TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital at 1.00pm on Tuesday 5th January 2010

PRESENT:	Mr C Wilkinson *(Chairman)*	
	Ms M Coalter	Mr R Harris
	Mr I Cunliffe	Ms E Ryabov
	Mr M Goldman	Mr R Samuda
	Mr P Hensel	Mr A Stokes
	Ms A East	Ms M Sunderland
	Prof C Ham	Dr S Woolley

IN ATTENDANCE: Mrs C Lea
Ms Louise Galvin
Ms Rachael Blackburn
Dr Steve Smith
Ms Mags Barnaby
Ms Pim Allen

Action

10.01 1. APOLOGIES
Apologies were received from Mr D Bucknall, Ms Beccy Fenton and Ms Najma Hafeez.

10.02 2. DECLARATIONS OF INTEREST
The declarations of interest were accepted by the Board.

10.03 3. MINUTES
The minutes of the meeting held on 1st December 2009 were accepted as a correct record and signed by the Chairman.

10.04 4. MATTERS ARISING
Mr Stokes had confirmed that UHB still had monies outstanding. The Board agreed that legal action to recover the monies would have to be taken unless the Council paid the outstanding invoice

10.05 5. CHAIRMAN'S REPORT
The Chairman circulated a report from his recent meeting of Chairs, CEOs and Treasurers setting out suggestions for a health economy approach to the financial outlook. The CEOs had been given the task of moving this forward.

The Chairman had received a request to make a donation to Crisis Urban Skylight Appeal. The request was denied.

PRESENTATION ON THE CQC REGISTRATION PROCESS
Ms Galvin and Ms Blackburn delivered the presentation setting out the key issues for the Trust to address prior to registration with CQC which was required

by 29 January 2010. Action plans for areas of concern would be followed through at the Executive Directors Committee.

STRATEGY AND PLANNING

10.06 6. FORWARD LOOK

The paper on the Operational Framework had been previously considered by the Board awayday and Mr Goldman asked the Board to consider the Emergency 4-hour Access Performance 2009/10 response to Monitor in advance of the formal regulatory meeting with them on 12 January 2010. A draft response was circulated for the Board to consider.

The meeting allowed for a 15 minute presentation would cover board assurance, the analysis of Q3 performance, and the future plan. A mock presentation to Julie Moore and Sophia Christie was planned for the end of the week.

Monitor had already requested all of the Board minutes and discussion papers. Mrs Lea agreed to circulate this timeline of board discussion to all board members prior to the meeting.

Prof Ham recommended that the presentation should include more of the work carried out by the Trust on length of stay and indeed the work carried out by Working Together for Health.

The Board had to be confident that the action plan to be considered by later in the meeting addressed the issues that the Trust faced further downstream from the A&E directorate, particularly length of stay which continued to be a significant issue. The Emergency Care Intensive Support Team were also coming back to review a health economy wide approach to the A&E difficulties in the region.

The Board approved the response to Monitor and Mr Goldman undertook to circulate the final version. MG

PERFORMANCE

10.07 7. Performance Balanced Scorecard- National and Local Targets (MG)

The Board had received separate action plans for reduction in pregnant smokers and breast feeding rates.

The two week cancer wait breach continued to be as a result of patient choice not to be seen. The Trust had confirmed that this was a correct interpretation of the guidance and would continue to measure performance in this way.

Patients seen within 2 weeks for breast symptoms – the target had been achieved for December 2009.

PROMS – a detailed summary of work being undertaken within the varicose veins and hernia clinics would be made to the Board at its February meeting. ER

10.08 8. Monthly Update on A&E 98%

Dr Smith and Ms Barnaby attended to present the action plan for the delivery of the Emergency 4-hour Access Standard. The action plan focussed on reducing length of stay by considering safe and timely discharge, improving 7 Day Working, reducing transfers of care, changing culture and incentivising timely discharge.

The plan included an identified programme manager and robust performance management to ensure that the plan was fully implemented. Dr Smith and Ms Barnaby were convinced that clinical ownership and introducing incentives to effect timely discharges would be the significant difference to implementing the plan.

Work was already underway to look at how 7 day working could be implemented across therapies and pharmacy. It would be important to understand what the 7 day Trust would look like, not just 7 day A&E working, but also 7 day outpatient clinics and 7 day elective surgery.

Prof Ham explained that in American hospitals he was aware of there were doctors that were responsible for ward discharges and who focussed on patient flow. The productive ward presentation at the awayday had also emphasised the role of the discharge nurse.

The plan set out achieving the 98% in the final quarter of 2009/10 although this would not achieve the year end target. Dr Smith and Ms Barnaby were confident that if length of stay could be reduced by half a day then this would create sufficient capacity and flexibility within the system to provide the headroom for managing the 2010/11 4 hour access standard.

Mr Hensel asked how greater clinical engagement would be achieved. Dr Smith responded that their input into devising the plan and then performance targets which monitor individual LOS and discharge would help with this. Linking performance with financial incentives for their department or directorate would also help.

The Board agreed to endorse the plan.

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

10.09 **9. Summary Report – The Risks associated with Solihull Maternity Services**

Mr Goldman had met with the PCTs CEOs, Neonatal Network, midwives, and anaesthetists. This meeting had identified the key issues being faced by the staff. Mr Goldman has also met with the OSC Chairs for Birmingham and Solihull to discuss the requirement to make changes. They recommended that the MPs should be approached to develop an all party approach to the situation. Despite a number of conversations this had not proved possible. In the light of these conversations Mr Goldman was able to confirm that the PCTs and the SHA would support the Trust in taking immediate action to follow the standards that are required.

The recently commissioned NCAT report which is part of the Gateway process the PCT has to go through to assess readiness for consultation also demonstrated that a safe obstetric service could not be continued without immediate access to experienced neonatal resuscitation personnel and that in the interim there had to be urgent consideration of plans to ensure that from 1 April 2010 safe care for babies was offered at Solihull Maternity Hospital.

Prof Ham was keen to see a joint responsibility for managing the situation which included the Care Trust and BEN to ensure ongoing collaboration.

The Board accepted the report and approved the risk assessment.

10.10 10. Summary of possible changes to ensure safe contingency maternity services at Solihull Hospital

The Board then considered the summary of possible changes which had previously been circulated. A taskforce had been developed with specific dedicated resources to address the detailed implementation of the plans and would commence work following the board's approval of the changes to be made. It would be important to ensure that the staff were kept properly informed of the Board's decision and that the Governors were kept in the picture.

The Board agreed to offer a low risk birth midwifery led unit, full obstetric outpatients and ambulatory care unit at Solihull; with Good Hope and Heartlands picking up the high risk births which would no longer be possible at Solihull. Mr Goldman would communicate this to the Care Trust, BEN and the SHA. Ms Allen was asked to ensure there was proper and full communication to the staff involved. This would be a temporary measure whilst the PCT carried out a full consultation later in the year. MG/PA

10.11 11. Dr Foster Report

The report set out that the methodology used to calculate the Trust's score and the definitions of some of the data fields for the quality account measures had been difficult to replicate and understand. Dr Keogh had made serious representations to Dr Foster about the measures which had been used and they would be willing to work with the Trust on producing safety metrics in the future.

Mr Harris asked that the metrics that could usefully be taken from the Dr Foster report should be used to drive through improvements within the Trust. The data would be useful within the local safety groups.

The board accepted the report

We Are The Local Employer of Choice

10.12 12. Minutes from the HR Committee

Ms Coalter highlighted the gateway policy which had now been launched across the Trust which set out that automatic pay progression had ceased with effect from 1 January 2010

The Board endorsed that further work should be carried out on developing a rewards and benefits programme.

The right to live and work audit continued to be worked through and outstanding responses were being chased up.

We Are Financially Secure

10.13 13. Monthly Finance Report

The November position was a £1.5m surplus in month taking the year to date position to £4.7m. The Trust had reduced costs in month both in pay and non pay expenditure as well as delivering a level of over performance which together had provided for the in month surplus. In order to achieve the likely forecast of £10m surplus the Trust must continue to reduce costs, particularly pay, whilst increasing productivity over the remaining months of the year.
Particular focus would be on the following areas;

The only pay group that had a material variance in month, after recognizing over performance, is medical staffing. The level of overspend in this category, although improved in month, was significant (£0.6m) and there were not

sufficient plans to bring this into line at present.

Discharges for inpatient elective and emergency patients were low in month and DNA's were above average in month. Both of these need to improve to help with productivity and overall financial performance in the remaining months.

Following a recent valuation exercise an estimated £10m worth of impairment charges may be chargeable in 2009/10, this was excluded from the current forecast. Mr Stokes to confirm the impact on the I&E position of Monitor's response to this valuation.

It was agreed that a debate with the JINC was needed to clarify how local pay awards were made.

GENERAL BUSINESS

10.14 14. COMPANY SECRETARY'S REPORT

The use of seal was approved.

The establishment of the Board committee for 2010 was approved

The draft minutes of sub-committees were noted.

A full paper to the Board which considered the consolidation of the donated funds needed to be considered which set out the risk and consequences of the possible loss of charitable status. AS

As part of Mark Goldman's role as programme lead for the NLC the Trust was hosting £3.4m all of which had been designated against certain activity and deliverables on behalf of the NLC. The first of this had been agreed and announced by the Secretary of State that £200k would be allocated directly to each SHA to encourage clinicians to undertake leadership development. The HEFT NLC team had developed a process for approving this allocation and each SHA had to satisfy certain conditions in order for the funds to be released. As it was very late in the financial year this process had required expedience in its application and approval. Therefore the Finance Director had approved the immediate release of the purchase orders for the SHA's as detailed by Theresa Nelson. There were no consequences for the Trust's accounting processes as the funding was being held on behalf of the NLC for expenditure against the Clinical Leadership workstream deliverables.

It was also noted that the Trust was hosting funding for another of the NLC workstreams; Board Development which was being led by Elizabeth Buggins of the West Midlands SHA. The sum being held was £2.1m therefore in total the Trust was hosting £5.5m.

The Board approved the release of the purchase orders for the SHAs and authorised the Finance Director to make further payments in regard to these monies. Mr Stokes confirmed that the Trust was earning interest on the deposit and charging a handling fee for managing the funds.

10.15 15. DATE OF NEXT MEETING

2nd February 2010

…… Chairman