

**GOVERNOR'S CONSULTATIVE COUNCIL**

**Minutes of a meeting of the Governors' Consultative Council  
held at Heartlands Hospital on 17th September 2007**

|                       |                   |                   |                |
|-----------------------|-------------------|-------------------|----------------|
| <b>PRESENT:</b>       | Mr C Wilkinson    | <i>(Chairman)</i> | Mrs S Blomer   |
|                       | Professor I Blair |                   | Mr A Clements  |
|                       | Mr A Chughtai     |                   | Dr M Cooper    |
|                       | Mr M Collard      |                   | Ms C Edwards   |
|                       | Dr P Dodson       |                   | Mr J Foster    |
|                       | Mrs V Egan        |                   | Mr R Gillard   |
|                       | Mrs M Garland     |                   | Ms B Hayward   |
|                       | Mr P Grace        |                   | Dr S Hussain   |
|                       | Mr R Hughes       |                   | Mr J Jebbett   |
|                       | Mrs B Ilett       |                   | Cllr I Lewin   |
|                       | Mr M Khan         |                   | Mrs F Linn     |
|                       | Cllr Ald D Lewis  |                   | Mr V Palmer    |
|                       | Mr D O'Leary      |                   | Mr R Shields   |
|                       | Ms Y Sawbridge    |                   | Mrs M Thompson |
|                       | Mrs P Sumner      |                   | Mr A Weight    |
|                       | Mr T Webster      |                   | Mr T Whittle   |
| Mrs J Weight          |                   |                   |                |
| <b>IN ATTENDANCE:</b> | Mr M Dale         |                   | Mrs L Dunn     |
|                       | Mrs B Fenton      |                   | Mr P Hensel    |
|                       | Ms N Hafeez       |                   | Mr M Goldman   |
|                       | Mr M Jones        |                   | Mrs C Lea      |
|                       | Mrs N J Lloyd     |                   | Mrs M Pittaway |
|                       | Dr H Rayner       |                   | Mr A Stokes    |
| Mrs S White           |                   |                   |                |

The meeting began with a Video introduction of the Staff Recognition Awards Ceremony, held on 23<sup>rd</sup> August 2007 at the Crescent Theatre. This was followed by a presentation on behalf of the Governors by Roy Gillard to Peter Carr, from the Stroke Unit, as he had been unable to attend on the evening.

The Chairman thanked Professor Stewart Buchanan, who retired from UCE earlier this year, for the work that he has undertaken as a Governor over a number of years and wished him a long and happy retirement on behalf of HEFT.

The Chairman formally welcomed 13 newly elected Governors to their first meeting.

**1. APOLOGIES FOR ABSENCE**

Apologies were received from Mrs A Brierley, Ms A East, Professor C Ham, Mrs J Keogh, Mr A Matty, Professor J Perry and Mr R Samuda.

## **2. MINUTES OF PREVIOUS MEETINGS**

The Minutes of the meetings held on 14<sup>th</sup> May 2007 and 20<sup>th</sup> July 2007 were approved by the meeting and signed by the Chairman.

## **3. REPORT FROM THE APPOINTMENTS COMMITTEE**

## **4. FINANCE**

### ***4.1 Finance 2006/07 Presentation and Update on ½ Year Position 07/08***

Mr A Stokes presented the financial performance for 06/07 and advised the meeting that there was currently £27m in the bank to be carried forward. This was due to excellent treasury management and the strengthening of relationships with the PCT over the past twelve months, and will fund capital growth.

Mr Stokes further outlined capital spending, highlighting in particular large sums spent on improving IT, Radiology and the Diabetes Centre. Approximately £3m had been spent upgrading buildings. Monies generated over the past two years would be ploughed back with a planned £30m expenditure over 07/08.

The Monitor risk score for 06/07 was 5 overall and HEFT was ranked second by surplus over performance on activity delivered. There had been full delivery of a £5.7m savings programme and a clean audit report.

Mr Stokes stated that Good Hope Hospital's performance for 06/07 showed a £1.8m surplus due to higher income than in previous years. This was the first surplus in 3 years and met both cash and capital targets.

In the coming year there was a planned surplus of £12.8m for the combined Trust with a capital programme of £29.6m and a continuing integration programme.

Mr Stokes concluded his presentation by informing the meeting that HEFT had exceeded the Monitor target surplus in the year to date by £2.5m. Operational budgets were under spent, activity remained on plan and the forecast was to achieve to plan or better. The cash position was healthy and the capital plan remained on track.

Questions were invited.

**Q** Further clarification of the capital programme was requested.

**A** This is the amount planned to be spent on buildings or large pieces of equipment.

**Q** Were the surplus monies kept on deposit with one bank or with several banks?

**A** Monies were invested with a number of banks.

**Q.** What about the return on investment?

**A.** There was a Capital Investment Group that was currently looking at patient governance and income generation.

### ***4.2 Performance 2006/07 Presentation and Update on ½ year position 07/08***

Mrs B Fenton began by informing the meeting of the successes of the past year: The merger with Good Hope Hospital, the first acquisition of its kind involving a Foundation Trust and a NHS Trust, had been very successful. Heart of England NHS Foundation Trust

had become one of the largest Trusts in the country, serving more than 1.5m people and employing 10,000 staff.

The Trust had received the Acute Healthcare of the Year Award in the Health Service Journal Awards and achieved 'Excellent' in the Use of Resources in the Healthcare Commission Annual Healthcheck.

The Trust now had a highly successful organisational development programme, had launched a service transformation programme using 'Lean' methodologies and had new performance management tools in place for Statistical Process Control

The Trust's Mission was to be a centre of excellence in the provision of healthcare and education.

### Performance Overview

Mrs Fenton advised the meeting that the Trust had achieved significant improvements.

Targets in the following areas were met:

Waiting times and access targets

- 98% A &E target
- 11 week wait for out-patient appointment
- 20 week wait for in-patient appointments
- Cancer targets
- Cancelled operations readmitted within 28 days

Delayed transfers of care

Stroke unit target

Compliance with Annual Healthcheck targets for:

- Drug misuse
- Self harm
- Smoking
- Reduction in clinical claims

Work was continuing towards the achievement of targets in the following areas:

- MRSA
- Thrombolysis
- Patient experience

The performance in A & E had risen from 98.2% in 2006/07 to 98.59% in 2007/08 in the year to date.

In response to a question, Mrs Fenton informed the meeting that there was no target for C.Diff last year; hence it was not shown in the performance review.

### Organisational Values

Mrs Fenton highlighted the Trust's organisational values:

excellence  
finding a way  
cherishing

working together  
Innovation for advancement

The meeting was informed that both sickness and turnover had been unaffected by the merger with Good Hope and that following the first ever local staff survey (completed by 3000 staff) there had been a programme of 'Moving Forward Together' events during November and December 2006 attended by approximately 3000 staff.

A new electronic staff records system was currently being implemented.

## **5. PERFORMANCE REVIEW**

### **5.1 Annual Accounts 2006/07**

Copies of the Annual Accounts for 2006/07 had previously been circulated to all Governors. Mr Stokes invited questions:

**Q** The figure for the provision of bad debts seemed high – why was this?

**A** The tariff based system had areas of ambiguity with the PCT and at the year end there was still some uncertainty around the final settlement figure.

**Q** Is it correct that the principal bad debt noted in the Accounts related to the PCT?

**A** This was correct.

**Q** Is it possible to publish a list of bad debtors?

**A** Finance Committee received updates and reviewed bad debtors at its regular meetings.

**Q** Why was there a difference in the best practice figures shown by HEFT and that put forward by Good Hope for the payment of creditors? The Trust's target was shown as 90%, whilst Good Hope's target was shown as 95%. It would appear that smaller, non NHS creditors were suffering and should the figures not be closer to 100%?

**A** Invoices should normally be paid within 30 days. However this was dependent on both the goods and subsequently the invoices arriving on time. The percentage figure increased in relation to large demands (i.e. Council Tax) which historically were received and paid by the due dates.

### **5.2 Auditors' Report 2006/07**

The Auditors' Report for 2006/07 was presented by Mr Matthew Dale on behalf of PricewaterhouseCoopers LLP. PwC had been appointed as external auditors to the Trust for a 3 year period from September 2005.

Mr Dale advised the meeting of the Audit Process and confirmed their work was carried out in accordance with the Monitor Audit Code for NHS Foundation Trusts which included:

- An audit opinion on the Trust's accounts
- Review of the Statement on Internal Control
- Arrangements to secure economy, efficiency and effectiveness
- Responsible for signing off the Trust's Charitable Funds accounts

There were no concerns raised by the Auditors on either the Interim or Final Audit findings for 2006/07. The financial position of the Trust was sound.

Following the merger with Good Hope Hospital new financial systems were now in place i.e. payroll and other work, including a review of IT strategy, was planned for 2007/08.

## 6. FUTURE STRATEGY

The meeting received a presentation by Mr M Goldman, Chief Executive.

The Here and Now – the Trust is:

- High performing
- Financially Secure and
- Continuously Improving

HEFT had been voted Acute Healthcare Organisation of the Year in 2007 by the Health Service Journal. At this time in the growth of the organisation, the Trust would continue to strive for still greater improvement.

Areas of focus for the Trust included:

- Improving Patient safety
- Control of infection
- Clinical practice

Making a greater contribution to well-being through working collaboratively with partners within the local economy:

- Regeneration – improving the infrastructure of the areas we serve
- Public Health – improving the understanding of health issues and healthcare
- Wider than the NHS – learning from others to provide world class healthcare

Future plans

The Trust's future ambitions should be realistic, achievable, yet challenging and long-term. The Trust needed to share its ambitions outside the NHS and build up a self-sustaining organisation offering global healthcare. As a learning organisation, the Trust should deliver high quality patient care, set standards of achievement and ensure it is at the cutting edge of new developments. This also includes challenging the existing NHS standards and practices where necessary.

The Trust needed to work at bringing together education and training. By pulling together initiatives on innovation and best practice it would create a reservoir of knowledge to not only improve the quality of services, but provide a resource that could be tapped into by others, thus enabling them to benefit from sharing knowledge and expertise.

Delivering Global healthcare meant delivering high quality care to patients near and far. Care in the community was currently being delivered by the existing PCTs. In future this may change and a number of their services could be divested elsewhere. The Trust therefore needed to become a more outward looking organisation, ready and able to meet future challenges.

Mr Goldman presented a diagram setting out a graphical statement of how the Trust might achieve this and further papers will be brought for the Board's consideration as they were developed. The Executive Team had an away day planned for October to start work on building a business case for the "Academy".

Questions were invited.

**Q** What was the Trust doing to tackle the problem of obesity?

**A** The Trust had a specific service for this. There were surgical procedures for very obese. Reference was also made to obesity in young children and older people which can lead to Diabetes. The Trust had a Section 106 agreement with the Council to open up facilities at Birmingham Heartlands Hospital for 'out of hours' use, including a small sports centre, in a bid to provide access to the local community.

**Q** There was a television programme screened approximately two and a half years ago showing cleaning practices within the Trust in a poor light. Had the Trust considered a similar, in-house survey to look at the services they were currently providing?

**A** The re-tendering process was due shortly. Initial were the current contract holders at Birmingham Heartlands Hospital. Good Hope and Solihull use in-house cleaning services. However, the issues raised in the programme were not seen as a contract-related problem.

**Q** Reference was made to the PCT in Mr Goldman's presentation. Was there any information about their future role?

**A** Following the rationalisation of PCT's 18 months ago, which involved reducing the number and increasing their, size the Prime Minister had indicated that there was no intention to change the structure of the NHS at the present time. The Health Policy Advisor to Number 10 had recently spoken at a private meeting to a small invited group and had stated that it would be most unexpected if the review of the NHS by Lord Darzi prompted any kind of fundamental structural change.

**Q** Was a merger/takeover of a PCT possible?

**A** This would only be possible as a Community Foundation Trust. The Trust's aim was to work with the PCT for the good of the local healthcare economy.

Mr Goldman also stated that he had been to the USA several years ago for the Expert Patient Programme. His aim was to create more partners in healthcare, learning from Kaiser Permanente, and he was currently in discussion with Birmingham East and North PCT.

**Q** Looking towards the longer-term situation, were the PCT's struggling to bring in this framework?

**A** Dr Hugh Rayner responded to the question. He was currently putting together a case for the appointment of another neurology consultant. He would speak to the Governor concerned after the meeting to discuss her query in more detail.

**Q** What were the proposed future developments for an out of hour's service?

**A** As a 24/7 organisation the Trust was working on this with the new medical contracts, moving towards a more comprehensive service. The Trust would be willing to support primary care (PCT's). There had been an increase in dealing with A & E and HR were planning to improve out of hours and weekend care, attaining a consistently high standard, equal to that of Monday – Friday day-time care.

**Q** Vision and Strategy: How would staff buy in to this?

**A** The Board had already bought into this and would now go out to a consultation with staff.

The Chairman asked the meeting to endorse Mr Goldman's outline on future direction and strategy. This was agreed. Mr Goldman would provide a progress report for the next meeting.

**7. Process for Governor Elections March 2008**

Lisa Dunn circulated a paper informing Governors of the election process which begins on the 10<sup>th</sup> January 2008.

**8. BOARD APPRAISAL**

**8.1 Chairman’s Appraisal of all NED’s**

The Chairman’s report had previously been circulated.

The Chairman added that the Trust was extremely fortunate to have a first class team of Non-Executive Directors. Each of the NED’s had their own special interests and sat on a number of Committees, in addition to Trust Board, giving freely of their time.

There were no questions raised.

**8.2 Deputy Chairman’s Appraisal of the Chairman**

John Perry, the Deputy Chairman, was unable to attend the meeting. If anyone had any queries arising from the report, previously circulated, they were advised to contact Professor Perry directly via the Company Secretary, Claire Lea.

**9. MINUTES OF THE AGM AT GOOD HOPE HOSPITAL**

The Minutes of the AGM at Good Hope Hospital NHS Trust 18<sup>th</sup> September 2006 were noted and the Report and Accounts for the year ended 31<sup>st</sup> March 2007 were also noted.

**10. ANY OTHER BUSINESS**

Lisa Dunn informed the meeting of the Breath of Life Appeal which will run until the end of the year, raising money for facilities for neonatal care.

As part of the fundraising campaign, members of staff would be performing East Side Story at the Town Hall on 19<sup>th</sup> December. Tickets would be available on line and members were asked for their support.

**11. Dates of the Next Meetings**

12<sup>th</sup> November 2007

The Chairman closed the meeting thanking everyone for their contribution towards making the past year a success, with particular thanks to the Non-Executive Directors, and looking forward to the coming year being an equally successful for the Trust.

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**Chairman**