Council of Governors

15 July 2013
4.00pm

Harry Hollier Lecture Theatre
Good Hope Hospital
1. Welcome
2. Apologies
3. Declarations of Interest (Enclosure)
4. Minutes of meeting held on 22 May 2013 (Enclosure)
5. Matters Arising (Enclosure)
6. Chairman’s Report Lord Philip Hunt (Enclosure)
7. Chief Executive’s Report Dr Mark Newbold (Enclosure)
8. Financial Performance 2013/14 year to date Mr Adrian Stokes (Presentation & Enclosure)
9. Birmingham City Council – Debt Resolution Update Mr Adrian Stokes (Oral)
10. Review of A & E Pressures (including Causes & Effects) Mr Adrian Stokes (Oral)
11. Car Parking Strategy Update Mr John Sellars (Enclosure)
12. Staff Survey - Findings & Response Dr Sarah Woolley (Enclosure)
13. Reports from Committees:
   13.1 Appointments Committee Report (22/05/13 & 15/07/13) Lord Philip Hunt (Oral)
   13.2 Finance & Strategic Planning Committee Report (10/07/13) Mr Barry Orriss (Oral)
   13.3 Finance & Strategic Planning Committee Minutes (13/05/13) (Enclosure)
   13.4 Hospital Environment Committee Report (08/07/13) Mr John Roberts (Oral)
   13.5 Patient Experience Committee Report (24/05/13 & 12/07/13) Mr Mike Kelly (Oral)
   13.6 Patient Experience Committee Minutes (24/05/13) (Enclosure)
   13.7 Quality & Safety Committee Report (27/06/13) Mrs Liz Steventon (Oral)
   13.8 Quality & Safety Committee Minutes (27/06/13) (Enclosure)
14. Any Other Business
15. Dates of Future Meetings
   17 September 2013 – Annual General Meeting to be held in Room 2, Education Centre, Heartlands Hospital
   Refreshments will be available from 3.30pm
Welcome
Apologies
Declarations of Interests
# COUNCIL OF GOVERNORS

## REGISTER OF INTERESTS

<table>
<thead>
<tr>
<th>NAME</th>
<th>INTEREST DECLARED</th>
<th>DATE DECLARED</th>
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<tbody>
<tr>
<td>Cllr Tahir Ali</td>
<td>Awaiting information</td>
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<tr>
<td>Arshad Begum</td>
<td>Nothing to declare</td>
<td>21 Nov 2011</td>
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<tr>
<td>Kath Bell</td>
<td>Company Secretary, Succeed Services Ltd</td>
<td>21 Nov 2011</td>
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<tr>
<td>Elaine Coulthard</td>
<td>Nothing to declare</td>
<td>21 Nov 2011</td>
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| James Cox       | 1. Assessor & Verifier for GPs into Practice, West Midlands Deanery  
                  2. Trustee, Re-Co                                                        | 21 Nov 2011   |             |
| Dr Olivia Craig | No declaration received                                                           |               |             |
| Kevin Daly      | Nothing to declare                                                                | 21 Nov 2011   |             |
| Carol Doyle     | Awaiting information                                                             |               |             |
| Albert Fletcher | Director of Aquarius (unpaid). They are a charity that specialises in helping and treating those with drink and/or drug issues. | 28 May 2013   |             |
| Dr Tim Freeman  | No declaration received                                                           |               |             |
| Neil Harris     | Nothing to declare                                                                | 21 Nov 2011   |             |
| Patricia Hathway| Nothing to declare                                                                | 21 Nov 2011   |             |
| Richard Hughes  | 1. Chairman, Homestart (Tamworth)  
                  2. Chairman, Tamworth Credit Union Ltd  
                  3. Director, The Pathway Project  
                  4. Director, Tamworth Community Advice Network CIC  
                  5. Chairman, Tamworth Talking Newspaper Ltd  
                  6. Trustee, The Rawlet Trust  
                  7. Vice Chairman – Standards Committee, Tamworth Borough Council  
                  8. Divisional President, St John’s Ambulance  
                  9. Member, Appeal Committee, St Giles Hospice  
                  10. Retired CEO & President Secretary, Tamworth Cooperative Society  
                  11. Mr Hughes’ son holds a very senior managerial position with Barclays Bank  
                  12. Chairman, Tamworth Community Advice Network CIC  
                  13. Independent Member Tamworth MBC Nominations Committee  
                  14. Member Conservation Advisory Committee, Tamworth MBC  
|                 |                                                                                   |               |             |

Amended 23 Oct 2012  
6 Feb 2012  
23 Oct 2012  
23 Oct 2012  
23 Oct 2012  
23 Oct 2012  
23 Oct 2012  
23 Oct 2012  
23 Oct 2012  
23 Oct 2012
| 16. Treasurer St Andrew’s Methodist Church, Tamworth | 23 Oct 2012 |
| 17. Shareholder BP | 23 Oct 2012 |
| Dr Syed Raza Hussain | Nothing to declare | 21 Nov 2011 |
| Phillip Johnson | Nothing to declare | 21 Nov 2011 |
| Michael Kelly | Nothing to declare | 21 Nov 2011 |
| Marek Kibilski | Nothing to declare | 21 Nov 2011 |
| Heidi Lane | 1. Member of Church, Renewal Christian Centre  
2. Husband is an Elder of the Church.  
3. Trust uses Christian Renewal Centre for conferences & meetings | 21 Nov 2011 |
| Veronica Morgan | Nothing to declare | 21 Nov 2011 |
| Florence Nash | No declaration Received | 21 Nov 2011 |
| Barry Orriss | Nothing to declare | 21 Nov 2011 |
| John Roberts | 1. Share holder - Smith & Nephew Corporation  
2. Share holder - Morgan Crucible  
3. Share holder - Alumasc Group, manufacturers of High Tech environmental building products,  
4. Share holder - T. Clarke Construction  
5. Share holder - BP,  
6. Share holder - GKN,  
7. Share holder - National Express,  
8. Share holder - Stagecoach Group,  
9. Share holder - Marks & Spencer,  
10. Share holder - The McBride Group,  
11. Share holder - RBS  
12. Share holder - Standard Life. | 21 Nov 2011 |
| David Roy | Employed Full time at HEFT | 21 Nov 2011 |
| Cllr Jim Ryan | No declaration Received | 21 Nov 2011 |
| Neil Smith | Full time employee at HEFT | 21 Nov 2011 |
| Bridget Sproston | Nothing to declare | 21 Nov 2011 |
| Stuart Stanton | Nothing to declare | 21 Nov 2011 |
| Liz Steventon | Friends of Solihull Hospital | 21 Nov 2011 |
| Ali Tahir | No declaration Received | 21 Nov 2011 |
### Declaration of Interests

**David Treadwell**
1. Shareholder, Lloyds TSB
2. Shareholder, STW
3. Shareholder, Nation Grid

**Thomas Webster**
1. Pensioner, Ex-Production Director of subsidiary company – ICI/IMI
2. Committee Member, North East Panel, Duke of Edinburgh Award
3. Assistant Organiser, Marlbrook Golden Circle Club
4. Occasional Host, Grey Court Holiday, Arnside, Lancashire

21 Nov 2011
Minutes of Meeting
held on 22 May 2013
COUNCIL OF GOVERNORS

Minutes of a meeting of the
Council of Governors of Heart of England NHS Foundation Trust
held in The Village Hotel, Dog Kennel Lane, Solihull
on 22 May 2013

PRESENT:

Lord Philip Hunt (Chairman)

GOVERNORS:

Mrs Kath Bell
Mrs Elaine Coulthard
Mr James Cox
Mr Kevin Daly
Mr Albert Fletcher
Mr Richard Hughes
Mr Philip Johnson
Mr Michael Kelly
Ms Heidi Lane
Ms Veronica Morgan
Mrs Florence Nash

Mr Barry Orriss
Mr John Roberts
Mr David Roy
Cllr Jim Ryan
Dr Neil Smith
Ms Bridget Sproston
Mr Stuart Stanton
Mrs Elizabeth Steventon
Mr David Treadwell
Mr Thomas Webster

Directors in attendance

Mr Simon Hackwell
Mr Paul Hensel
Prof Laura Serrant-Green,
Mr Adrian Stokes
Mrs Lisa Thomson

Ms Charlotte Jinks (Company Secretary)
Mr Malcolm Pye
Mrs Angela Hudson (Minutes)

The Chairman thanked everyone for attending the meeting.

13.027 APOLOGIES

Apologies were received from the following Governors; Mrs Arshad Begum, Dr Olivia Craig, Mrs Carol Doyle, Mr Tim Freeman, Mrs Patricia Hathway, Dr Syed Hussain, Mr Marck Kiblitski, Mr Neil Shuker-Harris and Cllr Ali Tahir.

Apologies were received from Dr Aresh Anwar, Mrs Anna East, Ms Hazel Gunter, Mrs Sue Moore, Mrs Najma Hafeez, Mr Andy Laverick, Ms Claire Molloy, Dr Mark Newbold, Ms Mandie Sunderland and Dr Sarah Woolley.

13.028 DECLARATION OF INTEREST

The Chairman referenced the Declaration of Interests included in the pack and asked that anyone with any new interests to declare should notify the Company Secretary’s office so the register could be updated accordingly.
13.029 MINUTES OF MEETING

The minutes of the meeting held on 21 March 2013 were approved and signed by the Chairman.

13.030 MATTERS ARISING

11.35 Establish Young Governors Council (YGC.) Lisa Thomson (Director of Corporate Affairs) advised that she and Les Lawrence (Non Executive Director) had held several meetings and were working with Solihull Council and local schools around all three hospital sites in establishing Young Governors Councils.

Veronica Morgan (Staff Governor) was pleased to hear of the progress being made with the Young Governors Councils and asked how they would feed into the Council of Governors. Lisa Thomson advised that a representative from each YGC would join the CoG meetings in order to feed in their views.

Richard Hughes (Tamworth) and Stuart Stanton (Solihull North) asked if the neighbouring areas to Good Hope and Solihull Hospitals could also be included. Lisa Thomson confirmed that this was already happening.

John Roberts (Sutton Coldfield) asked how students were recruited. Lisa Thomson advised that the Trust were contacting School Liaison teams and arranging to visit and talk to students and staff. The Local Authorities already have an equivalent Youth Council which the Trust was also using.

12.74 Governors Podcast Charlotte Jinks (Company Secretary) advised that the script was being reviewed so that once finalised filming could commence.

13.010.3 Energy Efficiency Funding Bids John Sellars (Director of Estates and Facilities) advised that two bids had been submitted. The bid for Good Hope Hospital had been rejected but the bid for sustainable energy across all three sites had been accepted in principle and the Trust should receive some funding.

13.016 Francis Report Review. The Chairman advised that the Trust needed to undertake an audit against all the recommendations set out in the report in order to understand its position in relation to those recommendations.

All other matters outstanding would be covered on the agenda.

13.031 CHAIRMAN’S REPORT

The Chairman referenced his pre-circulated report and highlighted the following specific items:

The Chairman and Mandie Sunderland (Chief Nurse) had met with Camilla Cavendish, Associate Editor of The Times, who has been asked to undertake a review of HCA training. The meeting had provided an opportunity to tell her about VITAL and the Trusts proposals for a uniform and consistent training programme for HCAs in order to progress to full nurse training programmes.

Kevin Daly (Birmingham at Large) reference the additional 80 staff being deployed throughout the Trust and asked if these were as a consequence of recommendations from the CQC.
Adrian Stokes (Deputy Chief Executive & Finance Director) advised that he would pick this up as part of the performance update as it was relevant to the performance review of last winter and winter planning for 2013/14.

13.032 CHIEF EXECUTIVE’S REPORT

Adrian Stokes (Deputy Chief Executive Director) presented the report on behalf of Dr Newbold who was speaking at a Patient Safety Conference. The report was taken as read with particular note of the following:

The Trust had been required to attend a meeting at Monitor’s Headquarters in London on Monday 29 April 2013 as the Trust had not achieved its A&E 95% 4 hour target for the last three quarters. Monitor had requested an action plan and assurance of governance for the urgent care process all of which the Trust were able to provide. Monitor’s response regarding any enforcement action had been received. They were reassured that governance was strong at the Trust and that the organisation recognised the key issues/areas of concern which were reflected in the action plan that had been put in place. Monitor felt that the action plan was robust enough to reach 95% target and were expecting performance to improve. The Trust would not be issued with a Section 105 and would not be in breach of its licence. They were aware that Quarter 1 was still difficult; however, the Trust was aiming to be meeting the A&E 95% 4 hour target by the end of the quarter and had committed to achieving the target for the remaining three quarters.

The Chairman confirmed that if the Trust did not achieve its targets it will be called back to Monitor for a further meeting.

Kevin Daly raised the issue of the huge amount of investment in Good Hope A&E and therefore why was it still failing to meet the A&E target? What was the point of refurbishment?

Chairman advised that it was a whole system problem with the need to get patients discharged and beds released in order to allow patients who attend A&E admitted to the hospital. Staff in A&E were working very hard under extreme pressures and should be commended and recognised for the work they have undertaken this extended winter. The reduction in facilities within the community was also having an impact on the numbers of patients being able to be discharged.

Adrian Stokes also advised that the investment in A&E was primarily about safety not performance.

Kevin Daly asked for the figures for the number of attendees at the walk in centres for Heartland and Solihull Hospitals?

Adrian Stokes advised that he was unable to give actual figures but estimated that Solihull was seeing approximately 180 patients per day. He would arrange for this information to be circulated.

Phillip Johnson asked about the plans for A&E going forward noting that it seemed that the A&E intake was increasing but that some people do not need to go to A&E.

Adrian Stokes advised that the Trust’s records indicated that A&E attendances had not increased significantly but were broadly level with previous years’ figures as were
the admissions intake. However, what had been seen was a growth in length of stay for patients and this had had an effect on patient flow.

Richard Hughes (Tamworth) referred to the letter received from Monitor and asked for it to be circulated in order that Governors could see clearly what was expected of the Trust and ensure that they were able to challenge the Board to ensure requirements were met. The Trust could not have a situation whereby Monitor took action against it.

The Chairman noted the point and advised that the Finance and Performance Committee were responsible for regulating the Monitor action plan adding that the Board were in no doubt about the seriousness of the situation and the need to ensure that it achieved its targets over the coming months in order not to be required to attend Monitor Headquarters again.

Jim Ryan (Solihull Metropolitan Borough Council) noted that the Governors had an important job in supporting the Board. He had read much about the issues in A&E across the country but failed to understand the minute detail around A&E pressures. In his experience, people attended A&E because they needed to. Was it due to the severe cuts that resulted in pressures on A&E? Could clarity be given regarding these issues and also reassurance that the Board understood them and were addressing them.

Adrian Stokes confirmed that he would present an update to the next meeting, adding that there were lots of different reasons for A&E pressures with the single biggest issue being discharges and bed blocking. He would produce a flow chart for the next meeting.

Tom Webster (Birmingham North) believed that part of problem was that GPs were no longer offering an out-of-hours service and therefore patients were presenting at A&E when they would have normally seen a GP.

The Chairman noted that some issues remained in our gift to resolve. He had seen a copy of report that NHS England had sent to Ministers regarding A&E performance which set out eight reasons for the collapse in A&E. Some trusts in our area were in a much worse position than HEFT adding that if the public has lost confidence in the Out-of-Hours facilities offered they would continue to present at A&E.

John Roberts (Sutton Coldfield) had recently attended GHH A&E and had found the service to be very good and the provision of care by the excellent.

Bridget Sproston (Solihull South) noted that the number of people presenting at A&E were no higher than last year; that much work had been undertaken around admission avoidance and that it had been predicted that the average length of stay would drop. However, at every meeting the Governors heard about the lack of ability by social services to work with the Trust to discharge patients.

Adrian Stokes noted the comments and would ensure that the presentation gave more detail around winter planning including cause and effect.

13.033 FINANCE PERFORMANCE YEAR TO DATE

Adrian Stokes presented the finance report as circulated in the papers. The following items were noted:

- The Trust reported a Quarter 4 financial risk rating of 4.
Council of Governors
July 2013

Minutes 22 May 2013

- A decrease in assets of £73.6m and reduced capital charges following the revaluation of the Trusts estates and asset base. This had seen a positive impact on return on assets ratio improving risk ratio to 4.
- The Trust had held a Q4 review conference call with Monitor on 23 May.
- At March 2013 (month 12), the Trust had reported a net deficit of £30.5m, after a £41m charge to I&E to reflect the impact of asset impairment. Before impairment there had been generated a £10.5m YTD surplus from operations, which was £0.9m adverse to plan.
- The Trust had achieved a recurrent break even.
- There had been capital expenditure of £37.7m, 88% of forecast. March FPC agreed a carry forward value of £7.1m for 58 schemes not completed at year end for valid reasons.
- Provisions for environmental, legal and HR issues had been included.
- Going forward into 2013/14 the Trust was in the midst of month 1 financial and performance reporting.
- The budget for the year is £6m forecast surplus with CIP of £23m.
- £15.4m (67%) of CIP schemes have been identified leaving a gap of £7.6m.
- Pay costs remained a challenge due to the slow exit from winter capacity.
- The JMRA contract has been agreed with our Commissioners and signed at the end of April.
- The Specialised services contract was still to be signed by NHS England (National Commissioning Board).
- The Monitor Change to Licence (instead of Terms of Authorisation) came into effect from 1 April and the Risk Assessment Framework will come into effect from 1 October 2013.

Kevin Daly queried whether all the properties within the estate were owned by HEFT.

Adrian Stokes advised that the majority were with the exception of the main Entrance at Heartlands which was a PFI; Castle Vale and Runcorn Road Renal Units; Solihull Community buildings, Lyndon Place and the Chest Clinic, Birmingham.

Kevin Daly asked how much was paid in rent for these buildings.

Adrian Stokes advised that the Birmingham Chest Clinic was £5k per annum but was unable to recall the exact figures for the other rental costs but could circulate this information if required.

Kevin Daly requested that the Governors receive a copy of the Annual Report and Accounts when available.

The Chairman confirmed that the Annual Report and Accounts would be circulated once approved. He then asked what the current position was for A&E?

Adrian Stokes advised that April had been a difficult month achieving 90%. The Trust had achieved 94.9% overall in May but was expecting to be delivering monthly target by June although there were still some issues at Good Hope.

David Roy (Staff Governor) questioned whether breaches involving mental health patients were due to delays within the community services and psychiatric liaison teams?

Adrian Stokes advised that both had an impact, all mental health patients attending A&E required assessment before they can be admitted or discharged home by the on-call MH team.
Liz Steventon (Solihull Central) queried whether there was an equivalent team in the community and how quickly did they respond. It was appreciated these delays could not be used as an excuse but why were the community teams not being held to account?

Adrian Stokes believed that the issues were only just being realised.

Veronica Morgan (Staff Governor) believed that the Trust had access to the on call psychiatric liaison team.

Adrian Stokes confirmed that we did but that the delays occurred in getting team to access a patient within 4 hours.

The Chairman noted that the assessments could be undertaken but if patients required a bed in a mental health hospital and no bed was available this impacted on the Trust.

Veronica Morgan thought it would be helpful to have a reason for each breach in terms of safety and risk together with a strategy to help identify breaches.

Adrian Stokes confirmed that the executive team already tracked all breaches on an hour by hour basis.

Bridget Sproston commented that she found the A&E performance breakdown helpful but asked what was included within the ‘other’ category and would prefer not to have such a category.

Adrian Stokes confirmed that he would check what fell into this category.

Barry Orriss (Staffordshire South) referred to the GHH performance and asked if the work that Sue Moore was undertaking was beginning to show improvements.

Adrian Stokes advised that improvements were being seen and the site team were accelerating the work on Jonah.

The Chairman advised that he was conscious that the issues surrounding performance in A&E was of concern to the Governors and suggested that Adrian Stokes would collect all Governor questions on A&E and respond to them at the next meeting.

Richard Hughes noted how pleasing it was to see all the cancer targets had been met.

John Roberts referred to the revaluation of the Trust’s estate and asked why land was included.

Adrian Stokes advised that should the Trust need to rebuild the hospital/hospital buildings it may not necessarily build on same piece of land but on land which could be purchased at a lower price.

Kevin Daly raised a query that under the Health and Social Care Act the Trust was allowed to earn up to 40% of Private Patient Income (PPI) and if the Trust goes above 5% it had to seek approval of Governors.

Adrian Stokes advised that the Trust was only achieving 0.01% of its potential PPI cap. He advised that the Trust could now earn up to 49%, however, Governor approval was required to go above the 5% level.
Liz Steventon asked if the Trust was still having difficulties in achieving the 18 weeks target why it did not cut the number of elective surgeries undertaken in winter?

Adrian Stokes advised that this had already happened to cope with the pressures around A&E but that the Trust now needed to ensure it achieved 18 weeks target.

13.033.1 Birmingham City Update

Adrian Stokes gave an update on the current situation with the recovery of the debt owed by Birmingham City Council. He confirmed that BCC had made another offer which was being considered; however, there were some issues still to be settled around delayed transfer of care which needed to be agreed before a decision could be made.

Albert Fletcher (Birmingham North) noted the progress made and asked if this could be added as a specific item on the next agenda in order that it was not overlooked.

Phillip Johnson (Patient Governor) noted that it was important that the issues were agreed around the patient pathway but it needed to be resolved as soon as possible. It seemed that there was a sense of too much apathy.

Adrian Stokes reassured the Governors that the Board was taking this matter very seriously but that the outstanding issues around the patient pathway and discharge arrangements were also very important and key to agreement being reached.

Albert Fletcher questioned whether the Trust had a deadline to work to?

The Chairman advised that he hoped that a resolution would be in place by July.

Barry Orriss urged the Board to keep the pressure on for an early resolution.

Tom Webster congratulated Mr Stokes on the progress made especially in the light of Birmingham City Council being in such financial trouble.

13.034 MONITOR PLAN UPDATE.

Adrian Stokes advised that the CoG Finance and Strategy Committee chaired by Barry Orriss were leading on the scrutiny of the Monitor Annual Plan (MAP) and it was noted that:

- The Plan was required by the Monitor Compliance Framework
- It was a prescriptive document made of up standard templates and documents as set out by Monitor.
- Covered the three years 2013/14 – 2015/16.
- The Governors had received briefing on all the items set out in the document.
- The Board would need to sign off the plan and it was noted that a sign off against full compliance would be a challenge with the Board needing to make some judgement calls on target forecasts. If the Trust failed to achieve its targets it would be in breach and accountable to Monitor.

Barry Orriss noted that the process had been much better this year than previous years with Governors having much earlier input into the details of the plan.
13.035 QUALITY ACCOUNT UPDATE

Rachel Blackburn (Head of Corporate Risk & Compliance) presented an update on the Quality Account for this year’s Annual Report. She advised that the report had been prepared following the strict guidelines issued by Monitor and mandated by the DoH and was used to compare our Trust against other trusts. The purpose of the document was to provide patients, staff, members of the communities and commissioners with a report on the quality of the services that the Trust provides. Progress with completing the report was being made and it was noted that:

- The final figures had been added to the Quality Account.
- The mandatory National Quality Indicators had been completed.
- The external consultation had been completed and feedback noted including statements and comments received from Solihull CCG (with input from Birmingham CCGs), Solihull Healthier Communities Board and Healthwatch Solihull with minor changes to Quality Account following these comments.
- The external audit by PriceWaterhouseCooper had almost been completed.
- The next steps in the process included
  - Presentation to Trust committees.
  - Publication on NHS choices and Trust website by 30 June 2013.
  - A summary to be produced for distribution to stakeholders (in conjunction with Annual Report).

James Cox (Solihull Central) referred the meeting to Page 134 bullet point 8 - Ward 18 at Solihull Hospital with increased awareness on the SSKIN principles have also not reported a hospital acquired pressure ulcer since 2012. It was his understanding that this was incorrect as he had been contacted by a constituent whose relative had passed away as the result of a grade 4 pressure ulcer following which the case had been referred to the Coroner for investigation.

The Chairman requested that individual cases should be reported to himself or the Chief Executive for further investigation.

Lisa Thomson advised that she would speak to Mr Cox outside of the meeting.

Jim Ryan noted that there was no mention of safeguarding or the management of safeguarding and what was being done to improve this.

Rachael Blackburn advised that there was always some information that was not included in the report; however ever effort was made to include the most important items.

Jim Ryan reiterated that it was his belief that the management of safeguarding was crucial.

The Chairman noted that the Trust did provide an Annual Safeguarding Report which included all areas of safeguarding including management. He asked the Company Secretary to review the timing of this report and when it would be brought to the Council of Governors.

The Chairman thanked Rachael Blackburn for the amount of work she and her team had undertaken in producing this report.

The report was received.
13.036 NON EXECUTIVE DIRECTORS

13.036.1 Appointment of Senior Independent Director & Deputy Chair

_The Chairman_ advised that Anna East was standing down from her NED role at the end of June 2013. Mrs East was the Deputy Chair of the Trust and as a consequence it was necessary to appoint a new Deputy Chair. It was also appropriate to appoint a Senior Independent Director (SID) in line with Monitors Code of Governance. The Code proposed that all Foundation Trusts have both a Deputy Chair and SID both of which should subject to the consultation and approval of the Council of Governors.

The Chairman recommended that Les Lawrence, who was appointed as a NED in March 2012 and also chaired the Board’s Finance and Performance Committee and was previously chair of The Royal Orthopaedic Hospital NHS Foundation Trust, be considered for both roles.

_Barry Orriss_ believed that Mr Lawrence would be an ideal Deputy Chairman. He went on say that it was his belief that it was not normal practice for the Deputy Chair and SID to be held by the same person.

_Malcolm Pye, Interim Company Secretary_ advised that the Monitors Code of Governance recognised that both roles could be held by the same person.

_Albert Fletcher_ supported both the recommendations. The Chairman asked for a show of hands in favour and against. The motion approving the appointment of Les Lawrence, as both Deputy Chair and SID with effect from 1 July 2013 was carried by a strong majority.

13.036.2 Review of NED Remuneration – CoG Remuneration Committee

_Malcolm Pye_ presented the recommendations from the CoG Remuneration Committee meeting held on 10 May 2013 which discussed changes to the remuneration of those NEDs chairing core Board Committees.

It was noted that the quorum for the meeting is four members but only 3 members attended the meeting and it was agreed to seek derogation as to quorum from the Council of Governors.

Richard Harris had recently left the Trust to take up Chairmanship of the Royal Wolverhampton NHS Trust. As part of his role at this Trust he was Chair of Audit Committee. Anna East was due to retire from her position of NED at the end of June 2013, as part of her role she was Deputy Chair and also chairs the Boards Governance and Risk Committee. Because of the increased responsibilities of both these roles both Mr Harris and Mrs East were paid an additional £3k on top of their basic NED salary of £14,123.

Having considered the skills of the new NEDs, the Chairman had decided to appoint Alison Lord as Chair of the Audit Committee and recommend that Les Lawrence be appointed as Deputy Chair and SID (as proposed and agreed in 13.036.1). In anticipation of these changes the Council of Governors were asked to consider and approve the following recommendations:

1. A derogation as to quorum for the meeting held on 10 May 2013.
2. Les Lawrence should be paid at the increased rate of £17,123 to reflect both the increased role as Deputy Chair and SID and to also recognise his contribution as Chair of the Board’s increasingly important Finance and Performance Committee.
3. Alison Lord should be paid at the rate of £17,123 to recognise the responsibilities and importance of her duties as Chair of the Board’s Audit Committee.
4. For the time being and because of its critical importance, Lord Hunt would take over the Chairmanship of the Board’s Governance & Risk Committee on a temporary basis. Upon appointment of a permanent chair to that post he requested the flexibility to also pay that post holder at £17,123pa.

Recommendations 2 and 3 were proposed to be effective from 1 July 2013 and Recommendation 4 was to become effective from a future point in time, to be decided by the Chairman.

The Council of Governors approved all four recommendations.

13.037 GOVERNOR ELECTIONS AND TIMETABLE

Malcolm Pye gave an overview of the report as set out in the papers. On 21 March 2013 the Council of Governors approved a revised Constitution. The revised Constitution included changes to constituency boundaries and consequently required all elected governors’ positions both public and staff to be subject to fresh elections over the next few months. It was a requirement of the Constitution that an external Returning Officer was appointed to conduct the election process and together with colleagues from the Trust’s Procurement Directorate, an Invitation to Tender was compiled and advertised on 5 April 2013 with a closing date of 7 May 2013. Three organisations had submitted tenders that were currently being evaluated and it was anticipated that the contract would be awarded before 31 May 2013. The timetable for the running of elections was set down in the Model Elections Rules. The draft timetable which was subject to review and finalisation for the conduct of the elections was set out below

- 31 May 2013 - Award of Contract
- 5 June 2013 – Nominations Open
- 20 June 2013 – Nominations Deadline
- 10 July 2013 - Voting Packs dispatched
- 30 July 2013 – Close of elections
- 31 July 2013 – Results announced

Barry Orriss asked when they would cease to be Governors?

Malcolm Pye advised that changes became effective the day the results were announced i.e. 31 July 2013.

David Treadwell asked whether serving members should apply?

Malcolm Pye confirmed that any Governors wishing to apply would have to reapply in the normal way. The revised constitution, as agreed by the Council of Governors, changed the terms of service and as a consequence all governors would need to stand for election regardless of the terms they had currently served.

The Chairman advised that the new election date would enable the Trust to elect all governors at one single time. He thanked all Governors for their contributions and hoped that they would put themselves forward for re-election.

David Treadwell took the opportunity to thank the Chairman for all the changes he had bought about during his time as Chair commenting that the Council of Governor meetings were more open and inclusive and this was also reflected in the executive team supporting him. He believed that members of the Board were collectively and individually responsible for the running of the Trust and that the new Council of
Governor’s needed to ensure that NEDs continued to scrutinise performance and the appraisal process addressed and issues of poor performance.

Albert Fletcher echoed Mr Treadwell’s comments around the improvement in performance of the Board of Directors since the Chair had been in post.

The Chairman thanked the Council of Governors for their comments and asked that a resolution of thanks was passed for Anna East for her contribution and service as Deputy Chair and Non Executive Director.

Albert Fletcher proposed a vote of thanks.

The Chairman agreed to send a letter of thanks to Anna on behalf of the Board and Council of Governors.

The report was received and the proposed timetable for elections approved.

13.038 CONSTITUTION REVIEW

Malcolm Pye gave an overview of the report as set out in the papers. On 21 March 2013 the Council of Governors approved a revised Constitution, the majority of the provisions of which became effective from 1 April 2013. Subsequently, the government issued Commencement Order No 5 to bring into effect the remainder of the provisions of the Act. The attached track-change version of the Constitution indicated where further amendments needed to be made (excluding the four Annexes which remained unchanged). The changes now incorporated:

- Insertion of wording to show, as a specific right and duty of the Council of Governors, that it must give its approval before the Trust can make application to Monitor in respect of any proposed merger, acquisition, separation or dissolution (para 8.14.2.(e)).
- Removal of the requirement to make available to the public two documents (para 13.1).
- Insertion of wording to require Council of Governor approval before the Trust may make application to Monitor in respect of any proposed merger, acquisition, separation or dissolution (para 21).
- The above changes to the Constitution were approved by the Board on 7 May 2013 and now require consideration by the Council of Governors.

The report was received and agreed.

13.039 COMMITTEE REPORTS

13.039.1 Finance and Strategic Planning Committee

Barry Orriss advised that the Committee had met on 15 May 2013 and it was noted that there had been specific and detailed discussion on:

- Year end position
- Business plan for the current year
- CIP noting that next year the Trust were looking for a small surplus of £6m. He reiterated that finances were going to be very tight and CIP would be hard to achieve.

Richard Hughes asked whether the Birmingham City Council debt had been written off.

Adrian Stokes advised that the Trust had made a provision for the debt.
The minutes for the meetings of 4 March 2013 and 10 April 2013 were noted.

13.039.2 Hospital Environment Committee

*John Roberts* reported that the Committee had met on 4 April 2013 the minutes of which were included in the papers and it was noted that discussions had included;

- The improved pedestrian access at Heartlands Hospital
- Improvement of the signage from and to the main entrance at Heartlands
- An update on car parking
- An update on pest control and in particular the record keeping
- The demolition of medical records building to provide disabled parking
- The temperature of the main corridor at Heartlands during the winter months - the Trust were looking at heaters above the doors to elevate the problem.
- The quality of patient food at Good Hope Hospital. The regeneration ovens were not up to modern standards and were being replaced.
- The possible contamination of meat products, DNA testing had been undertaken on meat products and results would be presented at the next HE Committee meeting.

*Richard Hughes* referred to 13.16.3 in the minutes and noted that as per the earlier discussion on estate ownership the minute should say ‘most’ land and buildings are owned…. rather than ‘all’.

*The Chairman* asked about progress regarding the notice boards at reception in Heartlands. *Lisa Thomson* confirmed that a plan was in place but it would be a couple of months before completion.

The draft minutes for the meeting of 4 April 2013 were noted.

13.039.2 Patient Experience Committee

*Michael Kelly* reported that the Committee had met on 22 March 2013 the minutes of which were included in the papers. Mr Kelly started his report by advising that Gerry Robinson, Chair of CHC was seriously ill and that he wished to acknowledge the huge amount of contribution he had made to the Trust.

*The Chairman* agreed and confirmed that he would good wishes to Mr Robinson on behalf of the Board and Council of Governors.

The meeting had discussed:

- Sue Hyland and Chris Wright had attended the meeting to give an update on the closure of the discharge lounge at GHH. To date the closure had saved £180k. The situation would be monitored to see how the hospital manages without a discharge lounge.
- Sam Foster had given an update on the CQC visit to Solihull in relation to Ward 10. She confirmed that staff had been sent for training and an overall increase in patient satisfaction had been seen.
- An update on Patient Line was to be given to the next meeting.
- Further investigation was required on the cost of patient Do Not Attend (missed appointments) to the Trust.

*Barry Orriss* commented that the Trust patient appointment system still did not seem to be working properly. It did not seem possible to rearrange an appointment if you
were unable to attend but rather you had to go back on the bottom of the list. It did not appear to be very patient-friendly.

*The Chairman* asked if the Patient Experience Committee could ask for an update on the situation and bring it back to the Council of Governors.

*Liz Steventon* noted that the Trust did not seem to have system whereby patients could be contacted for short notice appointments following notice of cancellations.

*Phillip Johnson* asked if it was not possible to overbook clinics to 120% to get full utilisation of all appointments?

*Lisa Thomson* advised that some clinics did overbook, but some could not due to the level of risk and complexity of patient needs.

*Stuart Stanton* asked if any work had been undertaken to understand why patients missed appointments.

*Lisa Thomson* advised that there had and would bring back a report to a future meeting.

*Albert Fletcher* noted that it would be helpful when patients went to GPs if they gave GPs information of when they would not be available for appointments due to holidays etc.

*Tom Webster* reminded the meeting of the progress made and that there would always be problems of one kind or another.

*Kevin Daly* noted the excellent treatment he had recently received from the Maxillofacial clinic at Solihull Hospital.

*The Chairman* advised that a report would be bought back to the July meeting.

The draft minutes for the meeting of 22 March 2013 were noted.

**13.039.3 FT Network Conference**

*Mike Kelly* had attended an FT Network Conference on *The Challenges of being an effective Governor* and gave an overview of the day which had focussed on governor inductions, the need for mentoring and the suggestion of having governors at new governor induction meetings.

**13.040 ANY OTHER BUSINESS**

David Treadwell raised two points:
1. Had the Trust thought about setting up an office to chase payments when visitors from overseas use their services and do not pay?

   *Heidi Lane (Staff Governor)* advised that each site had a coordinator and team who were responsible for doing this.

2. Women’s Ward. He had recently had cause to experience the long delays patients experienced due to staff shortages and sickness and asked if the Trust were looking into staffing levels.

   *The Chairman* advised that the Finance and Performance Committee were monitoring staffing and sickness issues and plans were in place to ensure that
there were enough staff in place for autumn/winter 2014 including interviews currently underway.

David Roy advised that his father had recently been admitted to Ward 20 AMU and he had received first class treatment. He asked for thanks to be passed on to the staff team.

The Chairman asked if the Trust could look into a process for thanking staff for all their hard work.

Lisa Thomson agreed to take this forward.

Elaine Coulthard asked if the Trust was spending donations given to the Trust.

Albert Fletcher [who was a member of the Donated Funds Committee] advised that there was a large number of funds under the control of individual budget holders. There was considerable amount of money not being spent but he reassured the meeting that the Committee were working hard to ensure individual budget holders were aware of their responsibilities and that spending plans were in place to ensure funds were spent to the benefit to patients. Spending was constantly monitored and any delays were followed up by the Committee.

Albert Fletcher asked if those Governors who did not attend meeting be discouraged from reapplying for posts.

Malcolm Pye advised that in terms of discouraging Governors from applying this was not possible.

The Chairman assured Mr Fletcher the point was well taken.

13.041 COMMUNITY PATHOLOGY TENDER

Simon Hackwell (Commercial Director) presented an update on the Community Pathology Tender. There had been a delay in the process of one month from the Commissioning Body but he was unsure why this was the case.

John Roberts asked what was the impact to the Trust if the process was cancelled.

Simon Hackwell advised that nothing would change and the present process would continue. The Community Pathology Tender was for additional GP work and would be extra income for the Trust (circa £60m per annum). The original business case for building the new pathology lab was not based on receiving this extra income but had been submitted as part of growing the Trust’s position in the market.

The Chairman believed the bid would still go ahead.

Bridget Sproston asked who the Commissioners were.

Simon Hackwell advised that the CCG were the commissioners and NHS England were handling the procurement. The work was being undertaken by the Special Projects Team.

Tom Webster advised that Governors had had the opportunity to visit the new pathology lab and advised that the new machinery being fitted would have huge benefits to the Trust in terms of turning around results times.
The Chairman advised that the Council of Governors would receive a report should the timetable for the tender further change.

Simon Hackwell advised that his team were working with the CoG Finance and Strategic Planning Committee and would update them on any changes but would also update the Council of Governors at the next meeting.

The meeting closed at 6.37pm.
Matters Arising
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<th>Date raised</th>
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<th>Detail</th>
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<tr>
<td>15 July 2011</td>
<td>11.35</td>
<td>Establish Young Governors Council / Youth Engagement projects</td>
<td>LT / LL</td>
<td>On-going</td>
<td>Update on Transportation Strategy deferred until July as further work required on finances and staff consultation</td>
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</table>
|             | 12.16     | (a) Transportation Strategy Update  
(b) Business Case Review | JS       | July 2013 | (a) completed 31.01.13                                                 |
| 16 July 2012 | 12.47     | Birmingham City Council – update on debt resolution discussions | AS       | July 2013 | To be included as a regular item within Financial Performance Report and ongoing |
| 21 Nov 2012  | 12.70     | Winter Pressures Review | Chair/ CEO | Sept 2013 | New Governor Podcast to be developed post-elections.                    |
|             | 12.74     | Governor Podcast Update | Co Sec    | Autumn 2013 |                                                                       |
|             | 13.039.2  | DNA Missed Appointments Review | LT       | Nov 2013 |                                                                       |
Chairman's Report
Governors Elections 2013

I wanted to start my report by paying tribute to the Governors and the work you have done, not just throughout the year, but the many years you have been working with the Trust. I, along with my Trust Board Directors and senior executive team, have found your input invaluable as we have looked to develop and improve our organisation.

I know many of you have put yourselves forward for re-election and I wish you well. For those of you who have elected not to stand for another term, I would like to thank you for your input to date. We will be holding a Governors social event following the elections which will give us an opportunity to reflect together on the work we have done together so far.

The official timetable commenced on Friday 14 June, when the Trust issued a Notice of Election to fill the positions of 22 public governors and 5 staff governors. The Election process, which will run throughout the summer, will see public and staff governors elected by the members of the Foundation Trust.

The total Trust membership numbers currently stands at 111,950. All members have been informed of the election process and will be asked to vote in their relevant constituency. We look forward to announcing the results in August.

Youth Forum Project

I am pleased to be able to report that work continues on the Trust’s Youth Engagement project. A decision has been made to work in partnership with Solihull Youth Council and bring representatives from the schools and colleges who want to be part of the forum. The Youth Forum will then be empowered to set their own agenda with a youth forum conference planned for the late autumn 2013. Links have also been strengthened with Solihull Sixth Form College and Starbank School, focusing on recruiting younger members and raising health awareness.

This is in addition to the work which is ongoing with the Bordesley Green Neighbourhood Community Development Project. Here the Trust’s membership and community engagement team is working on joint initiatives including holiday kitchens, healthy eating promotions, youth engagement, and work experience. Current Community Partners include:

- Business in the Community – Business Connector
- Ashram Housing/Accord Group
- Saltley Housing Association
- Rosewood House Mental Health Rehabilitation and Recovery
- Crossover
I look forward to receiving regular feedback from the team and particularly from the young people who are taking part in and, in many cases, leading these projects.

Non-Executive Director Update

Following completion of his two terms of office on the Board, Paul Hensel, Non Executive Director, will be leaving the Trust on 31 July and so this will be his last Governors meeting. Paul has been an outstanding member of the Board and played a key role in a number of initiatives, including our IT agenda and the Trust’s charity work. On behalf of the Governors and the Board I would like to officially thank Paul for his commitment and service.

In addition, I would also like to inform the Governors that I have received the resignation from another of our Non-Executive Directors, Najma Hafeez. For personal reasons, Najma has taken the decision to resign and, again, I would like to thank her for her contribution and wish her well.

We will be discussing the process for appointing an additional Non Executive Director with the Governors’ Appointments Committee.

Following is my report presented to July’s Trust Board:

CHAIRMAN’S REPORT to the BOARD of DIRECTORS – July 2013

Safety, Quality and the Cost Improvements Programme

Following on from our very difficult winter which we have discussed many times at both our Board meetings and strategy meetings I, along with my non-executive and executive colleagues, continue to review and test our plans for next winter. As always, I continue to discuss improvements with our frontline staff as we emphasise the need to deliver safe care during this high pressure period.

One of the routes used to hold discussions with frontline teams is via the safety walk-round programme. I continue, as I do throughout the year, to encourage all of my Board colleagues to take part in these and to support this vital agenda. It provides one way in which the Trust Board can be connected to front line staff, patients and services. As I have highlighted before, this is a key component of the Francis Report and features heavily in the 290 recommendations made.

The Trust Board continues to meet to discuss the Francis Report and how we are responding to its recommendations. The work currently being undertaken will provide us with a clear gap analysis and impact assessment. As part of this, over the summer months we will be holding a series of meeting with frontline staff to discuss the work we have already undertaken and still
need to take which will inform the Trust’s overarching action plan. I would encourage all Board colleagues to attend these as it will provide a further opportunity for us to discuss quality and safety with frontline staff. I have asked that this detailed work the executive team is already undertaking is brought to this meeting for us all to input into and review. I look forward to this discussion and supporting our drive to improve our safety culture.

Annual NHS Confederation Conference Overview
The recent NHS Confederation Annual Conference delivered a very positive atmosphere among delegates despite the difficulty which the NHS faces. Over 1,600 NHS leaders and partners from across health and social care gathered in Liverpool including leaders from clinical commissioning groups, commissioning support units and academic health science networks. Many colleagues from other new organisations in the system including the new national bodies NHS England, Public Health England, Health Education England and NHS Trust Development Authority, also featured in exhibitions and contributed many expert speakers to sessions.

Four key ingredients for change were highlighted:

- Creating a strategy for the next decade;
- Ensuring business processes support the strategy;
- Addressing the problem of culture; and
- Developing a new style of leadership which reflects how the system operates.

There was a call for a strategy that moves money into the community to relieve pressures on hospitals but also creates the right financial flow to support trust viability as we transform care. It was recognised that at the moment the NHS is talking the talk but not walking the walk, given the considerable resources currently deployed into the acute sector. It was also highlighted that the NHS needs to ensure that its business processes, financial flow and incentives align with this strategy. The health service needs to define how it wants competition to work – currently too much of our methodology emulates how other markets work and are not fit for purpose for health care. For example, the failure regime is organised around institutions rather than systems.

On the subject of culture, it was acknowledged there is a clear need for change in the NHS especially following the Francis report, a new learning environment where people can learn from failure without fear of reprisal. This is something particularly I have asked the Executive to consider as part of our response to Francis as we have much to do to improve culture within our Trust.

I am in complete agreement with the Conference’s stance that the NHS needs to be more transparent and we must see transparency as a great friend to the service. When the public see NHS above the door there is a perception that the service is the same everywhere - we must allow a dialogue with the public about variation. Involving citizens in the shaping of their services and care, and engaging them in decision making is necessary to success and we must be confident enough to engage citizens.
I would encourage colleagues to review the Conference website where the presentations for many of the sessions can be found (www.nhsconfed.org/2013). The event featured the first conference address by Health Secretary, Jeremy Hunt, who told delegates that the NHS is not ‘on the brink’ in spite of the A&E ‘crisis’ and findings of the Francis report. He outlined details of a joint strategy with NHS England to tackle underlying problems. Sir David Nicholson, Chief Executive of NHS England, gave his first major speech since announcing his retirement next year, in which he praised leaders for remarkable progress and achievements. Shadow Health Secretary, Andy Burnham, addressed delegates saying he will repeal the Health and Social Care Act 2012 should Labour win the next election.

A number of important publications and reports were launched including a report reframing the debate about reconfiguration. This alliance of organisations representing the joint forces of patients, clinicians and managers says past experience of NHS changes, which can be driven by financial or clinical crisis, has polarised the debate to the extent that the service risks being paralysed, even though major change is essential for its successful future. The report ‘Changing care, improving quality’ calls for ‘more meaningful’ engagement in how health services are arranged and changed with all those groups impacted by them.

Also launched at the Conference was the new Healthcare Innovation Directory and Associated Fund, which, it is believed, over time will bring up to £250 million into the NHS to support innovation projects and products developed by members. This is a collaboration with some of the biggest trusts in the NHS but is also providing a vehicle for all NHS Confederation members to attract funding for their work.

**Fundraising**

The end of year figures for the charity has demonstrated increased income in every area with the exception of legacies. Despite the continued difficult financial climate, the charity has reported a 28% increase in donations, 400% increase in grants and a 50% increase in fundraising income. The overall performance of the charity was up by 14% on last year, despite the downturn in legacy income.

The objectives for the coming year will be built on this success by increasing donations and improving awareness of the charity, particularly amongst staff. A legacy strategy is in the process of development but is not expected to have an impact on income for at least two years and a campaign strategy for the Women and Children capital appeal is due to be considered by the Donated Funds Committee.

The Friends of Solihull Hospital continue to provide support and have recently had their most successful summer fete yet, helped by an appearance from the sun, with over 1,000 local residents attending. On behalf of the Board I would like to thank them for their continued and much needed support.
Volunteering

The number of volunteers continues to grow as does the range of roles they are undertaking. The objective of achieving 800 volunteers by the end of June has been exceeded before the deadline and the Trust now has 830 active volunteers across its services, which represents a 50% increase from two years ago. The key objectives for the coming year will be to increase volunteer numbers to 1,000, to achieve ‘Investors in Volunteers’ status on behalf of the Trust and to deliver an annual ‘Long Service Awards’ ceremony to appropriately recognise volunteers who have achieved 5, 10, 15, 20 and 25 years of service to the Trust.

Ian Kennedy Review

The interview phase of the Review has now been completed with the vast majority of those invited having attended a meeting with Sir Ian, although some individuals have declined to attend. In total, Sir Ian has conducted 56 interviews with staff and seen 21 individual patients/relatives as well as the group meeting at Solihull. The number of days required to carry out this phase has been more than initially anticipated as further information has come to light during the process which has resulted in longer than planned interviews. This will increase the initial costs outlined by approximately £38k, particularly with regard to Sir Ian’s costs and those of the stenographers attending every meeting. It may also increase the amount of time Sir Ian will require to finalise his Report. Sir Ian is now collating the information he has gathered both by way of interview and that provided by the Trust and it is anticipated his Report will be available to the Board later in the year.

Council of Governors

The Chairman’s Breakfast Seminars continue to prove to be very popular. Carl Holland, our new Head of Operations for Heartlands recently attended a seminar and talked to the Governors around the issues in managing patient flow and winter planning preparations. As always, a lively debate took place with the Governors raising numerous questions and seeking reassurance that plans were in place for the coming winter.

Governor Elections will be taking place this month. As part of this process we have been holding sessions for potential new Governors to come and meet members of the Executive team and put their names forward as Nominees. The closing date for receipt of applications is today, 2 July. Results will be declared on 12 August. Following their election, all Governors will hold their term of office for the next three years.

Chairman’s Lecture

I am pleased to confirm that Professor Sir Bruce Keogh, NHS England’s Medical Director, will be giving the next Chairman’s Lecture on Friday 16 August at Heartlands Hospital. During the transition to new NHS structures, Sir Bruce continued in his role as Medical Director of the National Health Service in England and maintains responsibility for clinical quality, policy and strategy and postgraduate education of doctors, dentists, pharmacists and clinical scientists.
Board Strategy – June

Just as by way of a recap the Board recently held a Board Strategy session where we looked forward to the challenges facing the Trust. Here Mark Newbold and Simon Hackwell revisited the Trust’s Corporate Strategy. Our vision, purpose and four key priorities remain unchanged as we enter the next few years, although there was a change of emphasis in a number of areas.

The link between our clinical and business transformation and research strategy was highlighted as set out following:

The external environment was also examined and the following key trends were identified:

- Increasing elderly population;
- The increasing challenge around patients with long-term conditions;
- The ongoing financial challenge; and
- Potential changes in commissioning.

The Board was presented with a number of options around how the Trust might position itself in relation to these. Whilst in the current year the emphasis was on securing additional capacity both within and outside of the hospital to cope with emergency pressures, it was agreed that the Trust should examine different approaches to long-term conditions.

The final part of the presentation was around how we can improve our capability to undertake transformational change. It was recognised that this was particularly challenging in the light of day-
Chairman’s Report

Council of Governors

July 2013

Council of Governors
July 2013

Agenda

Welcome
Declaration of Interest
Apologies
Minutes
Matters Arising
Chairman’s Report
Chief Executive’s Report
Financial Performance 2013-14 year to date
Car Parking Strategy Update
Staff Survey Findings & Response
Reports from Committee
Any Other Business

Chairman’s Report

Today operational priorities but equally all agreed that our future success depended on the Trust’s ability to change itself.

The Board agreed the following:

1) There was a need for a document to be produced that captured our strategic work in one place. It was accepted that this document would not have all the answers but it should contain a strong narrative around our future direction.

2) The Trust will look to secure a transformation partner to assist with making medium to long-term change. Of particular importance was the need to improve our capability around managing the ‘people’ aspects of change and winning hearts and minds.

3) It was important to explore some new approaches to managing patients with long-term conditions. This would be achieved through three programmes:
   a. examining whether the Trust could position itself as ‘chief integrator’ along a particular pathway (diabetes was considered most likely);
   b. whether different arrangements around managing population health could be achieved by working in partnership with a number of GP practices;
   c. active support and participation in the integration of Solihull’s health and social care system.

In addition to this presentation, the Board had the opportunity to meet with Sir Ian Kennedy and hear an update on his views and progress on his Report. The Board was also privileged to hear from a former patient on her direct experiences and suggestions which were invaluable and will form part of our improvement actions going forward. We were very grateful for both Sir Ian and the former patient for taking the time to discuss their views and thoughts. We very much look forward to Sir Ian’s final report which is, as I mentioned earlier, to be published later this year.

In the final session of our meeting Andrew Laverick and Aresh Anwar presented an update on the ‘Paperless Hospital’ and the wider challenges this presents. The Board was provided with an update on the progress against:

- Scanned Medical Records
  - Where the viewer and scanning process was implemented April 2011
  - Over 180 million images scanned to date which equates to 800,000 volumes.

The current challenges facing the organisation remain:

- Reducing use of paper and switch to use of Electronic data
- Ease of locating some of the data within the notes, as notes are scanned as found
- Appropriate and adequate hardware/software

The future challenges concerning whose record is it anyway and the drive for shared records are part of the actively going forward. It was recognised that this important and exciting agenda was something on which the Board requires regular updates going forward.
VISITS and MEETINGS

Since the last Board Meeting I have continued to go out and about, internally and externally, and these visits have included:

HEFT Supplier Day

The National Motorcycle Museum played host to our annual meeting with our suppliers where we thanked them for their support over the past year but also gave them the opportunity to share new innovations and ideas with us.

HEFT Senior Nurses Visit to Westminster

I had the pleasure of hosting the senior nurses at the Palace of Westminster recently. The visits were an opportunity to share a behind the scenes look at the workings of the House of Lords and Commons including observing some of the debates around Francis and other planned health policy and issues.

Community Health Fair

I attended the Hindu Community Health Fair on Saturday 29th June at their temple in Tyseley. The Fair provided the Trust together with other health partners the opportunity to meet with the local community encouraging residents to find out about their health needs. There were Consultants from the hospital on hand to give advice on Alzheimer’s disease which is the most common cause of dementia, affecting around 496,000 people in the UK, to hear about Women’s Cancers and the difficulties faced by carers as well as provide information on healthy eating, diabetes, eye screening and other general health care.

National Bereavement Conference

I chaired the morning session of this year’s National Bereavement Conference on compassionate care at end of life. This sensitive subject was debated by many professionals seeking to find new and innovative ways of supporting families through what can be a terribly sad and traumatic time.

Dr Andrew Coward, Birmingham South Central CCG, Chair

I met with Dr Coward and Dr Diane Reeves to gain an understanding around what they currently doing in the region and their plans moving forward for acute and community based care.

Camilla Cavendish, Associate Editor, The Times

The Associate Editor from The Times was interested in comments I had made in Hansard around the HE sector and in our meeting we discussed the quality of care and the work we are completing with Birmingham University.

HEFT/RCN Healthcare Assistants Conference
Chairman's Report

July 2013

I was asked to sit on the panel at the ‘ask the panel’ session in the morning of the conference. Healthcare assistants were given the opportunity to ask myself and other healthcare colleagues about our thoughts about the profession and what the future holds.

Unite Student Health Visitor Question Time

I chaired West Midland Student HV question time. This was an event that aimed to help students to focus on their important roles and at wider policies affecting health and their role in leading the profession into its future.

Urgent Care Review

I met with Dr Patrick Brooke, Dr Anand Chitnis and Karen Middlemass along with our commercial team around Solihull Urgent Care.

Organ Donation

In joining this committee as Chair, I attended my first meeting with our organ donation team where we discussed the remit of the donation committee and its membership. There is a big national drive for people to register on the Organ Donor Register and we must ensure we are doing all that we can to support this worthy cause.

Lord Philip Hunt of Kings Heath
Chairman
July 2013
Chief Executive's Report
Quality

In my report to July's Trust Board, which follows, I have continued to highlight the challenges we are facing and the actions we are taking to ensure patient safety and the progress towards achieving the 4-hour access target. We met this key measure in June and, as writing this report, I believe we only just missed it in June, although the final numbers are still being verified. We are continuing to review all of the actions which have been taken and the plans being prepared going forward to ensure that we are doing everything possible to meet this standard and plan for the oncoming winter. I will continue to update Governors on the progress we are making.

We monitor performance for the organisation in answering both informal and formal complaints. Comparing the first two months of this financial year with the same period last year, both Good Hope and Heartlands have seen an overall fall in the number of concerns raised over this period, with more issues raised being resolved and actioned quickly through a local informal process. Solihull Hospital has received fewer complaints (including formal and informal) with a reduction in both formal and informal. Information is captured on all complaints (informal and formal) with issues and trends reported back to each area so that trends can be quickly picked up and the appropriate action taken.

The Friends and Family Test (FFT)

As I highlighted in my last report to the Council, one of the new national measures is the Friends and Family test which uses the single question ‘How likely is it that you would recommend this service to friends and family?’ to measure performance.
Chief Executive’s Report

The scores are calculated by analysing responses and categorising them into promoters, detractors and passive responses. The detractors are then subtracted from the promoters to provide a score.

Trustwide FFT scores analysed by the percentage of promoters, passives and detractors

The FFT score fell in April 2013 to 62 points. A&E Departments are now included in the survey, the Trust response rate for April was 8.2%, which was 27% return rate for Inpatients and 3% for A&E. Initial indications for June 2013 suggest the A&E collection rate will exceed 15% in June 2013 following the introduction of a mobile phone text-back service.

In addition to asking patients whether they would recommend the service to friends or family, the majority choose to leave feedback to the three additional questions with the FFT. This measure of overall satisfaction at the patient’s point of discharge has proved to be a route for compliments and observations rather than complaints, with the majority of comments highlighting what has gone well and where staff could be nominated. These results are being shared at ward level with an award scheme being developed for consistently high achieving wards and individuals regularly highlighted by patients as going ‘above and beyond’ the call of duty.

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<th>Site</th>
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<th>Q2. We could have done better?</th>
<th>Q3. Staff nomination</th>
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Summary Parliamentary Health Service Ombudsman (PHSO) case profile 2012 - 13

The number of complaints referred to the PHSO in 2012/13 was less than half than was referred in 2011/12. Since 2010/2011, the amount of compensation the Trust has been told to pay out has decreased and the findings of service failure and maladministration have halved each financial year.

There are still four cases that are still ongoing from 2012/13 but, depending on their results, the Trust has not had to pay any compensation at all and, to date, there have been no findings of maladministration or service failure.

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PLACE (Patient-led Assessment of the Care Environment)

I would like to thank all of those Governors who gave up their time to take part in the PLACE Assessments. I appreciated that this process was far from ideal and there is a great deal of feedback and learning to share with the Department of Health on how to hold these going forward. I know our team is in the process of setting up a review group which governors who took part will be invited to attend to help to inform the process going forward.

As many of you will be aware, this is the first year of PLACE inspections have been completed. Replacing PEAT assessments, the visual assessment of 68 inpatient wards, outpatient and emergency areas over a 10-day period provides a non-technical view of the buildings and non-clinical services. Unlike PEAT, the PLACE inspections contain at least two patient assessors and a staff: patient assessor ratio of at least 50:50.
Chief Executive’s Report

Key inspection themes include:
- Medical gas equipment rusty
- Toilets not signed male or female
- Dusty ventilation grilles
- Flaking paint
- Computer keyboards on COW dirty and dusty
- Washing machine / drier stored in toilet
- Linen curtains not dated
- Emergency pull cords missing in toilets
- Dusty bedside TV support arms
- Chipped sinks.

Results are expected to be published nationally with further steps to be announced although a benchmarking report is likely. The Trust’s results are expected later this year.

Solihull Integrated Care Pioneer Bid

Following the announcement in May by Norman Lamb, health economies have been invited to bid to become integration “pioneers” running large-scale experiments in integrated care. Those areas awarded pioneer status will be offered support and advice to help overcome barriers to care integration from a central Integrated Care and Support Exchange team. It was speculated that were expected to be 10 pioneers selected in the first wave, and the selection panel would be looking for ambitious, large-scale experiments in integrated care.

The key stakeholders in Solihull, including ourselves, agreed to submit an expression of interest. I have sent a copy of this, which had to be submitted by 27th June, under separate cover to Board members. The sponsor of this is the Health and Well Being Board in Solihull.

The outcome of these bids is scheduled for September. At this stage the expression focuses on the key relationships and shared principles in place, rather than a detailed work programme. The test for all stakeholders is whether this will now trigger transformational work around integration in Solihull.

Whilst there is no new funding attached to becoming a successful pioneer, it is likely that political and system support will be given for transformational change such as increased flexibility around rules on procurement and competition, the ability to negotiate contracts for periods longer than one year, and the ability for local clinical commissioning groups to have more direct control over the commissioning of primary care. This is reflected in the wide number of health and social care regulators and national bodies that have agreed to support the pioneers (including Monitor).

After a number of false starts, it is hoped that this will be a new chapter in the integration journey of Solihull; one that will commence a different pace and scale to what we have seen previously. The work over recent weeks does suggest that all parties are in agreement with this.
Ultimately for the Trust, this could take part of our organisation in a different direction and there will be some challenges and risks ahead for us in terms of financial sustainability, governance and meeting statutory and regulatory requirements in a local system where we may have less autonomy over our work. However, Solihull presents us with the ideal set of conditions and relationships to pursue the integration of services for the benefit of our patients and building a sustainable health and social care system.

Even if the Expression of Interest is unsuccessful in achieving ‘Pioneer’ status, all parties are committed to the cause and this document represents a useful ‘coming together’ on which we can base future change.

**Solihull Urgent Care**

As previously discussed with the Board and at Governors meetings, the work around reviewing the urgent care system in Solihull is gathering momentum. The Trust continues to be closely involved in work. Although the starting point for the review was around the future of the Walk In Centre located at Solihull Hospital, there is now widespread agreement that a wider review of urgent care should be undertaken. A clinical reference group is being established to design future options and it is hoped that Nigel Edwards from the Kings Fund will facilitate this work.

Although there is no suggestion of services being withdrawn, it is felt that a formal public consultation will be undertaken at some point in the future (possibly autumn/winter this year). A key question will clearly be how widely the future of the hospital, including the A&E department, features in these discussions. The work is being sponsored by the Health and Well Being Board of Solihull Council and their support will be important in moving forward.

**NHS England review of urgent and emergency care**

NHS England has recently launched a consultation to gather the views of patients, the public and NHS staff to help shape the future of urgent and emergency care services. This is based on four ‘emerging principles’ for urgent and emergency care in England for a system that:

a) Provides consistently high quality and safe care, across all seven days of the week;
b) Is simple and guides good choices by patients and clinicians;
c) Provides the right care in the right place, by those with the right skills, the first time;
d) Is efficient in the delivery of care and services.

Underpinning this is a number of design principles, none of which are particularly surprising.

In the evidence base produced to support the review the conclusion contains the following:

“That the evidence base for improving urgent and emergency care in England indicates that there is variation in access to primary care services across England leading to many patients accessing urgent and emergency care services for conditions that could be treated in primary care. There is also variation in the management of patients with long-term conditions by primary care services.”

And
Chief Executive's Report

July 2013

“Fragmentation and variation in urgent care services emphasise the problems of patient confusion and limited ability to navigate the current system. This leads to poor patient experience, duplication of efforts and resources and in some cases, patients defaulting to the familiarity of an A&E department, despite this not being the most appropriate service for their needs.”

This perhaps highlights that changes in primary care will be at the forefront of any recommendations for change.

Performance of Foundation Trust FT sector 2012/2013

Monitor has just published its review of the performance of the 145 Foundation Trusts in the last year. The Trust appears to be broadly in line with most of its key findings.

Operational performance

• The FT sector has significantly underperformed against the 4-hour A&E target this winter. 47 FTs breached the target in Q4 (January to March 2013). Overall performance in Q4 was 94.3% against the 95% standard.
• Infection control continues to improve although the rate of improvement has slowed compared with prior years.
• Performance against the referral to treatment (RTT) and cancer targets has generally improved in 2012/13. However, the operational pressures from non-elective activity (A&E) appear to have contributed to deterioration in performance in Q4.

Financial performance

• The FT sector delivered a surplus before exceptional items of £540 million for the year ended 31 March 2013. This was £159 million ahead of plan and a £31 million improvement on last year.
• EBITDA margins for the year of 6.0% were fractionally better than plan (5.9%) and slightly down on last year (6.1%).
• Although total revenues were 3.7% ahead of plan, cost pressures (agency staffing and drugs) resulted in this additional revenue generating a limited incremental margin (6.9%). Furthermore, the sector’s delivery of CIPs was 14.8% lower than plan, at £1.3 billion (3.4% of operating costs).
• Cash balances continued to grow strongly and the sector had £4.5 billion on the consolidated balance sheet at 31 March 2013. Once again the sector failed to plan capital expenditure robustly and ended under-spending by £841 million against plan.
• The number of FTs in deficit rose from 15 to 16 over the year. Gross deficits were £143 million (2012: £105 million).

Regulatory Issues

• 19 FTs were in significant breach of their terms of authorisation at 31 March 2013. Five FTs were taken out of significant breach during the year and a further seven FTs found in significant breach.
Chief Executive’s Report

Emergency Care Pressures

The on-going emergency pressures are continuing to prove challenging for the Trust; however, the trajectory presented to Monitor is being met. This means that the Trust is working towards meeting the four-hour access target by the end of the first quarter.

The pressures in A&E are continuing to be reflected across the region. As I reported to the last Trust Board, the organisation took part in a Risk Summit called by our Commissioners. This has been followed up by an additional meeting where it was agreed that the Trust is taking all of the actions possible to address performance issues.

Three specialist organisations (the Oak Group, ECIST and McKinsey) have now reviewed different aspects of the emergency departments and flow. They have given advice which has been incorporated into our recovery plan. Our aim is to be meeting the 4-hour access target by the end of the first quarter this year and, whilst this remains very challenging, everyone is working to achieve this position.

All performance targets continue to be very closely monitored by the Executive Team on a weekly basis and reports are taken to the Finance and Performance Committee for challenge and reassurance. In addition, I continue to support the NHS England Urgent Care Board where representatives from across the region meet to review issues across the sector and actions and future plans.

The main risk for next winter is capacity within the community, including social care, and we are working to clarify and mitigate this via the Urgent Care Board.

I have met with staff on all sites to discuss our commitment which includes:

- A continued commitment to full staffing in our emergency departments;
- A commitment to build on our current acute medical unit base;
- Introduction of supervisory ward sisters to ALL wards and commitment to ensuring a minimum nursing base on all wards; and
- Support for a new community based support and rehabilitation team helping facilitate early discharge;
- A continued commitment to funding healthcare at home to help facilitate discharge, and to increasing our ‘out of hospital’ capacity, in order to both ensure timely discharge and provide care in the appropriate setting;
- Commitment to introduce a new rehabilitation facility to enhance discharge on the Good Hope Hospital site;

And externally:
• Continued work with our community partners - CCGs, City Council, Birmingham Community Trust- aiming to help reduce presentations to A&E and help facilitate timely discharge through an expansion in community support.

Q4 2012/13 monitoring of NHS foundation trusts

Monitor’s analysis of the Trust’s Q4 position is now complete. Based on this work, Monitor has given the Trust the current ratings:

☐ Financial risk rating - 4
☐ Governance risk rating- RED

As can be seen from the attached information from Monitor, the Trust has been assigned a Red governance risk rating, which reflects its failure to meet the A&E 4-hour wait target for three consecutive quarters (Q2 2012/13 to Q4 2012/13). As can be seen from the letter, Monitor acknowledges our position that we are likely to breach of the target in Q1 2013/14.

Whilst Monitor has not found the Trust to be in breach of licence, the governance risk rating will remain Red until at least Q2 2013/14, the target date for achieving sustainable compliance with the A&E 4-hour waiting time target. Monitor will assess, at that stage, the appropriate risk rating in light of the circumstances prevailing at the Trust at that time.

Surgery

Following a number of emails, conversations and meeting with colleagues across surgery, it is evident that the winter pressures we have faced have had a significant effect on the Trust’s surgical activity. The teams are working urgently on both the current operational challenges, and the strategic reconfiguration process, across our surgical functions.

Research Benefiting Patients

Dr Adel Mansur and his Asthma research team at the Trust have led a Bronchial Thermoplasty clinical trial. This trial proved the treatment was a success and Trust is to be the only local centre to offer this treatment. The first patient has undergone procedure as standard care and has spoken of the benefits of the treatment, Dr Mansur’s team and of the research.

In addition, researchers at the Trust are leading the way in developing the most effective ways for patients on ventilation machines to breathe by themselves. The research team, led by Professor Gavin Perkins, Consultant in Intensive Care at Heartlands Hospital, has secured funding of £1.3 million to complete the research in partnership with the University of Warwick and the Intensive Care Foundation. Many patients in Intensive Care can require mechanical ventilation; the use of a machine to breathe for them. Whilst this is life-saving, it can cause long-term problems. This research will look at establishing a standard for weaning patients off
Council of Governors
July 2013

reliance on the mechanical ventilation, as soon as it is safe to do so. The results of this research will then change or inform clinical practice in the local area. The study will involve over 40 centres in the UK, with Heartlands Hospital and Good Hope Hospital involved.

Meetings and Events attended:

Over the last few months I have continued to meet with staff, patients and complainants to hear and understand their views and experiences of the Trust and the services we provide. We are continuing to closely measure patient experience and using the information to shape the changes we make. This includes asking staff if they would recommend their area or service to a member of their family and friends. We will be reporting results, once completed, later this year and we are continuing to use this to challenge staff to look at what they individually, as a team, and as an organisation need to do to improve the patient experience.

Leadership and Culture

I took part in the Leadership & Culture Conference, which was hosted by Medicademy LLP, and focused on the need for a change in leadership style in the Wake of the Francis report. Here we discussed the case for a distributed leadership approach, which was led by David Relph, Head of Strategy and Business Planning at University Hospitals Bristol NHS Foundation Trust. It was proposed that leadership has to change set against the context of the systematic decline, and even failure, of too many organisations. Unless we can re-think how we approach ‘moving the people’ then the best strategy in the world is worthless. It is clear that a top-down, transactional approach is not working and this is something this Trust’s focus on safe and caring services needs to embrace with a new approach to staff engagement. One of the key addresses was given by Karen Lyanas, deputy managing director of the NHS Leadership Academy. Here we reviewed how the evolving culture is one of our most perplexing leadership challenges and yet if we want a different culture, based on patient-centredness, where higher moral values trump less helpful behaviours in the moment, then it is a challenge we must face as individuals, as organisations and, just as importantly, as a system. This is a key element of the strategy the Trust is developing which will encompass a compact for behaviours.

Royal College of Surgeons of England Regional Representatives Conference

I was invited to speak at the Royal College of Surgeons (RSC) of England Regional Representatives Conference in June. The RCS England hold a conference twice a year that aims to bring together Directors of Professional Affairs and Regional Specialty Professional Advisers plus Heads of School, Training Programme Directors and Surgical Tutors from around England, Wales & NI, to discuss the latest healthcare issues and also share the work RCS England is currently undertaking.

Heavily influenced by the Francis report, the theme for June was professionalism and I spoke on the topic of ‘raising concerns regarding professionalism’ at Trust level.
Chief Executive’s Report

Council of Governors

July 2013

General Managers

I continue to meet with the Trust’s General Managers to highlight the issues we are facing corporately and how the changes we are making are being implemented at the frontline. These are valuable meetings where we share experiences and support a key staff group who facilitate change within our organisation.

The Nuffield Trust

I have met with colleagues from the Nuffield Trust to discuss health policy and economics. We reviewed how they could work more closely with the Confederation to translate some of the Nuffield’s research among the NHS leadership community. This includes an ongoing piece of work to map the productivity challenge in more detail; deliberative polling to understand people’s attitudes to key health service issues; and detailed analysis of NHS financial flows.

Keele University Clinical Management Courses for Specialist Registrars

I was invited to speak at a Clinical Management Courses for Specialist Registrars, presenting on ‘Current NHS policy and the impact at local level’.

Role of Technology in the NHS - Reform Seminar

I was invited to take part in a Role of Technology in the NHS Reform Seminar. This was an interesting forum where we reviewed the new NHS landscape and the understanding of the priorities for the English NHS and the degree of the fiscal challenges. By understanding which parts of the Francis Report are in need of immediate focus, an individual plan needs to be evolved to improve quality, reduce costs and address patient needs. The experience of both public and private sectors suggests that technology will have a central role to play. This event was the first in a series of discussions to explore the opportunities and challenges to enhance productivity and technology in the NHS.

Hospitals Forum

I continue to chair the Hospitals Forum of the NHS Confederation where we collectively have discussed the recent winter pressure challenge. There was recognition that the current system does not have the capacity to cope, with the main reported causes including:

- Cuts to social care budgets
- Fragmented and insufficient capacity within community care
- Financial pressures have resulted in acute providers reducing capacity - bed numbers down, average bed occupancy levels up
- Patchy primary care cover over the Christmas holidays and out of hours
Comments in response included:

- Pressures are often expressed within hospitals first, but the cause often lies within the wider system
- Much better system working is required - Northern Ireland, where health and social care services are integrated, have less of a problem in this area and greater flexibility to shift resources around to meet demand in different ways. In England, it is recognised that some incentives do not always align across the system, so that risk and responsibility often falls on hospitals as the ‘place of safety’
- Fair remuneration for urgent care is needed, which is currently paid at 30% of tariff for activity above the 2009 baseline. Activity has continued to rise even at the marginal rate. The 70% hospitals lose for this work this needs to be reinvested into proven strategic transformation measures in community and primary care that can curb demand
- Hospitals also need to think about taking ownership of the demand management issue - working with other providers in community and primary care. There are great examples of this working on a small scale, but much more of it is needed.

Northern Ireland Medical Leadership Symposium

I was invited to speak at the Northern Ireland Medical Leadership Symposium. Here I was part of a discussion on local changes and Francis issues providing a perspective as a medical Chief Exec and I spoke on our Trust’s approach to open and transparent leadership using social media.

Social Media Use within Healthcare Conference

I was invited to present at a conference led by social media communicators Klood on the use of social media within healthcare. There were excellent presentations by Patient Opinion and a number of patients who are actively using social media.

Patient Safety Congress (PSC) Chief Executive Summit

I was invited to speaking at the PSC Chief Executives Summit. The Congress itself is now in its sixth year. The Summit offered a protected environment to explore the areas around patient safety that provide the greatest challenges. I took part in a stimulating session on using clinical insight to inform strategic change. Many organisations struggle with implementing processes and practice that can have a major impact on improved performance and patient safety outcomes.

University partnerships

I continue to work with all of our University partners to discuss improving working relationships. Over the past few weeks I have met with Aston University and took part in a research seminar hosted by Warwick Business and Medical Schools.
I also attended an event at the University of Birmingham Health Services Management Centre, hosted by Professor Jon Glasby, where Jeremy Taylor of National Voices spoke on compassion in healthcare. An excellent debate on this very important topic followed.

**Sir Stephen Moss - Piloting Pre-degree Care Experience Steering Group**

I have been invited by Sir Stephen Moss to take part in the Pre-degree Care Experience for Nursing Steering Group. Recommendation 187 from the Robert Francis inquiry into The Mid Staffordshire NHS Foundation Trust said that student nurses should spend a minimum period of time, at least three months, working on the direct care of patients under the supervision of a registered nurse, and that satisfactory completion should be a pre-condition to continuation in training. The Government response suggested that this should be tested to see if up to a year would be better, and asked Health Education England (HEE) to pilot and evaluate pre-degree nurses undertaking a year as a carer before recommending how it should be taken forward. The intention in asking those who commence NHS funded nursing degrees to first spend up to a year as a carer is to promote an experience of frontline care underpinned by those values and behaviours needed to work in the NHS. A steering group, directing and overseeing the pilot, will be chaired by Sir Stephen Moss. Stephen is a former director of nursing at Nottingham University Hospitals NHS Trust who was invited by Monitor to take on the Chair of the Mid Staffordshire NHS Foundation Trust after the initial Healthcare Commission report into standards of care at the Trust.

**Leading edge in acute and community integration workshop**

I attended a meeting which was led by Solihull Hospital and Community Care and hosted by the Kings Fund which brought together trusts from across the country to look at progressing integration between acute and community. This was a great opportunity for senior staff and clinicians to learn from each other’s experiences with the aim of driving further integration.

We have just submitted a joint bid to become a national ‘Pioneer’ site for integrated care development, building on the work we have carried out in the borough over the last two to three years.

**Dr Mark Newbold**

Chief Executive

July 2013
5 June 2013

Dr Mark Newbold
Chief Executive
Heart of England NHS Foundation Trust
Chief Executives Office
Bordesley Heartlands Hospital
Bordesley Green
Birmingham
West Midlands
B9 5SS

Dear Mark

Q4 2012/13 monitoring of NHS foundation trusts

Our analysis of Q4 is now complete. Based on this work, the Trust’s current ratings are:

- Financial risk rating - 4
- Governance risk rating - RED

The Trust has been assigned a Red governance risk rating, which reflects its failure to meet the A&E 4-hour wait target for three consecutive quarters (Q2 2012/13 to Q4 2012/13), its expected breach of the target in Q1 2013/14, and Monitor’s on-going investigation into a potential licence breach.

As per our letter on 21 May 2013, the Trust’s governance risk rating will remain Red until at least Q2 2013/14, the target date for achieving sustainable compliance with the A&E 4-hour waiting time target. Monitor will assess, at that stage, the appropriate risk rating and regulatory action, in light of the circumstances prevailing at the Trust at that time.

I have attached a one page executive summary (Appendix 1) of your Trust’s Q4 results for your information and a report on the aggregate performance of the NHS foundation trust sector will shortly be available on our website (in the News, events and publications section) which I hope you will find of interest.

For your information, we will shortly be issuing a press release setting out a summary of the key findings across the NHS foundation trust sector from the Q4 monitoring cycle.

If you have any queries in relation to any of the above, please contact me or Laura Mills by telephone on 020 7340 2473 or by email (Alexandra.Coull@monitor.gov.uk or Laura.Mills@monitor.gov.uk) at the earliest opportunity.

Yours sincerely

Alexandra Coull
Senior Regional Manager

cc: Lord Philip Hunt Chairman
    Mr Adrian Stokes Finance Director
Heart of England NHS Foundation Trust
Q4 2012 - 13 Reporting Executive Summary

Summary Income & Cash Flow vs Plan

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- The Trust has been Red rated for governance until at least Q2 2013/14, as it attempts to deliver a return to sustainable compliance with the A&E 4-hour wait target.
- The Trust delivered a FRR 4 in 2012/13, however, this was supported by a significant impairment which improved the Trust’s financial efficiency metric. Underlying operating performance as measured by EBITDA was £6.5m below plan due to CIP shortfalls and other pay and non-pay cost pressures which were partially offset by income over-performance.

Key risks

- **Emergency performance**
  - The Trust has failed the A&E 4-hour wait target for three consecutive quarters (Q2 2012/13-Q4 2012/13).
  - The Trust has engaged with ECIST, The Oak Group and McKinsey to provide external input into plans to resolve pressures on the urgent care pathway.
  - The Trust approved a revised action plan in April 2013 (in addition to the plan approved in November 2013), which amongst other things addresses the ECIST recommendations.
  - The Trust is targeting a return to compliance with the A&E 4-hour wait target by Q2 2013/14.

- **Financial Performance**
  - The Trust delivered EBITDA £6.5m behind plan in 2012/13, with a CIP shortfall (including revenue generation schemes) of £4.3m. Whilst the financial plan was predicated on effective demand management the Trust over-performed and incurred costs significantly above plan.
  - The Trust faces an increasing CIP target in 2013/14 (c. £23m).
  - The Trust delivered a FRR 4 in 2012/13, in line with plan.
  - The Trust received £4m from the Joint Managed Risk Agreement (JMRA) contingency in 2012/13. Trust analysis indicated that this was £0.1m more than it would have received under PFR.
  - The Trust has agreed a JMRA for 2013/14 based on 2012/13 outturn. The 2013/14 JMRA provides for 1.5% growth, partially offset by a 1.1% tariff deflator. In addition the 1% risk pool remains in place.
  - The Trust has engaged with ECIST, The Oak Group and McKinsey to provide external input into plans to resolve pressures on the urgent care pathway.

- **CQC Concerns**
  - The CQC identified moderate concerns against Outcome 17 (complaints) at the Good Hope site during an inspection in February 2013.
  - The CQC identified moderate concerns against Outcome 17 (complaints) at the Good Hope site during an inspection in February 2013.
  - The Trust submitted an action plan to the CQC.
  - The CQC re-inspected Good Hope in May 2013 and has indicated that it expects to report concerning Outcome 17 (complaints).
  - The final report is yet to be published and the CQC has requested additional information from the Trust regarding Outcome 17 (complaints).

- **Next steps**
  - Monitor to review the Trust’s A&E 4-hour wait performance on a weekly basis to determine if it is in line with the Trust’s recovery trajectory.
Financial Performance
2013 - 2014 year to date
Financial Performance
15 July 2013
Financial Performance

- Annual Plan submitted at end of May planning a £6m surplus for 2013/14, generating a financial risk rating of 3.
- Contracts for all large CCGs have now been agreed.

Annual Plan submitted at end of May planning a £6m surplus for 2013/14, generating a financial risk rating of 3.
Contracts for all large CCGs have now been agreed.
Financial Performance – M2

- Financial Risk rating of 2 achieved.
- YTD deficit of £1.3m £2.2m adverse to plan (£0.9m surplus).
- Small income over performance
- Cost overspend caused by:
  - CIP shortfall (41% of YTD target delivered).
  - Staffing costs
    - Waiting list initiatives
    - Exit of winter capacity
    - Temporary staffing.
CIP

Overall CIP plan £23m.
Rectification Plans being presented to FPC.
Balance Sheet

• Healthy cash balance at £108m.
• Capital
  – Behind plan YTD, will catch up by Q1.

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Performance – Monitor Standards

Month 2 Monitor Governance rating amber-green.

May 2013 Performance Information

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<tr>
<th>KPI</th>
<th>Month Target</th>
<th>In Month position</th>
<th>YTD target</th>
<th>YTD position</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E 4 hour wait</td>
<td>95%</td>
<td>95.42%</td>
<td>95%</td>
<td>92.90%</td>
</tr>
<tr>
<td>C Difficile</td>
<td>5</td>
<td>5</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>MRSA</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>18 weeks admitted</td>
<td>90%</td>
<td>92.26%</td>
<td>90%</td>
<td>92.21%</td>
</tr>
<tr>
<td>18 weeks non-admitted</td>
<td>95%</td>
<td>96.67%</td>
<td>95%</td>
<td>96.70%</td>
</tr>
<tr>
<td>18 weeks incomplete pathway</td>
<td>92%</td>
<td>94.96%</td>
<td>92%</td>
<td>94.85%</td>
</tr>
</tbody>
</table>
A&E Performance

The performance in April – May 2013 relates to 3,629 breaches out of a total of 51,179 patients attending the Trust A&E departments (including Solihull Walk-In Centre).
A&E Performance

<table>
<thead>
<tr>
<th>DelayReason1Desc2</th>
<th>Heartlands</th>
<th>Good Hope</th>
<th>Solihull</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty or Bed Delay/No Room in AMU</td>
<td>470</td>
<td>1142</td>
<td>50</td>
<td>1662</td>
</tr>
<tr>
<td>A&amp;E Delays</td>
<td>663</td>
<td>239</td>
<td>47</td>
<td>949</td>
</tr>
<tr>
<td>Clinical Need</td>
<td>378</td>
<td>153</td>
<td>34</td>
<td>565</td>
</tr>
<tr>
<td>Transfer/Ambulance Wait</td>
<td>18</td>
<td>50</td>
<td>30</td>
<td>98</td>
</tr>
<tr>
<td>Psychiatric Liaison</td>
<td>40</td>
<td>14</td>
<td>5</td>
<td>59</td>
</tr>
<tr>
<td>Other</td>
<td>181</td>
<td>88</td>
<td>27</td>
<td>296</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>1750</strong></td>
<td><strong>1686</strong></td>
<td><strong>193</strong></td>
<td><strong>3629</strong></td>
</tr>
</tbody>
</table>

The table above shows the number of breaches in Quarter 1 (Apr-May) by reason of delay.

A&E delays relates to delays in completing tasks in A&E eg. availability of A&E staff to respond to a surge of patients attending A&E, Porters being held up on wards, ambulances queuing at the front door.
Monitor Standards - Cancer

Cancer Performance Information – April 2013
position reported one month in arrears

<table>
<thead>
<tr>
<th>KPI</th>
<th>MTH Target</th>
<th>Apr-13 position</th>
<th>YTD target</th>
<th>YTD position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer 2 week wait</td>
<td>≥ 93%</td>
<td>95.34%</td>
<td>≥ 93%</td>
<td>95.34%</td>
</tr>
<tr>
<td>2 week wait- breast symptoms</td>
<td>&gt; 93%</td>
<td>94.16%</td>
<td>&gt; 93%</td>
<td>94.16%</td>
</tr>
<tr>
<td>Cancer 31 day</td>
<td>≥ 96%</td>
<td>98.83%</td>
<td>≥ 96%</td>
<td>98.83%</td>
</tr>
<tr>
<td>Cancer 31 day - surgery</td>
<td>≥ 94%</td>
<td>100.00%</td>
<td>≥ 94%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Cancer 31 day – drug treatment</td>
<td>≥ 98%</td>
<td>100.00%</td>
<td>≥ 98%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Cancer 62 day - GP referral</td>
<td>≥ 85%</td>
<td>91.99%</td>
<td>≥ 85%</td>
<td>91.99%</td>
</tr>
<tr>
<td>(A breach of 1% =4 patients)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer 62 day - national screening service</td>
<td>&gt; 90%</td>
<td>90.91%</td>
<td>&gt; 90%</td>
<td>90.91%</td>
</tr>
</tbody>
</table>
Next Steps

- Financial Forecast to be prepared after quarter 1.
- Preparing for new Risk Assurance Framework (RAF), due to be implemented in October 2013.
- Consulting with the FTN over the impact of the marginal rate applied to emergency tariff and whether there are any other measures more relevant in managing emergency demand.
- Responding to Monitor consultations on potential future tariff changes.
Financial Performance

Council of Governors
July 2013

Birmingham City Council Debt

Ongoing dialogue between chief execs.

Draft wording:

Dear Peter,

Many thanks for your letter and it is encouraging that the work around the older adult integration is working well.

I am keen that we stay in close contact on anything either of us can do to ensure that that work manages to create some much better pathways for that population and please let me know if there is more that we can do to support.

On behalf of our Trust Board I would like to accept the £2m payment as a clearance of all outstanding issues between the two organisations as at March 31st 2013 and see this as a key line in the sand to enable us to move forward in a much stronger working relationship.

I agree that the cessation of fining is also an important part of moving forward together and will instruct my finance department to stop invoicing as of 1st April 2013. The Trust Board, obviously, would need to retain the right to restart fines but we will not do this lightly, will not do it without a personal conversation with you and only if delays became a real issue in terms of our ongoing operational viability.

I look forward to working closely with you on this exciting piece of work and hope that we can make a real difference to patient experience from here on in.

Mark Newbold
Car Parking Strategy Update
REPORT FROM DIRECTOR OF ASSET MANAGEMENT
TO THE COUNCIL OF GOVERNORS

CAR PARKING STRATEGY

Page 1 of 7

1. SUMMARY AND RECOMMENDATIONS

Following the EMB and Board decisions to invest in self-funded car parking facilities at Heartlands and Good Hope hospitals, the decision has already been taken to progress the decked staff car park at Yardley Green, the multi-storey car park at Good Hope Hospital and the double decked car park on the main Heartlands Hospital site. These developments will cost the Trust approximately £16.75m, with a payback period of 13.5 years. The Trust will need to generate an additional income of £1.65m per annum. As these developments have to be self-funding the recommendation is that Option A: staff car parking charges to rise by £2.50 to £25 per month; and visitors’ car parking to increase by 75p per band, retaining existing charges for the Yardley Green Road site and if practical introduce salary sacrifice for staff car parking charges, is approved. Additionally future increases will be based annually on RPI.

It is also recommended that the revised Trust Car Parking Policy is approved.

2. THE CASE FOR CHANGE

At peak periods car parking provision is a perennial problem at both Heartlands and Good Hope hospitals, with visitors and staff being unable to find car parking spaces. Visitors often have to exit the car park and re-enter before finding a space, this increases frustration and anxiety at often an already anxious period, while staff can be late for work. Additionally there is already a waiting list of approx 67 at Heartlands Hospital and approx 609 at Good Hope Hospital, for on site staff parking permits.

Whilst on their own these factors are enough to generate action, additionally at:

- **Good Hope Hospital**: Birmingham City Council (BCC) are currently driving through a demand to increase the rental from £187k to £450k per annum on the land they own that is currently our staff and visitor car park to the East of the site.

- **Heartlands Hospital**: the Trust has lost approximately 200 spaces on Yardley Green Road on land that was leased from BSMHT but which is now subject to re-development.

  Any chance of using the land at Belchers Lane has now gone as it has been developed into playing fields and proposed sixth form college.

From a financial perspective visitors’ car parking charges have not been increased since 2006 while staff car parking charges have been increasing regularly during that period.
It has been agreed by the Executive and the Board to invest in car parking on the Heartlands and Good Hope hospital sites but that any such investment must be self-funding, the funding to be made up of increases to both staff and visitor car parking.

3. THE PROPOSED SOLUTION

The proposed solutions for both Heartlands and Good Hope hospitals was originally the construction of prefabricated decked car parking and the decision to develop designs based on this premise were taken. The current position regarding each site is as follows:

Birmingham Heartlands Hospital

- **Yardley Green Staff Car Park**: the business case to construct a prefabricated three storey car park on the Yardley Green site was approved in December 2012, this project is currently on site with a completion date of July 2013. This development will provide 317 number of spaces and has a total project cost of £4.06m capital and £47k ongoing revenue expenditure.

- **Main Hospital Site**: the proposal is to construct a double decked car park on the current site of Bordesley House extending into the site over the current Oncology bungalow and includes a reconfiguration of the complete parking provision to the front of the Main Entrance/ space leading up to MIDRU. This will include new access roads with a dedicated pedestrian walkway, any proposals will have to take into account the development of the new Maternity extension. This proposal will create 400 number of new spaces for which the budget cost is approximately £5.5m. The proposal is also designed to cater for the loss of the temporary car parking spaces on the old ward block area in front of MIDRU at some stage in the future.

Good Hope Hospital

- The original proposal for Good Hope Hospital was again a double decked prefabricated car park. However, following consultation and discussions with BCC planners, who suggested that we reduce the footprint and increase the number of storeys that the car park would require. Following on from their very strong hint this project will be carried forward as a traditionally built multi-storey car park. Whilst this will undoubtedly increase the cost it does provide a better solution for the Trust and is far more certain of gaining planning permission. The proposal is for 600 number of additional car parking spaces at a cost of £7.8m.

- The provision of this new car park will also help us in negotiations with BCC over their demand for £450k per annum rental for existing car parking spaces. In negotiations this will give us the opportunity to hand back that land as we can re-provide those spaces within the new multi-storey car park. The downside of course is that should we not come to any agreement, the car parking situation at Good Hope will not improve, however BCC are under significant pressure from local residents to alleviate the car parking problems around Good Hope and the £450k rent we would have had to pay to BCC would go to paying off our multi-storey car park.
4. FINANCIAL IMPACT OF PROPOSED SOLUTION

The above proposals have been costed on the basis of cost per metre squared for similar projects and for the purposes of the financial model pay back of 13.5 years. Estimated costs are as follows:

- Yardley Green Staff Car Park: £4.06m
- BHH Main Car Park: £5.5m
- GHH Main Site Car Park: £7.8m

As previously stated, the basis of these proposals is that they are fully self funded. The payback model assumes the following costs per annum:

<table>
<thead>
<tr>
<th>Category</th>
<th>Cost (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital charges and depreciation</td>
<td>1,172,508</td>
</tr>
<tr>
<td>Pay revenue costs</td>
<td>46,751</td>
</tr>
<tr>
<td>Non-pay revenue costs</td>
<td>21,190</td>
</tr>
<tr>
<td>Additional income</td>
<td>450,000</td>
</tr>
<tr>
<td>Total costs to be recovered</td>
<td>1,654,583</td>
</tr>
</tbody>
</table>

Pricing

- Introduce salary sacrifice for car parking charges, this will reduce their net contribution by 20%.
- Current staff car parking charges have increased by £11.30 per month over the last 6 years.
- Visitor car parking charges have not increased at all during the same period.
- Differentiate between on-site and off-site parking.

Options have been modelled to produce the necessary income. The preferred options brought forward for this paper are as follows:

Option A: Staff: £22.50 at Yardley Green Road and £25 all other sites and 75p per Band for Visitors

<table>
<thead>
<tr>
<th>Type</th>
<th>Cost (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>358,500</td>
</tr>
<tr>
<td>Visitor</td>
<td>1,394,919</td>
</tr>
<tr>
<td>Total New Income</td>
<td>1,753,419</td>
</tr>
</tbody>
</table>
Option B: Staff: £22.50 at Yardley Green Road and £30 all other sites and 75p per Band for Visitors

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>£805,500</td>
</tr>
<tr>
<td>Visitor</td>
<td>£1,394,919</td>
</tr>
<tr>
<td>Total New Income</td>
<td>£2,200,419</td>
</tr>
</tbody>
</table>

Option C: Staff : £22.50 at Yardley Green Road and £25 all other sites and £1 per Band for Visitors

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>£358,500</td>
</tr>
<tr>
<td>Visitor</td>
<td>£1,689,500</td>
</tr>
<tr>
<td>Total New Income</td>
<td>£2,048,000</td>
</tr>
</tbody>
</table>

All options produce the necessary income to cover costs and provide a contingency should predicted usage not materialise.

Option A increases staff car parking by £2.50 per month with the exception of Yardley Green Road off site parking and increases visitor car parking by 75p per band producing the following charges:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>£22.50 at YG and £25.00 other sites</td>
</tr>
<tr>
<td>Visitors: Up to 1 hour</td>
<td>£2.75</td>
</tr>
<tr>
<td></td>
<td>2 hours</td>
</tr>
<tr>
<td></td>
<td>4 hours</td>
</tr>
<tr>
<td></td>
<td>Up to 24 hours</td>
</tr>
</tbody>
</table>

Option B increases staff car parking charges by £7.50 per month with the exception of Yardley Green Road off site parking and visitor car parking by 75p resulting in the following charges:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>£22.50 at YG and £30.00 other sites</td>
</tr>
<tr>
<td>Visitors: up to 1 hour</td>
<td>£2.75</td>
</tr>
<tr>
<td></td>
<td>2 hours</td>
</tr>
<tr>
<td></td>
<td>4 hours</td>
</tr>
<tr>
<td></td>
<td>Up to 24 hours</td>
</tr>
</tbody>
</table>
Option C increases staff car parking charges by £2.50 per month with the exception of Yardley Green Road off site parking and visitor car parking by £1 per band resulting in the following charges:

<table>
<thead>
<tr>
<th></th>
<th>Current cost</th>
<th>Increased cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>£22.50 at YG and £25.00 other sites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visitors:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>up to 1 hour</td>
<td>£3.00</td>
<td></td>
</tr>
<tr>
<td>2 hours</td>
<td>£4.00</td>
<td></td>
</tr>
<tr>
<td>4 hours</td>
<td>£5.00</td>
<td></td>
</tr>
<tr>
<td>Up to 24 hours</td>
<td>£6.00</td>
<td></td>
</tr>
</tbody>
</table>

Additionally all discounted multiple tickets will be increased as follows:

<table>
<thead>
<tr>
<th>Current cost</th>
<th>Increased cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-day ticket</td>
<td>£7.00</td>
</tr>
<tr>
<td>7-day ticket</td>
<td>£14.00</td>
</tr>
<tr>
<td>14-day ticket</td>
<td>£20.00</td>
</tr>
<tr>
<td>28-day ticket</td>
<td>£32.00</td>
</tr>
<tr>
<td>20 exit Carnet</td>
<td>£26.00</td>
</tr>
</tbody>
</table>

G4S who supply our car parking services have commented on how low our current car parking charges are and I attach as Appendix 1 a table showing comparable charges for hospitals within the West Midlands area.

It is also proposed that staff and visitor car parking charges will increase with RPI on an annual basis. The process for this will be that the RPI will be applied to current charges, rounded down to the nearest 10p, any unused percentage increase will be carried forward to the following year and added to that year’s RPI when the process will start again.

### 5. CAR PARKING POLICY

The Car Parking Policy has been updated and is attached as Appendix 2. The key changes to the policy are:

- The Trust no longer clamps staff or visitor vehicles. The sanction for persistent mis-parking or any dangerous parking is the CPN (Civil Parking Notice). This will be applied to staff and visitors alike.
- At Heartlands Hospital there will be no differential charges for staff parking at Yardley Green.
- The designated shift works car park at Heartlands Hospital will be replicated at Good Hope Hospital.
- The existing designated Consultants' car parks at Solihull and Good Hope will remain until the new car parks are built when the situation will be reviewed.
- There will be no designated premium car parking (other than existing).
- Solihull based community staff will pay parking charges in line with the rest of the HEFT workforce.
TABLE SHOWING COMPARABLE CHARGES FOR HOSPITALS WITHIN THE WEST MIDLANDS AREA:

<table>
<thead>
<tr>
<th>University Hospital Birmingham:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 1 hour</td>
<td>£2.60</td>
</tr>
<tr>
<td>Up to 2 hours</td>
<td>£3.80</td>
</tr>
<tr>
<td>Up to 3 hours</td>
<td>£3.90</td>
</tr>
<tr>
<td>Up to 4 hours</td>
<td>£4.50</td>
</tr>
<tr>
<td>Up to 5 hours</td>
<td>£5.20</td>
</tr>
<tr>
<td>Up to 6 hours</td>
<td>£5.80</td>
</tr>
<tr>
<td>Up to 8 hours</td>
<td>£6.40</td>
</tr>
<tr>
<td>Up to 24 hours</td>
<td>£12.90</td>
</tr>
<tr>
<td>Weekly ticket</td>
<td>£18.00</td>
</tr>
<tr>
<td>Hospital business</td>
<td>£6.40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sandwell &amp; West Birmingham Hospitals:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 20 minutes: free (pay on foot car parks only)</td>
<td>Free</td>
</tr>
<tr>
<td>Up to 1 hour</td>
<td>£2.50</td>
</tr>
<tr>
<td>Up to 2 hours</td>
<td>£3.50</td>
</tr>
<tr>
<td>Up to 3 hours</td>
<td>£4.00</td>
</tr>
<tr>
<td>Up to 5 hours</td>
<td>£4.50</td>
</tr>
<tr>
<td>Up to 24 hours</td>
<td>£5.00</td>
</tr>
<tr>
<td>Season tickets:</td>
<td></td>
</tr>
<tr>
<td>3 days unlimited parking</td>
<td>£9.00</td>
</tr>
<tr>
<td>1 week unlimited parking</td>
<td>£18.00</td>
</tr>
<tr>
<td>3 months unlimited parking</td>
<td>£42.00</td>
</tr>
<tr>
<td>A £5 refundable deposit is required</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birmingham Children's Hospital:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 1 hour</td>
<td>£2.00</td>
</tr>
<tr>
<td>Up to 2 hours</td>
<td>£4.00</td>
</tr>
<tr>
<td>Up to 4 hours</td>
<td>£5.00</td>
</tr>
<tr>
<td>Up to 6 hours</td>
<td>£6.00</td>
</tr>
<tr>
<td>Up to 8 hours</td>
<td>£8.00</td>
</tr>
<tr>
<td>Between 8 – 12 hours</td>
<td>£10.00</td>
</tr>
<tr>
<td>Lost tickets will be charged at the full day rate of £10</td>
<td></td>
</tr>
</tbody>
</table>

If you need to stay in hospital for more than 7 days, you can get a weekly pass for a car parking space which costs £10 a week. If your child is coming here for haemodialysis, you need only pay £2 to park for the day.

<table>
<thead>
<tr>
<th>Coventry Hospital 2011 rates:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 1 hour</td>
<td>£2.00</td>
</tr>
<tr>
<td>Up to 2 hours</td>
<td>£2.80</td>
</tr>
<tr>
<td>Up to 3 hours</td>
<td>£3.50</td>
</tr>
<tr>
<td>Up to 4 hours</td>
<td>£4.20</td>
</tr>
<tr>
<td>Up to 5 hours</td>
<td>£5.40</td>
</tr>
<tr>
<td>Up to 6 hours</td>
<td>£6.60</td>
</tr>
<tr>
<td>7 – 24 hours</td>
<td>£7.70</td>
</tr>
</tbody>
</table>
Trust Car Parking Operational Policy
(Version 3)

Key Points

- Statement of Intent;
- Responsibilities;
- Car Park Charges;
- Criteria for Staff Parking Permits;
- Policy Enforcement;
- Staff Car Parking Application Form;
- Staff Car Parking - Terms & Conditions

Key Changes (for revised documents)

- Change of Enforcement systems
- Incorporation of Car Share Policy

Paper Copies of this Document

- If you are reading a printed copy of this document you should check the Trust’s Policy website (http://sharepoint/policies) to ensure that you are using the most current version.

Ratified Date: [date]
Ratified By: Facilities Committee
Review Date: [date]
Accountable Directorate: Facilities
Corresponding Author: Head of Hotel Services
## Car Parking Strategy

### Council of Governors

**July 2013**

### Agenda

- Welcome
- Declaration of Interest
- Apologies
- Minutes
- Matters Arising
- Chairman’s Report
- Chief Executive’s Report
- Financial Performance 2013-14 year to date
- Staff Survey Findings & Response
- Reports from Committee
- Any Other Business

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## Meta data

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</thead>
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<td>Active</td>
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<td>Head of Hotel Services</td>
</tr>
<tr>
<td>Document Sponsor:</td>
<td>Facilities Operations Director</td>
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<td>Facilities and Estates</td>
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<tr>
<td>Approved by:</td>
<td>Director of Asset Management</td>
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<tr>
<td>Ratification date</td>
<td></td>
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<tr>
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<td>Facilities Committee</td>
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<tr>
<td>Review Date:</td>
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<td>Relevant External Standards/Legislation</td>
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</table>
  - Travel Plan
  - Environmental Policy
  - Staff Disciplinary Policy
  - Trusts Car Parking Strategy
  - Trust Sickness Policy |

### Stored Centrally:

- Trust Intranet and Internet

## Revision History

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<th>Authors</th>
<th>Reason for Issue</th>
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<td>9 October 2009</td>
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CAR PARKING POLICY

1.0 Statement of Intent

The Trust will endeavour to:

1.1 Provide congestion-free, safe parking for staff, visitors and patients.

1.2 Ensure that the allocation of the parking facilities is fair and equitable, and is an integral part of the Trust Car Parking Strategy.

1.3 Promote more sustainable alternatives to single-occupancy private vehicle travel including:

   1.3.1 Car Sharing
   1.3.2 Public Transport
   1.3.3 Cycling
   1.3.4 Walking

1.4 Quantify demand and, where necessary, ration spaces to ensure that each site remains as congestion-free as possible.

2.0 Summary of Changes

This policy includes the following changes to previous versions;

2.1 The incorporation of the Trust’s Car Share Policy
2.2 Changes to the Trust’s enforcement policy
2.3 The inclusion of community-based staff into the Policy
2.4 The removal of ‘Rotational Shift’ permits
2.5 The removal of Wheel Clamping
2.6 Changes to the staff application forms.

3.0 Responsibilities

3.1 The Director of Asset Management is responsible for the Trust’s parking policy. Operational activities are managed by the Head of Hotel Services.

3.2 The car parking and security provider is responsible for the day to day management of car parking and the consistent enforcement of the policy across all trust sites.

3.3 The Car Parking Management Group will develop, implement and monitor the performance of the Car Parking Policy.

4.0 Car Park Charges

4.1 Staff

   4.1.1 All staff (both Trust and Non-Trust) who use Trust parking facilities are subject to a parking fee at the prevailing rate, inclusive of Annual Leave.

   4.1.2 Staff working less than 25 hours per week are subject to a parking fee at 50% of the prevailing staff rate.

   4.1.3 Parking fees are suspended for staff on official Maternity Leave or Long Term Sickness.
4.1.4 Staff who cease paying for parking will no longer be able to park on Trust property. Such staff wishing to resume parking will be treated as new starters to the Trust (unless returning from Long Term Sickness or Maternity Leave).

4.1.5 Volunteers are exempt from charges, but subject to an initial deposit.

4.1.6 Staff attending education and training events at sites other than their normal base are not permitted to access staff parking areas.

4.1.7 Community based staff will, if parking on community designated car parks will pay the standard rates of car parking charges as laid down by the Trust. Non-barrier community car parks will be managed by locally designated managers with Trust permits being issued through Solihull Hospital.

4.2 Patients and Visitors

4.2.1 All patients and visitors, including disabled ‘blue badge’ holders, are subject to the visitor charges.

4.2.2 Patients and visitors in receipt of an income-related state benefit may have parking charges waived.

4.2.3 Discounted multiple day tickets are available for Patients and Visitors.

5.0 Criteria for Staff Parking Permits

Criteria for parking permits and waiting list arrangements vary from site to site and depend upon the prevailing local conditions. Staff must not use patient and visitor parking areas, unless directed to do so by a member of the parking and security team. Staff found to be using visitor spaces will be subject enforcement action detailed in section 8 of the policy.

5.1 Heartlands Hospital

5.1.1 New starters who satisfy at least one of the following criteria will be granted immediate access to Heartlands staff car park:

- 5.1.1.1 Disabled ‘Blue Badge’ Holder
- 5.1.1.2 Regular rotational shift worker
- 5.1.1.3 Regular cross-site/outreach worker
- 5.1.1.4 Residential Staff
- 5.1.1.5 Essential Users

5.1.2 All other starters join a parking waiting list for both Heartlands and Yardley Green staff parking.

5.1.3 Students are not allocated parking and may not join the waiting list.

5.1.4 Staff parking at the Yardley Green site have out-of-hours access to the main Heartlands site as follows:
5.1.5 Out-of-hours access is solely via the Bordesley Green East entrance, using the barrier intercom.

5.1.6 Heartlands Hospital has a designated ‘Late Starters’ car park, this barriered area is only opened from 10:30 am daily to accommodate both shift workers and late starters.

5.2 Solihull Hospital

5.2.1 New starters who satisfy at least one of the following criteria will be granted immediate access to the Solihull staff car park:

- 5.2.1.1 Disabled ‘Blue Badge’ Holder
- 5.2.1.2 Regular rotational shift worker
- 5.2.1.3 Regular cross-site/outreach worker
- 5.2.1.4 Residential Staff
- 5.2.1.5 Essential Users

5.2.2 All other starters join a parking waiting list for staff parking.

5.2.3 Students are not allocated parking and may not join the waiting list.

5.2.4 All staff have out of hours access to Solihull Hospital:

Monday to Friday: 16:00 – 07:00
Saturday and Sunday: 24 hours

5.2.5 Access is solely via the Union Road entrance to the Staff Car Park, using the barrier intercom.

5.2.6 Staff may not use the Solihull staff car park whilst off-duty, other than at weekends.

5.3 Good Hope Hospital

5.3.1 Only staff residing outside the Good Hope ‘exclusion area’ (refer to appendix 4) may apply for staff car parking permits, with the exception of disabled ‘Blue Badge’ Holders and Essential Users.

5.3.2 Rotational shift staff living within the exclusion area may apply to join the waiting list.

5.3.3 New starters who satisfy at least one of the following criteria will be granted immediate access to the Good Hope staff car park:

- 5.3.3.1 Disabled ‘Blue Badge’ Holder
- 5.3.3.2 Residential Staff
- 5.3.3.3 Essential Users

5.3.4 All other new starters may join a waiting list for staff parking.
5.3.5 Nursing and Midwifery students may apply for off peak permits.

5.3.6 Midwifery students only may join the waiting list.

5.3.7 Medical students may apply for car share permits.

6.0 Car Share

6.1 The purpose of car sharing is that a sharing pair (or more) of staff who were previously parking two or more vehicles on site, will share a single vehicle, thus releasing an additional staff parking space.

6.2 Car Park Charges; any two or more Staff who car share will pay 50% of the normal car parking fees

6.3 Criteria for Car Share Permits;

6.3.1 Any two or more staff wishing to apply to car share must already have parking permissions

6.3.2 Staff wishing to car share must have paid parking charges for a minimum of 4 months

6.3.3 Staff wishing to car share will only be allowed to bring one vehicle on site at any one time

6.3.4 Any car sharers found to have both vehicles on site at the same time without prior consent will result in car sharing being revoked

6.3.5 Parking access will be removed from individual ID badges and staff will be issued with one swipe card only.

6.4 Car Share Permits

6.4.1 Car share permits are Violet and any previous permit issued must be relinquished

6.4.2 Car sharers will only be given one permit between them

6.4.3 It will be considered fraud if both/all members of a car share pair/group park their vehicles on site at the same time, is and may be subject to disciplinary proceedings. This also applies to permits and identity cards issued to staff who have subsequently left the Trust.
7.0 Staff permits are issued on a bi annual basis.

<table>
<thead>
<tr>
<th>PERMIT COLOUR</th>
<th>TYPE</th>
<th>BHH</th>
<th>GHH</th>
<th>SH</th>
<th>YG</th>
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<tr>
<td>Red</td>
<td>Reserved Consultants Parking</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light Blue</td>
<td>Off-Peak (Evenings 16:00 – 09:00, weekends and Bank Holidays only).</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blue</td>
<td>Restricted Mobility</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Yellow</td>
<td>General Staff Parking</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Orange</td>
<td>Yardley Green only</td>
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<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Violet</td>
<td>Car Share</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

7.1 Staff with main site peak time access at one hospital may be granted access to other sites upon request.

7.2 It is the responsibility of each permit holder to ensure that:

6.2.1 A valid permit is collected and clearly displayed within the vehicle.
6.2.2 All individual records are kept up to date and accurate, including changes to vehicle registration numbers, names, place of work, etc.
6.2.3 All details printed on the staff parking permit are correct.

7.3 Permits may not be loaned, given or transferred to anyone, and must only be used by the registered permit holder.

7.4 The use of another member of staff’s permit or identity card, altering a permit, forging a permit or photocopying a permit is considered to be fraud and will be subject to enforcement action detailed in section 8 of this policy and/or disciplinary proceedings. This also applies to permits and identity cards issued to staff who have left the Trust.

8.0 Parking Policy Enforcement

8.1 To ensure the health and safety of staff, visitors and patients, the Trust has formal enforcement procedures for each site.

8.2 The key objectives of the enforcement procedure are to:

- Ensure all staff, visitors and patients are treated in accordance with the car parking policy;
- Maintain access to buildings for emergency services;
- Maintain pedestrian routes for safe access / egress to / from and between buildings;
- Maintain safe traffic flow;
- Protect the external environment;
- Provide priority parking for individuals with disabilities.

8.3 Parking contraventions include, but are not limited to:
Car Parking Strategy

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July 2013

- Blocking access / egress to road or building;
- Parking in disabled space without a valid permit;
- Avoidance of payment of car park charges;
- Damaging of soft landscaping;
- Parking on double yellow lines, double red lines or cross-hatched areas;
- Driving in excess of 10 mph;
- Tailgating car park barriers;
- Failure to clearly display a valid Trust staff parking permit;
- Failure to clearly display a valid payment receipt (pay and display areas only);
- Dangerous driving;
- Abusive / aggressive behaviour (Also subject to Trust Disciplinary procedures);
- Altering or attempting to alter a parking permit;
- Displaying a photocopied permit
- Using a staff parking permit issued to another member of staff.
- Using an invalid staff parking permit.
- Staff parking in a visitors space

8.4 Parking Contravention Actions

8.4.1 Visitor (for the purpose of this policy visitor is defined as ‘any vehicle that is not displaying a valid Trust car parking permit’)

Where a contravention occurs a Parking Enforcement Notice (PEN) made to the registered keepers of vehicles which park in contravention of Trust Parking Policy. There is a reduction for early payment. Non-payment can, in extremis, result in County Court action being taken. These are only applied in visitor parking areas and common access routes on all sites.

8.4.2 Staff (for the purpose of this policy staff is defined as ‘any vehicle that is displaying a valid Trust car parking permit’)

Warning stickers are applied to offending vehicles. If 3 infringements are recorded within a 12-month period, the vehicle will have a PEN noticed served on the third incident.

8.4.3 Where a member of staff has altered, copied or duplicated a staff permit, used a permit which is not theirs, or allowed a valid permit to be used in any fraudulent activity, warnings are not applied and a PEN will be served.

8.4.4 Appeals against PENs should be made to the Trust’s parking management contractor.

8.4.5 Appeals against Staff Warning Letters should be made in writing within 7 days to the Head of Hotel Services.
APPENDIX 1

STAFF PARKING APPLICATION

Name .................................................................
Home address ............................................................... ..............................
......................................................................................................................
Postcode ........................................................

Trust Employee ☐ Non-Trust Employee ☐
Non-Trust Employer.................................................................
F/T > 25 hrs/wk ☐ P/T < 25 hrs/wk ☐
Resident ☐ Disabled ☐
Job Title ..........................................................
Department ..........................................................
Telephone Extension ..........................................................
Start Date ..........................................................
Assignment № (Trust only) .............
ID Card Number..........................................................
ID Card Proxy Number..........................................................
Vehicle Reg(s) ..........................................................

Main Place of Work (Please tick only ONE):
☐ Heartlands Hospital
☐ Good Hope Hospital
☐ Solihull Hospital
☐ Lyndon Place

Working Patterns:
☐ Office Hours (e.g. 8-4, 9-5,7-7)
☐ Regular Rotational Shifts
☐ Cross-site/Outreach
☐ Shift Worker

Number of official trips per month between sites

Site(s) Requested:
☐ Heartlands Hospital (Main)
☐ Heartlands Hospital (YG)
☐ Good Hope Hospital
☐ Solihull Hospital

Type of permit requested:
☐ General YELLOW
☐ Car Share VIOLET
☐ Consultant (GHH Only) RED
☐ Yardley Green (YG Only) ORANGE
☐ Off Peak (GHH Only) LIGHT BLUE
☐ Restricted Mobility BLUE
☐ Volunteer YELLOW

Regular Payment Arrangements:
☐ Payroll Deductions
Cash/cheque/card - 3, 6 or 12 months advanced payments ONLY
APPENDIX 1 continued

APPLICANT’S DECLARATION

I declare that all of the information given in this application is true and complete and understand that if I have deliberately given false information, or in any other way attempted to secure parking under false pretences, disciplinary action may be taken.

I undertake to park in accordance with Trust Policy and understand that on every 3rd warning received during any 12-month period will lead to a penalty.

I agree to the monthly/weekly deduction of parking charges at the prevailing rate directly from my salary and understand that I can cancel these payments at any time by surrendering my staff parking permit.

Name (Block Capitals) …………………………………………….

Signature ……………………………………………………………… Date ………………………………………

DIRECTORATE (OR EQUIVALENT) MANAGER’S DECLARATION

This applicant is an essential*/non-essential* (*please delete as appropriate) user.

I confirm that all of the information given in this application is true and complete and understand that if I have colluded with the applicant to provide false information, or in any other way attempted to secure parking for the applicant under false pretences, disciplinary action may be taken.

Name (Block Capitals) …………………………………………. Directorate ………………………………………

Signature ……………………………. Date ………………………………

Directorate ……………..…………………………
Job Title ……………………………………………

APPENDIX 1 continued

STAFF CAR PARKING – TERMS AND CONDITIONS

The Trust cannot guarantee the safety and security of any vehicle or its contents whilst on Trust premises and, except for personal injury or death arising from the negligence of the Trust or its employees, no liability whatsoever will attach to the Trust for any loss or damage which may occur. Neither can the Trust guarantee the availability of staff parking spaces at all times.

With the exception of authorised visitors, all users of Trust staff car parking are required to prominently display on their vehicle a Trust staff parking permit which is valid in terms of location, time and date. Applications for a parking permit must be endorsed by the applicant’s Directorate Manager, or, in the case of Directorate Managers, an Executive Director of the Trust. The endorsing manager shall determine the eligibility of the applicant in accordance with the following criteria:

Heartlands Hospital

New starters who satisfy at least one of the following criteria will be granted immediate access to Heartlands staff car park:

- Disabled ‘Blue Badge’ Holder
- Regular rotational shift worker
- Regular cross-site/outreach worker
- Residential Staff
- Essential Users

All other starters join a parking waiting list for both Heartlands and Yardley Green staff parking.

Students are not allocated parking and may not join the waiting list.

Staff parking at the Yardley Green site (including those serving a ban), have out-of-hours access to the main Heartlands site as follows:

Monday to Friday: 16:00 – 07:00
Saturday and Sunday: 24 hours

Out of hours access for staff on the waiting list or students is via the Bordesley Green East entrance, using the barrier intercom.

Staff must not use visitor parking, unless directed to do so by a member of the parking and security team. Staff found to be using visitor spaces will be subject to enforcement action detailed in section 8 of the policy.

Solihull Hospital

New starters who satisfy at least one of the following criteria will be granted immediate access to Heartlands staff car park:

- Disabled ‘Blue Badge’ Holder
- Regular rotational shift worker
- Regular cross-site/outreach worker
- Residential Staff
- Essential Users

All other starters join a parking waiting list.

Students are not allocated parking and may not join the waiting list.
APPENDIX 1 continued

All staff and students have out of hours access to Solihull Hospital:

Monday to Friday: 16:00 – 07:00
Saturday and Sunday: 24 hours

Out of hours access for staff on the waiting list or students is solely via the Union Road entrance to the Staff Car Park, using the barrier intercom.

Staff may NOT use the staff car park for personal reasons on weekdays when not scheduled for duty. Staff MAY use the staff car park for personal reasons at weekends.

Good Hope Hospital

New starters who satisfy at least one of the following criteria will be granted immediate access to the Good Hope staff car park:

- Disabled ‘Blue Badge’ Holder
- Essential Users
- Residential Staff

All other starters join a parking waiting list for staff parking.

Nursing and Midwifery students may apply for off peak permits. Midwifery students only may join the waiting list.

Medical students may apply for car share permits.

Volunteers are exempt from charges but subject to an initial deposit of £10.00.

The issue of a staff parking permit in no way guarantees that a parking space will be available. Car parking spaces are available on a first come-first served basis.

Permit holders must ensure that they notify their respective staff parking office at Heartlands, or the Estates office at Good Hope Hospital if there are any changes to circumstances. These include, but are not limited to, changes in:

- Home Address
- Workplace/Department
- Telephone Extension
- Vehicle/Vehicle Registration Number
- Work Pattern – eg change from regular rotational shifts to normal office hours.
- Name
- Contracted Hours

Any parking infringement may be penalised. Vehicles must only park in designated parking places and must not be parked:

- on double red or double yellow lines;
- within cross-hatched or other non-parking areas;
- on a grassed or otherwise landscaped area;
- in an ambulance bay;
- in a taxi bay;
- in a pick-up/set-down bay;
- in a loading bay;
- wholly or in part on a footpath;
- obstructing a footpath;
- in a staff parking area without clearly displaying a valid staff parking permit;
- in disabled bays without displaying a valid disabled parking permit;
- in locations where health and safety issues arise (eg blocking fire access routes);
- in a suspended parking bay;
- for longer than the permitted time in a loading or drop-off zone.
### APPENDIX 2

#### Equality and Diversity - Policy Screening Checklist

**Policy/Service Title:** Car Parking Policy  
**Directorate:** Asset Management

**Name of person/s auditing/developing/authoring a policy/service:** Chris Davies

**Aims/Objectives of policy/service:** to provide a framework for the operational management of parking for patients, visitors and staff.

**Policy Content:**
- For each of the following check the policy/service is sensitive to people of different age, ethnicity, gender, disability, religion or belief, and sexual orientation?
- The checklists below will help you to see any strengths and/or highlight improvements required to ensure that the policy/service is compliant with equality legislation.

**1. Check for DIRECT discrimination against any group of SERVICE USERS:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Action required</th>
<th>Resource implication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your policy/service contain any statements/functions which may exclude people from using the services who otherwise meet the criteria under the grounds of:</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>1.1 Age?</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>1.2 Gender (Male, Female and Transsexual)?</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 Disability?</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4 Race or Ethnicity?</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5 Religious, Spiritual belief (including other belief)?</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.6 Sexual Orientation?</td>
<td>x</td>
<td></td>
<td></td>
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<tr>
<td>1.7 Human Rights: Freedom of Information/Data Protection</td>
<td>x</td>
<td></td>
<td></td>
</tr>
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</table>

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

**2. Check for INDIRECT discrimination against any group of SERVICE USERS:**

<table>
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<th>Question</th>
<th>Response</th>
<th>Action required</th>
<th>Resource implication</th>
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<tr>
<td>Does your policy/service contain any statements/functions which may exclude employees from operating the under the grounds of:</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>2.1 Age?</td>
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<td>2.3 Disability?</td>
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<tr>
<td>2.4 Race or Ethnicity?</td>
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<tr>
<td>2.5 Religious, Spiritual belief (including other belief)?</td>
<td>x</td>
<td></td>
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<tr>
<td>2.6 Sexual Orientation?</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.7 Human Rights: Freedom of Information/Data Protection</td>
<td>x</td>
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If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.
### Council of Governors
July 2013

### Agendas

**Welcome**

**Declaration of Interest**

**Apologies**

**Minutes**

**Matters Arising**

**Chairman’s Report**

**Chief Executive’s Report**

**Financial Performance 2013-14 year to date**

**Car Parking Strategy Update**

**Staff Survey Findings & Responses**

**Reports from Committee**

**Any Other Business**

---

### TOTAL NUMBER OF ITEMS ANSWERED ‘YES’ INDICATING DIRECT DISCRIMINATION =

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<th>Question</th>
<th>Response</th>
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<tr>
<td>3.6 Sexual Orientation?</td>
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<td></td>
</tr>
<tr>
<td>3.7 Human Rights: Freedom of Information/Data Protection</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

### TOTAL NUMBER OF ITEMS ANSWERED ‘YES’ INDICATING INDIRECT DISCRIMINATION =

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Action required</th>
<th>Resource implication</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Age?</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2 Gender (Male, Female and Transsexual)?</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3 Disability?</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4 Race or Ethnicity?</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.5 Religious, Spiritual belief (including other belief)?</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.6 Sexual Orientation?</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.7 Human Rights: Freedom of Information/Data Protection</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

### Signatures of auditor:

### Date of signing:
APPENDIX 3

STAFF PARKING APPLICATION PLANS FOR PARKING DEVELOPMENTS

4. Proposed decked solution for the Yardley Green site

5. Proposed decked solution for the Bordesley Green East entrance
6. Proposed decked solution for the Bedford Road entrance of the Good Hope hospital site
Staff Survey

Findings and Response
Introduction

This report will give an overview of the key findings from the 2012 National Survey Report, comparing, where appropriate, to 2011 scores. The report will also highlight key areas of internal improvement since last year, and highlight areas of concern where improvement is needed.

With the publication of the Francis Report in February, it is inevitable that the outcomes from the survey will be subject to closer scrutiny, and it is therefore crucial that the EMB and Trust Board thoroughly review the survey outcomes and act as champions for recommendations put forward.

The Live Well Work Well Steering Group will be presented with the data at the April meeting and may put forward further recommendations to support improvements.

Background

The National Staff Survey 2012 was run between September and December 2012. The Trust chose to run a census survey this year, and therefore every member of staff was issued with the survey. This was to enable us to add in our own local engagement questions for benchmarking purposes.
The CQC key findings data is always based on a sample of 850 staff, of which just over 43% responded, this was a slight decline on last year’s 45% response rate.

On the census, we saw an overall response rate of 31%. We will be producing individual directorate reports on these results during March.

The CQC rank the Trust against all other Acute Trusts and show where we are ranked in the lowest 20%, below average, average, or top 20%. It should be noted that it may be possible for the Trust to have seen improvement locally between its 2011 and 2012 results, yet still be ranked low in the comparison to other acute trusts. It should also be noted that some of the differences between HEFT and the national average are minimal.

The survey was reduced this year significantly based on employer feedback. As a result of these changes, there are some areas that cannot be directly compared to 2011, and therefore, comparative data is not available. These are:

KF3. Work pressure felt by staff
KF6. % receiving job-relevant training, learning or development in last 12 mths
KF16. % experiencing physical violence from patients / relatives in last 12 mths
KF17. % experiencing physical violence from staff in last 12 mths
KF18. % experiencing harassment, bullying or abuse from patients / relatives in last 12 mths
KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths
KF21. % reporting good communication between senior management and staff

The CQC group questions into ‘key findings’ of which there are 28. These group key question themes together to give a general finding for that theme.

A full explanation of the questions that make up each of the key findings can be found in the summary report on the CQC website.

The CQC also place key findings into the four staff pledges from the NHS Constitution and two additional key themes (staff satisfaction and equality and diversity).

**Staff Engagement**

This overall indicator of staff engagement has been calculated using the questions that make up 3 of the key findings. These Key Findings relate to the following aspects of staff engagement: staff members’ perceived ability to contribute to improvements at work; their willingness to recommend the trust as a place to work or receive treatment; and the extent to which they feel motivated and engaged with their work.

The trust’s score of 3.63 was below (worse than) average (average is 3.69) when compared with trusts of a similar type, but has seen a very slight internal improvement from 3.60 in 2011, to 3.63 in 2012.
Top and Bottom 5 Rankings

Top Five Ranking Scores
Where HEFT compares most favourably with other acute trusts.

<table>
<thead>
<tr>
<th>Area</th>
<th>HEFT</th>
<th>Other Acute</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of staff working extra hours</td>
<td>63%</td>
<td>70%</td>
</tr>
<tr>
<td>% of staff experiencing physical violence from patients, relatives, public</td>
<td>13%</td>
<td>15%</td>
</tr>
<tr>
<td>% of staff witnessing potentially harmful errors</td>
<td>30%</td>
<td>34%</td>
</tr>
<tr>
<td>% of staff appraised</td>
<td>87%</td>
<td>84%</td>
</tr>
<tr>
<td>% staff experiencing harassment and bullying from staff *</td>
<td>22%</td>
<td>24%</td>
</tr>
</tbody>
</table>

*Whilst it is noted that this is a positive in comparison to other acute trusts, it is still a concerning high score. It is significantly higher than last year but the questions have been changed so is not directly comparable.

Bottom Five Ranking Scores
Where HEFT compares least favourably with other acute trusts

<table>
<thead>
<tr>
<th>Area</th>
<th>HEFT</th>
<th>Other Acute</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of staff having equality and diversity training</td>
<td>19%</td>
<td>55%</td>
</tr>
<tr>
<td>% of staff having health and safety training</td>
<td>57%</td>
<td>74%</td>
</tr>
<tr>
<td>% of staff having job relevant training</td>
<td>77%</td>
<td>81%</td>
</tr>
<tr>
<td>% of staff reporting good communication between senior management and staff</td>
<td>21%</td>
<td>27%</td>
</tr>
<tr>
<td>Fairness and effectiveness of incident reporting procedures</td>
<td>3.42</td>
<td>3.50</td>
</tr>
</tbody>
</table>

As outlined earlier, there are 28 key findings. HEFT has been ranked against other acute trusts as follows:
### Staff Survey Findings & Response

#### In the top 20%

<table>
<thead>
<tr>
<th>Key Finding</th>
<th>HEFT</th>
<th>Other Acute</th>
<th>Internal Change since 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff working extra hours – low score better</td>
<td>63%</td>
<td>70%</td>
<td>Down 3%</td>
</tr>
<tr>
<td>Staff witnessing potentially harmful errors – lower score better</td>
<td>30%</td>
<td>34%</td>
<td>Down 2%</td>
</tr>
<tr>
<td>Staff experiencing violence from patients etc</td>
<td>13%</td>
<td>15%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### Better than Average

<table>
<thead>
<tr>
<th>Key Finding</th>
<th>HEFT</th>
<th>Other Acute</th>
<th>Internal Change since 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>% staff appraised</td>
<td>87%</td>
<td>84%</td>
<td>Down 2%</td>
</tr>
<tr>
<td>Staff experiencing harassment and bullying from patients etc – lower score better</td>
<td>28%</td>
<td>30%</td>
<td>N/A</td>
</tr>
<tr>
<td>Staff experiencing harassment and bullying from staff</td>
<td>22%</td>
<td>24%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### Average

<table>
<thead>
<tr>
<th>Key Finding</th>
<th>HEFT</th>
<th>Other Acute</th>
<th>Internal Change since 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>% staff satisfied with quality of care they are able to deliver</td>
<td>78%</td>
<td>78%</td>
<td>Up 6%</td>
</tr>
<tr>
<td>% staff agreeing roles make difference to patients</td>
<td>89%</td>
<td>89%</td>
<td>Down 2%</td>
</tr>
<tr>
<td>Work pressure felt</td>
<td>3.07</td>
<td>3.08</td>
<td>N/A</td>
</tr>
<tr>
<td>Staff reporting errors in previous month</td>
<td>90%</td>
<td>94%</td>
<td>Down 4%</td>
</tr>
<tr>
<td>Staff experiencing violence from staff</td>
<td>35%</td>
<td>3%</td>
<td>N/A</td>
</tr>
<tr>
<td>Staff able to contribute to service improvements</td>
<td>69%</td>
<td>68%</td>
<td>Up 7%</td>
</tr>
<tr>
<td>Job satisfaction</td>
<td>3.57</td>
<td>3.58</td>
<td>Up 0.10</td>
</tr>
<tr>
<td>Motivation at work</td>
<td>3.82</td>
<td>3.84</td>
<td>Down 0.04</td>
</tr>
<tr>
<td>Staff experiencing discrimination</td>
<td>11%</td>
<td>11%</td>
<td>Down 7%</td>
</tr>
</tbody>
</table>
### Staff Survey Findings & Response

#### July 2013

**Worse than Average**

<table>
<thead>
<tr>
<th>Key Finding</th>
<th>HEFT</th>
<th>Other Acute</th>
<th>Internal Change since 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective team working</td>
<td>3.69</td>
<td>3.72</td>
<td>Up 0.09</td>
</tr>
<tr>
<td>% staff having well structured appraisals</td>
<td>32%</td>
<td>36%</td>
<td>Down 8%</td>
</tr>
<tr>
<td>Support from immediate managers</td>
<td>3.58</td>
<td>3.61</td>
<td>Down 0.04</td>
</tr>
<tr>
<td>Staff suffering work related stress – lower score</td>
<td>39%</td>
<td>37%</td>
<td>Up 7%</td>
</tr>
<tr>
<td>Staff saying handwashing materials available</td>
<td>54%</td>
<td>60%</td>
<td>Down 4%</td>
</tr>
<tr>
<td>Staff feeling under pressure to attend work when</td>
<td>30%</td>
<td>29%</td>
<td>Up 3%</td>
</tr>
<tr>
<td>unwell</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff believing Trust promote equal opportunities for training and progression</td>
<td>85%</td>
<td>88%</td>
<td>Down 2%</td>
</tr>
</tbody>
</table>

#### In the worst 20%

<table>
<thead>
<tr>
<th>Key Finding</th>
<th>HEFT</th>
<th>Other Acute</th>
<th>Change since 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>% staff receiving job relevant training</td>
<td>77%</td>
<td>81%</td>
<td>N/A</td>
</tr>
<tr>
<td>% staff having health and safety training</td>
<td>57%</td>
<td>74%</td>
<td>Down 17%</td>
</tr>
<tr>
<td>Fairness and effectiveness of incident reporting procedures</td>
<td>3.42</td>
<td>3.50</td>
<td>Down 0.4</td>
</tr>
<tr>
<td>Staff reporting good communication between senior managers and staff</td>
<td>21%</td>
<td>27%</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Staff recommending Trust as place to work or receive treatment</strong></td>
<td>3.40</td>
<td>3.57</td>
<td>Down 0.05</td>
</tr>
<tr>
<td>Staff having equality and diversity training</td>
<td>19%</td>
<td>55%</td>
<td>Up 1%</td>
</tr>
</tbody>
</table>

The key finding around recommendation is highlighted as this is to become a CQUIN target for 2013/14. It will be expected that the Trust is either in the top 20%, or sees an internal improvement in this score. Not achieving this could cost the Trust around £500k.
Analysis by Staff Group, Site and Diversity

Detailed results around these demographics can be reviewed through the full report. However, some key areas are highlighted for information:

- Other allied health professionals, health care assistants and scientific and professional staff reported the highest levels of stress.
- Other allied health professionals and admin and clerical staff gave lower scores around effectiveness and fairness of incident reporting.
- Health care assistants reported the highest levels of violence from patients.
- Other allied health professionals reported the highest levels of bullying from staff, with qualified nurses and health care assistants next.
- Health care assistants reported the greatest pressure to attend work when unwell.
- Other allied health professionals are least likely to recommend the trust as a place to work or be treated, maintenance and ancillary staff are most likely to.
- Health care assistants reported the highest levels of job satisfaction and motivation.

On staff engagement

<table>
<thead>
<tr>
<th>Adult nurses</th>
<th>Other reg nurses</th>
<th>HCA</th>
<th>Medics</th>
<th>Other AHP</th>
<th>Scientific and prof</th>
<th>A&amp;C</th>
<th>Corporate</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.60</td>
<td>3.75</td>
<td>3.96</td>
<td>3.64</td>
<td>3.62</td>
<td>3.44</td>
<td>3.50</td>
<td>3.87</td>
<td>3.67</td>
</tr>
</tbody>
</table>

From a site perspective, the lowest engagement score is at Good Hope, the highest within the community staff.

From a diversity perspective, women show a higher engagement rate than men, those with a disability are less engaged than those without, BME staff report higher engagement levels than white staff.

Local Staff Survey

The Trust has not undertaken a full local staff survey this year, instead, it has chosen to run the national survey as a census and add into it, its own six engagement questions which are:

<table>
<thead>
<tr>
<th>Question</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would say that my job is satisfying</td>
<td>61%</td>
<td>67%</td>
</tr>
<tr>
<td>I feel valued and recognised for the work I do</td>
<td>30%</td>
<td>46%</td>
</tr>
<tr>
<td>I am always willing to go the extra mile to deliver the best service</td>
<td>91%</td>
<td>92%</td>
</tr>
<tr>
<td>I would recommend HEFT as an employer</td>
<td>57%</td>
<td>47%</td>
</tr>
<tr>
<td>I am proud of this organisation</td>
<td>59%</td>
<td>41%</td>
</tr>
<tr>
<td>I feel motivated at work</td>
<td>59%</td>
<td>53%</td>
</tr>
</tbody>
</table>
As you can see, recommendation, pride and motivation have seen significant decreases and this has had an overall negative impact on the engagement rate.

Compared to 2011, HEFT’s local engagement rate has seen a decrease of 2%, and is at 58% in 2012.

**Key Themes / Areas for Improvement**

The results identify some key areas that the Trust should focus on:

- Increasing staffs’ views of the Trust as a place for treatment and to work is paramount to ensuring recommendation in the future – this will need a clear strategy and robust leadership
- Bullying and harassment of staff is a key priority for further assessment and scrutiny – this will be discussed with the Live Well Work Well Steering Group for recommendations to be made
- Equality and Diversity training has been low for the last 4 years. The Trust does provide training but it is woven in to other programmes, rather than being an overt E&D session – this may need to be reviewed. It is recommended that the Faculty review this and propose a different approach
- The incident reporting procedures may need to be reviewed to ensure fairness and equity – this may require some scoping to understand the issues
- A review of communication between senior management and staff is recommended, this will aid engagement and motivation levels – again, this may require some further scoping to be clear about what improvements need to be made
- Work related stress has increased. The Stress Audit will be undertaken and it is crucial that this is given priority by leaders and managers to reduce work related stress, which in turn will help to reduce absence levels

**Recommendation**

The Executive Management Board are asked to note and discuss the content of the report and agree to support the recommendations, as well as any recommendations proposed by the Live Well Work Well Steering Group, and other departments, that are deemed appropriate to improve these results. An action plan will be developed.
2012 National NHS staff survey

Brief summary of results from Heart of England NHS Foundation Trust
Table of Contents

1: Introduction to this report 3
2: Overall indicator of staff engagement for Heart of England NHS Foundation Trust 4
3: Summary of 2012 Key Findings for Heart of England NHS Foundation Trust 5
4: Full description of 2012 Key Findings for Heart of England NHS Foundation Trust (including comparisons with the trust’s 2011 survey and with other acute trusts) 13
1. Introduction to this report

This report presents the findings of the 2012 national NHS staff survey conducted in Heart of England NHS Foundation Trust.

In section 2 of this report, we present an overall indicator of staff engagement. Full details of how this indicator was created can be found in the document *Making sense of your staff survey data*, which can be downloaded from www.nhsstaffsurveys.com.

In sections 3 and 4 of this report, the findings of the questionnaire have been summarised and presented in the form of 28 Key Findings.

These sections of the report have been structured around the four pledges to staff in the NHS Constitution which was published in January 2009 ([http://www.dh.gov.uk/nhsconstitution](http://www.dh.gov.uk/nhsconstitution)) plus two additional themes:

- Staff Pledge 1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.
- Staff Pledge 2: To provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed.
- Staff Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety.
- Staff Pledge 4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

- Additional theme: Staff satisfaction
- Additional theme: Equality and diversity

As in previous years, there are two types of Key Finding:

- percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
- scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5

A longer and more detailed report of the 2012 survey results for Heart of England NHS Foundation Trust can be downloaded from: www.nhsstaffsurveys.com. This report provides detailed breakdowns of the Key Finding scores by directorate, occupational groups and demographic groups, and details of each question included in the core questionnaire.
2. Overall indicator of staff engagement for Heart of England NHS Foundation Trust

The figure below shows how Heart of England NHS Foundation Trust compares with other acute trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust’s score of 3.63 was below (worse than) average when compared with trusts of a similar type.

**OVERALL STAFF ENGAGEMENT**

*(the higher the score the better)*

<table>
<thead>
<tr>
<th>Scale summary score</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td></td>
<td></td>
<td></td>
<td>3.63</td>
<td></td>
</tr>
<tr>
<td>Trust score 2011</td>
<td></td>
<td></td>
<td>3.60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td></td>
<td></td>
<td>3.69</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poorly engaged staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Highly engaged staff</td>
</tr>
</tbody>
</table>

This overall indicator of staff engagement has been calculated using the questions that make up Key Findings 22, 24 and 25. These Key Findings relate to the following aspects of staff engagement: staff members’ perceived ability to contribute to improvements at work (Key Finding 22); their willingness to recommend the trust as a place to work or receive treatment (Key Finding 24); and the extent to which they feel motivated and engaged with their work (Key Finding 25).

The table below shows how Heart of England NHS Foundation Trust compares with other acute trusts on each of the sub-dimensions of staff engagement, and whether there has been a change since the 2011 survey.

<table>
<thead>
<tr>
<th>Change since 2011 survey</th>
<th>Ranking, compared with all acute trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVERALL STAFF ENGAGEMENT</td>
<td>• No change ! Below (worse than) average</td>
</tr>
<tr>
<td>KF22. Staff ability to contribute towards improvements at work</td>
<td>• No change • Average</td>
</tr>
<tr>
<td>(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)</td>
<td></td>
</tr>
<tr>
<td>KF24. Staff recommendation of the trust as a place to work or receive treatment</td>
<td>• No change ! Lowest (worst) 20%</td>
</tr>
<tr>
<td>(the extent to which staff think care of patients/service users is the Trust’s top priority, would recommend their Trust to others as a place to work, and would be happy with the standard of care provided by the Trust if a friend or relative needed treatment.)</td>
<td></td>
</tr>
<tr>
<td>KF25. Staff motivation at work</td>
<td>• No change • Average</td>
</tr>
<tr>
<td>(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)</td>
<td></td>
</tr>
</tbody>
</table>

Full details of how the overall indicator of staff engagement was created can be found in the document *Making sense of your staff survey data.*

3.1 Top and Bottom Ranking Scores

This page highlights the five Key Findings for which Heart of England NHS Foundation Trust compares most favourably with other acute trusts in England.

**TOP FIVE RANKING SCORES**

**✓ KF5. Percentage of staff working extra hours**  
(the lower the score the better)  

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>63%</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>70%</td>
</tr>
</tbody>
</table>

**✓ KF16. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months**  
(the lower the score the better)  

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>13%</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>15%</td>
</tr>
</tbody>
</table>

**✓ KF13. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month**  
(the lower the score the better)  

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>30%</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>34%</td>
</tr>
</tbody>
</table>

**✓ KF7. Percentage of staff appraised in last 12 months**  
(the higher the score the better)  

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>87%</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>84%</td>
</tr>
</tbody>
</table>

**✓ KF19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months**  
(the lower the score the better)  

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>22%</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>24%</td>
</tr>
</tbody>
</table>

For each of the 28 Key Findings, the acute trusts in England were placed in order from 1 (the top ranking score) to 142 (the bottom ranking score). Heart of England NHS Foundation Trust's five highest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 1. Further details about this can be found in the document *Making sense of your staff survey data.*
This page highlights the five Key Findings for which Heart of England NHS Foundation Trust compares least favourably with other acute trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

**BOTTOM FIVE RANKING SCORES**

1. **KF26. Percentage of staff having equality and diversity training in last 12 months**
   - Percentage score
   - Trust score 2012: 19%
   - National 2012 average for acute trusts: 55%

2. **KF10. Percentage of staff receiving health and safety training in last 12 months**
   - Percentage score
   - Trust score 2012: 57%
   - National 2012 average for acute trusts: 74%

3. **KF6. Percentage of staff receiving job-relevant training, learning or development in last 12 months**
   - Percentage score
   - Trust score 2012: 77%
   - National 2012 average for acute trusts: 81%

4. **KF21. Percentage of staff reporting good communication between senior management and staff**
   - Percentage score
   - Trust score 2012: 21%
   - National 2012 average for acute trusts: 27%

5. **KF15. Fairness and effectiveness of incident reporting procedures**
   - Scale summary score
   - Trust score 2012: 3.42
   - National 2012 average for acute trusts: 3.50

For each of the 28 Key Findings, the acute trusts in England were placed in order from 1 (the top ranking score) to 142 (the bottom ranking score). Heart of England NHS Foundation Trust’s five lowest ranking scores are presented here, i.e. those for which the trust’s Key Finding score is ranked closest to 142. Further details about this can be found in the document *Making sense of your staff survey data.*
3.2 Largest Local Changes since the 2011 Survey

This page highlights the Key Finding that has improved at Heart of England NHS Foundation Trust since the 2011 survey.

**WHERE STAFF EXPERIENCE HAS IMPROVED**

*KF28. Percentage of staff experiencing discrimination at work in last 12 months*  
*the lower the score the better*

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>11%</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>18%</td>
</tr>
</tbody>
</table>

**WHERE STAFF EXPERIENCE HAS IMPROVED**

*KF28. Percentage of staff experiencing discrimination at work in last 12 months*  
*the lower the score the better*

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>11%</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>18%</td>
</tr>
</tbody>
</table>
This page highlights the three Key Findings where staff experiences have deteriorated since the 2011 survey. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

WHERE STAFF EXPERIENCE HAS DETERIORATED

! KF11. Percentage of staff suffering work-related stress in last 12 months  
(\textit{the lower the score the better})

\begin{itemize}
  \item Trust score 2012: 39%
  \item Trust score 2011: 32%
\end{itemize}

! KF10. Percentage of staff receiving health and safety training in last 12 months  
(\textit{the higher the score the better})

\begin{itemize}
  \item Trust score 2012: 57%
  \item Trust score 2011: 74%
\end{itemize}

! KF8. Percentage of staff having well structured appraisals in last 12 months  
(\textit{the higher the score the better})

\begin{itemize}
  \item Trust score 2012: 32%
  \item Trust score 2011: 40%
\end{itemize}
### 3.3. Summary of all Key Findings for Heart of England NHS Foundation Trust

**KEY**
- Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2011 survey.
- Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2011 survey.
- Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2011 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterix and in italics, the lower the score the better.

#### Change since 2011 survey

<table>
<thead>
<tr>
<th>Change since 2011 survey</th>
<th>-30%</th>
<th>-20%</th>
<th>-10%</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
</tr>
</thead>
<tbody>
<tr>
<td>KF1. % feeling satisfied with the quality of work and patient care they are able to deliver</td>
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<tr>
<td>KF2. % agreeing that their role makes a difference to patients</td>
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<tr>
<td>KF5. % working extra hours</td>
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<tr>
<td>KF7. % appraised in last 12 mths</td>
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<tr>
<td>KF8. % having well structured appraisals in last 12 mths</td>
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<tr>
<td>KF10. % receiving health and safety training in last 12 mths</td>
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<td></td>
</tr>
<tr>
<td>KF11. % suffering work-related stress in last 12 mths</td>
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<td></td>
</tr>
<tr>
<td>KF12. % saying hand washing materials are always available</td>
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</tr>
<tr>
<td>KF13. % witnessing potentially harmful errors, near misses or incidents in last mth</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>KF14. % reporting errors, near misses or incidents witnessed in the last mth</td>
<td></td>
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</tr>
<tr>
<td>KF20. % feeling pressure in last 3 mths to attend work when feeling unwell</td>
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<tr>
<td>KF22. % able to contribute towards improvements at work</td>
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<tr>
<td>KF26. % having equality and diversity training in last 12 mths</td>
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<td></td>
</tr>
<tr>
<td>KF27. % believing the trust provides equal opportunities for career progression or promotion</td>
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</tr>
<tr>
<td>KF28. % experiencing discrimination at work in last 12 mths</td>
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<tr>
<td>KF4. Effective team working</td>
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<tr>
<td>KF9. Support from immediate managers</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>KF15. Fairness and effectiveness of incident reporting procedures</td>
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<td></td>
</tr>
<tr>
<td>KF23. Staff job satisfaction</td>
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<tr>
<td>KF24. Staff recommendation of the trust as a place to work or receive treatment</td>
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<tr>
<td>KF25. Staff motivation at work</td>
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</tr>
</tbody>
</table>
### 3.3. Summary of all Key Findings for Heart of England NHS Foundation Trust

**KEY**
- **Green** = Positive finding, e.g. better than average. If a ✓ is shown the score is in the best 20% of acute trusts.
- **Red** = Negative finding, e.g. worse than average. If a ! is shown the score is in the worst 20% of acute trusts.
- **Grey** = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

#### Comparison with all acute trusts in 2012

<table>
<thead>
<tr>
<th>Key Finding</th>
<th>Score 30%</th>
<th>Score 20%</th>
<th>Score 10%</th>
<th>Score 0%</th>
<th>Score 10%</th>
<th>Score 20%</th>
<th>Score 30%</th>
</tr>
</thead>
<tbody>
<tr>
<td>KF1. % feeling satisfied with the quality of work and patient care they are able to deliver</td>
<td>✓</td>
<td></td>
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<tr>
<td>KF2. % agreeing that their role makes a difference to patients</td>
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<tr>
<td>*KF5. % working extra hours</td>
<td>✓</td>
<td>✓</td>
<td></td>
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<td></td>
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<tr>
<td>KF6. % receiving job-relevant training, learning or development in last 12 mths</td>
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<td>KF7. % appraised in last 12 mths</td>
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<tr>
<td>KF8. % having well structured appraisals in last 12 mths</td>
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<tr>
<td>KF10. % receiving health and safety training in last 12 mths</td>
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<tr>
<td>*KF11. % suffering work-related stress in last 12 mths</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>KF12. % saying hand washing materials are always available</td>
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<tr>
<td>*KF13. % witnessing potentially harmful errors, near misses or incidents in last mth</td>
<td>✓</td>
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<tr>
<td>KF14. % reporting errors, near misses or incidents witnessed in the last mth</td>
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<tr>
<td>*KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths</td>
<td>✓</td>
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<tr>
<td>*KF17. % experiencing physical violence from staff in last 12 mths</td>
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<tr>
<td>*KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths</td>
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<tr>
<td>*KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths</td>
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<td>*KF20. % feeling pressure in last 3 mths to attend work when feeling unwell</td>
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<tr>
<td>KF21. % reporting good communication between senior management and staff</td>
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<td>KF22. % able to contribute towards improvements at work</td>
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<tr>
<td>KF26. % having equality and diversity training in last 12 mths</td>
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<tr>
<td>KF27. % believing the trust provides equal opportunities for career progression or promotion</td>
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<tr>
<td>*KF28. % experiencing discrimination at work in last 12 mths</td>
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<tr>
<td>*KF3. Work pressure felt by staff</td>
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<tr>
<td>KF4. Effective team working</td>
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<tr>
<td>KF9. Support from immediate managers</td>
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<tr>
<td>KF15. Fairness and effectiveness of incident reporting procedures</td>
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<tr>
<td>KF23. Staff job satisfaction</td>
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</tr>
<tr>
<td>KF24. Staff recommendation of the trust as a place to work or receive treatment</td>
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<tr>
<td>KF25. Staff motivation at work</td>
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</tr>
</tbody>
</table>

.106
3.4. Summary of all Key Findings for Heart of England NHS Foundation Trust

KEY

- Green = Positive finding, e.g. in the best 20% of acute trusts, better than average, better than 2011.
- ! Red = Negative finding, e.g. in the worst 20% of acute trusts, worse than average, worse than 2011.

'Change since 2011 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2011 survey.

-- Because of changes to the format of the survey questions this year, comparisons with the 2011 score are not possible.

* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterix and in italics, the lower the score the better.

<table>
<thead>
<tr>
<th>Change since 2011 survey</th>
<th>Ranking, compared with all acute trusts in 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.</strong></td>
<td></td>
</tr>
<tr>
<td>KF1. % feeling satisfied with the quality of work and patient care they are able to deliver</td>
<td>No change</td>
</tr>
<tr>
<td>KF2. % agreeing that their role makes a difference to patients</td>
<td>No change</td>
</tr>
<tr>
<td>* KF3. Work pressure felt by staff</td>
<td>--</td>
</tr>
<tr>
<td>KF4. Effective team working</td>
<td>No change</td>
</tr>
<tr>
<td>* KF5. % working extra hours</td>
<td>No change</td>
</tr>
<tr>
<td><strong>STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed.</strong></td>
<td></td>
</tr>
<tr>
<td>KF6. % receiving job-relevant training, learning or development in last 12 mths</td>
<td>--</td>
</tr>
<tr>
<td>KF7. % appraised in last 12 mths</td>
<td>No change</td>
</tr>
<tr>
<td>KF8. % having well structured appraisals in last 12 mths</td>
<td>! Decrease (worse than 11)</td>
</tr>
<tr>
<td>KF9. Support from immediate managers</td>
<td>No change</td>
</tr>
<tr>
<td><strong>STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.</strong></td>
<td></td>
</tr>
<tr>
<td>Occupational health and safety</td>
<td></td>
</tr>
<tr>
<td>KF10. % receiving health and safety training in last 12 mths</td>
<td>! Decrease (worse than 11)</td>
</tr>
<tr>
<td>* KF11. % suffering work-related stress in last 12 mths</td>
<td>! Increase (worse than 11)</td>
</tr>
<tr>
<td>Infection control and hygiene</td>
<td></td>
</tr>
<tr>
<td>KF12. % saying hand washing materials are always available</td>
<td>No change</td>
</tr>
<tr>
<td><strong>Errors and incidents</strong></td>
<td></td>
</tr>
<tr>
<td>* KF13. % witnessing potentially harmful errors, near misses or incidents in last mth</td>
<td>No change</td>
</tr>
<tr>
<td>KF14. % reporting errors, near misses or incidents witnessed in the last mth</td>
<td>No change</td>
</tr>
<tr>
<td>KF15. Fairness and effectiveness of incident reporting procedures</td>
<td>No change</td>
</tr>
</tbody>
</table>
3.4. Summary of all Key Findings for Heart of England NHS Foundation Trust (cont)

<table>
<thead>
<tr>
<th>Change since 2011 survey</th>
<th>Ranking, compared with all acute trusts in 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Violence and harassment</strong></td>
<td></td>
</tr>
<tr>
<td>* KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths</td>
<td>--</td>
</tr>
<tr>
<td>* KF17. % experiencing physical violence from staff in last 12 mths</td>
<td>--</td>
</tr>
<tr>
<td>* KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths</td>
<td>--</td>
</tr>
<tr>
<td>* KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths</td>
<td>--</td>
</tr>
<tr>
<td><strong>Health and well-being</strong></td>
<td></td>
</tr>
<tr>
<td>* KF20. % feeling pressure in last 3 mths to attend work when feeling unwell</td>
<td>• No change</td>
</tr>
</tbody>
</table>

**STAFF PLEDGE 4:** To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.

| KF21. % reporting good communication between senior management and staff | • No change | ! Lowest (worst) 20% |
| KF22. % able to contribute towards improvements at work | • No change | • Average |

**ADDITIONAL THEME:** Staff satisfaction

| KF23. Staff job satisfaction | • No change | • Average |
| KF24. Staff recommendation of the trust as a place to work or receive treatment | • No change | ! Lowest (worst) 20% |
| KF25. Staff motivation at work | • No change | • Average |

**ADDITIONAL THEME:** Equality and diversity

| KF26. % having equality and diversity training in last 12 mths | • No change | ! Lowest (worst) 20% |
| KF27. % believing the trust provides equal opportunities for career progression or promotion | • No change | ! Below (worse than) average |
| * KF28. % experiencing discrimination at work in last 12 mths | ✓ Decrease (better than 11) | • Average |
4. Key Findings for Heart of England NHS Foundation Trust

361 staff at Heart of England NHS Foundation Trust took part in this survey. This is a response rate of 43% which is in the lowest 20% of acute trusts in England, and compares with a response rate of 45% in this trust in the 2011 survey.

This section presents each of the 28 Key Findings, using data from the trust’s 2012 survey, and compares these to other acute trusts in England and to the trust's performance in the 2011 survey. The findings are arranged under six headings – the four staff pledges from the NHS Constitution, and the two additional themes of staff satisfaction and equality and diversity.

Positive findings are indicated with a green arrow (e.g. where the trust is in the best 20% of trusts, or where the score has improved since 2011). Negative findings are highlighted with a red arrow (e.g. where the trust’s score is in the worst 20% of trusts, or where the score is not as good as 2011). An equals sign indicates that there has been no change.

---

**STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.**

**KEY FINDING 1. Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver**
*(the higher the score the better)*

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>78%</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>72%</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>78%</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>89%</td>
</tr>
</tbody>
</table>

**KEY FINDING 2. Percentage of staff agreeing that their role makes a difference to patients**
*(the higher the score the better)*

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>89%</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>91%</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>89%</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>95%</td>
</tr>
</tbody>
</table>

---

At the time of sampling, 9774 staff were eligible to receive the survey. Questionnaires were sent to a random sample of 839 staff. This includes only staff employed directly by the trust (i.e. excluding staff working for external contractors). It excludes bank staff unless they are also employed directly elsewhere in the trust. When calculating the response rate, questionnaires could only be counted if they were received with their ID number intact, by the closing date.
KEY FINDING 3. Work pressure felt by staff  
*(the lower the score the better)*

<table>
<thead>
<tr>
<th></th>
<th>Scale summary score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>3.07</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>3.08</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>2.74</td>
</tr>
</tbody>
</table>

KEY FINDING 4. Effective team working  
*(the higher the score the better)*

<table>
<thead>
<tr>
<th></th>
<th>Scale summary score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>3.69</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>3.60</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>3.72</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>3.92</td>
</tr>
</tbody>
</table>

KEY FINDING 5. Percentage of staff working extra hours  
*(the lower the score the better)*

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>63%</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>66%</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>70%</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>57%</td>
</tr>
</tbody>
</table>

STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed.

KEY FINDING 6. Percentage of staff receiving job-relevant training, learning or development in last 12 months  
*(the higher the score the better)*

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>77%</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>81%</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>89%</td>
</tr>
</tbody>
</table>
**KEY FINDING 7. Percentage of staff appraised in last 12 months**

*(the higher the score the better)*

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>87%</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>89%</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>84%</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>94%</td>
</tr>
</tbody>
</table>

**KEY FINDING 8. Percentage of staff having well structured appraisals in last 12 months**

*(the higher the score the better)*

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>32%</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>40%</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>36%</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>48%</td>
</tr>
</tbody>
</table>

**KEY FINDING 9. Support from immediate managers**

*(the higher the score the better)*

<table>
<thead>
<tr>
<th></th>
<th>Scale summary score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>3.58</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>3.54</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>3.61</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>3.81</td>
</tr>
</tbody>
</table>

**STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.**

**Occupational health and safety**

**KEY FINDING 10. Percentage of staff receiving health and safety training in last 12 months**

*(the higher the score the better)*

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>57%</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>74%</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>74%</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>93%</td>
</tr>
</tbody>
</table>
KEY FINDING 11. Percentage of staff suffering work-related stress in last 12 months
(the lower the score the better)

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>39%</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>32%</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>37%</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>28%</td>
</tr>
</tbody>
</table>

Infection control and hygiene

KEY FINDING 12. Percentage of staff saying hand washing materials are always available
(the higher the score the better)

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>54%</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>58%</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>60%</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>77%</td>
</tr>
</tbody>
</table>

Errors and incidents

KEY FINDING 13. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month
(the lower the score the better)

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>30%</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>32%</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>34%</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>20%</td>
</tr>
</tbody>
</table>

KEY FINDING 14. Percentage of staff reporting errors, near misses or incidents witnessed in the last month
(the higher the score the better)

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>90%</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>94%</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>90%</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>96%</td>
</tr>
</tbody>
</table>
KEY FINDING 15. Fairness and effectiveness of incident reporting procedures

<table>
<thead>
<tr>
<th>(the higher the score the better)</th>
<th>Scale summary score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>3.42</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>3.38</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>3.50</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>3.69</td>
</tr>
</tbody>
</table>

Ineffective / unfair procedures | Effective / fair procedures

---

**Violence and harassment**

KEY FINDING 16. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

<table>
<thead>
<tr>
<th>(the lower the score the better)</th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>13%</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>15%</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>7%</td>
</tr>
</tbody>
</table>

---

KEY FINDING 17. Percentage of staff experiencing physical violence from staff in last 12 months

<table>
<thead>
<tr>
<th>(the lower the score the better)</th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>3%</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>3%</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>0%</td>
</tr>
</tbody>
</table>

---

KEY FINDING 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

<table>
<thead>
<tr>
<th>(the lower the score the better)</th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>28%</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>30%</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>19%</td>
</tr>
</tbody>
</table>

---

KEY FINDING 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

<table>
<thead>
<tr>
<th>(the lower the score the better)</th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>22%</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>24%</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>16%</td>
</tr>
</tbody>
</table>
Health and well-being

**KEY FINDING 20. Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell**

*(the lower the score the better)*

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>National 2012 average for acute trusts</td>
<td>29%</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>21%</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>27%</td>
</tr>
<tr>
<td>Trust score 2012</td>
<td>30%</td>
</tr>
</tbody>
</table>

**STAFF PLEDGE 4:** To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.

**KEY FINDING 21. Percentage of staff reporting good communication between senior management and staff**

*(the higher the score the better)*

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>National 2012 average for acute trusts</td>
<td>27%</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>44%</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>21%</td>
</tr>
<tr>
<td>Trust score 2012</td>
<td>21%</td>
</tr>
</tbody>
</table>

**KEY FINDING 22. Percentage of staff able to contribute towards improvements at work**

*(the higher the score the better)*

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>National 2012 average for acute trusts</td>
<td>68%</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>77%</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>62%</td>
</tr>
<tr>
<td>Trust score 2012</td>
<td>69%</td>
</tr>
</tbody>
</table>

**ADDITIONAL THEME: Staff satisfaction**

**KEY FINDING 23. Staff job satisfaction**

*(the higher the score the better)*

<table>
<thead>
<tr>
<th></th>
<th>Scale summary score</th>
</tr>
</thead>
<tbody>
<tr>
<td>National 2012 average for acute trusts</td>
<td>3.58</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>3.77</td>
</tr>
<tr>
<td>Trust score 2012</td>
<td>3.57</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>3.47</td>
</tr>
</tbody>
</table>
KEY FINDING 24. Staff recommendation of the trust as a place to work or receive treatment
(the higher the score the better)

<table>
<thead>
<tr>
<th></th>
<th>Scale summary score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>3.40</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>3.45</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>3.57</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>4.08</td>
</tr>
</tbody>
</table>

KEY FINDING 25. Staff motivation at work
(the higher the score the better)

<table>
<thead>
<tr>
<th></th>
<th>Scale summary score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>3.82</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>3.86</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>3.84</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>4.05</td>
</tr>
</tbody>
</table>

ADDITIONAL THEME: Equality and diversity

KEY FINDING 26. Percentage of staff having equality and diversity training in last 12 months
(the higher the score the better)

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>19%</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>18%</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>55%</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>89%</td>
</tr>
</tbody>
</table>

KEY FINDING 27. Percentage of staff believing the trust provides equal opportunities for career progression or promotion
(the higher the score the better)

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>85%</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>87%</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>88%</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>97%</td>
</tr>
</tbody>
</table>
KEY FINDING 28. Percentage of staff experiencing discrimination at work in last 12 months

(the lower the score the better)

<table>
<thead>
<tr>
<th></th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust score 2012</td>
<td>11%</td>
</tr>
<tr>
<td>Trust score 2011</td>
<td>18%</td>
</tr>
<tr>
<td>National 2012 average for acute trusts</td>
<td>11%</td>
</tr>
<tr>
<td>Best 2012 score for acute trusts</td>
<td>6%</td>
</tr>
</tbody>
</table>
## Reports from Committees

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.1</td>
<td>Appointments Committee Report (22/05/13 &amp; 15/07/13)</td>
</tr>
<tr>
<td>13.2</td>
<td>Finance &amp; Strategic Planning Committee Report (10/07/13)</td>
</tr>
<tr>
<td>13.3</td>
<td>Finance &amp; Strategic Planning Committee Minutes (13/05/13)</td>
</tr>
<tr>
<td>13.4</td>
<td>Hospital Environment Committee Report (08/07/13)</td>
</tr>
<tr>
<td>13.5</td>
<td>Patient Experience Committee Report (24/05/13 &amp; 12/07/13)</td>
</tr>
<tr>
<td>13.6</td>
<td>Patient Experience Committee Minutes (24/05/13)</td>
</tr>
<tr>
<td>13.7</td>
<td>Quality &amp; Safety Committee Report (27/06/13)</td>
</tr>
<tr>
<td>13.8</td>
<td>Quality &amp; Safety Committee Minutes (27/06/13)</td>
</tr>
</tbody>
</table>

(Oral)  
(Enclosure)
COUNCIL OF GOVERNORS  
FINANCE & STRATEGIC PLANNING COMMITTEE  

Minutes of a meeting of the FINANCE & STRATEGIC PLANNING COMMITTEE  
of the Council of Governors of Heart of England NHS Foundation Trust  
held in Boardroom, Devon House, Heartlands Hospital  
on 13 May 2013

Present:  
Barry Orriss (Committee Chairman)  
Albert Fletcher  
Stuart Stanton  
Olivia Craig  
Les Lawrence  

In attendance:  
Joanna Hodgkiss  
Angeline Jones  
Mary Vaughan  

12.84 APOLOGIES  

Apologies were received for Adrian Stokes, Phillip Johnson, Bridget Sproston, Simon Hackwell, Sue Moore and Carolyne Scott.

12.85 MINUTES OF MEETING – 10 APRIL 2013  

Mr Cox and Mr Hughes stated they had sent their apologies for the meeting held on 10th April. Mr Orriss asked for minute 12.81 Pathology should state Mr Orriss not Mr Hackwell stressed that the subject was commercially sensitive etc.

Mrs Walker to amend the minutes of the meeting held on 10th April 2013 to reflect the above.

12.86 MATTERS ARISING/ACTION LOG

- Action 12.32 – new booking system feedback – no update received from Mr Dale. Mrs Jones to invite Mr Dale to July meeting.
- Action 12.66 – AHSN Application – no update received from Mr Hackwell - Ms Hodgkiss agreed to check on progress and email update to Governors.
- Action 12.67 – Response to K Bell – Mr Orriss happy with draft response prepared and it was agreed Mrs Moore would prepare a formal response and forward to Mr Orriss for approval.
- Action 12.67 – Fractured NOF mortality – GHH – Mr Orriss agreed to read over the omitted paper and if he had any questions Mrs Scott/Mr Banajeer would be invited to the next meeting. Mr Orriss to inform either Mrs Jones /Mrs Walker by 5th June 13.

Mr Hughes requested a clinical statement as to why performance on fracture NOF was worse at Good Hope site than at Heartlands?

Mr Orriss and other members of the Committee raised their concern with what seems to be a lack of progress with the Birmingham City Council (BCC) issue. Mrs Jones explained Mr Stokes would be reporting back at the following week’s Governors meeting.

Mr Fletcher made reference to the fact that there had been no BCC representation at the Council of Governors meeting for some time and following a recent new appointment they should be invited to attend and if possible to next week’s full Governors meeting. Mr Lawrence agreed to facilitate invite.

All items under matters arising would be covered during this or future meetings.
12.87 FINANCE & PERFORMANCE UPDATE

The report was summarised with the following key points being noted:

- The Quarter 4 financial risk rating of 4 has been confirmed by Monitor.
- Decrease in assets of £73.6m reduced capital charges.
- Reported a net deficit of £30.5m, after a £41m charge to I&E to reflect the impact of asset impairment.
- Before impairment generated a £10.5m YTD surplus from operations, £0.9m adverse to plan.
- Recurrent break even.
- The capital expenditure of £37.7m, 88% of forecast.
- March FPC agreed a carry forward value of £7.1m for capital schemes not completed but had valid reasons.
- Overall net decrease of £73.6m to £199.1m which the auditors signed off previous week.
- Quarter 4 Monitor Governance red due to not meeting A&E 4 hour target for 3 consecutive quarters.
- Met all other targets except MRSA – full year target 6 – Trust had 7 cases.
- Trust hit 18 week target across quarter but marginally failed in February and is technically classed as a breach by Compliance Framework. This was part of a plan to improve patient flow and treat elective patients in private sector, all of which had been agreed with Commissioners, Trust Board and CCG.s
- Cancer target meet full year.
- £6m forecast this year with CIP £23m. £15.4m (67%) of schemes have been identified with a gap of £7.6m which are being worked through.
- Pay cost challenge remains i.e. managing posts and exit from winter capacity.
- Income contract agreed with JMRA with commissioners and Specialised Services to be signed off by NHS England (National Commissioning Board) – new body
- Trust changed to Licence (instead of TOA) from 1st April ’13 and moving from Compliance Framework to Risk Assurance Framework later in the year.

Mr Orriss asked as CIPs concerned will there be an impact on ECIST and nursing levels? Mr Lawrence said no as moving into service improvement programmes with better monitoring of vacancies, seeking reduction in agency staffing.

Mr Lawrence stated F&P will have a monthly agenda item for ‘workforce’ comprising of a dashboard and will cover specific areas on a quarterly basis ensuring inbuilt pay costs are monitored and challenged outside the CIPs in a way both beneficial for the Trust and winter pressures.

Mr Lawrence stated we are on formal close watch from Monitor for A&E performance and it was agreed the F&P Committee would take on further responsibility for the monitoring of A&E performance and present to the Board giving a detailed account of each site’s position and also committed to meeting the target from Quarter 2.

Mr Lawrence informed the Committee that there had been 2 significant reports from the Oak Group and ECIST which provided additional oversight and suggested some additional improvements.

Mr Lawrence explained that it had been a difficult winter for much of the local health economy. Ms Hodgkiss outlined the review that is taking place in Solihull on emergency care with a possible consultation on changes in the Autumn.

12.89 CORPORATE BUSINESS PLAN UPDATE

Ms Hodgkiss stated she had sent the Committee the CBP format for Solihull and had received plans from 3 sites and 2 groups. It was agreed at F&P there would be a sub-committee of the F&P and would meet monthly with each site to go through plans in detail.

Ms Hodgkiss confirmed Claire Molloy’s post been advertised with interviews taking place on 29th May. Ms Lisa Thompson, Director of Corporate Affairs will be covering executive leadership for Solihull until an appointment was made.
12.90 MONITOR ANNUAL PLAN FOR APPROVAL

Mrs Jones ran through the Monitor Annual Plan and explained it addressed the high level themes and stated this went onto the Monitor’s website which is publicly available to anybody to view or download.

The key priorities for the Trust over the plan period are to;

- Continue to improve and develop patient experience, safety and quality,
- Put in place services, facilities and processes that enable the Trust to achieve the targets set by its regulatory bodies,
- Deliver efficiencies that support the financial sustainability of the Trust, and
- Keep abreast of the changing environment and take advantage of the opportunities this change may present.

On the financial commentary Mrs Jones clarified that inflation stated at 1% per year that was the net increase of inflation growth offset by efficiency.

Pension automatic enrolment introduced into the Trust this year and will have a significant impact on the Trust and could be as much as £600k per month. All employees will be automatically enrolled unless they state differently within a 3 or 4 month period. Mr Lawrence confirmed employees unable to buy back pension.

Mr Orriss commented on the £6m being a small margin and the need to ensure effective monitoring in place.

Mrs Jones asked the Council of Governors to read and feedback comments to her Wednesday, 22nd. Mr Orriss asked it be proof read as he had noticed a couple of spelling errors. Ms Hodgkiss agreed to proof read.

The Council of Governors approved and endorsed the paper and stated it was a very good document.

12.91 PATIENTS PROPERTY

Mrs Jones presented the Patient Property update in detail and explained it had taken 3 years to standardise the policy across the 3 sites and some areas still to implement fully. Key actions taken included: standardised property books; disclaimer form for all patients wishing to retain their property; funding made available for new ward safes once nursing complete an audit to assess existing storage facilities; Chief Nurse review monthly all missing patient incident and a quarterly review of all losses and compensations presented to F&P. If any reoccurring themes appear Mrs Jones holds responsibility to address.

Mr Fletcher asked what was the policy re visitors bringing property onto site. Mrs Jones stated this would be an estates issue and would be brought to the attention of the Environment Committee.

Mr Fletcher mentioned that often after an investigation nothing is referred to. If someone has made a big error they should be subject to a disciplinary and the policy does not refer to incidents being reported to the police. Mr Fletcher suggested the policy should state where a suspected criminal offence has taken place the police will be notified.

If the incident is serious it is reported to the security manager (who would then decide if the police are to be involved). Mrs Jones confirmed the next policy update would include reference to disciplinary action and criminal offence as raised by Mr Fletcher and there will also be a cross reference with the bereavement policy.

A number of questions were asked by the Council of Governors relating to patient’s clothing and the death of patients which there was nobody on the Committee able to comment on as specifically relates to the bereavement team & policy. Mr Fletcher asked that this be raised at a breakfast meeting. Mrs Jones agreed to liaise with Angela Hudson.
12.92 ANY OTHER BUSINESS
Nothing was raised.

12.93 DATES OF FUTURE MEETINGS
10 July 2013 at 10.00 at Solihull Hospital.
09 September 2013 at 10.00 at Heartlands Hospital.
12 November 2013 at 10.00 at Good Hope Hospital.

Committee Chairman
Present
Kath Bell Patient Governor
Peter Colledge CHC, Volunteer
Elaine Coulthard Public Governor
James Cox Public Governor
Carole Doyle Public Governor
Michael Kelly (Chair)
Marck Kibilski Public Governor
John Roberts Public Governor
Frances Linn CHC
Gerry Robinson CHC
David Roy Staff Governor
David Treadwell Public Governor
Thomas Webster Public Governor
Sandra White Membership Manager

In Attendance
Simon Jarvis Head of Patient and Public Involvement
Joy Warmington CEO, BRAP

Minutes
Bev Bellerby Executive Assistant to Lisa Thomson

Welcome and Introductions
Mike Kelly welcomed everyone to the meeting and thanked them for attending.

Apologies
Apologies were received from Arshad Begum, Sam Foster, Patricia Hathway and Lisa Thomson.

Minutes of the Previous Meeting
The minutes were agreed as an accurate representation.

Actions from the Previous Meeting
Sam Foster will feedback to July’s meeting with information on collection methods from patients discharged from Good Hope and Solihull.

Lisa Thomson had spoken to Andy Laverick about the Patientline contract and he sent out a presentation to update the meeting on the service to date. Changes were due to be made to the service and more information would be sent out as available.

A member of CQC would attend the July meeting; Lesley Ward.
The meeting still had concerns about DNAs and the cost implications. It was decided to re-invite Theresa Price, or a representative, to a meeting to talk about DNAs, the booking facility at Lyndon Place and appointment cancellations. **Action (BB)**

A discussion was had about advertising the cost of DNAs in the local media. Simon Jarvis offered to pick that up with HEFT’s communications team. **Action (SJ)**

### Engaging Diverse Communities

Joy Warlington attended the meeting to talk about the work BRAP did in the community and in the NHS. BRAP was set up 14 years previously and was a charity that worked in equality and human rights. BRAP was not an acronym; it started off being initials but had become the actual name of the charity.

Joy kindly gave a presentation on engaging diverse communities. BRAP had worked with cancer charities, SHA, DoH, Mental Health trusts, cardiology specialists and those working with young people, amongst others. BRAP did a large piece of work with Barts Health NHS Trust as their sites were all very different and had diverse communities. They had a short time in which to engage staff to work differently and were very successful. Joy added that populations changed and with it did the requirements of the local hospitals. Organisations often failed to react to diversity as they did not recognise it.

Joy left some leaflets and was happy to be contacted if anyone was interested in the things that BRAP could help with.

### Friends and Family Update

Simon Jarvis advised that 1800 inpatients per month completed surveys. The target would increase from 15% to 20% in April 2014. HEFT was achieving between 15-20% each month, already. A&E had been added in April 2013 with the same 15% target; only 3% of total attendances were seen, so improvement was required. Maternity and paediatrics would be included at the end of 2013 and all areas would be included within the following 12 months. Community services was not part of the CQUIN but would be rolled out their too, to pick up feedback on district nurses. Community services did not receive many complaints but would get picked up in a ‘goldfish bowl’ session soon.

Text, telephone and cards were being used as methods for collecting data. Patients’ mobile numbers were being collected at check in so that patients could be contacted for feedback, on leaving. A hospital in Dorset had trialled that method and it was working well.

HEFT was asking 3 additional questions to get some extra feedback from patients;

- What have we done well?
- What could we have done better?
- Would you like to nominate a member of staff?

Some staff names were being mentioned regularly, as having gone the extra mile in patient care. Mark Newbold and Mandie Sunderland would sign a letter of thanks to these staff and would deliver it personally. Any wards that were showing high levels of improvement would be treated to a tray of doughnuts for the staff to share, and that would be trialled from June. Offering a small reward made Friends and Family more of a staff engagement tool.

Simon added that a drop in scores on the Family and Friends test was often an early warning indicator of other problems on a ward or clinical area. If patients were not able to speak English, relatives could help them fill out the form, and this would also be helpful for patients that were not well enough to answer the questions.
PLAEC inspections would commence during June and would replace PEAT environmental audits. There needed to be 2 lay people to 1 member of staff; CQC and estates would be involved. Anyone wishing to volunteer was asked to give their names to Simon Jarvis. Action (All)

All 3 sites needed inspecting, 10 wards and 10 other areas, including areas with food. Gerry Robinson had redone the paperwork to use in the future but the PLAEC paperwork would be used for the first visits. PLAEC was an annual inspection. Gerry’s form would be used by CQC for their visits, as it was very detailed. There was not an option to opt out of the inspections.

**CHC Update**
Gerry Robinson advised that he had visited Glaxo Renal Unit at Heartlands and Ward 18 at Solihull.

Glaxo’s cleaning score was 91% in Q4 of 2010 but had decreased to 57% in Q2 of 2012. The cleaning was shared by the nurses and G4S and most of it was done at night. G4S should sign in and out in a book but nothing had been put in it since November 2011. The supervisor had signed the cleaning off without checking it. The G4S SLA was not fit for purpose and all of these issues had been fed back to the management team.

CHC had been asked to go to Ward 18 at Solihull following a number of complaints. Gerry advised that there were no problems on the day of the unannounced visit. Jim Cox advised that he was liaising with a family whose father had a pressure sore mis-graded on that ward. The family is stating gross negligence. Elaine Coulthard added that all patients have a tissue viability form in their notes, as well as ones for eating, hydration, falls, etc, so there was no reason for the information not to be available.

**Any Other Business**
Jim Cox raised the idea of a ‘visitors’ charter’, which would contain information about safeguarding, hygiene, etc. Simon Jarvis advised that the bedside folders were being reprinted and covered the expectation for hospital visitors, within them.

Jim also mentioned Membership meetings, which had not happened for several months. Most meeting attendees had been keen to merge the Patient Experience meeting with the Membership meeting, but one attendee had been against it. The consensus was to suggest a merger at an extraordinary meeting of the Membership Committee and copy in the Company Secretary to attend. Action (BB)

David Roy suggested a HEFT Health Forum with a panel of experts who would go out to large Birmingham companies to educate their staff about the risks of not having regular health care checks. It could cover the main areas of concern in the region, such as diabetes, stroke, heart disease, etc. It had been rolled out in France and proved to be very effective. Lisa Thomson would speak to Lord Hunt about it. Action (LT)

David Treadwell felt that there were many groups that represented patients but there was no understanding of which ones were in which hospitals.

**Date and Time of the Next Meeting**
Friday 12th July 2013, 11:30-13:30, Boardroom, BHH.
Action Log

<table>
<thead>
<tr>
<th>Date of Action</th>
<th>Action</th>
<th>Owner</th>
<th>Completion Date</th>
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</thead>
<tbody>
<tr>
<td>24.05.13</td>
<td>Invite Lesley Ward, CQC to July’s meeting</td>
<td>BB</td>
<td>Before next meeting</td>
</tr>
<tr>
<td>24.05.13</td>
<td>Invite Theresa Price to another meeting to talk about cost of DNAs</td>
<td>BB</td>
<td>Before next meeting</td>
</tr>
<tr>
<td>24.05.13</td>
<td>Arrange to advertise locally about the cost of missed outpatient</td>
<td>SJ</td>
<td>Before next meeting</td>
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<td></td>
<td>appointments</td>
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<tr>
<td>24.05.13</td>
<td>Volunteers for PLACE inspections to give names to Simon Jarvis</td>
<td>All</td>
<td>Immediately</td>
</tr>
<tr>
<td>24.05.13</td>
<td>Speak to Chairman re HEFT health Forum</td>
<td>LT</td>
<td>Immediately</td>
</tr>
<tr>
<td>24.05.13</td>
<td>Arrange membership meeting on the same day as the next Patient</td>
<td>BB</td>
<td>Immediately</td>
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<tr>
<td></td>
<td>Experience meeting (12.07.13)</td>
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Minutes of a meeting of the
COUNCIL OF GOVERNORS
QUALITY AND SAFETY COMMITTEE
Heart of England NHS Foundation Trust, Education Centre, Solihull Hospital
27 June 2013 10.00

Present

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEVENTON, Liz</td>
<td>CHAIR (Public Governor)</td>
<td>LS</td>
</tr>
<tr>
<td>COULTHARD, Elaine</td>
<td>Public Governor</td>
<td>EC</td>
</tr>
<tr>
<td>DALY, Kevin</td>
<td>Public Governor</td>
<td>KD</td>
</tr>
<tr>
<td>KELLY, Mike</td>
<td>Head of Patient Experience Group</td>
<td>MK</td>
</tr>
<tr>
<td>LANE, Heidi</td>
<td>Staff Governor</td>
<td>HL</td>
</tr>
<tr>
<td>MORGAN, Veronica</td>
<td>Staff Governor</td>
<td>VM</td>
</tr>
<tr>
<td>ORRIS, Barry</td>
<td>Public Governor</td>
<td>BO</td>
</tr>
<tr>
<td>ROBERTS, John</td>
<td>Public Governor</td>
<td>JR</td>
</tr>
<tr>
<td>ROY, David</td>
<td>Staff Governor</td>
<td>DR</td>
</tr>
<tr>
<td>TREADWELL, David</td>
<td>Public Governor</td>
<td>DT</td>
</tr>
<tr>
<td>WEBSTER, Tom</td>
<td>Public Governor</td>
<td>TW</td>
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</table>

In attendance

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEOGH, Ann</td>
<td>Director of Medical Safety</td>
<td>AK</td>
</tr>
<tr>
<td>MARTIN, Sian</td>
<td>Executive Assistant to Sarah Woolley (minutes)</td>
<td>AR</td>
</tr>
<tr>
<td>TANDY, Elaine</td>
<td>Governance Manager, HEFT</td>
<td>ET</td>
</tr>
<tr>
<td>WOOLLEY, Sarah</td>
<td>Director of Safety and Governance, HEFT</td>
<td>SW</td>
</tr>
</tbody>
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1. Apologies for absence

Apologies were received from Mrs Kath Bell.

2. Minutes of the previous meeting

Matters arising from the minutes

The minutes from the previous meeting held on 26 February were discussed. The Chair requested that the date be added to the minutes.

Review of Actions

1. The chair raised the action point of Ann Keogh circulating the outcome of two maternity SUIs (Serious Untoward Incidents) investigation reports which would issue soon. There are also a further 8 SUIs which are awaiting final processing and they will issue together. Carry forward in actions

2. Mrs Kath Bell was provided with dates and went on her Patient walkabout around Critical Care at Heartlands.

3. The David Sandler update on stroke will be carried forward to the next meeting.

4. The Theatre review report will carry forward to the next meeting

5. The invitation to Mandie Sunderland to attend and talk through the work on compassionate care will carry forward to the next meeting.

6. Elaine Coulthard asked if there had been any further information on the Birmingham Mail story regarding three senior sisters at Good Hope who had been told that they would be offered redundancies if vacancies could not be found for them. Sarah had agreed to follow up and said she...
thought that they were still employed at the Trust at the same level but needed to double check. Tom Webster confirmed that he had received an answer and that were still employed at the same level within the Trust in equivalent roles.

7. The chair asked John Roberts to report back on food quality as outlined in the previous actions. This was agreed that it would be carried forward to the next meeting.

John Roberts gave an interim update regarding the quality of hospital food as it arrives at Good Hope Hospital (GHH). This was covered in the minutes of the last meeting of the environment meeting. The issue is for the most part that the trolleys that are used. Those trolleys are in the process of being replaced. A precise date for completion is currently unknown. The Environment Committee is next to meet on 9th July and an answer on a completion date will be rolled out then. Tom Webster reminded the meeting that he was behind the original complaint and stated that complacency seems to be creeping in and that food standards are not as high as they were and that action needs to be taken. Issues of presentation were also raised.

John Roberts was asked by the chair to take this forward and report back through the Environment Committee at the next meeting.

The Governor Elections and their impact on future meetings

The chair informed the meeting that until we have new Governors in place we will suspend August meeting. Another date will be set up once we have confirmed Governors in place.

Tom Webster raised concern about this as the April meeting had been cancelled this year.

Sarah Woolley responded on the Chair’s behalf. Sarah said there had been some confusion around the election period and the timing. Sarah said that the April meeting was cancelled due to confusion over dates of the elections. Today’s meeting was retained, despite entering election season, to ensure that it went forward and to reassure the Governors of our commitment to the meeting and the important role it plays. The results from Governor elections will issue in August.

Action: The Chair asked that we look at a date at the end of September and get it in the diary and circulate it in the minutes.

Overlapping work of the Patient Experience Committee and the Quality and Safety Committee

Sarah Woolley raised the issue of merging the CoG Q and S and the Patient Experience Committees. Sarah explained that quality review needs to encompass patient and staff safety, patient experience clinical effectiveness and clinical outcomes. She was concerned at the moment that safety and patient experience issues were being reviewed in isolation by both committees and there was not sufficient opportunity for triangulation of issues by Governors.

Sarah asked that there should be a discussion on improving collaboration and coordination of the Committees. Both John Roberts and David Treadwell raised concern over continuity between Committees when Governors change. Sarah outlined the continuity role that she plays.

Sarah asked that a discussion at chair level took place to discuss the overlap of the Q and S committee and the patient experience committee regarding closer working/integration. The company secretary would also need to be involved. Sarah pointed out that at board level, one single committee deals with patient experience, clinical audit and safety and the reason they are integrated is that that is the national definition of quality and because the patient experience interface is so critical to quality. When data is being assessed to ensure that a service is safe the clinical performance and clinical outcomes, the patient experience and staff experience are all part of the decision making process. This is why we have the Committee discussing all those issues together to ensure nothing is missed between Committees. Sarah said she would prefer that the Governors meetings mirrored these to achieve best practice from a national perspective.

Sarah said she believed much was to be gained by looking at safety and patient experience together.
Veronica Morgan stated it was a good idea but important that the main issues do not get lost.

Overall the Committee agreed this seemed a good way forward.

**Action:** Liz Steventon, Sarah Woolley, Mike Kelly and Lisa Thomson to meet to discuss.

**Other issues from the minutes**

Kevin Daly referenced page three of the previous minutes and asked whether the response to the CQC report on GHH had been received. Sarah said it had been received and asked Elaine Tandy to circulate it. Elaine explained that as soon as they have been published, they are on the CQC website.

**Action:** Elaine Tandy to circulate the CQC report once received.

Veronica Morgan referenced the maternity power failure incident on page two of the previous minutes. Sarah explained the difference between an external and internal major incident. An external major incident involves the enactment of our major incident procedures which means we declare a crisis situation and involves liaison with the wider health economy and emergency planning procedures for the entire city. An internal major incident means an extreme situation with active management but it is not deemed a risk to the wider population.

The chair referenced page three section 6 of the minutes and asked to see the Fracture Neck of Femur leaflet for the next meeting.

**Action:** Fracture neck of femur leaflet to be returned to the next meeting.

**3. SitRep Report**

Ann Keogh presented the Safety Sitrep which went to the June Governance and Risk meeting which is Trust board level. Ann raised some key areas;

We have changed two of the strategic risks which the organisation holds and have increased the ratings.

The patient flow through the hospital has been upgraded to red with a risk score of 20. You will have seen from the media that there has been a lot of pressure on the emergency departments throughout this region. Behind all of these risks there is an action plan and the mitigations that go with it. This is just a summary of what we have on the risk register.

The second increased risk is the tariff with 15% Cost Improvement Programme (CIP) now increased to 20 to reflect some of the difficulties we are facing.

The chair questioned the CIP given the Government’s statement that NHS funding is ring-fenced. Sarah explained that the ring-fencing means that the NHS is safe from additional cuts in funding but is still required to make a year on year of approximately 4% CIP saving and this is factored into our budget. We should be looking at ways of delivering our services more efficiently every year. Other Government departments have been facing additional funding cuts on top of their required annual efficiency savings.

Tom Webster raised the issue that we have not had any inflationary increases either.

Sarah agreed that despite our ring-fencing we are seeing a budgetary cut in real terms.

Heidi Lane concurred with the issue of beds being blocked due to a lack of social care which could help to clear the backlog and free up bed space.

Ann then went on to present operational risks and confirmed that there are no validated red operational
risks. This means that they have not been through the risk forum that has been set up to review potential red risk to confirm the rating and then to update appropriately. You will see that on a site basis we have two sets of risks; those which are validated and those which are proposed. The proposed ones come through to the risk review forum where they are agreed or more information is requested because the risk needs to be quantified or we generally feel it is insufficiently explained. If there is an issue which requires arbitration it will then go to the Clinical Quality Performance Group who will then discuss it in a wider forum to ensure that when we get an overall response.

Ann then explained the SUI investigations and noted that there had been a change in the profile since the Committee last looked at them.

Open SUI investigations

Ann Keogh went through the open serious incidents investigations identified in the SITREP.

Never events

A never event is an event that largely preventable if due process is followed.

- One was the insertion of a wrong side component of a knee replacement. This is still under investigation. Both side components were brought into theatre. A check did not elicit that the wrong side implant was put into the patient. This incident occurred at Good Hope where theatre practice was to bring in both implants, both right and left. Ann clarified that correct limb was operated on but one part of the implant was for another limb. There is very little difference in the part and it has a small effect on movement. The patient is aware this mistake happened and has not required further surgery. Solihull and BHH only bring in the appropriate side implant. This incident highlighted the importance of organisation memory as similar incidents occurred premerger.

  Barry Orris raised that this had happened before in Ophthalmology. Sarah explained that the greater concern was that a similar incident had occurred in the T & O directorate previously. Kevin Daly also pointed out that a similar incident occurred in 2011. Sarah assured the Committee that part of the action plan from this investigation was to check why the learning which should have occurred from the previous event, had not passed on.

- The second incident was of a retained swab during complex breast reconstruction surgery. At the time of the operation the swab was noticed to be missing. Checks were done and the swab was not found. The patient returned to out-patients with infection about two months later and the swab was found. The important lesson to be learned was that a swab search carried out by Fluoroscopy was not 100% effective in picking these up. It is only 85% effective in picking them up these radio opaque swabs. This is in the process of being signed off and an awareness alert will be sent out to theatres. The incident occurred at Good Hope but appeared under Heartlands figures due to directorate site alignment for general surgery.

In reference to a recent investigation into a death of patient who was on a palliative care pathway. The coroners reported ruled the death to be from natural causes. Ann asked the Committee whether they received Coroner’s reports once they have been notified that there is an investigation. The Committee replied that they did not and that they came back through this Committee. Anne said that she arrange

Ann said that the Corporate Services Functions have now been added to the report. Whilst the report focuses very much on the physical, it was felt that the corporate was just as important as are health and safety. There had been a site visit to GHH which had found the site to be non-compliant with information about complaints. The Trust is now compliant with all CQC standards.

Mike Kelly asked whether the never-events would be included in a lesson of the month. Sarah stated that they would be once the investigation is signed off. We have to tailor the messages so that they are appropriate to front-line staff. We may do a tailored one to focus on areas where they are appropriate.
Heidi Lane clarified and explained the anti-platelet lesson of the month for the Committee.

**Action:** Ann to arrange for the Committee to see Coroner’s reports direct rather than waiting for them to come to the next meeting.

### 4. DoH response to Francis Report

Sarah Woolley explained the DoH response to the Francis recommendations and explained our response to it. The Government response is high level and generalist compared to the very specific nature of the Francis report.

In summary the response focuses on five areas:

1. **Organisations to prevent problems better**
   - There is a national review of patient safety. Don Berwick who is an international leader in patient safety is undertaking this and reviewing national arrangements. This report will issue this month. Lisa Everton Richards is also a national leader and voice for patient safety is sitting on that group. She is also one of our Governance and Risk Committee members.
   - The NHS constitution has also been redesigned. It is a good piece of work and has set out principles, rights of staff and patients. They have also set out the values of the NHS. It puts an excellent philosophy around the NHS. Sarah Woolley will be discussing this with the executive directors. Mandie Sunderland has already done some work around nursing values and these align with the NHS values. The main focus of this report is the importance of creating a culture of safety, openness and disclosure. This has to be led at Board level.

2. **Detecting problems**
   - The main sea-change is that a chief inspector of hospitals has been appointed. His name is Mike Richards and he is a well respected clinician.
   - A change the ratings systems will return us to the traditional system similar to the manner of OfSted rating approach.
   - There will be increasing focus on clinical outcomes and engaging and involving patients.
   - National review of complaints handling system
   - They have introduced a duty of candour to the whole of the NHS

3. **Taking action**
   - The definition of quality will be reviewed. Sarah said she considered Lord Dazi’s definition of quality to be the best definition so far which is quoted as follows: “High Quality care is care that takes account of patient experience and reflects positive patient experience; it is clinically effective and best practice and safe and delivers good clinical outcomes for patients in terms of mortality and complications”.
   - CQC is working with NICE to develop more specific standards around clinical care around defining what is caring, safe, responsive and effective care.

4. **Accountability**
   - Work is going on as to whether an organisation should be formally referred to the Health & Safety Executive for clinical negligence.
   - The NMC and the GMC have been tasked with speeding up their regulatory practices and picking up poor performance.
   - They are reviewing a barring schemes for failed managers and directors
   - Establishing a proper failure regime for quality.
5. **Better training and motivation**
- HCA training is under review and proposals are under development about making it a proper profession rather than a support worker regime.
- Revalidation for nurses is being brought in and will be similar to the registration requirements for doctors.
- CQC will play key role in regulating staffing levels

The issue of nurses losing their registration and then working in other parts of the healthcare industry was discussed. SW explained the role of the NMC in removing registration. Veronica Morgan raised the issue of nurses who have been struck off working as HCAs in care homes.

David Treadwell raised the issue of accountability of politicians and institutions and the availability of funding. He also raised the issue of responsibility with regards to Mid Staffs.

John Roberts asked Sarah to clarify the question of the role of the CQC in staffing levels. The future of the CQC was also discussed given the current situation of the CQC and the media publicity around the failures at Morecombe Bat NHS Foundation Trust.

**Action:** Elaine Tandy to send a copy of CQC consultation to John Roberts.

Veronica Morgan asked about the penalties around the duty of candour with regards to completing the Trust’s IR1 report. Ann clarified that the duty of candour involves being open with the patient. We have included this in the incident reporting process and included a question which asks whether the reporter has spoken to the patient. This way we can monitor whether this has occurred. Should we fail to do this there is a £10,000.00 fine for each breach of this. The ethos and principles are engrained within the majority of clinicians. We can now evidence this at a touch of a button. A communication will go out to all staff in July. These will be for moderate harm upwards.

Tom Webster raised a concern about the effectiveness of the CQC inspections. Sarah said that she was aware that the way the CQC works is being reviewed.

Barry Orris raised the issue of patient rights and questioned the capability of patients suffering from dementia or with impaired capability to exercise those rights.

Elaine Coultard raised the issue of the qualifications and experience of staff who carried out cleanliness inspections of A and E, which she accompanied. She felt that the hospital was being unfairly assessed.

Kevin Daly questioned the variance of definition of quality between Trusts. Sarah explained that quality is not always easy to measure and it depends on the speciality involved. She exampled cardiology as an area that has very specific and measureable quality standards whereas for some chronic diseases it is less easy to measure clinical outcomes.

Kevin Daly asked if there was going to be a rationalisation of the regulatory bodies as there are many that overlap. Sarah said that this is reviewed regularly when gaps or duplications come to light. She expected another review in light of the recent events involving the CQC and Morecombe Bay.

Mike Kelly raised the issue of best practice in relation to patient interviews. He had recently attended a Kings Fund meeting which described the work of Northumbria NHSFT where they have a director and six staff who carry out 700 patient interviews every month. Sarah said that we should visit Northumbria to see this in action to observe how it works. Mike Kelly commented that the Chairman was intending to visit Northumbria Trust.

The chair asked Sarah to sum up.

Sarah said that all boards have to do a formal response by the end of this calendar year. This is quite complex and already we have been implementing a lot of recommendations and the NHS has been learning from Mid Staffs for a number of years now. We are currently doing a gap analysis against the 290 recommendations. That will give a base line and give us a strategic action plan. We also intend to carry out breakfast meetings with board and frontline staff around what their reaction is and what the learning
that the board needs to take home is. This will be used to inform our improvement plan going forward.

We will need to create a cultural development plan around how we improve our culture of safety and compassion in the organisation. That will be complex as changing culture of a difficult issue and takes time. We also want to work on our culture in terms of NHS values and what that means in our organisation and getting staff to raise concerns.

The constant complaint which comes back to Ann and I is that out approach to raising concerns is inconsistent. We need to avoid any blame attaching to that process which it is sometimes perceived to do. We need to create a system which is both proportionate and just.

We also need to look at the tension between the finance element and need to contract resources whilst maintaining quality. This causes problems with the values, implementation and behaviours. Strategically we want to be caring and safe but the reality is that it is very difficult to balance costs and safety for the front line.

5. Update on the Quality Account for 2013/14

Elaine Tandy confirmed that the Quality Account for 2013/13 has been approved at Trust Board level and will publish on NHS Choices Website and on the Trust website but we are currently identifying the best place to display it. We are preparing a shorter version leaflet, which will be timelier than last year. Elaine explained we are working with our Communications team to produce a video card. This will issue in the next few months. Work is ongoing for the 2013/14 quality account. This will be based along the same lines as last year.

We have already identified the priorities for coming year which include four that we did for 2012/13. These are Fundamentals of care, Falls, Pressure ulcers and Fracture neck of femur.

We decided to continue to look at them this year. Sarah said she felt that there is still room for improvement in those areas.

We are also looking at three new priorities; Stroke; Improving dementia care and Improving discharge arrangements.

We continue to be involved with Governors going forwards after the elections are complete.

6. Any other business

David Treadwell said that at previous meetings they have asked for the CQC to come to talk to the Committee. Sarah confirmed that they have been but should we have a large amount of new governors post-election we could look at another visit form the CQC. David raised questions about the national staff survey. Sarah confirmed that this was a similar picture in HEFT. She went on to confirm that staff engagement now comes under her role and she now has responsibility for Organisational Development to handle Staff Engagement and Leadership and the cultural development of the organisation. Clinical Compliance has moved to Lisa Thomson.

Mike Kelly asked about the recruitment drive to recruit nurses. So far 55 Band 5 sisters have been recruited. Sarah said continued drives will continue throughout the summer.

Elaine Coultard asked about staff recognition and whether it was financial or other types of recognition that was being sought by staff. Sarah felt that we need to do more work and ask how staff would like to be recognised. Whilst initiatives like staff recognition awards and employee of the month clearly have a place but we need to put some serious consideration into additional approaches to recognise staff. We need to support when they are experiencing difficult safety issues and that is also recognition.

David Treadwell suggested a certificate.
Heidi Lane felt that in her experience there was a big gap between board and the front line. There needs to be a better connection between the board and the management front line.

7. Date of next meeting

The date of the next meeting is 11 September in the Board Room of Devon House, at 12.00 at Heartlands Hospital. A light lunch will be provided. Please send any apologies and dietary requirements to Sian Martin – sian.martin@heartofengland.nhs.uk or call 0121 424 1325.

Parking is booked at Devon House on a first come, first served basis and 8 spaces have been reserved. Please let Sian Martin know if you require a parking space.

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### Council of Governors – Quality and Safety Committee

#### ONGOING ACTIONS – 27th June 2013

<table>
<thead>
<tr>
<th>Date of minutes</th>
<th>Action</th>
<th>Target date</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 2012</td>
<td>AK to circulate details of the outcomes of the two maternity SUI’s when complete and details of the deteriorating patient in surgical ward SUI to all committee members.</td>
<td>September</td>
<td>AK</td>
</tr>
<tr>
<td>Feb 2013</td>
<td>AK to invite David Sandler to the June 2013 CoG Quality and Safety meeting to provide an update on stroke services.</td>
<td>September</td>
<td>RB</td>
</tr>
<tr>
<td>Feb 2013</td>
<td>AR to add “theatre review report” to the April agenda.</td>
<td>September</td>
<td>AR</td>
</tr>
<tr>
<td>Feb 2013</td>
<td>AR to invite Mandie Sunderland to attend the April meeting to talk through the work regarding compassionate care / elderly care.</td>
<td>September</td>
<td>SW / AR</td>
</tr>
<tr>
<td>Feb 2013</td>
<td>Concerns regarding A&amp;E to be fed via Barry Orris.</td>
<td>ASAP</td>
<td>ALL</td>
</tr>
<tr>
<td>June 2013</td>
<td>JR to report back through the Environment Committee at the next meeting</td>
<td>September</td>
<td>JR</td>
</tr>
<tr>
<td>June 2013</td>
<td>Mike Kelly, Liz Steventon, Sarah Woolley and Lisa Thomson to meet regarding merging Patient Experience group and Quality and Safety group</td>
<td>September</td>
<td>SW/LT/LE</td>
</tr>
<tr>
<td>June 2013</td>
<td>Elaine Tandy to circulate the CQC report once received.</td>
<td>September</td>
<td>ET</td>
</tr>
<tr>
<td>June 2013</td>
<td>Fracture neck of femur leaflet to be returned to the next meeting.</td>
<td>September</td>
<td>ET</td>
</tr>
<tr>
<td>June 2013</td>
<td>Ann to arrange for the Committee to see Coroner’s reports direct rather than waiting for them to come to the next meeting</td>
<td>September</td>
<td>AK</td>
</tr>
<tr>
<td>June 2013</td>
<td>Elaine Tandy to send a copy of the CQC report (which one?) to John Roberts</td>
<td>September</td>
<td>ET</td>
</tr>
</tbody>
</table>
Any Other Business

Dates of Future Meetings

17 September 2013 Annual General Meeting

To be held in Room 2, Education Centre, Heartlands Hospital
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