



TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital
at 1.00pm on Tuesday 4 May 2010

PRESENT:

Mr Clive Wilkinson
Mr D Bucknall
Ms M Coalter
Mr I Cunliffe
Ms Anna East
Ms B Fenton
Mr M Goldman
Ms N Hafeez
Prof C Ham
Mr R Harris
Mr P Hensel

Ms E Ryabov
Mr A Stokes
Ms M Sunderland
Dr S Woolley

IN ATTENDANCE: Lisa Jennings

Action

10.70 1. APOLOGIES

Claire Lea

10.71 2. DECLARATIONS OF INTEREST

The declarations of interest were accepted by the Board acknowledging the updating on Prof Ham's appointment to the Kings Fund.

10.72 3. MINUTES

The minutes of 6 April 2010 were accepted as a correct record and signed by the Chairman.

10.73 4. MATTERS ARISING

Nursing Care Indicators
PROMs position for vascular surgery
Recruitment and corporate induction performance figures

It was agreed that these would be considered as part of the ongoing agenda

10.74 5. CHAIRMAN'S REPORT

Mr Wilkinson had nothing further to add to the business under the agenda.

STRATEGY AND PLANNING

10.75 6. FORWARD LOOK

Update on Solihull Maternity Services

Mr Goldman drew the Board's attention to the previously circulated exchange of correspondence between David Bennett, Monitor, and himself. There had been no further communication received from Monitor. The new maternity services had been initiated last Monday. The new midwifery unit at Heartlands Hospital had been virtually completed and Mr Goldman said that Mr Sellars was to be congratulated. There had been no concerns to date a week in. A team of midwives had been kept at Solihull as a precaution. The Chairman confirmed that the Solihull Overview and Scrutiny Committee had accepted the Trust's proposals.

Update on Triggered Risk Summit

Dr Woolley highlighted the series of letters on this matter and confirmed that Ms Sophia Christie, CEO of BEN PCT had sent a letter summarising the position of the Commissioners. An integrated action plan had been drafted in response for endorsement by the Board. Dr Woolley confirmed that she would bring this to the Board on a monthly basis until all risks had been closed down.

SW

Dr Woolley confirmed that this was for the Commissioners and that it had not been requested by the CQC. Dr Woolley confirmed that the Trust had contested some accuracy of the CQC's report following their site visit, and it had been amended accordingly. There was ongoing dialogue to secure the audit trail.

Update on Environmental Agency Position

Mr Stokes confirmed that during a recent audit of the Trust's waste management practice by the Environment Agency they had found that clinical and non clinical waste had not been segregated properly. Since that date all waste was being treated as clinical waste until full systems had been put in place. Further correspondence with the Trust indicated that the Trust had been incorrectly consigning clinical waste at the Chest Clinic as non-hazardous. This was only permissible where clinical staff had undertaken a rigorous risk assessment and was confident that no hazardous clinical waste had been produced. The risk assessment had been undertaken with sufficient rigour to satisfy the regulations. Mr Stokes confirmed that although the paper trail was different, the disposal was the same. The Trust had now instructed its legal advisors, Beachcrofts, since it may face prosecution for failing to consign waste correctly. The Trust was also intending to pursue ISO14001 (Environmental Management Standard) around clinical waste.

A discussion then took place out of which highlighted that it had not been identified internally because the Trust had interpreted the waste as clinical and not hazardous. Systems had been in place but breaches happen and it was an area that required constant review and continuing education for staff. The consultants "Well Waste" had been brought in to assist the Trust. The Trust had a well qualified person in place and disappointment was expressed that it had not been picked up. A more senior person had now been added to the team.

The Chairman summarized that one particular type of waste had been identified and it was just the paper trail audit, not the actual disposal and the other issue had been clinical waste in non clinical disposal. It was not a serious amount but it was still considered a serious breach. Mr Stokes also pointed out that there was also non clinical waste being treated as clinical and that posed a financial problem.

Update on Neonates Review

Mr Goldman explained why the Trust had commissioned an independent review of neonatal and children's services. The report by Dr Ward Platt and Alison Arnfield had been circulated previously and identified 32 recommendations for improvements at the Heartlands and Good Hope sites, Solihull was specifically excluded.

Mr Goldman confirmed that a large number of actions had been taken as a result of the report. The report had identified leadership as a key element and a new Clinical Director had been put in place together with senior nurses, a matron and a manager as part of a full restructure. A detailed discussion took place on how improvements to the service could be made including better cooperation between clinicians and departments. Mr Cunliffe advised that consultants were looking at cross site working to improve working relationships and this was an action within the plan.

The Board considered the plans to rectify the issues identified and agreed that it would monitor progress monthly due to the importance of the issue. The Group Medical Director or other senior staff would report directly to the Board. The Trust had invited the Children's Hospital to act as the Trust's critical friend and to provide some independent assurance that everything possible was being done. There were two Coroner's inquests taking place shortly relating to children's issues and key stakeholders would be provided with all relevant information in advance of any media interest.

After a number of challenges from Mr Harris and other non Executive directors the Board re-confirmed its overriding commitment to safety. Once the Executive team became aware of the problems of poor service it immediately made many remedial changes including appointing a specialist nurse, the implementation of PEWs and began to implement other actions now within the action plan. It was the Trust's actions which had highlighted the issues and the team was committed to actively look to improving patient care.

There was a discussion on whether the Trust's systems and processes were sufficient to pick up these types of issues elsewhere in the Trust. Dr Woolley assured the Board that robust governance systems were in place as evidenced by the CQC report on this area. The Trust could demonstrate that it took proper action when needed. There was a new system for dealing with complaints and the new patient experience report which had been approved by Governance and Risk Committee should provide much improved information to the Board. Clinical audit was an area which required strengthening however and this was being pursued. A Trust wide electronic audit system was being developed that would feed in to each directorate. Mr Cunliffe would bring a report to the Board on this process. It was agreed that in addition to existing reporting Group

Medical Directors would report to the Board twice a year on risk issues in addition to their reporting to the Governance and Risk Committee.

It was agreed that Ms Coalter would consider the whistle blowing policy to ensure that it was in line with best practice and that proper support was given to whistleblowers. It was further agreed that the Paediatric review report plus supporting information would be released on the following Tuesday.

MC

7.0 Corporate Business Plan 2010/11

Ms Fenton asked the Board to approve the previously circulated Corporate Business Plan 2010/11 as agreed at the April meeting of the Trust Board. The version circulated to the Board included one amendment on operational plans and resources. It was agreed that Ms Fenton would add the Paediatric action plan and more specific plans on developing relationships with GPs (Ms Lisa Dun to take the lead).

BF/LD

Ms Fenton confirmed the rollout stages of the plan. Ultimately the Executive Directors were responsible for monitoring the plan. This would be considered by the May ED Committee and would be brought back to the July Board. Mr Harris expressed the view, summarized on Page 9 and 10 that the Business Plan should be the driving agenda for the Trust throughout the year. Mr Bucknall emphasized the importance of communication of bottom up communication. The Board endorsed the Plan.

BF

PERFORMANCE

10.76 8. Performance Balanced Scorecard- National and Local Targets

Ms Ryabov confirmed that by National standards, the Trust was still underachieving in the areas of A&E 4 hour wait and reduction in pregnant smokers. The non admitted 18 weeks did make the target for the year. Ms Ryabov pointed out that it was worth recognizing the Trust was doing well in improving PROMS.

Ms Sunderland pointed out that it was the first month that the nursing matrix was on the wheel and it was important that it was acknowledged that the Board was looking at patient care too. Ms Sunderland said there was 71% compliance in January and 81% compliance in March, and that there had been approximately 5% increase in the month. Ms Sunderland offered to show the Non Executive Directors how to access the metrics on the intranet. They showed the Trust's delivery of basic nursing care against 8 metrics, on every ward, every month. This was transparent to the CQC.

MS

It was agreed to email the one page metrics news to NEDs each month. It was further agreed that Board should agree the best way to monitor nursing care and endorse this at the June Board meeting.

MS

Mr Harris asked for clarification on accountability regarding DNAs. Ms Ryabov explained that it was not possible to hold people to account for not turning up, however, clinics were being over booked to compensate for the problem. There was a particularly high level in Respiratory and it seemed to relate to young

Asian men. With the resolution of issues around Ultragenda, the number of DNAs was coming down. It was agreed that an update on CQUINNS would be added to the Performance Wheel, notwithstanding that it was cross referenced in several other places.

ER

10.77 9. A&E 98%, 4 hour access target monthly update

A paper on this had been tabled to ensure the Board had the latest information. There had been significant challenges in April, with achievement of 97.58% against trajectory of 98.6%. Improvement on the Heartlands site had been good, whilst performance on the Good Hope site had proved difficult with only 7 days in the month above 98%.

Ms Ryabov explained that Bernie Edwards, ECIST had emphasized that both the Executive Team and the Board needed to understand the complexities the Trust faced and how important it was that the Trust stayed on the same track. Although the Trust remained below the required 98% it was improving and it was important to build on this and continue to make progress. Prof Alberti would be returning to the Trust on 11 May and Ian Sturgess on 23 June to lead a session with clinical staff. The top 99 clinicians who use 88% of the bed capacity had been asked to attend.

A discussion took place around performance measures and ways of identifying if improvements were due to seasonal variations or implementing the action plan. Accountability for the achievement of the 98% at Good Hope was discussed and whilst Ms Ryabov had overall accountability there was a line management responsibility from the A&E manager, CDs and MDs, as well as Ms Fenton as executive lead for Good Hope.

The Board discussed the points made by Bernie Edwards' in Appendix 1 and identified the following:

- The Trust's plan is a reasonable plan and will make small incremental improvements.
- It was right to get an expert in but the Trust now needed to focus on its staff.
- Solihull should be examined as it delivered 98% consistently.
- Every person in the organisation needed to deliver their part well and believe it made a difference.
- Communication was a key area to be improved, to staff, patients and their families.

Monitor would ask if the top 5 actions had been implemented and the Board needed to be able to answer yes. It was generally agreed that adopting these suggestions would help achieve Monitor's top 5.

The Board was aware that staff morale was poor and there had been no surprises from the survey which demonstrated that a consistent operational lead was needed. Heartlands was improving and there needed to be more focus on Good Hope.

It was agreed that Ms Ryabov would detail progress against the top 5 actions to show clearly whether the Trust was on or off track. ER

Ms Ryabov agreed her area was not yet on track but it would be by the time Bernie Edwards returned. Ms Sunderland confirmed that she was confident that the nursing element would be on track.

Mr Goldman asked if the Trust needed more external support to address the issue. Mr Wilkinson replied that it was for the EDs to confirm they had delivered their part of the plan. It was agreed that clinical motivational issues were a big issue and Dr Smith was invited to attend the next Board meeting to join the discussion as to how the clinicians could be held to account by the Board. CL/SS

It was further agreed that Mr Goldman would hold video conferences for CDs at 8 a.m. and 5 p.m. to help get them on board with the key actions. Progress against the plan would be reviewed at next month's meeting. Ms Ryabov would meet with the NEDs after Bernie Edward's next visit but before next Board meeting. MG
ER

BUSINESS PLAN 09/10 PRIORITIES

We Provide The Highest Quality Patient Care

10.78 10. Carradale Report and Update on Working Together for Health Report

The strategic aim of Working Together for Health had been to create a system of services for older people that were integrated and centred on the older person, delivered as close to home as appropriate, by the most appropriate provider of care. Prof Ham explained that WTFH was proposing that it be abolished, but that its recommendations should be taken forward by the wider health community.

The Chairman expressed his view that he hoped that the Board would agree to the proposals in the report and sign up to joined up working. There would be no public consultation element. Prof Ham outlined that a lot of the issues were quite urgent but the plan offered long term diagnosis and a solution. It needed the Chairs and CEOs sitting down together saying "lets work together" to make the comprehensive changes required. South Birmingham PCT had agreed to lead the group for whole of the West Midlands.

The Chairman and Mr Goldman agreed to pick up any issues with BEN PCT at the CEO and Chairs local Economy Group being held the next week. The Board endorsed support for the proposals in the document. CW/
MG

10.79 11. Francis Report – Discussion paper

Dr Woolley explained that the above report had been published in response to the HCC report on Mid Staffs. She had been tasked by the Board to take the issues it raised to Governance and Risk Committee, and then to the Board for debate at board level.

The Trust faced a number of similar issues such as nursing care at Good Hope, the current culture in the Trust, complaints, the focus on A&E target, staff survey results, and conditions on the CQC registration. There was particular concern

about the Good Hope site and whilst much investment had been made there was still much to be achieved. The Care Quality Commission Action Plan outlined the key areas that needed to be addressed. Ms Coalter, Mr Cunliffe and Dr Woolley were working on an assurance report for the Trust and had mapped an action plan against their original action plan.

The Chairman confirmed that the Board had already picked up recommendation 5 "The Board should institute a programme of improving the arrangements for audit in all clinical departments and make participation in audit processes in accordance with contemporary standards of practice a requirement for all relevant staff. The Board should review audit processes and outcomes on a regular basis".

A lengthy discussion followed about the Complaints system and Dr Woolley gave assurance to concerns raised by the Non Executive Directors that a full rectification plan had been taken to EDs Committee which had now been agreed by the Group Medical Directors and Ms Ryabov.

The Integrated Patient Experience Update would be reported to Governance and Risk Committee and then forwarded to the Board. The Chairman highlighted that there used to be 3 clinicians around the Board table and now there was only one. The Chairman suggested with Mr Cunliffe's endorsement that the Group Medical Directors, on a rotational basis should participate in Board discussions.

SW

CW

Ms Sunderland confirmed that staff had been moved between sites, particularly Heartlands and Good Hope. In addition consistent site leadership had also been implemented. Dr Woolley would bring back a report on the work carried out Good Hope.

SW

We are the Local Employer of Choice

10.80 12. HR Committee minutes and actions

Ms Coalter highlighted the issue of absenteeism, and confirmed that training was being delivered on absence management to managers. This would be done over a 3 month period commencing 1st April. Trigger points were in place, so the HR team could proactively talk to clinicians and management.

The Employee Benefits booklet had gone out with pay slips and it was hoped that this would help to improve staff morale. Ms Coalter pointed out that Incident reporting was very high in contradiction to the survey.

We Continually Learn and Innovate

10.81 13. HEFT Consulting Business Plan for 2010/11

Ms Fenton explained that the above paper had been approved by the Executive Directors Committee in April 2010 as an outline work plan for the year pending a full review of the concept of HEFT Consulting in the Autumn when the new Chief Executive had been appointed. Currently there was negligible risk with continuing HEFT Consulting until this time as the team were delivering a profit and contributing to the funding for the HEFT Academy. Ms Fenton highlighted that the income target was just below target. The Trust Board approved and adopted the 2010/11 Business Plan.

We Are Financially Secure

10.82 14. Monthly Finance Report

There was an underlying income and expenditure surplus in March of £0.2m; a yearend surplus of £10.1m; an impairment charge of £16.7m following revaluation; a year end Monitor risk rating of 4. The key risk for 2010/11 was the delivery of the savings plan

The Trust Board agreed with Mr Stokes' recommendations that the focus should be on full delivery of cost improvement plans in 2010/11 and further reduction in pay costs in 2010/11.

10.83 15. 2010/11 Commissioning Contracts

This paper was taken as read and accepted by the Board..

GENERAL BUSINESS

10.84 16. COMPANY SECRETARY'S REPORT

The draft Minutes of the sub committees were noted.

The Board approved the following requisitions:

Requisition 564754, provision of GP courier service to both Birmingham Heartlands and Good Hope sites for the collection/delivery of patient specimens from GP surgeries, 06.04.0 - 31.03.11., £161,500

Requisition 561449, renewal of current managed service contract and includes all reagents and maintenance costs, £1,000,000.

Requisition 565635, provision of recruitment advertising as required for the period to 31/03/11. £140,000.

10.85 17. DATE OF NEXT MEETING

Tuesday 1st June 2010

..... Chairman