



TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital

at 1.00pm on Tuesday 1st December 2009

PRESENT:

Mr C Wilkinson	(Chairman)	
Mr D Bucknall		Mr R Harris
Ms M Coalter		Ms E Ryabov
Mr I Cunliffe		Mr R Samuda
Ms B Fenton		Mr A Stokes
Mr M Goldman		Ms M Sunderland
Ms N Hafeez		Dr S Woolley
Mr P Hensel		
Ms A East		
Prof C Ham		

IN ATTENDANCE:

Mrs C Lea		
Ms L Jennings	(Minutes)	
Ms P Allen		(Group 5 GMD) (Item 4 only)
Mr I Cooper		Beechcrofts (Item 4 only)
Dr Vijay Sureshi		(item 14 only)

Action

09.194 1. APOLOGIES

There were no apologies.

09.195 2. DECLARATIONS OF INTEREST

The declarations of interest were accepted by the Board.

09.196 3. MINUTES

Page 3, 6.2 para 5 was amended to reflect that Ms East was not expressing a legal opinion. Following this amendment the minutes were agreed as a correct record.

09.197 4. MATTERS ARISING

4a Update on Maternity Services – confidential

[reserved – this section of the minutes is considered potentially exempt from disclosure under the Freedom of Information Act 2000 as disclosure may be prejudicial to the effective conduct of public affairs or may reveal information covered by Legal Professional Privilege.]

4b A clear withdrawal strategy from the school's academy project should be created (MG/LD).

All who needed to be informed had been and Ms Dunn and Ms Coalter had created a separate relationship with school to help with job opportunities.

4c Agenda, minutes and agendas of all the sub committees to be published on the Trust website (CL).

Ms Lea confirmed that this was being actioned.

4d Written feedback from the CQC visit was expected which would be shared with the Trust's stakeholders and published on the Trust's website. (MG/CL).

This had not yet been received but Mr Goldman had chased it.

SW

09.198 5. CHAIRMAN'S REPORT

The Chairman reported that the PCTs were currently being asked to consider merger into one PCT.

STRATEGY AND PLANNING

09.199 6.0 Forward Look (MG)

Mr Goldman confirmed that he had kept the Chairman advised of issues arising from the medical staff around the restructure and the withdrawal of some financial controls from directorates around hiring and firing staff, earlier in the year. There had been an extreme reaction to the restructure and Mr Goldman had met with the clinicians to discuss how to restore morale. One phase of the restructure had concerned the reallocation of matrons and although there had been consultation there had been a negative reaction to the final decision. Mr Goldman was due to respond to those views following the Board meeting at 6.00 p.m. Mr Goldman was confident that a new agreement between management and clinicians could be forged. He would feedback to the Chairman and then to the Board in January.

MG

09.200 7.0 Transformation Progress Report (BF)

The report reviewed the approach and progress against Trust wide Transformation Strategy and Lean Objectives for 2009/10. Ms Fenton confirmed that an Away Day had been arranged for Thursday 4th December to look at Corporate strategy and to review it in line with the economic climate. Ms Fenton confirmed that Lean projects were linking in with cost saving projects by Mr Stokes and Ms Ryabov. Plans were being produced to ensure integration and the new structure with the 5 Group Medical Directors was a great help.

PERFORMANCE

09.201 8. Performance Balanced Scorecard - National and Local Targets (ER)

Ms Ryabov's paper was taken as read and she highlighted key issues to the Board. It was noted that A&E would be discussed under a separate item.

Delayed Transfers of Care

For the first time in 7 months the in month position for delayed transfers of care was green with an outturn of 3.26% in month against a target of less than or equal to 3.5%. Year to date the position remained red at 4.12%. Some progress was being made with delayed transfers of care, however, 10 to 21 days was the biggest area of difficulty. There had been improvements due to the introduction of the community wards and an audit would be carried out shortly.

Reduction in pregnant smokers

The smoking in pregnancy rates remained red in month at 16.54%; a slight deterioration on last month's 16.28% outturn. Year to date the outturn was 16.43% year to date, against a national target of <15.27%. Work was being

carried out to improve this situation.

2 week cancer week

The issues remained the same as the previous month. However, the performance for September although still red at 92.78% represented the best performance so far this year. Ms Ryabov confirmed that she had met with the PCTs and discussed ways to resolve issues around 2 week cancer wait and patient choice.

It was noted that Cleaning standards had improved particularly in high risk areas.

New starters attending corporate induction

There had been specific issues around the induction of trainee doctors who had joined the Trust in September. This was mainly due to the operational challenges of releasing them and lack of buy-in to induction. The HR team were working with clinicians to develop a new specific induction programme to address this problem.

09.202 9. A&E 98%, 4 hour access target (ER)

The Trust had failed to meet the 98% four-hour access target in 2008/09 and had highlighted achievement of this target as one of its key strategic risks for 2009/10. As a result of the failure to meet the standard in 2008/09 the Trust was currently subject to monthly reporting to Monitor with regards to performance against the 98% four-hour access standard. Full achievement of the required standard had been met for both Quarter 1 & 2 of 2009/10, however, performance against the Trust's the access standard had deteriorated in the months of October/November to the extent that achievement of this standard for Quarter 3, whilst possible, now seemed unachievable when historic performance was taken into account. The Group Medical Director and Group Operations Director for Group 1 were developing a formal recovery plan to ensure that the Trust achieved delivery of the 98% four-hour access target for the full year. The assurance implications were for the Care Quality Commission and Monitor performance compliance.

Ms Ryabov informed the Board that Emergency admissions remained high, which created significant pressures on targets and patient safety (treating patients in the right place at the right time). The Intensive Support Team, who support Trusts who have difficulty with this, had been informed and were coming in on Thursday to review the situation. They would then draw up a Trust diagnostic and follow up with local health diagnostic as the Trust did not operate in isolation. An action plan would be produced.

ER

A key driver on both sites was Length of Stay and Ms Ryabov confirmed the following remedial actions had been taken:

- introduction of 7 day working
- golden hour ward rounds (first thing in the morning the consultant for ward and matron assess who could go home)
- urgent clinics; where patients came in, could be seen and then go home and return later for an outpatient appointment
- movement away from recruiting middle grades

Mr Goldman informed the Board that the SHA were currently predicting that the Trust would not meet the target for 2009/10 and their prediction last year had been very accurate. If the target was to be achieved then the Trust had to change what it was doing to avoid the same result. From Monitor's perspective this was the only performance issue they were concerned about for the Trust.

The Board asked Ms Ryabov to bring a monthly update on individual clinician Length of Stay.

ER

09.203 10. Mid Year Progress report on the Corporate Business Plan (BF)

The Board accepted the Mid Year Progress Report setting out the progress made with the implementation of the Business Plan and the actions being taken to address items off track.

BUSINESS PLAN 09/10 PRIORITIES

We Provide The Highest Quality Patient Care

09.204 11. Declaration against Healthcare Standards (SW)

The report updated the Trust Board on progress with the core healthcare standards in 2009/10 and to obtain formal approval from the Board of the outcome of the self assessment process which would form the declaration to the Care Quality Commission.

The key points were projection of a “fully met” with 43 of the core standards and one standard (safeguarding children and vulnerable adults) declared as ‘not met’.

The Trust was required to ensure that compliance against all of the core standards was maintained until 31st March 2010, following which the new registration process would be used as the method for regulating adult health and social care providers.

With regards to the Dr Foster league table which had been recently published, Dr Keogh was currently reviewing the data accuracy, quality and methodology that had been used. The Board noted that Blackpool, Bolton and UHB were taking action against Dr Foster in response to this publication.

SW

The Board referred this issue to the Governance and Risk Committee to review and for its findings to be brought back to the Board.

09.205 12. Development of CQUINNs for 2010/11

This item was to be considered later in conjunction with the monthly Finance Report.

09.206 13. Board Update on Data Quality (AS)

The report provided an overview of the work being undertaken to address the strategic risk relating to standard of data quality within the Trust. The Board supported the approach set out in the report and agreed to receive a quarterly update on Data Quality and the progress with the actions outlined.

AL

09.207 14. Report from the Organ Donation Committee (IC/RH)

The Chairman welcomed Dr Vijay Sureshi to the meeting who facilitated the Trust’s committee which was chaired by Mr Harris. Dr Sureshi updated the Board with the actions of the Committee to oversee and facilitate organ donation in the Trust. The national objective had been set as increasing organ donation by 50% over the next five years. Mr Cunliffe and Ms Sunderland confirmed that this issue had already been tied in with the end of life strategy.

The Board confirmed that they were committed to finding ways forward within this sensitive area. The Chairman thanked Dr Sureshi and he left the meeting.

09.208 15. Three Year Benchmarking Plan (ER)

The report informed the Board on the expected efficiency opportunities to be realised as part of the planned Cost Improvement Programme incorporating appropriate benchmarking work streams as part of the plan. The paper set out the likely achievement of £39,488 out of a possible £64,900

The Board accepted the approach to delivering CIP which was outlined in the paper and agreed that a monthly report on progress should be presented to the Finance Committee with a quarterly summary issued to the Board. The focus should be on closing the gap between now and April 2010. Ms Ryabov agreed to create a timetable to bring to Board.

ER

We Continually Learn and Innovate

09.209 16. Strategic implications benefits of Ultragenda (ER)

The report updated the Trust Board on the current implementation status of Ultragenda as an out-patient scheduling system and outlined the possible benefits and implications of extended implementation in the areas of diagnostics, in-patient and therapy services.

The project plan had now been agreed with the PCTs, and there was a weekly monitoring group, comprising of representatives from BEN PCT and SCT. The Trust was now answering 84% of calls.

The Trust Board accepted the contents of the report and the full implementation of Ultragenda as an outpatient scheduling function enabling the implementation of a Direct Bookings System from January 2010.

The Trust Board also accepted that a post implementation evaluation and a further scoping exercise to include full implementation of an in-patient scheduling function, (including all diagnostic and therapeutic services) would be presented to the Trust Executive Committee in February 2010 outlining the potential timeframe and resources required.

ER

We Grow The Business For Our Own and The Region's Prosperity

09.210 17. HEFT Consulting Business Plan (BF/SH)

The Board was presented with the HEFT Consulting Business Plan for 2009/10 which was accepted with the caveat that if there was any conflict in time or resources, then the core business of the Trust must take priority.

We Are Financially Secure

09.211 18. Monthly Finance Report

The report was to updated the Board as to the current financial position for 2009/10.

The income and expenditure surplus for October was £2.1m with further over performance of £2.5m. The income and expenditure position was £3.3m surplus year to date against Monitor plan of £1.4m. The Trust's financial position against operational budgets was overspent in month by £1.2m and £7.8m year to date. The forecast of £10m made earlier in the year remained unchanged at £10m.

Mr. Stokes expressed the importance of further reductions of costs in order to start next year in a reasonable position. He also highlighted the wide range between best and worst scenarios in the trading forecast. The biggest impact on this would be how much of the PCTs ended up paying and activity levels. However, Mr Stokes confirmed that from a contractual point of view there was no

cause for concern regarding money owed by the PCTs.

A discussion then took place around the possible remedial action in the recovery of the substantial amount of money owed by Birmingham City Council. It was agreed that Chairman and Adrian Stokes would meet to discuss and then for the Chairman to raise the prospect of legal action to the Council.

Mr. Stokes confirmed that Mr. Harris had agreed to chair a Treasury Committee which was going to be set up following agreement at Finance Committee.

AS

Mr. Stokes also confirmed the process and timetable for 2010/11 CQUINs. Final targets would be presented to the Board for ratification along with an accountability framework for delivery.

GENERAL BUSINESS

09.212 19. COMPANY SECRETARY'S REPORT (CL)

The Board accepted the draft minutes of the Trust's sub committees.

Audit Committee - Mr Samuda drew the Board's attention to the consultant job planning report on which internal audit had given a lot of assistance. Ms Coalter confirmed that she had had a very good Away Day with the Clinical Directors. Dr Cunliffe confirmed that following the meeting he was rewriting the policy to be reissued and implemented in the new year. A follow up session with Clinical Directors in the new year around implementation would be arranged.

Mr Stokes raised 2 further items for the Board's approval. The Board agreed to sign off of Ward block 1, due to open in 2011, on the Good Hope site and the sign off of the Bedford Road Houses contract of £0.5m. The Bedford Road accommodation was an asset which, when refurbished would be used for accommodation. This would free up the old accommodation block on Good Hope which would be demolished and used as car parking.

09.213 20. DATE OF NEXT MEETING

5 January 2010.

..... Chairman