



TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital at 12.30p.m. on Tuesday 1st March 2011

PRESENT:

Mr Clive Wilkinson (Chair)	
Ms M Coalter	Lord P Hunt
Dr A Anwar	Dr M Newbold
Mrs A East	Mr R Samuda
Ms N Hafeez	Mr A Stokes
Mr R Harris	Ms M Sunderland
Mr P Hensel	Dr S Woolley

IN ATTENDANCE:

Ms L Dunn
Mr S Hackwell
Mrs A Hudson

- | | | |
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| | | Action |
| 11.61 | 1. APOLOGIES
Apologies were received from, Ms Claire Lea, Mr David Bucknall | |
| 11.62 | 2. DECLARATIONS OF INTEREST

The list to be updated to reflect Ellen Ryabov having left the Trust. Following this amendment the declarations of interest were accepted by the Board.

Lord Hunt's advised that he would abstain from the discussion on agenda item 16 TCS: HOB Sexual Health Business Case in order to avoid a potential conflict of interest. | AH |
| 11.63 | 3. MINUTES
1st February 2010
There was only one correction to minutes for the meeting of the 1 st February; Dr Aresh Anwar's name was misspelt. Following this correction the Minutes of the meeting held on 1 st February 2010 were accepted as a true and accurate record.

Extra-Ordinary meeting 26th January 2010
The Minutes of the Extra-Ordinary Trust Board meeting held on 26 th January 2010 were accepted as a true and accurate record. | |
| 11.64 | 4. MATTERS ARISING
All items to be received are on the agenda. | |

11.65 5. UPDATE ON OMBUDSMAN ELDERLY CARE REPORT

Dr Peter Wallis attended the meeting and gave some history and learning outcomes from the Ombudsman Elderly Care Report. In response to the Dispatches programme Ms Sunderland advised that HEFT has put in place the red water jug and glass initiative which highlights the need for assistance with drinking and the red tray initiative which raises awareness for the need to assist with eating. Ms Sunderland advised that food charts have been redesigned and these are being relaunched in April. The Chairman stressed how important it is that protected mealtimes are adhered to. Dr Wallis added that the Elderly Care Directorate had learned lessons from these cases and changes had been made to ensure that these types of incidents did not occur in the future.

11.66 6. CHAIRMAN'S REPORT

The Chairman welcomed Dr Aresh Anwar, Medical Director to the meeting and the Trust and wished him success in his new role at the Trust.

The Chairman also congratulated Ms Coalter on the news that she is expecting a baby later in the year.

The Chairman directed the Board to an article that had appeared in the Guardian on the general poor hospital care of the elderly and tied in with agenda item 5 above. He suggested that the Board needed to satisfy itself that care of the elderly at HEFT is good and the following discussion ensued. Dr Wallis advised that most of the time the elderly wards at the Trust are consistently top performers but work continued to improve the patient experience. Optimum staffing levels are key to the provision of high quality care. He added that clinical leadership at senior sister level were key to the success of wards. Elderly Care has a Nurse Educator who visits wards delivering on the job training and therefore this role is very powerful. Dr Wallis would like to appoint another and is looking at how this can be achieved under the current financial position. A debate followed and it was suggested that a business case needed preparing to highlight the benefits of investment.

Dr Newbold advised that he had undertaken an unannounced visit to Beech Ward and spoken to patients and relatives and that feedback was positive. He also advised the assistance given at meal times was exemplary during his visit.

Dr Anwar pointed out that HEFT elderly teams were held in very high regard externally for their quality of care.

Mr Harris added that the Trust needed to ensure that the message from the Ombudsman report and care of the elderly by NHS in general is not forgotten about and this should be used to focus on good quality patient care.

STRATEGY AND PLANNING**11.67 7. FORWARD LOOK**

Dr Newbold gave a verbal report the highlights of which were:

GHH are going to spend a day looking at interfaces between community and social services. This is an open event for staff with the Chair from Community Birmingham Health, the Chief Executive and the leadership team in attendance. The aim of the day was to produce a document to be used for the handover to the GP Clusters.

Mr Hackwell and Dr Newbold had attended the New Strategic Oversight Committee meeting to discuss the details around services during the handover period of the Transfer of Community Services from Solihull. It has been advised that there may be some additional transformation funding available, a full report will be presented to the extra-ordinary meeting on the 30 March.

Dr Newbold received a call from Monitor shortly before the start of the meeting to advise that following the Quarter 3 reports it has agreed that no escalation or requirement to report will be required. Monitor has advised that this will be reviewed again after Quarter 4.

Dr Newbold had attended a recent Foundation Trust Network meeting and funding for Acute hospitals for 2011/12 had been discussed. The Secretary of State has set acute trust improvements at 4% for next year which in reality means 6 – 12% and is looking to trusts for evidence of savings. HEFT has already sent their evidence.

Community Service Transfers are all proceeding with 28% of the transfers going into FTs.

Price tendering - there will not be any competition based on price for the first year as it will be based on quality and only those on the qualified provider list can tender. There will be a single tender for core services which means that complex or integrated services, eg. elderly care will not be broken up. The Trust needs to ensure it is on the list of qualified tenders. The rules around tendering are unclear at the present time. An understanding of our vulnerable services is needed to ensure that the Trust is able to plan for the future. It is understood that the GP Consortium that formally starts in a shadow role from the 13 April will be leading this.

Dr Newbold advised that Monitor is developing a set of indicators for community services and these will be out for consultation next month with implementation planned for November 2011.

Proposals for workforce change are also underway. These changes are very radical with an estimated £5 billion spending on education going to providers, local skills networks, commissioning and education. The timescales for these proposals is very short and discussions are underway to understanding the funding elements.

PERFORMANCE

11.68 8. PERFORMANCE BALANCED SCORECARD – NATIONAL AND LOCAL TARGETS

Mr Stokes presented the report and drew the Board's attention to the following:

A&E 4 hour wait target for January was 93.2% against the national target of 95%, and this is the fourth consecutive month where performance is in breach of the target since the Monitor breach of authorisation was lifted. There has been some improvement seen in month however Good Hope remains the greatest area of concern, a detailed action plan has been requested for in depth discussion at the next meeting of the Performance Committee. The Trust has a daily breach budget of 35 to ensure it meets the Quarter 4 target of 95%.

Mr Laverick joined the meeting to give an update on what actions are being undertaken

on the Good Hope site to ensure that they achieve the A&E 4 hour access target. Mr Laverick gave an overview of the current situation:

- 75% breaches on the GHH site are related to capacity issues.
- There are 60 patients who have a length of stay (LOS) greater than 60 days, 10 of which have a LOS greater than 100 days

An action plan is in place which includes:

- Ward block one now open;
- Mitigate loss of elderly care beds by moving flex ward 25 increases bed base by 8
- Implement streaming in ED
- Introduction of weekly >50 day LOS meetings led by lead nurse/clinical lead.
- Developed escalation and accountability measures – once able to create flow will measure daily.
- Support of site daily manager responsible for service performance
- Opening of additional 15 beds – dependent upon staffing which is being risk assessed.

It was agreed that Dr Anwar is to review the discharge process at Good Hope to get a new perspective on the process. **The Trust Board approved the approach being taken at Good Hope.** Mr Laverick left the meeting at this point.

Mr Stokes continued with the performance report

Delayed Transfers of Care

The Trust out-turned at 4.20% against a target of 3.5%, this is up on the December position of 3.41%. This is an issue across all 3 sites and an exception report has been requested.

MRSA EMERGENCY SCREENING

This was red in December and January with a position of 80.85% and 81.58% respectively against a target of 100%. Ms Sunderland advised that she had attended a Commissioners Management Board and the Commissioners were content with the action being taken.

Stroke care

There was a dip in performance in January from 78% in December to just over 64%. None of the sites met the target in January with Solihull being the biggest outlier at 55.56% in month and 55.56% ytd. The directorate is working to improve the situation.

The One Plan

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

BUSINESS PLAN 09/10 PRIORITIES

We Provide the Highest Quality Patient Care

11.69 9. UPDATE ON RECONFIGURATION RISKS – SOLIHULL MATERNITY

Dr Allen joined the meeting to present the paper to update the Board on the lessons learned following the Solihull Maternity Reconfiguration. As part of this plan, it had been necessary to move a proportion of gynaecological elective workload to the Solihull site. Following this move, it became clear that providing elective gynaecological services on

the Solihull site was not sustainable in the medium and long term. This necessitated the management of too much risk with the series and made delivery of gynaecological services across the Heartlands and Solihull sites too complex. To deal with the Trust is currently working up plans to repatriate the services back to the Heartlands site from May.

Key learning's from this project has been:

1. The need to ensure reconfiguration programmes are resound in a way that takes account of the timescales for delivery.
2. Where there are highly specialised services, it is important to ensure that these are led by people with appropriate knowledge, skills and understanding of the service.
3. When creating new services it may be better to create new team rather than relocate an existing one, however effective and highly valued the original team.
4. Recognition that wide reaching organisational change takes time to embed and services should be given this time without loading them with additional pressures to avoid the risk of these impacting on business performance.

The public consultation that has been led by the PCT for the whole maternity service concluded on the 24 January 2011. As yet no formal feedback has been received. The Chairman was asked that the Board's thanks was passed on to all those involved in what was a tense and difficult time.

11.70 10. INFECTION UPDATE ON NOROVIRUS

Ms Sunderland advised that there had been no outbreaks in January.

11.71 11. SAFETY SITREP REPORT

Dr Woolley presented the Safety Sitrep Report. There have been two new SUI investigations commenced in January. First was a 2 year old child who had attended the ED at Heartlands on four occasions in 12 months with head injuries. A safeguarding referral was made and the child was admitted to PAU. The second was with regards to 12 'decision to admit' breaches due to capacity and flow issues at Good Hope Hospital. Both incidents are being investigated in accordance with the Trust SUI policy.

Coroner's cases: Mr Harris asked for reassurance that the Trust are fully supporting those members of staff who are involved in Coroner cases and Dr Woolley and Ms Sunderland confirmed this was the case.

The Trust is in continuous dialogue with the CQC to keep them updated with all cases. Dr Newbold advised that he has met with the SHA around triggered risk and confirmed that they are assured of the actions we are taking around safety. He has also written to Monitor and CQC updating them on the actions being undertaken and they would not be holding a triggered risk summit meeting.

Governance is transferring the complaints function to Corporate Affairs and this is on track to complete this by the end of May 2011.

A question was raised around capturing information on near misses and how difficult this was to do. It was agreed that it was important and that all staff should be aware of what has gone wrong and near misses so that they can use this as lessons learned. Dr Anwar

commented that the Trust needed to promote more positive learning and stories to staff and Dr Woolley agreed to support this. Ms Dunn responded that the Trust is looking to publish data externally as there are lots of good news stories and improvements which currently go unrecognised.

11.72 12. INQUIRIES AND RECOMMENDATIONS UPDATE REPORT

Dr Woolley presented the report to the Board for assurance as a follow on from a piece of work carried out by the SHA. The Trust has dealt with all of the recommendations and the majority of these have been undertaken or are being addressed. Dr Woolley advised that although the Trust did not officially need to respond the SHA the Trust would be constructing one.

11.73 13. BI-MONTHLY REPORT ON PATIENT EXPERIENCE

Ms Dunn presented the above report. 100% of inpatient wards were surveyed in January compared to 39% in December. There has been an increase in the number of PALS referral at Good Hope Hospital, the reason for this is that the hospital uses volunteers who are out on wards actively looking and asking patients if they have any issues which can be resolved. There were 99 formal complaints in January and key themes remain around staff attitude, lack of communication, clinical outcomes and delays.

Four patients and visitors left messages on NHS choices, only one of which was negative.

Ms Sunderland advised the Board that the Trust had recently won the Patient Experience Network national award for the 'back to the floor' programme despite tough competition from organisations in both the public and private sectors to win the award for 'access to information'.

Ms Dunn and Ms Sunderland expressed how pleased they were in the way teams are supporting the issuing of information. Teams and staff are happy to have the information in the public domain and there has also been an increase in the number of wards coming forward asking for help to make improvements.

Ms Sunderland also advised the Board that the Trust has been nominated for a national Patient Safety Award. The Trust is one of a shortlist of 5, results of the award will not be known until the week of the 7th March.

The Board were pleased to hear of the amount of work going on to improve the patient experience.

We Are The Local Provider of Choice

We Are The Local Employer of Choice

11.74 16. HALF YEARLY UPDATE ON WHISTLE BLOWING

Ms Coalter presented an update report on whistle-blowing. There has been considerable work undertaken with staff side to promote and to raise awareness of the whistle blowing policy. To date this year there have been seven complaints, compared to a total number of six last year. As well as whistle-blowing the Trust continues to deal with issues raised elsewhere by staff. The Director of HR will be working with the

Director of Governance on a broad campaign to encourage staff to raise concerns at work.

11.75 We Grow The Business
17. TCS HOB SEXUAL HEALTH BUSINESS CASE

Mr Hackwell presented an update on the above business case which was taken as read. The sexual health services are a range of services provided by HOB PCR provider function. HEFT decided to bid for the sexual health community services as it believes that this approach will promote local choice and competition. The transfer of the Sexual Health services to HEFT will consist of approximately 65 staff transferring from HOB to HEFT.

The Chairman questioned the scarcity of financial information and Mr Hackwell responded that the financial risk was not high in relation to the finances. It is estimated that the resource coming across was circa £200k surplus in addition there was a non recurrent payment to cover costs as well as some of the transaction costs are to be covered by HOB. The services will be covered under one contract and the Trust has no reason to believe that any of the services would be decommissioned. If there were any changes to services the PCT would need to give 12 months notice.

Mr Hackwell drew the Board's attention to one potential issue around the contract screening for Chlamydia. It is assumed that the funding envelope is in line with the forecast out turn position for 2011/12. Commissioners have offered reduced funding for 2011/12 to reflect the reduction in screening target from 35% to 25% of 16-25 year olds. The service has been asked to provide a reworked budget and risk assessment of the delivery of the revised target within the reduced envelope. The funding currently offered is £250k less than the 2010/11 forecast expenditure. Negotiations are continuing with the Commissioners.

The Trust Board agreed to the business case in principle and endorsed the progress of the negotiations and asked for a further update on progress to the Extra-Ordinary Trust Board meeting on the 30th March.

We Are Financially Secure

11.76 18. MONTHLY FINANCE REPORT

Mr Stokes confirmed that there had been £1.1 million surplus in January, £8.8m surplus year to date. There was high performance income in month combined with the benefit of £0.5m PCT efficiency support and an over performance of £22.8m year to date. The operational budget overspent by £836k in January, £12.6m year to date. CIP delivery slightly decreased to £1.2m in January, £10.7m year to date an overall shortfall of £2.9m. Pay costs remain high particular medical pay linked also to extra flex wards and flow.

Forward Look 2011/12

Mr Stokes briefed the Trust Board on the ongoing issues with Commissioners relating to over performance levels. There are a number of areas where the PCTs are suggesting over-performance is not valid. To avoid having to use dispute resolution processes that can be drawn out over several months and to continue the good relationships with PCTs during 2011/12 contract negotiations, it is suggested that a reasonable discount on 2010/12 income levels is offered. Through these good relationships the Trust will also seek investment in efficiency and demand management schemes in 2011/12 from the PCTs as happened in 2010/11.

The Trust Board agreed with Mr Stokes proposal.

West Midlands Procurement Alliance Framework Contract for the provision of Human Albumin and Anti-D immunoglobulin products.

The Trust Board were asked to agree to the 3 year Contract for the above service to ensure continuity of service and ensure contract compliance. The contract value is £175,505.60. The contract will save the Trust £14,586.00 a reduction of 7.63% based on the current annual spend.

Agreed

GENERAL BUSINESS

11.190 19. COMPANY SECRETARY'S REPORT

The minutes of the Finance Committee, Executive Directors and HR Committee had been included for the Board's information. The report was taken as read.

11.191 20. PURCHASE REQUISITION APPROVAL

The Trust Board were asked to approve the following purchase requisitions:

- Annual Charge for the Roche managed service contract Roche/C197.GH/T01488/H for Chemistry provision covering January 2011 to September 2011 for the value of £100,000.00.
- Danwood print managed services 1 April 2011 to 31st March 2012 for the value £2,059,586.40.

Agreed

Agreed

The question was raised whether the Trust challenges price increases from suppliers, Mr Stokes confirmed as service contracts go through the tender process there is a robust challenge around value for money.

11.192 21. REIMBURSEMENT OF DELAYED TRANSFERS OF CARE

Mr Stokes updated the Board on the Trust's credit control issues with local authorities relating to Delayed Transfers of Care (DTC) reimbursement and the next steps proposed by the Trust. After lengthy discussion around the pro's and con's of sending a final letter followed by legal action the following course of action was agreed:

- ***The Chairman and Dr Newbold will meet with Mr Tilsley to discuss delayed transfers of care.***
- ***Mr Stokes will advise Peter Hay that the Board has discussed taking action on discharge transfers of care and that the Trust will for the present time not be taking legal action.***

11.193 22. DATE OF NEXT MEETING

Extra-Ordinary Trust Board meeting to be held Wednesday 30th March 2011 at 10am, in the Boardroom, Devon House.

Chairman