



TRUST BOARD

Minutes of a meeting held at MIDRU, Heartlands Hospital on 5 July 2011

PRESENT: Lord P Hunt (Chairman)
Dr A Anwar
Mr D Bucknall
Mrs A East
Mr S Hackwell
Ms N Hafeez
Mr R Harris
Mr P Hensel
Dr M Newbold
Mr R Samuda
Mr A Stokes

IN ATTENDANCE: Ms R Blackburn
Ms S Foster
Ms H Gunter
Dr A Keogh
Mr A Laverick
Ms S Moore
Mr M Pye
Mr J Sellars

Mrs A Hudson (Minutes)

11.92 APOLOGIES and WELCOME

Apologies were received from Ms M Coalter, Ms L Dunn, Ms C Molloy, Ms M Sunderland and Dr S Woolley.

The Chairman welcomed Ms Hazel Gunter, who is covering Ms Coalter's maternity leave and Ms Sue Moore, Managing Director Designate for Good Hope Hospital.

The Chairman introduced Kerry Jones, Faculty Dean, HEFT Faculty of Education who has been leading the HEFT Apprenticeship Activity and Workplace Diversity Programme. Ms Jones firstly introduced her colleagues Mr C Newbold, Ms T Harris, Ms S Welch, Ms C Hawkins, Ms W Ilsley, Ms L Williams and then gave an overview of the project. The Board then watched a short presentation and video clip showcasing the programme. HEFT has delivered nearly 500 new apprenticeship starts since 2009 and in 2011/12 another 210 are planned. This means that HEFT will have bettered the combined performance of four of the ten Strategic Health Authorities over the last twelve months.

The Trust recently won HR Magazine's award 'Best Workplace Diversity Strategy', competing against many of UK leading companies. The Chairman congratulated Ms Jones and the team both for winning the Award and on the huge amount of work they have put into the project and the presentation; the project has made an enormous difference to not only the apprentices but to patient's lives too.

Mr Conrad Newbold, National Apprenticeship Scheme, presented certificates to Lord Hunt, Dr Newbold and Ms Kerry Jones in recognition of the board level commitment to the apprenticeship scheme.

11.93 DECLARATION OF INTEREST

Lord Hunt: Chair of Birmingham University Policy Commission on Nuclear Energy previously declared but still to be included on the Register.

11.94 MINUTES OF LAST MEETING

26 May 2011

The minutes were approved by the Board and signed by the Chairman.

1 June 2011

The minutes were approved by the Board and signed by the Chairman.

7 June 2011

The minutes were approved by the Board and signed by the Chairman.

It was noted that actions agreed by the Board would be appropriately highlighted.

11.95 MATTERS ARISING

The Schedule of Matters Arising was discussed and the following actions noted:

HEFT University: Ms Sunderland is continuing to pursue the scheme with a pilot of 30 students commencing in the Autumn. Mr Bucknall commented that the pilot should be very positive for the Trust. Dr Newbold noted that although there is much support within the NHS there has been some resistance to the scheme from the current University provider. The Board was supportive of the HEFT University concept but mindful of the challenges. The Board requested that Ms Sunderland present an update to the September meeting.

Annual Business Plan: Mr Hackwell advised that the wording in the Plan had been finalised and an update will be presented to the September Board meeting.

Community Services Integration Update: Ms Molloy to present an update to the September Board meeting.

Doctor Revalidation: Dr Anwar to present an update report to the November meeting.

No Matters Arising originating from the approved minutes were noted.

11.96 CHAIRMANS REPORT

The Chairman presented a summary of his written report and drew the Board's attention to several items

- Lord Hunt had met with Jenni Ord, Chair of the Birmingham and Solihull Cluster Group and had discussed the challenging financial position of the individual PCTs within the Cluster and whether transfer of funds between PCTs was possible at the present time whilst the PCTs and Cluster were still evolving. There was currently no clear position on this. Mr Stokes agreed to put together a paper setting out four or five bullet points for use in meetings and will circulate to Board members.
- Mr Harris raised the point that due to the high cash reserves the Trust holds, albeit they are ear-marked for estates development, might the Trust face a bad debt risk from BEN PCT due to its financial position? Mr Stokes advised that as there was a contract in place he would expect payment to be forthcoming. The Trust is continuing to work with the PCTs and Clusters to give as much help as practicable.
- As part of his own induction programme, the Chairman has been invited to meet at the end of July with David Bennett, the newly appointed Chair of Monitor. The agenda for the meeting includes a discussion on A&E 4 Hour waits.
- The Chairman had attended a recent Birmingham Budget Group meeting chaired by Councillor Randall Brew. The meeting is an estate rationalisation group, concerned with property and land that the Council holds.
- In a separate meeting between Councillor Brew and the Chairman the subject of outstanding fines and the Belchers Lane site had been discussed; Councillor Brew had advised that he has instructed his officers to resolve any outstanding issues regarding outstanding fines.
- A meeting had been held on the 17 June 2011 to discuss the development of Belchers Lane and Mr Bucknall had attended on behalf of the Trust. Mr Bucknall advised that the meeting had been very positive with three cabinet members being in attendance, together with Mr Liam Byrne MP.

11.97 CHIEF EXECUTIVE'S REPORT

Dr Newbold presented a summary of his written report.

- The Trust has appointed a new Group 5 Director. Clive Ryder is a senior clinician currently working at the Children's Hospital and is very respected in his field. His appointment will also bring tangible links between the Children's Hospital and HEFT.
- The Children's Hospital is known to be reviewing its estate and the future structure for the Women's Hospital is known to be also under review. There would be considerable clinical benefits from closer linkage of our paediatric services to those of the Children's Hospital. It was agreed that the Chairman and Chief Executive would meet with the Chief Executive of the Children's Hospital.
- Dr Newbold has met with Hall Green GP practice as well as other GP practices to discuss how the Trust can build better working links.

11.98 QUALITY AND PERFORMANCE MONITORING

11.98.1 GOVERNANCE & RISK COMMITTEE REPORT INC AUDIT UPDATE AND SITREP

Dr Keogh presented a summary of the written report and tabled the executive summary of Safety SITREP report. The Trust had 14 SUIs during 2010/11. Since April this year there had been a further 5 new SUIs all of which are currently being investigated. There are no major Coroner cases to be heard in the near future; however, the Trust is expecting three Rule 43 rulings: two involving medication error and one for the Harrop inquest held in May. Dr Newbold queried the trend in SUIs and Dr Keogh reported that there had been a slight increase but this is down to a change in type of SUI being reported; this had been predicted when the Safety Strategy was launched. A piece of work is underway to look back at previous SUIs and how the organisation is using lessons learned to ensure that these do not recur.

The Aggregation of Data report is a new report and sets out the top five category themes for incidents, complaints, claims and SUIs under investigation by the Trust. A discussion was held on how lessons learned are communicated throughout to the organisation and it was agreed that this is an area in which the Trust could improve.

The Board discussed at length the Risk Register, particularly around the number of items which were red rated and it was queried if the rating was truly representative of the circumstances. Mrs East suggested that the Board needed to give detailed consideration to how the Trust sets the bar for SUIs and benchmark itself against other Trusts. Mr Harris said it was very important that any changes to categorisation does not cause safety to slip and urged the Board to ensure it kept well briefed on trends and understand why SUIs happen.

Mr Stokes asked why the incident category report did not reflect the circumstances of Group 1 especially in view of acute services at Good Hope Hospital. Dr Keogh agreed to look at the documentation and bring it back to a future meeting. Mr Bucknall asked about the red rating for estates and if there were any plans in place to resolve the actions. It was agreed that the ratings needed to be reviewed and an updated register is to be brought back to a future meeting.

It was agreed that there might be benefit in inviting the Coroner for a return visit later in the year.

AUDIT UPDATE

Ms Sunanda Gargeswari attended to give an update on Clinical Audit. An electronic system is now in place having been launched in September and this has resulted in an increased number of audits being undertaken. Action plans are now incorporated into the system and are being regularly updated, with 30% of action plans already having resources allocated. Forward action plans will consider NICE standards. Guidelines are now accessible on the front page of the Intranet. A discussion took place on how the Trust ensures that Clinical Audit continues to move forward. Consultants should be undertaking these as part of their job plans and this links in with the Doctor Revalidation, a consultation

document will be circulated to all clinicians. Mrs East requested an update on performance progress to be brought to a future Governance & Risk Committee. The Board asked to receive reassurance that the guidelines are updated and the clinical audit recommendations are referred to the appropriate Executive Directors for monitoring and mirror the way financial audit recommendations are dealt with.

The Chairman thanked Ms Gargeswari and she left the meeting at this point.

11.98.2 GOVERNANCE & RISK COMMITTEE MINUTES

Mrs East presented the minutes of the meeting held on 13 June 2011 and particularly drew the Board's attention to two items:

- The presentation by Eleanor Ward on the patient safety improvements to Ward 12 at GHH that had taken place as a result of concerns identified through patient complaints and the nursing metric scorecard. The work undertaken on Ward 12 has been very inspirational and was a great example of strong leadership and the benefit of putting in place clear expectations of the nursing staff.
- Complaints performance sits at 61% year to date which is worse than Board's target, this is primarily due to difficulties with low manpower cover for dealing with complaints. Dr Newbold advised that Complaints are undergoing a review at the present time following the move to the Communications Directorate.

11.98.3 ASSURANCE FRAMEWORK AND STRATEGIC RISK REGISTER

Ms Blackburn presented the Assurance Framework and copy of the Trust Strategic Risk Register. The register is reviewed on an ongoing basis and reviewed quarterly by the Board. As discussed earlier in the meeting, there was an in depth debate undertaken to ensure that risks that are red rated are reviewed to ensure that the risks are correctly rated and action plans are in place to mitigate the risks. Dr Newbold expressed concern that having too many red risks will increase the tolerance of them. He believed that red risks ought to refer only to risks where significant and immediate action was an imperative and not embrace more generic risks such as the impending NHS reforms which had been recognised and mitigated. Mrs East added that the Trust needs to ensure that the Risk Register is a dynamic document and risks that are potential problems to the Trust are assessed and actions to mitigate the risks put in place. Ms Blackburn agreed to feedback comments and an updated document and report will be brought back to the September meeting.

11.98.4 FINANCE AND PERFORMANCE REPORT

Mr Stokes presented the finance report and key performance indicators for month 2. May had been another difficult month with a small surplus of £0.1m, £1.9m deficit year to date. There had been higher income in May providing an improved position with over-performance of £2.1m year to date. £0.8m income has been withheld due to new-to-follow-up fines. The operational budget was overspent by £2.0m in May and £3.7m year to date. CIP actual delivery in May was £1.3m, £2.4m year to date and an overall shortfall of £1.0m against plans and £1.9m against budget with significant improvements in CIP delivery and implementation rectification required. CIP delivery in Group 1 is a major issue and this has been escalated with meetings taking place to review the revised plan. Medical staffing

costs remain stubbornly high caused, in part, by the continuing use of locums, the current rate of which is not financially sustainable. Months 1 and 2 had been financially very demanding and reinforce the need to ensure Cost Improvement Plans are vigorously pursued. The rental charge rise over Good Hope carpark land has been settled by arbitration resulting in a provision write back of £0.4m. A review of quarter 1 performance will be presented to the September meeting.

A&E performance has improved and the Trust achieved the 95% target at the end of quarter 1, and continues to work towards achieving the Quarter 2 target. Mr Stokes advised that Monitor has agreed that the walk-in activity on the Solihull Hospital site can be included. Dr Anwar added that the improvements seen were multifaceted with various strands of work still ongoing. He also emphasised that staff have worked really hard to improve the position; the Board recognised the immense amount of work that had been undertaken. A huge change has been seen at Good Hope Hospital and it was now performing at a higher standard. Mr Hensel noted the positive changes but challenged why issues with length of stay have not improved. Dr Anwar responded that the data presented included long stays (ie those greater than 100 days) but reassured the meeting that both 7 to 14 day and 7 to 21 day stays have improved with the result that capacity has been created. It was also pointed out that the data provided is for May and that the June data will show an improved position. Dr Anwar confirmed that work on winter planning was underway and this includes working with the Clusters and GPs on external pathways to keep patients out of hospital where possible and an update on winter planning will be presented to the September Board meeting.

Mr Harris and Mr Hensel expressed concerns around the financial constraints on commissioners together with the financial implications of over performance and the consequential difficulties in recovering these funds. Mr Stokes advised that activity is broadly flat and in line with last year. The possibility of cross subsidy within the Cluster had not been ruled out. Mr Harris also suggested that the Trust needed to consider doing something fundamentally different to improve funding, to which Mr Stokes responded that more radical solutions will start to be seen next year.

The financial outturn at the end of Q1 will be more indicative of the normal trend of financial performance for the full year. Mr Stokes will advise the Board more fully when Q1 figures are available.

11.98.5 FINANCE COMMITTEE MINUTES

Mr Stokes presented the minutes from the Finance Committee meeting held on 31 May 2011 and 27 June 2011 which were taken as read and no comments were received.

11.98.6 IPROC REQUISITION APPROVALS

There were two iproc requisitions presented for approval.

- Iproc no. 633900 for contract extension for the provision of linen by Sunlight Textile Services for the period May 2011 to March 2012.
- Iproc no. 632871 SLA for posts associated with medical education at the University of Birmingham for the period 1 April 2011 to 31 March 2012.

The Board approved both requisitions.

11.98.7 QUARTERLY HR & OD UPDATE

Ms Gunter presented an overview of her written quarterly report. The staff survey has been undertaken during June with the results being analysed and presented to the September meeting. Initial results show a 20% return which is considered low. The survey was only available on line and this may be a contributing factor. The possibility of monthly staff feedback is being considered but it was recognised that this may well cause survey fatigue. Work is underway between the OD team and Faculty of Education to develop a VITAL style assessment for managers. Developing managers early is fundamental to the success of a performance culture and improving how we manage our staff appropriately. A progress report will be presented to the November board meeting. The Clinical leadership is now complete and this has been shared with clinical directors at a recent away day. A significant amount of work is required to implement the outcomes and the OD team are working with the Medical Director in taking this forward. Mr Bucknall stressed how important communication, perception and understanding was and the need for the Trust to have some strategic communication with partner universities to ensure that the right messages are being disseminated.

The staff summer festival was held on 3 July 2011 with over 2,000 people attending the event.

Pensions Choice is underway and whilst there has been some unrest with unions that may result in industrial action later in year the Trust is putting contingency plans in place. Mr Harris asked if the Trust has been affected by last week's strike, Ms Gunter advised that social care workers had taken action but it didn't have too much of an impact on the Trust.

Sickness absence needs to be improved and a concerted effort will be made to reduce absence by 50% over next 3 years. Wellbeing is high on the agenda and the Trust has made improvements over the last years with sickness reducing from 7% to 4%. The questions was raised as to what the percentages mean in number terms, Ms Gunter will find out and report back to the Board. Occupational Health may need to become more interventional in order to drive down absence rates.

11.98.8 HR COMMITTEE NOTES

Ms Gunter presented the notes from the HR Committee held on the 1 June which were taken as read and no comments were received.

11.98.9 AUDIT COMMITTEE REPORT

Mr Samuda gave a verbal update on the meetings held on 3 May 2011 and 1 June 2011. The 3 May 2011 meeting had discussed the assurance framework and the rating of the risks as discussed above. The meeting had also received a report on misdirected mail and actions in place to follow up.

The meeting held on the 1 June 2011 was dedicated to consideration of the draft report and accounts 2010/11. Mr Samuda reported that PWC had been extremely complimentary on the Trust's handling of the report and accounts and Monitor Annual Plan processes.

11.98.10 AUDIT COMMITTEE MINUTES**3 May 2011**

The minutes of the meeting held on the 3 May were received, taken as read and no comments were received.

1 June 2011

The minutes of the meeting held on the 1 June were received, taken as read and no comments were received.

11.98.11 INQUEST UPDATE

Dr Keogh circulated a draft paper providing the Board with an update on the recent Horrop inquest following the receipt of the Coroners draft findings. The Coroner has indicated that he will be writing to the Trust's Governors under Rule 43, setting out his findings. Mrs East raised the point that the Coroner needed to understand the separate roles of the Board and Governors and recognise that it was the Board's remit to answer his letter and not that of the Governors. The Board discussed the subject in detail and at length and agreed the following actions:

- The Board felt that it was not appropriate for the Governors to respond to the Coroner given that the Board is the responsible body and not the Governors. It was agreed that Dr Newbold will respond to the Coroner on behalf of the Trust when the formal Rule 43 notice is received.
- The Chairman will update the Governors fully at the September meeting of the Council of Governors on the Coroners findings and the Trust actions going forward.

The draft paper was returned to Dr Keogh for updating when circumstances require.

11.99 TRUST NEW AND EXTERNAL ENVIRONMENT

No items submitted this month.

11.100 GOVERNING BODY AND MEMBERSHIP

An away day for Governors is to be held on 15 July and the Chairman will report back to the next meeting.

11.101 MATTERS FOR INFORMATION**11.101.1 OTHER ITEMS**

Agenda Items 20.1 and 20.2 were appendices to items discussed earlier in the meeting and were duly noted.

11.101.2 EXECUTIVE MANAGEMENT BOARD MINUTES

The minutes from the meeting held on 17 May 2011 were received and taken as read with no comments being received. .

11.102 ANY OTHER BUSINESS

11.102.1 AWAY DAY ACTION LIST

The Chairman presented the action list from the recent Board Away Day.

It was agreed that the Chairs of the Board Committees would be as follows:

Finance and Performance	Mr Richard Harris
Community Engagement	Ms Najma Hafeez
HR	Lord Philip Hunt
Governance & Risk	Mrs Anna East
IM&T	Mr Paul Hensel
Audit	Mr Richard Samuda
Estates Programme Lead	Mr David Bucknall

It was agreed to hold more regular Board Away Days.

The Chairman, together with the respective Committee Chairs, will look at respective Committee membership, discuss with non executive directors and report back to the September meeting

11.102.2 STRATEGY UPDATE

Mr Hackwell presented an update on Strategy. The Trust needs to plan for how it will meet its vision and goals for the next three years. The approach to developing the strategy is based on services being

- Specialty led - created and owned by the clinical directorate,
- Transparent and focussed – based around a clear and structured approach, grounded and explicitly addressing today's financial context,
- Working relationships – involving dialogue with commissioners, corporate functions, GMDs and the Board,
- Capability – must involve an increase in the capability and capacity around planning and execution,
- Integrated – must result in an integrated strategy giving clear future direction for our three hospital sites.

The preparation work will commence in August with workshops in September and option/plans drawn up in October. The options will then be presented for review by the Board.

The Board discussed the above at length including the need for additional capacity to run the workshops which will be where possible be sourced internally. The political agenda will be considering when drawing up options.

The Board will undertake a further review on 21 October 2011.

11.102.3 PUBLIC BOARD MEETINGS

Mr Harris asked about Board conduct and challenge now that future Board meetings would be held in public. The Chairman advised that the meetings would be business as normal.

11.102.4 BREAST UPDATE

Dr Anwar advised that the Surgeon concerned has been excluded by the Trust, whilst the internal enquiry is ongoing. The GMC is meeting on 6 July 2011 to consider the case.

11.103 DATE OF FUTURE MEETING

6 September, 2011 Good Hope Hospital.

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Chairman