean" as a tool for Transformation

A "Lean" diagram was presented to the meeting as a tool for Transformation, setting out methodologies that would enable the Trust to improve quality, become more customer focused and reduce waste.

Integrated Care Strategy & Regeneration

The Trust's Mission was to increase its provision of specialist care in a community setting, with the

objectives of:

1. Virtual Integration - redesign of care pathways shifting specialist care into a community setting

2. Vertical Integration – acquisition or running of local community hospitals where there is a good business and patient quality case

3. Tenders – ad hoc where appropriate

Corporate Milestone Map 2007-2010

The Trust's Vision was "to be the most exciting and influential healthcare organisation Worldwide". The Corporate Milestone Map set out the timescale of what the Trust would aim to achieve during the period from 2007-2010:

Questions were invited.

Q The Role of the PCTs is very significant but is it likely that the Government will change their role in future?

A This was not possible to predict at the present time.

Q It will be a mammoth task to implement the reorganisation and changes outlined in the long-term. How will the Trust ensure that the message gets across to everyone?

A The Trust had invested in some additional capacity in terms of resources. This included two Associate Director posts. The Trust recognised that there was a need to put people in post and to provide additional resources to support them. HEFT had recently appointed a Head of the Lean Academy who had experience in industry and had been working with the organisation for over a year.

Q Where did the "Staircase to World Class Quality" come from – within the UK or outside?

A Initially this came from within the UK. However, Mr Goldman and Mrs Fenton had also visited Jonkopind in Sweden recently, they will be going to Holland at the end of November, and Norway next year. It was all about continuous improvement and the first step for the Trust was to become the best in the UK. Other initiatives being undertaken by healthcare providers the region, in particular University Hospital Birmingham and Coventry & Warwick, would have some impact upon the Trust's future plans.

Mr Wilkinson thanked Mrs Fenton for her presentation.

5. PRESENTATION ON THE HALF YEAR FINANCIAL UPDATE

Mr Stokes updated the meeting and advised them that at the year to date performance was £9.5m surplus and the Trust was financially secure. At the end of September 2007 the Monitor risk score was 4.8 and the Trust was on course to achieve a risk score of 5 – 'Excellent use of resources' – at year end.

Cash Position

The Trust was in a healthy position, it was investing more capital and anticipated having £49m-£50m cash in the bank at year end. Mr Stokes advised the meeting that it was a Government

requirement to achieve efficiency savings of 2.5% (£10m) during the current year and that this percentage was likely to increase to 3% next year.

Capital Investment Programme

Mr Stokes informed the meeting that the Trust planned to invest in capital assets (equipment and buildings) over the next few years.

Additional Revenue Investment

Additional revenue investment had been made in the following areas:

- Accident & Emergency
- Infection Control
- Medicines Management
- Management Capacity
- Upgrading Facilities

Income Recovery

Mr Stokes updated the meeting on an issue of concern that had arisen last year, relating to delays in receipt of monies owed to HEFT from the PCTs for work carried out. This issue was now resolved and payments from the PCTs for the current year were being received on time.

Summary

- All financial targets set at the start of the year had over achieved
- The Trust was delivering the required national efficiencies
- There were no issues with income recovery
- Investment plans were on track
- The Trust was achieving the highest possible financial rating from Monitor and the Healthcare Commission

Questions were invited.

Q Efficiency savings – what are these?

A The Trust has to achieve the same as last year, but for less money, or achieve more than last year for the same money. Examples of this would be reductions to time spent in hospital (i.e. increasing the number of day cases), and negotiating better terms with suppliers.

Q Have there been any financial problems since the merger with Good Hope Hospital?

A No.

Q Does the Trust get goods cheaper at the loss of quality?

A No. The Trust purchase many goods in large quantities and is therefore in a strong position to negotiate and seek competitive prices.

Q What are the financial risks to the organisation?

A The Trust has an ambitious site strategy programme and this will come at a cost. In addition it was always possible that the Government tariff system would change.

Q Will car parking difficulties at BHH be looked at in the future?

A This is a major issue for patients and staff alike on all sites and was under review.

Q Birmingham City Council was looking at staff car parking. Would the Trust consider speaking to them in order to look at similar methodologies to reduce staff car parking requirements i.e. car sharing?

A Car sharing is already a Trust initiative and if a member of staff car shares they are entitled to free car parking

Q Is there anything in process to change the telephone number to an 0845 number for income generation?

A No. The Chairman stated that he would be very reluctant to outsource to a call centre and did not think it appropriate for an NHS hospital to have premium rate phone lines.

Mr Stokes was thanked by a Governor for taking the time recently to escort him on a visit to the Trust's 'vault' to enable him to see how the Trust's money was stored.

The Chairman thanked Mr Stokes for his presentation.

6. PRESENTATION ON EQUALITY AND DIVERSITY

Mrs Pamela Chandler, Head of Equality & Diversity, introduced herself to the meeting and circulated handouts.

Mrs Chandler began by setting out the Drivers for the Equality and Human Rights Agenda. These were:

- National Targets
- NHS's Standards for Better Health
- Essence of Care
- National Service Frameworks
- Equality & Human Rights Legislation
- Knowledge & Skills Framework
- Choose & Book Initiative
- Clinical Negligence Schemes for Trust (CNST)
- Procurement & Commissioning Activities
- Financial Fitness
- Employer & Health Provider of Choice

Mrs Chandler informed the meeting of the need for compliance with legislative imperatives and updated them on the progress she had made during her first year (2006-07) on the Equality & Diversity Agenda.

Mrs Chandler advised the meeting of the Ethnicity Monitoring Data for mandatory publication encompassing:

- Patients
- Staff in post
- Applications for jobs
- Promotion & Training
- Grievance & disciplinary action
- Performance appraisal
- Dismissals and other reasons for leaving

Mrs Chandler concluded by presenting the way forward for the Trust to strive to deliver true mainstreaming and inclusion through leadership that encompassed:

- Strategy policies
- Cultural Practices
- Skills & Competencies
- Believes and Values

Questions were invited.

Q Was Mrs Chandler responsible for helping to select employees?

A No. Mrs Chandler replied that whilst she was involved in the employment processes at HEFT, she was not responsible for the selection of employees. There was no discrimination in recruitment i.e. applications are received by departments but without disclosing the applicants names until such time as a shortlist was agreed and applicants invited for interview.

Q How can things be made better for people coming into one of the Trust hospitals as a patient or relative for the first time?

A Mrs Chandler replied that she meets with external groups and assists by supplying information to patients and carers, for example on disability, gender and race issues.

Q Is anything being done to encourage a more diverse workforce by way of progression to senior management posts?

A Two people have been nominated for the Programme Band 8 and above and HR are looking to widen this to Band 7.

Q How does the Trust ensure diversity at the top of the agenda?

A Responsibility lies with the Board but Mrs Chandler would be driving this forward on behalf of the Trust.

7. RECOMMENDATION FROM GOVERNOR'S APPOINTMENT COMMITTEE – NON-EXECUTIVE DIRECTOR VACANCY

The Chairman advised the meeting that two candidates had been interviewed by the Governors' Consultative Council Appointments Committee. It was the unanimous recommendation of the Committee that the post of Non-Executive Director be offered to Mr David Bucknall as his qualifications and experience most closely matched the criteria for the post.

David had spent a lifetime in the management of large construction projects; he was currently

Chairman of Rider Levett Bucknall and had experience both as a Non-Executive and Executive Director in small, medium and very large construction organisations, including flotation to a public company. He was the Project Controller of the building of the International Convention Centre in Birmingham, which was a £130m project completed approximately 20 years ago, and had managed projects in Malaysia and Germany.

The Governors approved the appointment. Mr Richard Hughes abstained on the grounds that he felt that he had insufficient information on the criteria to enable him to make a decision. He requested that a paper be presented for future appointments.

8.. UPDATE ON NATIONAL GOVERNORS' FORUM

Mrs Valerie Egan and Mr Tony Whittle had represented the Governors at the National Governors' Forum held in London recently. They had given feedback to the Company Secretary and Mrs Egan gave a brief presentation to the Governors.

The Forum had now changed its name to The Foundation Trust Governors Association and a website had been set up. All Governors should be able to access the site by registering with an email address and password.

The next 2 plenary meetings will be in April & October 2008 and there was a plan for Governor training and workshops on best practice to be delivered. Future events may include:

* Self assessment/appraisal of performance as Governors
* Workshop by Monitor
* Regional events
* LINKs training
* PBR and its effect on specialist hospitals
* Updates on NHS developments
* Future of OFCARE
* How social services and the NHS can work towards the 'seamless service'
* The role of governor
* Speakers from other industry backgrounds to talk about change management and change leadership
* Long term conditions
* Trust governance, especially clinical governance
* The problems of a mixed economy of non FTs and FTs
* Future global NHS thinking
* Membership recruitment campaigns

9. DATES OF FUTURE MEETINGS

14th January 2008
10th March 2008
12th May 2008
15th September 2008
10th November 2008

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Chairman