

# TRUST BOARD

## Minutes of a meeting held at the Education Centre, Good Hope Hospital on 7 June 2011

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

**IN ATTENDANCE:** Ms L Dunn  
Ms H Gunter  
Mr A Laverick  
Ms C Molloy  
Mr M Pye  
Mr J Sellars

Mrs A Hudson (Minutes)

### 11.80 APOLOGIES and WELCOME

There were no apologies.

The Chairman welcomed Ms Gunter to the meeting; Ms Gunter was attending the meeting as an observer prior to taking up her role as acting HR Director whilst Ms Coalter is on maternity leave.

### 11.81 DECLARATION OF INTEREST

Lord Hunt declared the following additional interests:

- President, Health Care Supply Association.
- Chairman, Birmingham University Policy Commission on Nuclear Energy.

### 11.82 MINUTES OF LAST MEETING

#### 3 May 2011

11.73.3 The year end cash position should state £65m, not £5m.

Following this amendment the minutes of the meeting were approved by the board and signed by the Chairman.

It was noted that going forward the minutes of Trust Board meetings would more carefully reflect challenges and scrutiny by Non Executive Directors.

### **11.83 MATTERS ARISING**

Mr Pye advised that the items on the rolling schedule of Matters Arising would be progressed.

### **11.84 CHAIRMANS REPORT**

The Chairman presented a summary of his written report and began by thanking Mr Samuda for the work he had undertaken in organising Volunteers Week that took place between 1 to 7 June. He also added his thanks to all Executive and Non Executive Directors for the time they had given to Volunteer Week. Mr Samuda added his own thanks to the Executive and Non Executives for their time and input and asked that if they had any feedback on their observations Simon Jarvis and Advinder Gill's team would be pleased to receive it. He also added that the Trust volunteers do a fantastic job and they were very pleased to have received recognition for the roles they undertake in the organisation.

The Chairman went on to update the Board with other items of note from his report. In particular, he had recently met with the Chair of Finance at Birmingham City Council Councillor Brew to discuss NHS fines for delayed transfer of care, amongst other items. Councillor Brew had advised that he has instructed his officers to reach a settlement.

The Chairman advised that he would be visiting the Emergency departments at both the Heartlands and Good Hope sites on Friday 10 June to meet staff and to gain an understanding of the daily issues they face in delivering the Trusts 95% A&E target; he invited those Non Executive Directors who were available to join him.

### **11.85 STRATEGY AND PLANNING**

#### **11.85.1 CHIEF EXECUTIVE'S FORWARD LOOK**

Dr Newbold gave a verbal update. The Trust has been successful in appointing to the Good Hope Managing Directors post; Sue Moore has been offered the role and is due to start on 1 September 2011. Ms Moore has confirmed that she will be able to attend the upcoming Trust Board Away Day.

Dr Newbold recently met with Professor Lilford from the University of Birmingham to discuss possible working links between B&BC CLAHRC and the Trust's proposed Health Institute.

Dr Newbold also met with Jonathon Shapiro of the Health Service Management Centre which undertakes evaluations on the experiences of smaller hospitals within larger organisations and is looking to evaluate the experiences of Solihull Hospital and Good Hope Hospital.

A meeting with Steven Hughes, Chief Executive of the Birmingham City Council has also taken place, topics included outstanding debt owed to the Trust for delayed transfers of care, car parking at Good Hope Hospital and the future of the Chest Clinic building. There was also discussion around a possible sports facility on the Belchers Lane land

and a meeting is to be held on 17 June; the Trust will ensure that it is represented at the meeting as well as arranging to meet with the planning committee.

G4S are keen to develop their corporate services and get more involved in the wider area of healthcare. Mr Hackwell is to take forward discussions. Mr Sellars added that the change over from Initial to G4S had gone well and the Trust was happy with the services it was receiving. Mr Harris added that as a volunteer he has spoken with members of the cleaning staff and they reported that they are very happy with the change over to G4S. Mr Harris found the cleaning team to be very enthusiastic and carried out a good job.

A senior Army team has recently visited the Infectious Diseases directorate and was impressed by the facilities and service the Trust gives to the military. The Trust currently has two full time Consultants within Infectious Diseases who are funded by the MOD.

## **11.85.2 HEFT BUSINESS PLAN 2011/12**

Mr Hackwell summarised his written report. The HEFT Business Plan had been discussed at the previous meeting and has been updated following feedback. The major group priorities have been amalgamated with key financial, workforce and performance targets and corporate priorities. The Plan has also been presented to the Governing Body and approved by the Executive Management Board. Plans are in place to monitor and measure the group priorities and an overall programme plan will be shared with the Board at the September meeting showing progress against Plan for quarter 1 and quarterly thereafter. Mr Hackwell added that he recognised that further work is required on defining the Trust's vision and overall strategy and this was an ongoing piece of work that will be discussed at the upcoming Trust Board Away Day.

The Chairman asked if the Business Plan reflected the PCT's reduction in funding and the plans to reduce the local bed stock by approximately 700 or was it based on a more optimistic view. Mr Hackwell advised that at the present time it is difficult to know what the bed-stock reduction will be and therefore difficult to quantify the practical implications. An in depth discussion took place around the need for the organisation to be proactive in its bed modelling, using a range of scenarios. Ms East urged that the Trust undertake stress testing as a means of being able to judge the Trust's biggest areas of risk, as well as giving a useful picture of the future.

Mr Harris asked if the cost improvement plans were consistent with the priorities listed by the Groups and who would be responsible for delivering these plans. It was confirmed that these are in line with the Trust 15% CIP reduction plans and that each of the Groups has a named person responsible for delivering the plan.

A discussion then ensued around the need to communicate the Plan to the organisation and how to ensure that staff and Groups own the Business Plan including how the Board was to be appraised on the progress against the Business Plan. It was agreed that progress would be reported back on a quarterly basis with the Group Operations Directors presenting progress to the Board. Mr Stokes advised that progress on CIPs would be presented to the Board within the Finance Director's monthly report.

The Chairman noted that there was some unease amongst the Non Executive Directors around Group 1 not making reference to the 4 hour A&E target compliance issue and would like to see the plan updated to reflect this. Dr Anwar advised that Group 1 was very aware of the problem but had not made it explicit. There is evidence to confirm that the number of breaches continues to improve and good processes are in place. Group 1

is undertaking work around strengthening of care pathways and work is on going around system improvements.

Mr Harris commented that although the Business Plan begins with a 3 year plan for rationalising priorities he was concerned that the Plan then only covered 2011/12. Mr Hackwell reassured the meeting that his team was working with the Groups on their three year plans and would bring a report back to the September meeting.

The Trust Board approved the HEFT Business Plan 2011/12, subject to the following amendments:

- Reference to be made to 95% A&E 4 hour target;
- Plans for roll out of plan in order for staff to own it.

It was agreed that the Chairman should approve the finalised version on behalf of the Board.

## **11.86 QUALITY AND PERFORMANCE MONITORING**

### **11.86.1 INFECTION UPDATE ON NOROVIRUS**

Dr Itisha Gupta joined the meeting at this point and confirmed that there had been no outbreaks of Norovirus in May. As the Trust was coming to the end of the Norovirus season the Trust Board agreed that the monthly update could now be removed from the agenda.

### **11.86.2 QUARTERLY INFECTION PREVENTION AND CONTROL REPORT**

Dr Itisha Gupta then went onto present the Infection Prevention and Control end of year annual report and the annual programme of work for 2011/12.

The end of year annual report is presented to the Board for approval. The report summarises the activities of the Infection Prevention and Control team during 2010/11 against the ten criteria outlined in the Health and Social Care Act 2008. The Trust achieved a 35% reduction in MRSA outbreaks. The Trust achieved a target of 95% for MRSA elective screening and end of year performance for MRSA emergency screening of 93.46% against at target of 95%. The Trust achieved a 17% reduction in the number of CDiff cases compared to the previous year. The report was approved.

### **11.86.3 INFECTION PREVENTION AND CONTROL ANNUAL PROGRAMME OF WORK 2011/12**

The Infection Control annual programme of work for 2011/12 was presented to the meeting for approval. Dr Gupta believed that the coming year will be very challenging. The infection control team's annual programme of work for 2011/12 has been approved by the TIPC, incorporating all core work priorities, recognising challenging HCAI objectives and adding the new mandatory surveillance systems and processes in place. The work programme will be reported bi-annually to the TIPC. Mandatory surveillance of Ecoli comes into force on 1 June which will include extensive data collection. The MRSA target has been reduced by 35%. The Board discussed its concerns around the difficulties in achieving year on year reductions of 35% and the fines associated with missing the target and Mr Stokes advised the meeting that early indications are that the Trust will struggle to meet the target. At the present time it is not known what the

implications might be for not achieving targets.

The Chairman thanked Dr Gupta for attending the meeting and offered the Boards thanks to Dr Gupta and the Infection Prevention and Control team for their hard work and efforts.

The Board approved the Infection Prevention and Control end of year annual report and the annual programme of work for 2011/12.

Dr Gupta left the meeting at this point.

#### **11.86.4 MONTHLY FINANCE REPORT**

Mr Stokes presented a summary of the monthly finance report. The headline deficit in month of £1.9m, represented a £1.7m adverse deviation from budget. Although April is traditionally one of the lower income periods of the year, total income was £42m representing £1.1m of overperformance. However, like for like activity was down over the same period last year, being particularly affected by four Bank Holidays. It was, however, thought that this was largely a timing issue. Operational budget was overspent by £1.7m. In summary, the issues impacting month 1 results were

1. Slow down in level of activity compared to previous years
2. High Medical Staffing costs covering vacancies, high use of waiting list initiative clinics and supporting excess capacity down to non achievement of LOS
3. Slow start to CIP
4. Breaching New To Follow Up contractual expectations
5. Private Sector Usage

Mr Harris raised his concerns about the budget overspend. Mr Stokes confirmed that April was always a difficult month because of the number of Bank holidays, and aggravated this year because of the Royal Wedding. Essentially, income falls and costs stay largely the same. There is always a slow level of take up to CIPs but this year was in line with other years. The key lay in implementing plans to address these issues.

Lord Hunt questioned when a sensible forecast could be derived. Mr Stokes confirmed that income volatility meant that the cumulative result at the end of month 3 would be more reflective of the normalised position. However, with the flexibility the Trust has, it has time to react in a measured way to any financial challenges.

Mrs East suggested consideration be given to downside scenario stress testing around reduced activity or failure to achieve CIP, being considered the two largest risks. Mr Stokes confirmed that this happens periodically and that it would be sensible to take stock again. He would give some thought as to the appropriate timing of this but reminded the Board that it had considered this point last year. Where the weakness lay last time was in the detailed response to the downside so, in effect, the Trust recognised the scale of the downside but did not have concrete plans to address it, rather it agreed to maintain a watching brief on activity and CIP delivery.

The Trust was issued with two exception notices in March and had been advised by the PCT that a further two notices for Strokes and Outpatient DNA indicators are likely to be issued in April. Pressures relating to Maternity and Delayed Transfer of Care have lessened with the performance notice for Delayed Transfer of Care closed and no escalation for Maternity.

The meeting also noted Mr Stokes' paper outlining a new and more rigorous approach to

escalation of underperforming areas of Trust activities. Mr Harris challenged on the topic of accountability and ownership but Mr Stokes confirmed that each target was owned by a named individual rather than a department/directorate.

#### 11.86.5 A&E

Dr Anwar gave an update on the A&E 4 hour 95% target. He offered reassurance to the Board that the A&E position was an area of significant concern for the Executive Directors and they continued to work towards improving the problems. Each site is taking absolute ownership to deliver against its own A&E 95% target and changes have been made to the site leadership teams in order to place stronger people into more critical posts. Gloria Cooke is leading Group 1 on the Heartlands site and Amanda Marnock is leading the site team at Good Hope. There is work underway looking at the internal processes with some quick wins in place as well as longer term changes being implemented. Dr Anwar now felt that there was better understanding of the issues causing the breach, being primarily around staff, processes and cubicles. He expressed concern that part of the problem was caused by lack of support from external agencies. It was, however, recognised that virtually all Trusts had faced similar issues recently.

Mr Stokes tabled a document highlighting the A&E position for the first two months of the year across all three sites. Preliminary indications were that June would still be above the target but show an improving trend.

Dr Anwar reported that there is a zero tolerance on breaches and although significant improvements will be seen the Trust will almost certainly fail the Monitor target for Q1. Dr Newbold is to update Monitor on the predicted position. The question of the breaching of the A&E 4 hour target due to lack of capacity was raised and discussed in length. The meeting was informed that during April when the Trust had a capacity of over 150 beds in the system the target was still being breached, this gave the opportunity for the underlying issues to be investigated and changes made to the site management teams to enable the Trust to better manage the process towards achieving the A&E 4 hour targets going forward.

Ms East raised her concerns that a great deal of support and financial assistance had been given to achieve the target but so far without success. Dr Anwar assured the Board that he was confident that the recent changes would begin to yield results. He commended the staff as being very committed and working long hours to deliver an outstanding service. He added that the Heartlands Emergency Department had one of the best reputations in the country.

Although he would have a telephone conversation with Monitor shortly, Dr Newbold was of the view that the Trust would be red-rated because of the continuing breach, however, a new set of compliance standards become effective for Quarter 2. Although there was still much work to do, it was clear that this was not solely a capacity issue.

Dialogue would continue with the PCT Cluster to try to secure support around Level of Demand, Discharge Ability and Competency of GP's. It was recognised that these were complicated issues. It was now important to plan for next winter and the levels of demand that would generate.

Mr Bucknall asked about issues around building layout and design but was assured that, apart from Good Hope, these did not significantly aggravate the situation.

The Chairman summed up the discussion noting that the Board remains concerned but

was encouraged with the system of management and the quality of the work undertaken in A&E and would continue to closely monitor the outcomes.

#### **11.86.6 FINANCE COMMITTEE MINUTES**

Mr Stokes presented the minutes from the Finance Committee meeting held on 26 April 2011 which were taken as read.

#### **11.86.7 IPROC REQUISITION APPROVALS**

There were two iproc requisitions presented for approval by the Board.

- Iproc no. 621352 Trainer Expenses supplied by Solihull approach trainers for £200,000.00
- Iproc no. 624922 Delivery of CAPD Fluid and Ancillary items supplied by Baxter Healthcare Ltd to the value of £200,000.00.

The Board approved the requisitions presented.

#### **11.86.8 X-RAY CONTRAST MEDIA CONTRACT**

The Trust Board were asked to approve a recommendation to award a contract under the West Midlands Procurement Alliance framework agreement for the provision of X-ray contrast media over the next 2 years with the option to extend for further 2 x 12 month periods. There is a requirement for four new CTA injectors to be sourced, two for Heartlands Hospital and one each for Solihull and Good Hope Hospitals. The estimated savings by contracting under the terms of the framework equates to £52,856.

The Trust Board approved the recommendation.

#### **11.86.9 ANNUAL SAFEGUARDING REPORT 2010/11**

Ms Sunderland summarised the HEFT Adult and Children's Safeguarding annual report 2011/12. The report provides an overview of the activities and achievements in relation to the safeguarding of both adults and children and informs the Board of priorities and plans for the coming year. The CQC declared the Trust compliant in relation to the CQC Standards. The priorities for safeguarding vulnerable adults for 2011/12 will focus upon gap analysis for CQC outcome 7. The priorities for safeguarding children for 2011/12 will continue and further develop education programmes particularly at level 3, improved partnership working, delivery of an approved model of safeguarding supervision and increased capacity for the named doctor for safeguarding. The meeting noted ongoing issues around inadequacies at Birmingham City Council Children's Care activities and recognised the pressures this would place on local hospitals. The Board approved the priorities for the coming year and recognised the amount of work undertaken in the past year.

#### **11.86.10 DOCTOR REVALIDATION.**

Dr Anwar presented a summary of the written report which is to inform the Trust Board on the ongoing activities around the revalidation project and the proposal to deliver key results in the revalidation process. The revalidation is designed to underpin the principles and practices as set out by the General Medical Council for Doctors. The Chairman asked to what extent the strategy will be owned by Doctors, Dr Anwar advised that the revalidation strategy is underpinned in job planning and that doctors were keen

to be judged on quality. Mr Samuda asked if the strategy was to be linked to clinical awards and reviews and it was confirmed this was the case and that there was a robust system in place for the awards; it was the view that teams rather than individuals should be rewarded for quality. The Board is to be kept up to date on the revalidation process and a report will be brought back to a future meeting

#### 11.86.11 SHA CHAIRS' MEETING UPDATE

Mr Harris gave an update on the SHA Chairs' meeting he had recently attended on behalf of the Chairman. Ian Cumming (SHA Chief Exec) stressed delayed transfer of care as a big opportunity for savings. 3.8% of all beds across the West Midlands (with HEFT's being 4.8%), are occupied due to this. About half the fault lies with the hospitals and the balance with outside agencies. A discussion on the Public Health changes in the Birmingham/Solihull group led by Jenni Ord was held. It is clear that momentum at the local authority level is almost nonexistent and the conclusion was that there needs to be a big initiative for NHS leaders to work with them to make it happen. Specifically for HEFT, meeting relevant performance targets such as breastfeeding and smoking in pregnancy is key and there is a massive opportunity to radically improve public health. Local authorities are under unprecedented pressures and this was passionately articulated by Martin Reeves, Chief Exec of Coventry City Council (budget cuts, Big Society, police reforms, education reforms, changes to benefit systems, abolition of Regional Development Agencies) so public health responsibility is but one of many issues on their radar screens.

Steve Field, leader of the listening exercise, Future Forum, addressed the meeting around the radical reforms needed to reposition the NHS including a refocus of Monitor more towards overseeing integration and less on competition. He also spoke of the roles of governors and local authorities and FT Boards having to meet in public (along with non NHS providers of healthcare). The changed reforms should be announced around end of June.

#### 11.87 TRUST NEW AND EXTERNAL ENVIRONMENT

Ms Dunn presented a summary of her written report which sets out the high level of activity with regards to the external environment. Ms Dunn drew the Board's attention to the following actions which have been undertaken since the last update.

- The Trust is now publishing all Freedom of Information requests on the Trust Website.
- Patient feedback will also be available on the website by the end of June following by the publication of the rolling programme of the nursing matrix.
- Patient experience posters are now being displayed across the Trust and the inpatient survey results are being assessed with a high level summary available showing improvements in many areas.

Ms Dunn advised that due to an issue with the Trust's sample selection of data for the CQC 2011/12 inpatient survey, the CQC has informed the Trust that it will not be publishing the results of the survey. They will state that the Trust submitted data but will not be publishing the results as some of the data was invalid. The Trust had written to CQC fully accepting responsibility for the incorrect data submission. The Trust is currently producing a report to show the year on year trends for the organisation, however the trust will not have the benchmark report and thus will not be part of the ranking system. The inpatient survey has always been a challenge however this year the trust has seen an improvement in satisfaction levels from 62 to 65. Areas that have



seen a deterioration and are subject for review will be addressed. Media coverage in May saw 66 mentions of the hospitals at the Trust.

## **11.88 GOVERNING BODY AND MEMBERSHIP**

### **GCC MEETING**

The Chairman gave a brief update on the Governing Body meeting held on the 23 May 2011 and thanked Board members for attending the meeting. The governing body is an enthusiastic group of governors who are keen to engage and improve their contribution in the running of the Trust. There is a Governors Away Day is planned for the 15 July to which all governors will be invited. The Chairman encouraged the Board members to engage with Governors as they can be a great resource to the Trust.

## **11.89 MATTERS FOR INFORMATION**

### **EXECUTIVE MANAGEMENT BOARD MINUTES**

The minutes from the meeting held on 19 April 2011 were received and taken as read.

### **OTHER ITEMS**

Items 20.1 through 20.4 were appendices to items discussed earlier in the meeting and were duly noted.

## **11.90 ANY OTHER BUSINESS**

The Trust appeared in the Channel 4 show Embarrassing Bodies on 6 June 2011.

Board members were reminded to complete the questionnaire that had been circulated ahead of the Trust Board Away Day.

## **11.91 DATE OF FUTURE MEETING**

5 July 2011, Room 6, Education Centre, Birmingham Heartlands Hospital

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**Chairman**