



TRUST BOARD

Minutes of a meeting held in
The Education Centre, Solihull Hospital
at 12.30pm on Tuesday 5th April 2011

PRESENT:

Lord P Hunt (Chairman)
Mr David Bucknall
Ms M Coalter
Dr A Anwar
Mr D Bucknall
Mrs A East
Ms N Hafeez

Mr Richard Harris
Mr P Hensel
Dr M Newbold
Mr A Stokes
Ms M Sunderland
Dr S Woolley

IN ATTENDANCE:

Ms L Dunn
Mr S Hackwell
Mr A Laverick
Mr J Sellars
Mr R Shields
Mr R Stedman
Mrs A Hudson (Minute Taker)

Action

11.61 APOLOGIES

Apologies were received from Mr R Samuda

11.62 DECLARATIONS OF INTEREST

The declarations of interest were accepted by the Board.

11.63 MINUTES

Following the correction of a spelling mistake in section 11.69 the minutes were accepted as a true and accurate record.

11.64 CHAIRMAN'S REPORT

The Chairman Lord Hunt welcomed the Board to the first meeting following his appointment on the 1 April 2011 and passed a formal resolution acknowledging the work and achievements of Mr Wilkinson.

The Chairman welcomed and thanked Mr Shields for attending the meeting to share his views and experience on how the Trust Board might improve working relationships with the Governors Consultative Council.

Update Report

The Chairman summarised his written report which outlined the activities undertaken at the Trust. The Chairman attended the launch of Starthere in Parliament in March. The Trust received an award for its back to floor work. Lord Corbett of Castle Vale had opened the renal satellite unit in Castle Vale. Mr Peter Carter attended the launch of the Faculty of Nursing and was very supportive of the Faculty acknowledging the amount of

work undertaken to improve nursing practice. Good Hope hosted an event looking at interfaces between community and social services, the event was open to all members of staff with the Chair from Community Birmingham Health, Dr Newbold and the Good Hope Hospital site leadership team in attendance, post meeting a document is being produced to be used in the handover to the GP Clusters. A similar event is to be held in Solihull.

Governance Review

The Chairman tabled a paper setting out a proposal to a proposal to hold an offsite Trust Board Away Day to review Governance and set the strategic direction for the Trust for 2011/12 including improving working relationships with the Governors Consultative Council. The review will take place over a period of 3-4 months, in the interim it was agreed that:

- The agenda will be recast with a focus on strategic issues.
- Executive Directors will produce shorter reports with details contained with appendices in order for the Board to focus on key issues.
- Meetings will be rotated across the main hospital sites, combined with a seminar on some aspect of clinical development.
- With effect from May, meetings will commence at 10am followed by a lunch seminar.
- There will be no August meeting.

The Trust Board agreed to the proposals.

STRATEGY AND PLANNING

11.65 FORWARD LOOK

Dr Newbold tabled a news update paper for April and summarized the report. The Trust just missed the quarter four A&E 4 hour access performance target although we had achieved it for February and March. The recruitment process for the Group 5 Medical Director has commenced. The Trust has appointed Clare Molloy as the Executive Lead for Solihull and she commences on the 1st May 2011. The Dr Foster Global Comparators launch was recently held in Boston, the project is looking to improve safety using global comparators. The Trust will be leading the project on Stroke working with global colleagues to understand how to improve clinical outcomes by learning from other organisations.

Looking forward the Trust will be commencing the search for two important posts, Executive Lead for Good Hope Hospital and Director of Research. Dr Newbold will bring a paper to the next meeting on the new management arrangements for the Trust. The Birmingham and Solihull Cluster commences from the 1st April led by Denise McLellan and Jenni Ord and the Trust is looking forward to working with the Cluster and has arranged to meet with the Chair and Chief Executive in April. The new A&E 4 hour performance standards come into effect from 1st April, the Trust are not being measured in quarter 1 but work is underway to benchmark where the Trust is against the targets.

11.66 TRANSFER OF COMMUNITY SERVICES

Mr Hackwell advised the Board that the transfer of both HOB sexual health services and Solihull Community Services had gone ahead as planned. The Trust took over both services on the 1st April without incident and the integration plan is now in place. The Chairman expressed his and the Board's appreciation to all the staff involved in the project.

11.67 RESEARCH STRATEGY

Mr Hackwell presented the proposed Trust Research Strategy. Historically the Trust has had only a small proportion of its income from research. Greater involvement in research offers a number of strategic benefits to the Trust and offers our patients greater opportunity to participate in leading edge care and treatment. The strategy sets out seven objectives underpinning the three year plan for the development of research in the Trust. Income from clinical trials comes from commercial and non commercial trials. The Trust Board discussed the strategy in depth and the benefits this would bring to our patients and the Trust. The Trust Board is asked to endorse and approve the Research Strategy and to agree:

- an investment of £1m, 50% of which is being funded from the Research department.
- the establishment of a new Clinical Director for Research post to lead the delivery of the strategy.

The Trust Board endorsed and agreed the above recommendations.

11.68 CORPORATE STRATEGY UPDATE

Mr Hackwell presented an overview of his written report. The Board have previously agreed the mission and key priorities for the Trust over the next three years. Work is currently underway within the five clinical groups on developing their three year service plans for 2011/12 based on the four key themes: safe and caring, locally engaged, efficient and innovative. The Corporate Strategy goals have been widely shared with staff and a workshop with Governors has been held to enable them to discuss the emerging plans. It is intended to bring the Business Plan for 2011/12 to the May meeting of the Trust Board. The Trust Board debated the suggested vision statement and Corporate Strategy.

Following some updates around the wording of the vision statement and measures being put into place it was agreed that an updated Corporate Strategy along with the business plan would be presented to the next meeting.

11.69 ACAD PROJECT

Mr Stokes and Mr Stedman summarised the written report along with a presentation highlighting the Ambulatory Care and Diagnostic Project (ACAD) outline business case. The report has been produced in response to an audit conducted by Deloitte at the end of 2010 into the robustness of the ACAD business case. The ambulatory care and diagnostics centre business case has been based on a development to consolidate the maximum number of services and redesign work has been undertaken by the lean team and has full clinical support. The cost of the build will be £37m which the Trust has budgeted for. The Trust Board discussed the project and the rigour noting the amount of work that has gone into the planning and design along with significant challenge and governance. The Chairman thanked Mr Bucknall and Mr Shields on behalf of the Board for the work they had undertaken on the project.

The Trust Board agreed to proceed to full business case.

QUALITY AND PERFORMANCE MONITORING**11.70 GOVERNANCE & RISK COMMITTEE MINUTES**

Ms East, Chair of Governance & Risk Committee presented an overview of the minutes from the meeting held 14 February 2011. The Governance and Risk Committee received

a presentation on the Hollier Simulation Centre, it was noted that whilst HEFT currently train many clinicians in the West Midlands, it does not train a large number of their own staff, with this in mind a report was requested to the June meeting outlining a cost proposal for the use of the facility for the benefit of the Trust. Nursing have been asked to present quarterly assurance reports to the meeting on nursing metrics and action plans are being monitored by clinical audit. The Trust has appointed KPMG as the new Trust Auditors and work is in underway to develop a Clinical Audit and Clinical Quality Assurance System. Mr Hackwell is producing a standardised methodology for best practice based lessons learned from the community services project.

11.71 **BREAST SURGERY**

Dr Anwar gave an overview and update on the Breast Surgery specialty and actions taken and to seek the appointment of a non executive director to oversee the management of these issues.

Mrs East volunteered to lead the investigation.

11.72 **INFECTION UPDATE ON NOROVIRUS**

Ms Sunderland gave an oral update. February saw a rise in Norovirus especially on the Good Hope Hospital Site with four wards closed and two wards on the Heartlands site this equated to a total of 271 bed closures. The virus has been prevalent in the community with patients presenting at A&E with the virus. All visitors are being asked explicitly if they have been in contact with the bug and visiting has been restricted to one family member.

11.73 **MONTHLY FINANCE REPORT**

Mr Stokes presented an overview of his written report. There has been a £700k deficit in February and a £8.1m surplus to date. Over performance against contracted levels of activity stands at £25.6m. The Trust's current financial pressures arise from non delivery of CIP, high medical costs, new to follow up ratios and some specific CQUIN targets. Despite these pressures the trust is forecasting to achieve an £11m operational surplus. This number will be further offset by two other issues. Firstly impairments and secondly any further negotiated settlement with the PCTs in relation to the overperformance. The Trust Board will be advised of the year end position and a reconciliation between the forecast £11m surplus and the year end audited accounts.

Budget Setting Update

The budget setting paper has been presented and agreed by the Executive Management Board and Finance Committee. The key points in the paper are: the planned start point surplus for 2011/12 is £11.1m recurrently and £19.5m non-recurrently; Group budget re-alignment support of £6.0m; Winter Pressure provision support of £2.0m; Cost pressure support of £1.9m; Inflation funding is £9.0m; Plan to outturn the budget envelope has increased by £27.9m. The Trust's planned CIP target for 2011/12 is £22.6m; Net tariff impact of £2.3m with a further £8.0m for PRB rule changes. Plan reduction of £5.0m for commissioning intentions with PCT efficiency investment of £10.0m reliant on successful negotiation outcome. Specific reserves of £18.0m have been provided and a general contingency reserve of £3.0m has been provided. The Board discussed the budget setting paper in detail and it was agreed that a report on assurance on CIP and quality and safety would be bought back to the next meeting.

Agreement for the Provision of Endoscopy consumables. The report recommends to award a framework agreement for the provision of Endoscopy consumables over the

next two years with an option to extend for a further two years. Currently there are four main suppliers providing 90% of the Trust's endoscopy consumables equating to £493,500. The aim of the contract is to standardise consumables used across the Heartlands, Solihull and Good Hope sites to ensure compliance in line with legislation. Following the tendering process it is recommended that eight suppliers are awarded on the framework agreement. The framework will achieve cost savings through collaborative sourcing of a minimum of £18,000 with an opportunity to increase to £35,000. The Trust Board are asked to agree to the recommendations as set out in the report.

Agreed

Non Emergency Patient Transport. The report sets out the work undertaken to date on preparing a new contract award for the next three to five years for the provision of Non Emergency Patient Transport following a Tender exercise. The new contract value is £2.8m and increase of £542,666 on the old contract value, BEN PCT provision has agreed to pay the bulk of the increase. The report recommends that the contract is awarded to WMAS for a start date of 1st August 2011. Following a discussion the Trust Board were asked to agree to the recommendations as set out in the report.

Agreed

11.74 FINANCE COMMITTEE MINUTES

Mr Stokes presented the minutes of the meeting held on 28 February 2011. Mr Stokes drew the Board's attention to the impact on waste reduction a saving of £1m per year. The Trust Board noted the savings and thanked Mr Sellars and his team.

11.75 PERFORMANCE BALANCED SCORECARD – NATIONAL AND LOCAL TARGETS

Mr Stokes gave an overview of his written report. The Trust missed the quarter 4 target by a very small margin. The outbreak of Norovirus made it very difficult to achieve the target. A letter has been drafted to Monitor explaining the position. The Trust missed the January 18 weeks target at 87.07% against a target of 90%. MRSA emergency screening - an exception notice has been served by the PCT. Ms Sunderland attended a meeting and reassured the PCT of an improvement in performance, the PCT has agreed not to levy fines subject to improvements being made.

11.76 MONITOR Q3 UPDATE MINUTES

Mr Stokes presented the minutes from the Trust Board Committee meeting held on 26th January 2011 to approve the Quarter 3 Monitor return. An amendment to the minutes was requested: item 1 under section 3 Any Other Business is to be removed. No further comments were received.

11.77 AUDIT COMMITTEE MINUTES

No comments were received and the item was taken as read.

11.78 HR QUARTERLY UPDATE

Ms Coalter presented the report and gave an overview of the progress made to date with the 'Strategic Workforce Challenges' as received by the Trust Board in August 2010. The Organisation Development team are working with the Chief Executive reviewing the role of leaders and managers. Work is underway on the annual workforce planning round 2011 a report will be presented to Trust Board in June for signing off prior to the submission to the SHA and PCT in June. The VITAL roll out for nurses is progressing well and creating a strong focus on nursing standards across the workforce. HEFT has the largest health apprenticeship programme in the region with over 500 apprentices. The initiative is proving to be extremely successful in bringing local people into

employment in the key skill areas. It was agreed that more work around promoting the Apprenticeship programme was needed. Following Lord Hutton's review published on 10 March setting out significant changes for the future to NHS Pensions, the Trust has commenced working on contingency plans to address the possible issues of staff wishing to early retirement as a result of the changes to pension arrangements. The Trust is already undergoing a huge Pensions Choice exercise with current scheme members and thousands of Trust employees will be contacted over the summer about the choices they can make.

11.79 CONSULTANT JOB PLANS

Dr Anwar gave an oral update. The scheme had not proved as successful as planned in engaging consultants with job plans. As part of the Board discussion it was recognised that a move to a system where consultants own and are motivated by was key as was the need for a clear strategy to deal with tough winters and how the Trust manages beds and its expectations for consultants working over the winter period. The process will be re-examined and a report and action plan will be brought back to a future meeting. The Trust Board welcomed the approach being taken.

11.80 STAFF SURVEY RESULTS

Ms Coalter presented the 2010 national staff survey results. The survey was run between October and December 2010 with a sample of 850 staff of which 41% responded. The CQC rank the Trust against all other Acute Trusts. The Trust has seen improvement in staff appraisals as well as a small improvement in job satisfaction. HEFT has been ranked in the lowest 20% of all acute trusts for overall staff engagement and has seen no change in the results between 2009 and 2010. There is some significant work to be undertaken to see an improvement both internally and in comparison to other acute trusts. The Trust has commissioned MORI to run an internal local staff survey in June, the questionnaire will be available on line and will focus purely on engagement and leadership. Following publication and feedback of results to directorates they will be asked to discuss this with their staff and involve them in improving and developing the directorate level action plans. Ms Coalter emphasised the point that staff are working really hard and it was very important that this is recognized.

TRUST NEWS AND EXTERNAL UPDATE

11.81 UPDATE

Ms Dunn presented her written report and gave an overview of the governance review that is underway to set up an engagement committee to review and support the Trust activity. The Directory of Services at the Trust has been completely overhauled and updated and this being uploaded onto the Trust website. Touch screen units will shortly be trialled in GP practices in selected locations that will link into the directory of services. The Trust undertook external community visits advertising World TB day, following the success of the day the Trust are working closely with other hospitals and community centres to present. The communications team generated 53 pieces of positive media.

GOVERNING BODY AND MEMBERSHIP

11.82 The Chairman thanked Mr Shields for attending the meeting and for giving the Board the opportunity to hear his thoughts on how they can improve working relationships with the Governors Consultative Council. Governors need to be involved earlier in long term planning in order to have more impact in Trust business plans as current involvement is too late in the planning process. Mr Shields was expressed his support for a Governor to be invited to Trust Board meetings, and said is a positive step in the involvement process and should continue. It was Mr Shield's view that the terms of office ie 3 – 6 years was

too short especially when Governors are involved in Trust working groups, he added that some of the retiring Governors have indicated that they will be staying on working groups.

Governors Consultative Council Minutes (PH)

The report was taken as read – no comments were received.

11.83 Report on Governing Body Elections

The report was taken as read – no comments were received.

11.84 Recognition of Retiring Governors

The Chairman formally recognised the work undertaken by the Mr Shields, retiring lead Governor, for his contribution and support during his term of office. The Chairman recorded his and the Boards thanks to all retiring Governors for their contribution and support during their terms of office.

11.85 Activity Events for Members

Currently the Trust have over 100, 000 members. The Trust need to look at how it uses members to energise and support Trust. Ms Dunn advised that members receive newsletters and information on a regular basis. It was agreed that activity events for members would be reviewed as part of the governance review, including how it can use its members as champions for the Trust and fundraising.

11.86 Executive Management Board Minutes.

Dr Newbold presented the above minutes, the report was taken as read and no comments were received.

11.87 ANY OTHER BUSINESS

Mr Hensel advised the Board that he was meeting with Angie Hudson and Emma Hale about ipad technology following the successful role out of the pilot with Trust Board. In order to move forward 1-1 training sessions are being arranged for all Executive And Non Executive Directors and he requested any feedback to be sent to either Angie or Emma. Mr Hensel and Mr Laverick have agreed that the Trust would support Ipad's in-house.

11.88 DATE OF NEXT MEETING

Tuesday 3rd May at 10am, in the Boardroom, Devon House.

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Chairman