



TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital

at 1.00pm on Tuesday 3rd November 2009

PRESENT:

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

IN ATTENDANCE:

Mrs C Lea		
Ms Sophia Christie		For item 6.2 only
Ms L Jennings (Minutes)		

Action

09.178 1. APOLOGIES

Apologies were received from Ms Beccy Fenton and Ms Najma Hafeez

09.179 2. DECLARATIONS OF INTEREST

The declarations of interest were accepted by the Board.

09.180 3. MINUTES

After the amendments below, the Minutes were agreed as a correct record of the meeting:

Minute 09.164, Swine Flu update

1st para. to read "Chris Ellis confirmed that he would be immunized during his podcast".

Minute 09.166, Forward Look – Schools Academy

2nd para. to read "Ms Sunderland, Ms Coalter, Ms East and Dr Woolley all expressed concern as to the timeframe "

Minute 09.171, SHH Maternity Services Review Consultation

1st para. to read "The consultation on this review would be led by BEN PCT..."

2nd para. to read "ongoing risk to midwives had extended their services to April at the moment with Paediatrics sleeping in overnight".

09.181 4. MATTERS ARISING

Improve the engagement with the Governors on the Solihull Maternity

Consultation - Ms Lea confirmed that a Governor had been nominated to join the Communications Group for the Consultation.

Incident reporting would split out near misses in future - Dr Woolley confirmed that she was awaiting authorisation from NPSA before commencing with this.

Website declaration of accountability to the public through the Governors public meetings and internet available information - Ms Lea confirmed that there was now a declaration on the website setting out that the Trust was held publicly accountable through its 44 governors and 100,000 members. Dates of all future GCC meetings were now shown on the website. This continued the work being undertaken by Mr Goldman to become a more open and transparent organisation.

09.182 5. CHAIRMAN'S REPORT

The Chairman had no specific report.

STRATEGY AND PLANNING

09.183 6.1a Update on CQC visit

Following the Trust's invitation in April of this year, the Care Quality Commission had now undertaken a review of the Trust's organisational safety systems and clinical governance arrangements and had reported back that they had no serious concern regarding the Trust's clinical governance or safety systems. Key Monitor representatives were present at the meeting. Written feedback was expected in the next couple of weeks which Mr Goldman would then share with the coroner, PCTs and local members of parliament. Ms Lea would publish the feedback on the Trust's website.

MG
CL

6.1b Forward Look – Report on CQC Healthcare Standards Rating (MG)

The Trust achieved a rating of fair for its Quality of Services in the 2008/09 Annual Health check. The Trust had failed 2 indicators, namely, staff satisfaction survey and cancer 2 week waits, and had under achieved 2 indicators, namely, A&E 4 hour waits and heart disease audits. It was acknowledged that a "fair" rating was a disappointing result; notwithstanding that it was the result of data quality rather than safety issues.

Ms Coalter confirmed that so far this year there had been a 29% response rate for the staff survey which would provide a more effective sample of staff opinion. The staff survey results would be available for the Board in March 2010.

Mr Goldman gave assurance that the Executive Directors were reviewing the data systems, with a view to identifying the data that could cause the most damage and were focussing on ensuring that it was accurate. The Executive Team were asked to consider ways to ensure that data was being updated correctly and on time.

MG

Mr Goldman highlighted that the results were likely to be affected by the restructure and the inevitable organisational distress which accompanied it. A discussion took place around likely ratings in the future. Mr Goldman anticipated that the likely ratings for next year would be good and good. He also pointed out that when the Trust received Excellent and Excellent, it had not yet merged with Good Hope.

Ms Coalter confirmed that the Board had signed off the action plan arising out of the staff survey results and that subsequently there was a good audit trail on actions.

The Board accepted the report and asked for further assurance as follows:

- Ms Ryabov would submit a monthly Board summary of the A&E position.
- The Executive team would explore the viability of a central compliance unit to check data.
- Ms Ryabov would explore a Trust Board score card on data entry around the cancer 2 week waits.

ER
MG
ER

6.2 Update on Maternity Services, Solihull (MG)

The Chairman welcomed Ms Sophia Christie, CEO of BEN PCT to the meeting to talk through the previously circulated paper that had been presented to BEN PCT board last Wednesday. It was also going to Solihull Care Trust Board next Friday.

[reserved – this section of the minutes is considered potentially exempt from disclosure under the Freedom of Information Act 2000 as disclosure may be prejudicial to the effective conduct of public affairs or may reveal information covered by Legal Professional Privilege.]

PERFORMANCE

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

The A&E target of 98% had been met in quarter 2 and ongoing work continued on LoS as it was a key issue to improve pathways. The Board noted that for the whole of the second quarter the Trust had been one ward down due to refurbishment works. This work had been crucial to the ongoing infection control programme.

Ms Ryabov said the main issue was around emergency LoS, as elective LoS was doing very well against national figures. Ms Ryabov confirmed that the PCT ward was being used, and delayed transfers of care were coming down but LoS remained the bigger problem. The lack of 7 day working in the acute and community sector was compounding the problem and a process towards 7 day working had begun. Ms Ryabov confirmed that the Trust was likely to comply with the national target by the end of year.

The Board accepted the Performance Balanced Scorecard.

09.185 8. Mid Year Progress report on the Corporate Business Plan

The Board agreed to defer this paper until December in Ms Fenton's absence

BUSINESS PLAN 09/10 PRIORITIES

We Provide The Highest Quality Patient Care

09.186 9. Quarterly Update on Infection Control (Dr Gupta)

The Chairman welcomed Dr Gupta to the meeting. The Board accepted her previously circulated report and the following additional information which she presented.

MRSA

Dr Gupta confirmed that so far October had seen 18 MRSA cases against a trajectory of 25. The trajectory for next year had not been set yet although there had been some proposals regarding methods of calculation and suggestions that pre 48 may be removed. Dr Gupta confirmed that RCAs would be reconsidered within the new structure.

Norovirus

Refresher training had been carried out on Norovirus and whilst there had been some reports from the SHA of an increase in Norovirus the Trust had not seen any significant increases. Mr Wilkinson said that it had been brought to his attention that some clinicians were not adhering to the short sleeves and no jewellery policy, Dr Gupta confirmed she was aware of this and that the situation had been dealt with.

C.Diff

Dr Gupta highlighted that reducing C.diff mortality had presented some challenges as a C.diff infection needed to be included within the improvements that were being made in the way patients were being managed. Mr Goldman said it was very important that the clinician, pharmacist and infection control team should ensure the staff were in a position to properly support the care of patients with C.diff.

Swine flu

Dr Gupta confirmed that the Trust had not had any vaccine delivery yet, although Sandwell and UHB were well under way. It was due from the PCTs and she was chasing the delivery.

Refurbishments

Dr Gupta confirmed that ward 7's refurbishment at Good Hope was nearly complete but that a need for a decant facility had been identified. Mr Goldman said that there had been discussion between Ms Ryabov and Ms Fenton about the Trust's ability to manage if Ward 7 was kept as a decant ward. Ms Sunderland agreed that refurbishment of Good Hope impacted dramatically on the reduction of C.Diff and that Ward 7 would be an appropriate decant ward.

09.187 10. Sample Q2 Safety Situation Report (SW)

Dr Woolley set out the detail of her previously circulated paper which provided a broad picture of the organisation's safety position and the key risks facing the Trust.

Dr Woolley was asked to add Maternity Services in as a Strategic risk to the Trust risk Register.

Dr Woolley confirmed that near misses would be added in due course. More information on complaints was requested by the Board which would look at the wider context of PALS, complaint trends and patient feedback. Dr Woolley and her team were in the process of working on the presentation of complaint trends, which would be considered by Governance and Risk Committee. This would then feedback to the Board in conjunction with the patient feedback. Ms Ryabov confirmed that complaints were being included as part of the group performance dashboards.

SW

It was agreed that the Safety Situation Report would be presented to the Trust Board on a quarterly basis so that the Board could keep the Trust's overall safety position under review; be prepared for potential adverse media publicity; and gain assurance on a range of matters ranging from learning from adverse events to key risk management mitigation and management plans.

SW

09.188 11. Scanning of Medical Records (AL)

The Trust Board approved the capital expenditure of £9,365,676 (excluding VAT) phased over the next 5 years and revenue expenditure of £1,174,932 (excluding VAT) in order that a contract could be awarded to the preferred scanning

provider appointed through the tendering process.

The Trust Board further approved the commencement of the scanning of the Trust medical records from April 2010 and the subsequent destruction of records, once verified, quality checked and backed up.

We Are The Local Employer of Choice

09.189 12. Minutes from the HR Committee (MC)

Ms Coalter highlighted the Staff Survey item in the HR minutes and the key points of the action plan which had been provided to the Executive Directors in January 2009.

In addition Ms Coalter confirmed that she and Ms Sunderland would look at patient and staff feedback as well as safety metrics in order that the situation could be tracked and monitored.

We Continually Learn & Innovate

09.190 13. Informatics Planning (AL)

The Board considered the previously circulated report which set out Mr Laverick's work in this area. Electronic prescribing had come within the remit of this work to ensure the resilience of the system. The Board asked for a review of the Trust's disaster recovery measures.

AS/
AL

Mr Harris asked for future papers to be written in layman's language as some of the IT jargon had been difficult to understand.

We Grow The Business For Our Own and The Region's Prosperity

We Are Financially Secure

09.191 14. Monthly Finance Report (AS)

Mr Stokes presented his previously circulated report and highlighted the key issues.

- Income and expenditure surplus in September of £222k
- Further over performance of £1.2m in September
- Income and expenditure position was £1.1m surplus year to date against Monitor plan of £0.6m
- Financial position against operational budgets overspent in month by £1.0m and £6.6m year to date

Mr Stokes informed the Board that this was the first month that the Trust had significantly missed the forecast and set out that if income continued to reduce then a re-forecast of the Trust's position would be required.

Mr Stokes drew the Board's attention to the fact that it would be expected that June and September income would be similar but there had been quite a drop off due to less activity with elected and day cases quite down. Mr Stokes emphasised the need for ensuring productivity was right. Elective and day patients needed to run at capacity as this delivered income that was needed in order to make healthy monthly surpluses.

Mr Wilkinson asked if there was an issue with coding. Mr Stokes confirmed that he had found no evidence to suggest that coding was the cause. The fall in activity and income has exposed, to a greater degree, the underlying issue which continues to be an inability to reduce the cost base in line with tariff expectations. Mr Stokes pointed out that this was worrying as the Trust was about to enter a period of increased efficiency expectations at the same time as constrained PCT

funding. The Board should be looking for more assurance around cost reduction plans.

A discussion took place around possible causes of poor performance against budget. The root cause was agreed to be around the need to manage our productivity much better.

It was acknowledged that the new structure needed time to bed in and the issue continued to be around productivity and efficiency. Mr Goldman confirmed that he and Mr Stokes would be meeting the Group Medical Directors next month and would then drive through the CIP message. If there was still no improvement then the Trust would have to consider reducing the head count. Corporate areas had already reduced headcount and Ms Sunderland was looking at the number of non ward based nurses that could be reduced.

Mr Cunliffe and Ms Coalter confirmed that they were working on analysing performance against job plan on a job by job basis with a view to standardising activity and efficiency per consultant. There was a key meeting planned for 20th November on Clinical Directors job planning which would start the debate around revalidation.

Mr Harris asked if there was a danger that the Trust would even struggle to breakeven and Mr Stokes assured him that this was not the case, this would only become an issue if PCTs refused to pay for overperformance. In the long term however it would be necessary for the Trust to reduce its cost base. Mr Cunliffe confirmed that he had asked for all out of hours to be stopped, however, Ophthalmology was the one that had returned to weekend clinics.

Mr Wilkinson said that a Board Away day was being organised for the end of year to consider the tough decisions that were faced. It was agreed that CIP and reducing costs as well as ensuring income levels were legitimate, were vital together with ways of reducing headcount and drawing up effective business plans re job plan/productivity.

There were outstanding issues re. delayed discharges fines that had not been paid, which would be taken further. Mr Stokes would liaise with UHB, who had the same issue.

AS

GENERAL BUSINESS

09.192 15. COMPANY SECRETARY'S REPORT (CL)

The purchase order for the NHSLA premium of £5m, which was required to ensure payments were made until the end of the financial year, was considered by the Board and then approved. This approval was required by the Trust's Standing Financial Instructions due to the amount involved.

The Board accepted the update on quality accounts and noted that the update would be presented to the November Governors Consultative Council.

The draft minutes of the sub committees were noted.

The Board agreed to the request for Streamline Merchant Services at the Royal Bank of Scotland, to continue to provide the Trust with a merchant facility in accordance with the terms set out in the application form. This facility enabled the use of chip and pin services at Good Hope on the existing Heartlands account. Once established, the old bank account at Good Hope would be closed. The Board authorised the signing of the request form on behalf of the

Board and the closure of the Good Hope account in due course.

09.193 17. DATE OF NEXT MEETING
1st December 2009

..... **Chairman**