



TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital

at 1.00pm on Tuesday 6th October 2009

PRESENT:

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

IN ATTENDANCE:

Mrs C Lea	
Ms Kerry Jones	For item 14 only
Ms L Jennings (Minutes)	

Action

09.161 1. APOLOGIES

Apologies had been received from Mr Paul Hensel, Ms Najma Hafeez, and Mr David Bucknall.

09.162 2. DECLARATIONS OF INTEREST

The declarations of interest were accepted by the Board.

09.163 3. MINUTES

With an amendment to the name of Jane Emmerton and the removal of the words "on the cold case style" in the minutes of 30th July 2009, these minutes were then approved as a correct record.

There were a number of typographical and accuracy amendments made to the minutes of the Tuesday 1st September 2009 following which the minutes were signed as a correct record.

09.164 4. MATTERS ARISING
Swine Flu update

Mr Bleetman attended the meeting to update the Board on the Swine Flu situation. Mr Goldman confirmed that a meeting had taken place to ensure that there was challenge and co-operation within the system.

Mr Bleetman reassured the Board that the mechanisms had worked well when Birmingham was hardest hit by the first wave earlier in the year. Mr Bleetman had also convened a meeting with every hospital in the city to address collaboration across the West Midlands.

The swine flu vaccinations were expected in the next few weeks and plans had been put in place to ensure the right people received them at the right time. Ms

Coalter confirmed that much work had been done in terms of staff attitude and staff were being immunized on a ward by ward basis, with the opt out scheme and those that refused were being followed up to see if they could be persuaded. Mr Ellis had confirmed that he would be immunized during his podcast. The Board thought that example from the top was essential.

09.165 5. CHAIRMAN'S REPORT

Mr Wilkinson reported that he continued to attend the Chairs and CEO meetings to try and develop health economy strategy along with the necessary forthcoming financial plans. He reported that Jenni Ord had invited the chair of the strategic health authority to next meeting

STRATEGY AND PLANNING

09.166 6.1 Forward Look – Schools Academy (MG)

Mr Goldman presented a PowerPoint presentation on the Corporate Responsibility issues addressed by the schools academy project. Mr Goldman reported that the local and national context had moved on since the Board had first considered the concept. The previously circulated paper set out the commitment of time and money required from the Trust to deliver the project and restricted enthusiasm of the school in question. Mr Goldman clearly set out that the project needed the full support of the Board if the Trust were to proceed with the application.

The Board considered the evidence for academy schools improving the health inequalities that the presentation had set out, which would be monitored by Warwick University as one of the partners in the project. Ms Sunderland, Ms Coalter, Ms East and Dr Woolley all expressed concern as to the timeframe and how the time commitment would be balanced with the operational issues currently facing the Trust and questioned the timing of the project.

Mr Samuda, however, highlighted that in the current economic climate there was unlikely to be any other large commercial employer who would be willing to step in. It was possible that this would be a missed opportunity with key long term benefits. Mr Cunliffe agreed that improving the demographic health issues would be a valuable opportunity with a potential payback after 20 years or so.

Ms Coalter expressed the view that the workforce strategy which would be considered by the Board later in the meeting talked about creating apprenticeship which fitted with this project and would be within the core business of the Trust.

Mr Harris wondered if Warwick University would be willing to become the lead partner and the Trust to have some minority role, e.g., retaining one post as governor and contributing some tangible services to the school.

There was a wide ranging discussion concerning the possibility and benefits of changing the head teacher which noted that this was a not a failing school and there was strong resistance to a change of head or management team. It was a stipulation of the academy school process that there should be a change of senior leadership and the Trust could end up being caught in the debate. In addition there was limited support from other healthcare stakeholders such as BEN PCT or Solihull Care Trust.

In conclusion there was general agreement that, although this was the right aspiration, the huge commitment that was entailed and the consequential time

pressure plus the complexity created by the lack of total support from the existing management team at the school, could result in a negative impact on the ability to deliver the core business of the Trust. It was agreed instead to look for alternative ways, which were closer to the core business, which could contribute to the reduction in health inequalities. It was agreed that a clear withdrawal strategy should be created that continued to offer support with the health element of the school's curriculum and the possibilities of work experience within the Trust for that school and other schools in the area.

PERFORMANCE

09.167 7. Performance Balanced Scorecard – National and Local Targets

The balanced scorecard was considered by the Board. There had been high levels of delayed transfers of care and the Board accepted the action plan contained in the report. Prof. Ham asked where the bulk of delayed transfers were. Ms Ryabov confirmed that these were at Heartlands and then Good Hope. This was in line with bed numbers. Social Services delays were significantly greater than health delays but these were beginning to reduce. Prof Ham questioned whether having a Care Trust at Solihull covering both Health and Social Services explained why they were performing better. Ms Ryabov responded that that the patients' needs were different at Solihull so they got to the assessment stage faster and then it progressed quicker. Work was continuing to identify Solihull patients at Heartlands and having them moved to Solihull.

With regard to PROMs, information meetings had been established to improve operational engagement for vascular.

Ms Ryabov confirmed that the 18 weeks target had improved month on month from April 2009 and that migration of all data had now taken place for Ultragenda to be rolled out. She confirmed that a link between Ultragenda and Choose and Book was being considered with a roll out possible by mid November. This would help the GPs and also repair damage to the Trust's reputation.

Ms Ryabov reported that the Trust had successfully achieved the A&E target for Quarter 2, reaching 98.05%. This had been a significant challenge but the team had put in a fantastic job in September. The Trust was continuing to put a lot of effort into the area and executive team members were visiting the best performing Trust to learn from their processes.

BUSINESS PLAN 09/10 PRIORITIES

We Are Financially Secure

09.168 8. Monthly Finance Report (AS)

- Income and expenditure deficit in August of £944k.
- Further over performance of £900k in August.
- Income and expenditure position is £890k surplus year to date and ahead of Monitor plan.
- The Trust's financial position against operational budgets overspent in month by £1.3m and £5.6m year to date.
- Likely forecast remains at £10.2m for 2009/10. This depends on further cost reductions over the remainder of the year.

It was noted that Mr Goldman had asked for Plan B to be re-advertised to increase take up.

Mr Stokes confirmed that relationships between PCTs and Acute Trusts were becoming more problematic as the financial challenges increased. Some PCTs have gone as far as requiring Trusts to increase their waiting times.

Mr Stokes was anticipating a letter from NHS BEN imminently that would contain their approach to attempting to reduce the overall over performance bill. Mr Stokes agreed to circulate the letter as part of next month's Board papers.

It was recognized that Plan A was currently on track and Richard Harris re-emphasised that sustained and further cost reduction over the remainder of the year was explicit within the forecast of £10.2m.

The final item for discussion related to the design fees for the Outpatients build programme of £525k. It was confirmed that the design would include which services were to be sited in that unit and that the design would then offer the best solution for the needs of the organisation. This would enable the resulting business case for Outpatients to be more accurately costed.

We Provide The Highest Quality Patient Care

09.169 9.0 Child Protection and Safeguarding Update (MS)

The update should be considered in the light of the Victoria Climbié and Baby P cases and the resulting heightened awareness. An in depth review of the current safe guarding procedures in Trust had been completed and a robust action plan developed to improve the Trust's safeguarding procedures. The Report also included a draft of the Trust's response to Monitor on the subject which was a self assessment on the key areas highlighted by Monitor.

As a result of the review the Trust would be reporting a lapse in the CQC Healthcare Standard relating to safeguarding children. Monitor, CQC and the Trust's Commissioners would be informed of the lapse. The action plan would deliver compliance by April 2010.

The Board accepted the review and action plan and requested that an update be provided to the April 2010 Board meeting.

MS

09.170 10.0 Cleaning standards report (AS)

The Trust overall score for cleanliness calculated against three clinical risk areas is 93%. The Trust therefore complies with the National Cleaning Standards 2007.

The Board noted that the Trust was not wholly compliant with the 98% sub target for all very high risk areas and accepted the targets and plans that were in place to meet the very high risk target by December 2009.

09.171 11.0 SHH Maternity Services Review Consultation (IC)B

The consultation on this review would be led by BEN PCT, who were currently pulling together the documentation that would be used for the consultation process to decide between six options of future service delivery.

The Trust had an increasing birth-rate year-on-year which was leading to greater pressure on the service at Heartlands which already had existing capacity and risk challenges. The Trust would need to ensure compliance with the service standard requirements for "Safer Childbirth and Maternity Matters". The Trust would know after 20th October 2009 which of the 6 options would go out for consultation.

Mr Cunliffe confirmed that to mitigate the ongoing risk midwives had extended their services to April at the moment with Paediatrics sleeping in overnight.

Mr Harris questioned whether the Trust could be in a position where it could be forced into one of those 6 solutions which had significant implications to how the Trust operated, e.g., if capacity had to be increased at Heartlands. If there were costs to these implications then these should be passed on. Mr Cunliffe confirmed that this could be the case but the Commissioners would not commission an unsafe service so they had the responsibility too. Mr Stokes confirmed that there was scope in the contract to reclaim some of this if activity levels fell.

Mrs Lea questioned whether the Trust was making the best use of its governors in this situation, they needed to be brought into the process and asked to help in promoting the preferable options for the Trust and providing feedback from the local community. It was agreed Mrs Lea should liaise with Ms Dunn to improve the engagement with the Governors.

CL

09.172 12.0 HSMR Review (SW)

The HSMR for the Trust for year to date (YTD) was 89.9 after the first 3 months. The Good Hope HSMR had spiked in January 09 at 122.7 but had subsequently fallen and was 102.7 YTD in May. A review of HSMR across the region had demonstrated a similar spike for the months of December and January.

The CQC mortality outliers programme had been published for the first time on August 20th. Three alerts for the Trust had been published and then confirmed as closed.

The Board noted that the HSMR rates were on a downward trajectory but still needed to come down further. This was being monitored by the Governance & Risk Committee.

Mr Samuda questioned the extensive time delay on the figures. Dr Woolley confirmed that these were the latest figures and that the delay was caused by the way Dr Foster works. Dr Foster would be attending the next Governance & Risk Committee and they should be asked whether the figures could be available more quickly.

09.173 13.0 Working Together for Health paper

The Board noted the report and requested a report on progress in March 2010.

AS

We are The Local Employer Of Choice

09.174 14.0 Workforce Education Strategy – creating a Faculty of Healthcare Education (MC/KJ)

The strategy was presented by Ms Kerry Jones who had joined the Trust in January 2009. She had brought a focus on ensuring that all training had an impact on the organisation around efficiency, quality and money.

Mr Wilkinson asked if it was possible to deliver this strategy within current budgets. Ms Jones confirmed that this was possible the Trust had the skills and capabilities within the existing workforce.

Prof Ham was concerned that the Trust could not award its own qualifications, they needed to be accredited. Ms Jones outlined that the Trust would still work

with higher education partners but in a different way. Instead of purchasing the whole module the Trust would develop the programme and work with the education partners to get it accredited.

The Board endorsed the strategy but asked to be kept updated on partnership negotiations.

MC

GENERAL BUSINESS

09.175 15. COMPANY SECRETARY'S REPORT (CL)

The Board noted the draft minutes of the Trust's sub committees and the use of the seal.

Mrs Lea was asked to ensure it was clear that these minutes were in draft and subject to amendment at the subsequent committee meeting.

Mr Samuda highlighted that the Audit Committee was making a recommendation to the Governors' Auditors Appointment Committee that the contract with PWC should be extended for a further term following a formal interview with the PWC team by the Governors.

09.176 16. ANY OTHER BUSINESS

Mrs Lea was asked to circulate the dates for Board meetings during 2010.

09.177 17. DATE OF NEXT MEETING

3rd November 2009

..... **Chairman**