

GOVERNOR'S CONSULTATIVE COUNCIL

Minutes of a meeting of the Governors' Consultative Council held at Heartlands Hospital on 14 May 2007

PRESENT:	Mr C Wilkinson	(Chairman)	
	Mrs S Blomer		Mr J Jebbett
	Mrs O Cargill		Mrs J Keogh
	Mr M Collard		Mr M Khan
	Mr P Dodson		Cllr D Lewis
	Mr J Foster		Mrs F Linn
	Mrs M Garland		Mr R Shields
	Mr P Grace		Mrs P Sumner
	Prof C Ham		Mr T Whittle

IN ATTENDANCE:	Mrs L Dunn	Ms C Lea
	Mr M Goldman	Mr A Stokes
	Dr S Gossain	Prof J Perry
	Ms N Hafeez	

1. APOLOGIES FOR ABSENCE

Apologies were received from Mrs V Egan, Dr Q Fazil, Mr R Gillard, Dr S Hussain, Mr A Weight, Mrs J Weight and Mrs I Wright.

2. MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 12 March 2007 were approved and signed as a true and accurate record.

3. PRESENTATION – ANNUAL PLAN

Mr Stokes, Finance Director, presented to the Governors, the draft Annual Plan to be submitted to Monitor. The principle items of discussion arising were:

3.1 Summary

Mr Stokes summarised the end of year position for both Good Hope and the Trust. Good Hope had achieved a surplus of £1.7m and HEFT a surplus of £8.1m, giving a combined surplus for the year end of £9.8m. In terms of cash, Good Hope had finished the year with a cash balance of £0.3m and HEFT a cash balance of £27.1m. The Annual Plan set a surplus target for the next three years of £12.7m, £7.9m and £7.4m respectively. It was noted that the surplus for 2007/08 included a level of non recurrent income which explained why the surplus for this year was higher than for the two following years. The Annual Plan set out that the tariff efficiency for 2007/08 had been set at 2.5%.

3.2 Acquisition of Good Hope

Mr Stokes confirmed that all the historic debt relating to Good Hope had been dealt with in the negotiations with the West Midlands SHA prior to the acquisition taking

place and that by the end of 2006/07, Good Hope had been in recurrent balance. The turnaround in 2006/07 for Good Hope was as a result of efficiency and productivity savings and that the quality of service delivery had been maintained or improved with performance for 2006/07 better than the performance for 2005/06.

3.3 *Cash Balances*

Mr Stokes confirmed that the cash balances held by the combined Trust earned interest and were invested in accordance with the criteria set out by Monitor. There were limitations of the types of investment that a Foundation Trust could utilise, e.g. investment in stocks and shares was not allowed.

3.4 *PCTs*

The Governors queried whether the surplus position for the combined Trust had resulted in deficits within the health economy elsewhere. Mr Stokes was able to confirm that it was likely that BEN PCT would end the year with an approximate £1m deficit and Solihull Care Trust with an approximate £1m surplus. It was clear that the surplus generated by the combined Trusts had been generated through improved efficiencies and greater productivity. Mr Stokes further confirmed that they had been able to forecast the levels of income for the combined Trust over the next three years on the assumption that the tariff would remain stable and that the PCTs had agreed forecast activity for those years. This had enabled the Trust to forecast a stable income flow for the next three years. It was also noted that business units within the Trust were expected to deliver efficiencies greater than tariff which enabled re-investment to take place within the Trust.

Mr Stokes explained that 80% of the income for the Trust came from three main commissioners, namely BEN, Solihull and South Birmingham. The remaining 20% was generated by specialised services such as bone marrow, cystic fibrosis and renal. These latter areas tended to grow more quickly and were more difficult for the PCTs to control. These were key markets for the Trust and this was reflected in the level of investment over the next three years in buildings and equipment to enable the Trust to make the most of the opportunities for growth.

The final version of the Annual Plan, taking into consideration the comments made by the Governors, would be considered by the Board and submitted to Monitor by 31 May 2007.

4. PRESENTATION - MEMBERSHIP AND GOVERNOR ELECTIONS

Mrs Dunn, Director of Corporate Affairs, presented to the Governors the details regarding membership which would be set out in the Annual Plan to be submitted to Monitor. The principle items of discussion arising were:

4.1 *Summary*

As a Foundation Trust, HEFT had started out with approximately 41,000 members. The constituencies for Governors had been based on the criteria of population, patient numbers and deprivation levels. As a result of the merger with Good Hope, the Birmingham at Large constituency, which previously had included Sutton Coldfield, had been redefined. There were now four new governor areas, namely South Staffordshire, Sutton Coldfield, North Birmingham and Tamworth. The number of members now totalled 91,718 and the Communications team had set a target of 100,000 members. Of these

91,718 members, 28,470 were Good Hope members and the target for Good Hope was to achieve 30,000 members.

The Trust managed its own database for members and so was able to manipulate data at low cost in order to insure that targeted information was available for members. The Annual Plan, which would be sent to Monitor, included an age profile which demonstrated a good split across the ages and demonstrated increased membership amongst those aged under 35. It also set out the ethnic profile of the membership and demonstrated that there was still further work to be done in this area. This was because a large number of members chose not to declare their ethnic background on their application form. This made it difficult to analyse the membership profile and to ensure that it reflected the communities that the hospital served.

New Governance Arrangements

Following the merger with Good Hope, there would be 44 Governors in total plus the Chairman. The additional Governors would represent Sutton Coldfield, Tamworth, North Birmingham and South Staffordshire as public Governors and stakeholder Governors would be appointed for BLT PCT and South Staffordshire PCT. The elections for these new Governors had already commenced and were operated by the Electoral Reform Society which organised elections for the government. The nominations for Governors would close on 31 May 2007, the ballot itself would close on 11 July 2007 and the new Governors would be appointed and in place by 1 August 2007.

Membership Engagement

Mrs Dunn set out an action plan which demonstrated the ongoing work to develop membership engagement by the Trust. This included monthly health seminars for members, distribution of the monthly staff magazine and an increase in the frequency of the membership magazine from three times a year to four. The action plan also set out work to be completed on the Trust's website and within this there would be a specific forum for Governors to access. It was agreed that this would be a good way to improve the communications between the Trust and the Governors. The Governors requested that more up to date information be made available to them, which would enable them to represent the Trust more effectively amongst their local constituencies. The Governors also requested that the process for the re-election of existing Governors, which needed to be completed by March 2008, should be set out for them at the next Governors' meeting in September.

Strategy Documentation

Mrs Dunn circulated three strategy documents which the Trust was currently working on. There was a document for medicine, clinical services and corporate. Any feedback on these documents should be passed to the Company Secretary by 28 May 2007 for consideration by the Communications Team.

5. PRESENTATION – INFECTION CONTROL PROCEDURES

Dr Gossain (Consultant Medical Microbiologist and Director of Infection Prevention and Control) gave a presentation on Infection Control. The principal items of discussion arising were:

Summary

At last year's presentation, Dr Gossain had set out three key areas for their work in 2006/07. These areas included implementing their three year strategy, embedding infection control within clinical areas and completing a business case to expand the infection control team.

In order to embed infection control within clinical areas, monthly infection control reports had been issued to the Boards of Medicine and Surgery and had included recommendations to improve practice. In addition, each ward also received a monthly report including an action plan for improvements.

A business case to expand the team to include more contracted time for the Director of Infection Prevention and Control, the recruitment of infection control practitioners who would be ward based, the recruitment of an infection control manager, the recruitment of an infection control analyst and the provision of additional secretarial support had been successful. All of these posts had now been filled and the expansion had enabled them to provide additional support and advice in clinical areas and to complete more analysis on cases of hospital acquired infection.

MRSA

The most severe form of infection was where MRSA entered the blood stream and therefore the use of lines and catheters were possible causes for the infection. The Trust measures the number of bloodstream infections and the Government had set targets for a 50% reduction over three years to be completed by the end of 2007/08. The target for 2006/07 was 64 cases and the outcome for the Trust had been 68. It was possible that three of these cases may not be included in the figures returned to the Department of Health as they were repeat infections. The control of MRSA infections was managed through consistent hand hygiene campaigns, hand washing audit, good clinical practice, a focus on the use of lines and catheters and, where possible, MRSA screening/decolonisation.

C. diff

The control of C. diff infections was largely centred around the use of antibiotics. The work of the team was more focused on reviewing and reducing the usage of antibiotics and communicating the message that hand washing with soap and water (as opposed to alcohol gels) was the only effective measure for controlling C. diff infection. The team had also reviewed the isolation facilities within the Trust and had received funding for improvements both at Good Hope and the Trust.

Integration with Good Hope

Dr Gossain set out how the teams on both sites were now sharing policies and guidelines and had established cross-site training. A joint annual programme for 2007/08 had been agreed across both sites.

The Chairman confirmed that infection control is a very high priority at the Trust and that the national reporting and notification to the Healthcare Commission constantly encouraged improvements. The Trust Board monitored infection control on a monthly basis.

6. ANY OTHER BUSINESS

Orthopaedic Activity at Solihull and Heartlands

Governor Mr Grace raised a query in relation to the activity levels within Orthopaedics at Solihull and Heartlands. Mark Goldman agreed to look into this query and respond to Mr Grace in due course.

Single Sex Wards

Mrs Linn raised a query in relation to single sex wards at the Trust. It was confirmed that this was an issue that was

addressed by bed meetings on a daily basis and that wherever possible the Trust provided single sex bays on each ward, although some wards would then have a mix of male and female bays on the same ward.

7. DATES OF FUTURE MEETINGS

- 7.1 *Annual General Meeting* 17 September 2007
- 7.2 *Staff Recognition Awards* To be advised
- 11.3 *Half Year Update* 12 November 2007

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Chairman