



TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital at 1.00pm on Tuesday 6 April 2010

PRESENT:

Ms A East (<i>Acting Chairman</i>)	
Mr D Bucknall	Prof C Ham
Ms M Coalter	Ms E Ryabov
Ms B Fenton	Mr A Stokes
Mr M Goldman	Ms M Sunderland
Mr R Harris	Dr S Woolley

IN ATTENDANCE: Mrs C Lea
Dr S Smith (item 8 only)

Action

- 10.49 1. APOLOGIES**
Apologies were received from Mr C Wilkinson, Mr I Cunliffe, Mr P Hensel, Mr R Samuda, and Ms N Hafeez
- 10.50 2. DECLARATIONS OF INTEREST**
The declarations of interest were accepted by the Board subject to updating on Prof Ham's appointment to the Kings Fund.
- 10.51 3. MINUTES**
The minutes of 2 March 2010 were accepted as a correct record and signed by the Acting Chairman.
- 10.52 4. MATTERS ARISING**
There were no matters arising.
- 10.53 5. CHAIRMAN'S REPORT**
The Board was asked to consider a letter to be issued to West Midlands SHA following the proposed cluster arrangements whereby it was proposed that Solihull would be included within the Solihull, Coventry and Warwickshire cluster. The Trust had concerns over the arrangements for this as it would impact on the commissioning arrangements for the Trust. Mrs Lea to amend the letter around the HEFT context. It was agreed to send the final version from the Deputy Chair.

STRATEGY AND PLANNING

10.54 6. FORWARD LOOK

Update on Solihull Maternity Services

Mr Goldman had not been able to attend the last HOSC, however, it had agreed to accept the interim changes in the light of the safety concerns. The Trust was on schedule to close down the Solihull service on 26 April 2010. The Midwife Unit would then open 12-18 weeks later depending upon satisfactory completion of required midwifery training.

Ms East asked for an update on the consultation process. Mr Goldman confirmed that this was still in the hands of the PCTs with a possible launch date in June 2010.

Mr Goldman gave an update following the CQC triggered risk summit highlighting that the action plan from BEN PCT was still outstanding. The report from Prof. George Alberti was also still outstanding.

Dr Woolley tabled a document setting out the CQC conditions on the Trust's registration. Under the safeguarding conditions Ms Sunderland confirmed that the ongoing work in this area was being maintained and would be delivered to the timetable set by CQC. Staff support and training for staff appraisals also had conditions set for improvement and Ms Coalter confirmed that the action plans for these issues were well in hand.

Mr Goldman confirmed that the Board would receive assurance at each future meeting that the key dates had been met. The Trust would be fully registered by the end of September. External review of medicine managements was underway and would come to the Governance and Risk Committee in early summer. If the review highlighted issues that suggested that the Trust was not fully compliant in this area then further work would have to be undertaken and discussions with CQC.

It was noted that the CQC letter dated 25 March 2010 was subject to correction as there were some inaccuracies contained within its text regarding ward 12.

PERFORMANCE

10.55 7. Performance Balanced Scorecard- National and Local Targets

The Board reviewed the balanced scorecard for the period ended 28 February 2010. Ms Ryabov confirmed that discussions were still underway to finalise the year end figure for A&E. She also highlighted that the requirement to achieve full compliance for all specialties and the Trust was at risk of breaching the target in T&O and general surgery. The latest details from CQC were awaited on Delayed Transfers of Care but again it was likely that the Trust would not achieve the target for the year end.

Ms East asked for more detail on the PROMS position re vascular surgery for the next Board meeting.

ER

The report set out the likely position for the Trust against the CQC periodic

review at the year end. On national priorities the position was likely to be GOOD with existing commitments to be ALMOST MET. Against the Monitor compliance framework the Trust would still be red rated on its governance risk assessment due to the Trust being in breach of its Terms of Authorisation (A&E 4 hour wait).

Prof Ham asked around the consequences for not achieving 97% for the A&E 4 hour wait. It would appear there were no further consequences beyond the current red rating imposed by Monitor.

Ms East asked Ms Coalter to explain the actions being taken to manage the red rated HR targets. She outlined that turnover and sickness needed to be considered in the light of the staff survey findings. The work being undertaken to help engage staff more should have a direct impact on these targets. In addition discussions were underway with staff side on sickness pay for persistent short term sickness offenders. Ms Coalter confirmed that she had sufficient resources in her area to manage these issues, although there was a need to reorganise some of these resources. Recruitment and corporate induction should be turned around within the month. Sickness could be turned around by June. Turnover was a longer term issue relating to staff engagement.

MC

Prof Ham asked what had contributed to the improvement in delayed transfers of care. The community wards offered by the PCTs had helped as had looking at specific cohorts of patients based on length of stay.

Ms East asked whether going forward the 18 week target would be achieved. Mr Goldman suggested that in particular areas private investment should be considered much earlier to take the pressure off in the latter part of the year. The Board should consider the levels of private investment in quarter 3 and ensure that better planning deliver greater economies and value for money. Mr Stokes suggested that the aim should be for 16 weeks so that the Trust built up some head room for the more difficult times of the year. Ms East asked that the matter be brought back to the Board in June.

ER

Mr Harris asked for 100% focus on the national/PCT targets and those targets that were directly within the control of the organisation. The performance report needed to highlight these issues more clearly. Prof Ham asked that the Board should then see regular reports coming to the Board for those areas that were shown as red.

ER

10.56 8. A&E 98%, 4 hour access target monthly update

Ms Ryabov presented the report setting out the three key outcome measures that will be assessed as a means of delivering the 98% 4 hour access standard. Feedback from George Alberti was still awaited.

Given the timing of board meetings it was agreed that the performance dashboard would be distributed with the information available at week 3 of the preceding month. A verbal update of the month end position would be available for each board meeting.

Ms Ryabov then outlined the programme management arrangements that would support delivery of the performance targets. The programme manager had been

appointed since the paper had been distributed. The first programme board would be meeting on 7th April and this will then report into the Trust Board.

Prof Ham queried whether there were sufficient management resources to deliver the programme that was being outlined as many of the executive leads had significant responsibilities in other areas. Mr Goldman reassured the Board that the executive leads needed to lead the way on this programme and this would help with the change of culture that was required and that much of the work underpinned the day to day work of the executive leads. Additional resources were available from George Alberti and the ECIST.

Richard Samuda and Richard Harris had also been meeting with Ellen Ryabov as a NED focus on the issue. Mr Harris confirmed that the wide focus of the work streams ensured that the issues raised by Monitor were being addressed and included within the programme. Mr Harris was able to provide further feedback to the Board on the progress being made and expressed concern that sufficient pace and progress was being made on LOS given the task ahead. Ms Ryabov confirmed that the work is planned on historical data which was the best level of assurance that could be provided at present.

Mr Bucknall asked whether there were any building design issues that were hampering progress at Good Hope and Heartlands. Mr Goldman confirmed that this was not a key issue for the Trust. Prof Ham asked whether the discussions since last time regarding 7 day working at Good Hope had been carried through. Ms Ryabov confirmed that 7 day working had been implemented on a voluntary basis but it would be completed formally through the job planning process. All three sites now had 7 day working in place, however, as the Trust improved its ability to benchmark individual performance this would be improved.

Mr Stokes asked for the Governors to be notified of the latest figures that the Trust was reporting to Monitor. The Board agreed that pressure should be applied to continue the pace of change such that it might be realistic to approach Monitor to lift the red rating at the end of quarter 1. It would be important to ensure that the four or five key actions had been completed prior to doing this.

The Board approved the performance dashboard and the programme management arrangements including the governance arrangements as the means of providing assurance to the Board on the progress being made on the three key outcomes. The "One Plan" and programme management arrangements would be assessed at the outset by the Emergency Care Intensive Support Team as requested by Monitor and they would also carry out a review to assess whether the planned improvements in A&E and cultural engagement had been delivered at some future date to be agreed.

10.57 9. Budget 2010/11

Mr Stokes outlined the key principles in his budget report. These included budget realignment, demand management and capital investment. Four priorities would govern the Trust's finances namely, a review of capital strategy, accountability to CIP, continued focus on quality and staff and patient feedback and a continued drive to reduce LOS.

The summary of the budget proposal included a recurrent budget of £15.6m, a CIP requirement of £16.7m, a capital spend of £57.9m and a Monitor plan value of £10.8m.

The key risks to the Trust were associated with the extent of the deliverable demand management reductions by the PCTs, dispute resolution, non-delivery of KPI and CQUIN targets and large over performance by PCTs. The single largest risk continued to be CIP delivery, in previous years non delivery of headline CIP had been masked by profit on overperformance. Next year's CIP delivery would be key.

Mr Harris queried a plan which set out a Monitor plan in excess of this year's out-turn in a more difficult economic environment. The target had to be realistic and not put the Trust in a position where it didn't fail its target. Mr Stokes responded that £6m was already secured as a bad debt provision from the PCTs and it was a small increment on this year's performance.

Mr Stokes would bring a more detailed report on the Carradale report at the June Board meeting. At present this was not tied in with the Working Together for Health. It was agreed that the paper from Working Together for Health due at the May Board meeting should include a summary page on the Carradale Report to ensure that the two items continued to influence each other.

AS

Mr Harris queried the section on Capital expenditure as to the wider implications for delivering patient quality and safety. Mr Stokes agreed that this would be a key part of revisiting the site strategy. It was agreed to arrange for the NEDs to visit the outpatient areas in order to help them in the review. Mr Bucknall confirmed that across the industry capital plans were being revisited but that value for money should be possible given the falling costs.

CL

The Board accepted the budget for 2010/2011.

10.58 10. Draft Corporate Business Plan

Ms Fenton outlined the process for producing the Business Plan. The final version would include the agreed budget for 2010/11. The CEO and executive team would then have their annual objectives set around the key objectives. Once approved the plan would be cascaded throughout the organisation.

Ms East raised the concern expressed in the report around the lack of clarity about leadership at Good Hope. Ms Ryabov assured the Board that at a clinical level this would be picked up through the appraisal process. At an executive level the Group Structure was being embedded at the same time as implementing additional site leadership for Good Hope. Mr Goldman asked for documentation to the Executive Committee to clarify this issue and to consider how other trusts operate on a multi-site basis.

ER/BF

MC

Mr Harris asked for greater clarity on how patient feedback was included within Board feedback. Dr Woolley outlined the integrated report that had been developed which had been to Executive Committee and would go to Governance & Risk Committee in due course. The ward based feedback would be included within the monthly balanced scorecard from next month.

The Board accepted the Corporate Business Plan.

10.59 11. Business Transformation Report

The report which had been circulated only set out a series of relatively short term activities due to the need to review the Corporate Strategy following the economic downturn and anticipated reduced funding for the NHS. Once the revised Corporate Strategy had been completed the Transformation Strategy would then be updated and aligned to deliver the future vision of the Trust.

Mr Goldman suggested that a third party review of the transformation process would be helpful in assessing the progress being made, whether the pace was suitable and the appropriate level of investment. Initially a review should be carried out at executive level. Prof Ham highlighted that the report demonstrated progress around the six work streams and yet when the Trust reviewed its performance against the three key objectives it was moving backwards in two of them (i.e. engaged & skilled staff, truly satisfied patients).

It was agreed that further discussion should take place at the next Executive Committee with subsequent feedback to the Board.

BF

**BUSINESS PLAN 09/10 PRIORITIES
We Provide The Highest Quality Patient Care**

10.60 12. Mixed Sex Accommodation

Ms Sunderland outlined the requirements for single sex accommodation. Whilst the Trust had been required to deliver the compliance by 31 March 2010, the Trust had agreed an action plan to deliver compliance by the end of quarter 1 which had been accepted by the Commissioners and the SHA. The Board accepted the report and its conclusions.

10.61 13. Child Protection and Safeguarding Update

Ms Sunderland set out the background to the requirements for safeguarding of children and vulnerable adults. The Nurse Consultant for Safeguarding had been appointed last week and this would continue to keep this agenda as high profile for the Trust. The Trust still intended to establish an integrated safeguarding unit covering both Adult and Children's issues.

Whilst the Trust was able to declare compliance with the old C2 regulations for the Healthcare Commission, the Trust was now working with the new safeguarding requirements under the CQC which encompassed vulnerable adults. Compliance in this area would be achieved by September 2010. Prof Ham asked for this work to be reviewed in due course and Ms Sunderland agreed to pursue an offer of peer-review from other Trusts. The Board accepted the report and its conclusions.

We are the Local Employer of Choice

10.63 14. Staff Survey Action Plan

Ms Coalter's report highlighted the key issues around staff engagement and leadership accountability currently faced by the Trust. The proposals had been

approved by the Executive Committee and are in the process of being actioned.

Ms Coalter highlighted the possibility of a Staff Engagement Forum and indicated that some local pilots would be set up to establish the principles and governance structure. Ms Sunderland suggested that there may also be a role for staff governors within this.

The Board accepted the report and noted the action plan.

Professor Ham left the meeting at this point

We Are Financially Secure

10.64 15. Monthly Finance Report

Mr Stokes presented his previously circulated paper, highlighting the following points:

- Income and expenditure surplus in February of £0.1m, £6.7m year to date.
- Further over performance of £2.0m in February.
- In month result requires improved performance in final period to achieve £10m surplus for 2009/10 (excluding any impairment charges or use of private sector).
- Monitor risk rating is at 3 at month 11, forecast to be 4 at year end.

Ms East asked if plans were in place to reduce the over pay on anaesthetics and radiology and asked for these to be brought back to the meeting in due course.

ER

10.65 16. Audit Opinion Update

Mr Stokes highlighted the possibility of a qualified year end certificate on the back of PWC interpreting the Monitor Red rating of A&E representing a failure of the Trust to pass the economy, efficiency and effectiveness requirement within the Trust. Monitor has described this as an unintended consequence of the audit code and they would be discussing with auditors. It was agreed that Mr Stokes would manage this through the Audit Committee.

10.66 17. Year End Financial Paper

The paper summarised the Over-performance Agreement between the Trust, NHS BEN, and the other 16 associate commissioners within the Midlands SHA for 2009/10. The Trust would therefore receive £25.8m of the current forecast over-performance of £32m in 2009/10 and a further £3.3m over the following 2 years meaning in total £29.1m of a total of £32m would be received. The £2.9m gap equated to 0.6% of total LDP income. The Board approved and accepted this approach and delegated authority to the Finance Director to conclude this agreement.

10.67 18. B Braun Update

The report updated the board on the current position with regard to the B Braun decontamination contract and considered the options to address the current financial and operational issues associated with the current service.

Although work was ongoing to reduce the financial deficit, in relation to alternative turnaround models, additional NHS activity and changes to the travel to work arrangements, as part of the contingency planning, the Pan Birmingham Project Team had been working with the Trust and UHB to produce an outline financial model to show the cost of bringing the service back in-house. A review had been commissioned jointly by DH, the JMB and Pathfinder project (Leeds/Bradford) to review the B Braun position and deficit reduction plans, and it was hoped that this would identify further measures that would reduce their ongoing shortfall. To date the Trust had only paid the monthly base contract value to B Braun, as although the contract makes provision for additional payments and deductions the company have been unable to provide robust information to support any changes to the base contract values

The Finance Director undertook to continue negotiations on behalf of the Trust and to keep the Board advised as to progress.

GENERAL BUSINESS

10.68 19. COMPANY SECRETARY'S REPORT

The draft Minutes of the sub committees were noted. Ms Lea highlighted the request for board approval of expenditure of £390,000 for the cumulative invoices to Focus Medical over the last twelve months for the hire of the lithotripsy service (ablating renal stones,) the machine and technician.

10.69 20. DATE OF NEXT MEETING

4 May 2010

..... **Chairman**