

BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST

Minutes of the Part I Meeting of the Trust Board held on the 31 March 2009 in the Lecture Theatre, James Fawcett Education Centre, King George Hospital

Present:	Mrs Barbara Liggins	Acting Chair
	Mr John Goulston	Chief Executive
	Mr Stuart Cruickshank	Non-Executive Director
	Mr Phil Church	Interim Director of Finance & Turnaround
	Ms Renata Drinkwater	Non-Executive Director
	Mr Mark Hicks	Non-Executive Director
	Mrs Ruth McAll	Interim Director of HR
	Mr Keith Mahoney	Non-Executive Director
	Mr Neill Moloney	Director of Planning & Performance
	Prof Dickon Weir-Hughes	Director of Nursing
In Attendance:	Dr Magda Smith	Divisional Director, Medicine
	Mrs Pam Strange	Clinical Governance Director
	Mrs Carol Drummond	Divisional Director, Women & Children
	Mrs Susan Williams	Executive Assistant
	Mrs Keeley Mayes	Equality & Diversity Manager

2008/111 APOLOGIES FOR ABSENCE

Professor Raymond Playford, Non-Executive Director and Dr Yasmin Drabu, Medical Director.

2008/112 MINUTES OF THE PART I MEETING HELD ON 27 JANUARY 2009

The minutes of the meeting were noted as a true record and signed by the Acting Chair.

2008/113 MATTERS ARISING

Professor Weir-Hughes reported that in relation to agenda item 2008/092 discussed at the January Trust Board meeting, the work had not yet been completed, but he would provide an update at a future Trust Board meeting, following discussions with Mr Moloney regarding capacity issues.

Mr Moloney advised the Board that he had already held discussions with Ms Drinkwater regarding Telephony and added that the Trust was looking at updating the telephone system at King George Hospital. The Outpatient Improvement Plan would include the issue of phones being answered in Outpatient Teams. It was agreed that Mr Moloney would attend one of the Improving Patient Experience Group meetings in the future, in order to keep the members fully informed of progress. Mr Moloney would provide a further update at the Trust Board meeting in four months time.

Action: Mr Neill Moloney 28.7.09

2008/114 CHIEF EXECUTIVE'S REPORT

Mr Goulston informed the Board that the Strategy & Service Improvement Board (S&SIB) had reviewed the content, format and accountability of the Service Improvement and Strategy & Leadership Programmes. This review had also taken into account the establishment of the Clinical Divisions in September 2008. The S&SIB discussed how issues would be escalated to the Trust Board and the Chief Executive informed the Board that a paper from the Director of Planning & Performance would be reviewed at the April Trust Board Seminar. The Board noted the proposal for changes in the content of the Programmes in Section 5 of the Executive Summary and in particular the inclusion of Cancer and Outpatients, as these were two areas the Trust needed to monitor carefully in terms of performance. Mr Goulston also pointed out to the Board that Patient Experience now had its own Section, rather than being part of the Clinical section.

Mr Goulston confirmed that he had received a letter from the PCT CE Lead for the Medium Term Financial Strategy and the Challenged Trust Assessment Process, setting out the criteria to be used for the eleven Hospital Trusts, including BHRT and one Primary Care Trust. He also confirmed that the first stage of the process would be for BHRT to present to the Challenged Trust Board on the 27 April and following this a more detailed Business Case would be prepared and presented at the end of June, or early July.

The Board agreed the content of the Service Improvement and Strategy & Leadership Programmes, the leadership and accountability for each element and agreed the principles of the Compliance Regime for 2009/10. The Board also noted that a paper on the escalation process for the Service Improvement and Strategy & Leadership Programmes would be presented by Mr Moloney at the April Seminar.

Action: Mr Neill Moloney 28.4.09

2008/115 CARE RECORDS SERVICE/ICT UPDATE

Mr Moloney informed the Board that the recommendation to assess the optimum time for deployment of CRS had been discussed by the Finance Committee at their meeting in January 2009. The paper presented today updated the Board following the completion of the Business Case and highlighted that planning assumptions had changed considerably, following approval of the introduction of a new delivery model. Deployment in London had been delayed whilst a number of changes to the system functionality were completed. Mr Moloney confirmed that a revised Business Case would be presented to the Trust Board in July 2009. Following Mr Cruickshank's concerns regarding the delay in benefits to be derived from implementation of the system, Mr Moloney confirmed that there were certain aspects that could be put in place and these would be considered as part of a separate Business Case. Mr Moloney confirmed that any impact on the Trust's financial plans, due to the slippage, had been recognised in the Annual Plan.

The Board endorsed the recommendation to revise the CRS Business Case, following approval of the new delivery model, and for this to be presented at the July Trust Board meeting.

Action: Mr Neill Moloney 28.7.09

2008/116 NORTH EAST LONDON – THE CASE FOR CHANGE

Mr Goulston presented the final document from North East London on 'The Case for Change', which had been published recently. The Board noted the central objective of the NEL Provider Landscape, which was to improve the health and wellbeing of the community and proactively invest in their health and respond to their healthcare needs. Six clinical workstreams, each chaired by a Clinician, had been established to take this forward. Mr Goulston informed the Board that there would be a Clinical Engagement Event on the 6 May, to bring all the workstreams together, and members of the S&SIB would be attending, along with some Trust clinicians, in order to review options proposed. Any changes in services for North East London, resulting from this Event, would go forward for public consultation in the Summer of this year. Mrs Liggins commented that people should not lose sight of the fact that the community was not going to have to travel any further for services. Ms Drinkwater had been involved with the previous work on 'Fit for the Future', and commented that the main difference between this review and the last one, was that this was being led by Clinicians.

The Board noted the document.

2008/117 PROCUREMENT STRATEGY AND SUPPORTING PROCUREMENT GUIDE

Mr Church informed the Board that from a low base two years ago, the Procurement Team had spent a lot of time bringing the Trust's Procurement Department up to an acceptable standard. A new ordering system was introduced in 2007 and from a starting position of 15% of orders being on the system, this had now risen to 64%. The next phase would include an Automated Inventory Management System and Consolidated Warehouse solution. Mr Mahoney commented that the Procurement staff would need to develop good forecasting skills for the future.

The Lead Executive Director for Procurement would be the new Director of Finance, David Wragg and following discussions between the Acting Chair and the Chief Executive, Mr Keith Mahoney, Non-Executive Director, had been invited to Champion the Procurement Strategy during the early days of its implementation.

The Board approved the Procurement Strategy for the next three years.

2008/118 HEALTHCARE FOR LONDON STROKE & TRAUMA CONSULTATION: BHRT RESPONSE

Mr Moloney reminded the Board that as part of the original process the Trust had submitted a proposal last November for Queen's Hospital to become a Hyper Acute Stroke Unit (HASU), a Stroke Unit (SU) and provider of TIA Services, as well as a SU and TIA Service on the King George Hospital site. Following this a Consultation document was published proposing Queen's as a designated HASU, SU and TIA centre and a decision on King George Hospital would be included in the North East London Programme. The Consultation document supported the Trust's view that Barts and The London should be a Major Trauma Centre, with Queen's supporting the Network. Following the Chief Executive's comments, Mr Moloney would insert Essex in the answers to Questions 8 and 10, in addition to the other Counties mentioned and forward the response to Healthcare for London.

The Board approved the response to the Healthcare for London Consultation on Trauma and Stroke Services, with the above addition.

Action: Mr Neill Moloney 6.5.09

2008/119 STANDARDS FOR BETTER HEALTH DECLARATION 08/09

Mrs Strange presented two papers that required the Board's consideration, the Healthcare Commission Comparison Indicators and a paper on the process of evidence gathering. She referred the Board to the Safety, Clinical and Cost Effectiveness Domains Outlying Indicators and confirmed that the Trust had made improvements in these areas. Mrs Strange confirmed that Executive and Non-Executive Directors had been identified against each Domain in the Self Assessment and that the evidence had been increased following the Evidence Review at the Senior Leaders Key Event on the 17 February 2009.

The Trust had declared itself non-compliant in 2007/08 in relation to Clinician Training, Privacy & Dignity and Environment. A huge amount of work had been undertaken this year to achieve compliance in these areas, although the Trust remained weak in the area of Clinician Training.

Mrs Strange therefore recommended to the Board that the Trust's Self Assessment should declare non-compliance for C4c (Clinician Training), making the Trust compliant in 23 out of the 24 standards. The Board thanked Mrs Strange and her team for the progress that had been made this year and for the rigour of the review.

Mr Goulston highlighted that the evidence gathering at the Senior Leaders Key Event was the first time this had been undertaken with the Clinical Directors, Clinical Leads, Matrons and Senior Managers and was a good validation process that would be repeated on an annual basis.

The Board noted that the declaration had been presented to the Clinical Governance Committee, was going to the Audit Committee later this week and would be presented again to the Trust Board at the Seminar in April, following the addition of all external comments from the local Health Overview & Scrutiny Committees and Local Authorities, prior to its submission in May 2009.

The Board considered the draft declaration and agreed non-compliance for Standard C4c.

Action: Mrs Pam Strange 28.4.09

2008/120 SINGLE EQUALITY SCHEME

Following the Trust Board's approval of the draft Equality Scheme six months ago, Mrs Mayes presented the updated scheme, which had been drawn up in conjunction with four Local Health Partners, North East London NHS Foundation Trust, NHS Barking & Dagenham, NHS Havering and NHS Waltham Forest. This scheme would replace the current Race, Disability and Gender Equality Schemes. Mrs Mayes also confirmed that a lot of the work relating to the points in the Action Plan had already started and an Equality Steering Group would be set up with an Executive Director on the Group, meeting on a monthly basis initially and then quarterly. Mrs Mayes would coordinate the launch of the Scheme with the four Local Health Partners.

The Chief Executive emphasised that this was a very important document that linked into a number of other key strands of work and Trust initiatives, e.g. safeguarding and supporting vulnerable adults. It was important to communicate the message across the organisation to all Trust staff and contractors. Professor Weir-Hughes would nominate a representative from nursing to join the Equality Steering Group. A Clinical Champion would also be identified. The Board agreed that members of the Improving Patient Experience Group (IPEG) should be invited to join the Steering Group.

The Board approved the delivery of the Single Equality Scheme and the Action Plan. They also approved the establishment of an Equality Steering Group and for further discussions to take place outside of this meeting on agreeing a date and time for the launch of the Scheme.

**Action: Professor Dickon Weir-Hughes 28.4.09
Mrs Ruth McAll/Mrs Keeley Mayes 30.6.09**

2008/121 BOARD ASSURANCE FRAMEWORK

Mrs Strange informed the Board that the Board Assurance Framework (BAF) had been updated by all the Executive Leads and the 'red' rated risks had supporting Action Plans. The Board acknowledged that the Audit Committee had delegated authority to ensure risks were mitigated and Action Plans for each Division were reviewed in detail throughout the year. The Surgical Division had presented their extreme risks within the BAF at the February Audit Committee meeting, as well as their Action Plans to mitigate these risks. The Board agreed that members of the Clinical Governance team should be thanked for all their hard work in compiling this document. Mrs Strange confirmed that the updated BAF would now be presented to the Audit Committee on the 2 April 2009.

The Board noted the content of the BAF and the controls in place to mitigate risk.

2008/122 MATERNITY SERVICES

Mrs Drummond confirmed that the Trust submitted quarterly returns to NHS London for them to monitor the Trust's Action Plan. Following a meeting with the Department of Health recently, to which Mrs Drummond, Mr Goulston and the Chief Executive of NHS Barking & Dagenham attended, Mrs Drummond informed the Board that the Department was also monitoring the Trust's Action Plan. A Maternity Improvement Board for the whole of London and a Maternity Matters Group had been set up by NHS London and the Department of Health.

Mrs Drummond informed the Board that good progress had been made in the Trust's Maternity Department, particularly in relation to the infrastructure. The Trust was currently funded to 1:37 midwives and Mrs Drummond confirmed that with the implementation of Maternity Matters, the aim was to take this up to 1:33 by the end of Q4. Mr Cruickshank raised the issue of adequate resources and if there was any risk of dropping Trust standards in order to recruit and Mrs Drummond confirmed that the Trust did not appoint anyone who did not meet the required level.

Mr Goulston informed the Board that in the Operating Framework, Maternity Matters was one of the top three priorities for North East London, as well as BHRT and the local Primary Care Trusts. It would remain one of the major priorities for the next two to three years, as the Trust was the largest in London and in the top three in the Country for the number of births per annum. Regular updates against the Internal Action Plans

would be presented to the S&SIB, with six monthly updates at Public Trust Board meetings

The Board noted the content of the Action Plan and Reports and agreed to support the Department in the implementation of the Action Plans.

Action: Mrs Carol Drummond 29.9.09

2008/123 EMERGENCY ACCESS IMPROVEMENT PLAN

Dr Smith presented the updated Emergency Access Improvement Plan, which had been reformatted to incorporate the previous Plan, the SUI Action Plan and had separated the internal actions for the Trust from the Whole Health Economy actions. Mr Alan Bedford's recommendations, following his recent review, had also been built into the Action Plan. The Plan would be monitored through the S&SIB on a monthly basis and by the Emergency Care Steering Group, which met on a weekly basis. The Whole Health Economy Board would also monitor on a regular basis. Dr Smith reported to the Board that following the trajectory set by NHS London for the last eleven weeks of the financial year, BHRT had met the trajectory, but now needed to sustain this performance and achieve 98% every week from the beginning of the 2009/10 year. The Board noted that this Plan would be forwarded to the local Primary Care Trusts for them to present to their Trust Boards in terms of the Whole Health Economy actions. Part of the Plan addressed some of the issues relating to seven day working within the organisation and actions to be taken to avoid the problem with discharges over weekends.

The Board considered and noted the Emergency Access Improvement Plan.

2008/124 EASTER HOLIDAYS ESCALATION PLAN

Dr Smith informed the Board that the Easter Plan 2009 was still in draft form, as it had not yet received final sign-off by the Whole Health Economy Board. The Plan covered the period 4 April to 19 April inclusive and was jointly owned by the Trust and the local Primary Care Trusts, with input from community service providers. Dr Smith confirmed that the Division was currently chasing certain elements that were still missing from the Plan and all partners had been asked to inform the Trust of the arrangements they had in place to assist with accessing services that historically had been closed down over a Bank Holiday. This Plan sat alongside the Whole Health Economy Escalation Plan, which was used by the Trust on a day-to-day basis. Dr Smith emphasised that this was a Trust-wide and Whole Health Economy Plan, which covered both Queen's and King George Hospitals, and she would check that the escalation triggers were all in place.

Following discussions on the status texts that were received by the Executive Directors and 'On Call' Managers, it was agreed that the Non-Executives would receive a status summary of the Trust's position over the Easter weekend on the Tuesday after the Bank Holiday from Dr Smith.

Ms Drinkwater acknowledged that this Plan was an excellent example of planning ahead and getting the Trust's partners involved. The Board agreed it was a very commendable piece of work and hopefully would make things run more smoothly over the Bank Holiday. The Plan would be reviewed on an ongoing basis and used for other Bank Holidays during the year.

The Board considered and noted the Draft Plan.

Action: Dr Magda Smith 4.4.09

2008/125 CANCER WAITING TIME ESCALATION POLICY

Following the introduction of the new Cancer Waiting Time (CWT) targets, the policy presented to the Board had been updated to ensure that the Trust had the correct processes in place to address the variation in capacity and demand and potential bottlenecks that could affect delivery of the service and give rise to higher waiting times for patients. The escalation process included 2 week waits and 31 and 62 day targets.

The Board supported and ratified the updated CWT Escalation Policy.

2008/126 THE NATIONAL SENTINEL AUDIT OF STROKE 2008 FOR BHRT

Mr Moloney presented the results of the National Sentinel Audits at Queen's and King George Hospitals for 2008. Against the nine key indicators at King George Hospital, median or above for eight of these had been achieved, and was in the upper quartile for five of the nine indicators. At Queen's, against the nine key indicators, median or above for six of the nine had been achieved and was in the upper quartile for four of these. The comparative results between the 2006 and 2008 audit data indicated a significant improvement in the overall delivery of Stroke Services at the Trust and demonstrated the amount of work that had taken place. The Board acknowledged that mortality was also a key indicator. Responsibility for the Trust's Stroke Services had recently been transferred to the Surgical Division and a Project Manager was due to be appointed in April 2009. The Board noted the Stroke Service Governance Structure and the establishment of a Joint Stroke Board.

Following Mr Cruickshank's request, Mr Moloney would arrange for a macro to be set up within the Performance Dashboard to articulate the progress being made in Stroke Services against the target the Trust was aiming for.

The Board noted the excellent summary of two very large reports.

Action: Mr Neill Moloney 28.4.09

2008/127 TRUST BOARD PERFORMANCE DASHBOARD – FEBRUARY 2009

Mr Moloney highlighted the areas where improvements had been made, including A&E, Cancer Targets, Cancelled Operations readmitted within 28 days and Length of Stay. He also confirmed that no 13 and 26 week Outpatient breaches had been reported in the month. The Trust had also seen an improvement in Choose & Book slot availability. Elective Operations cancelled on the day and DNA standards were not achieved. Mr Moloney confirmed that an Escalation Report would be presented at the Trust Board meeting next month in relation to Genito-Urinary Medicine Access in 48-hours, as there had been a deterioration in the last few months and this had not been reported in the February Dashboard.

In Dr Drabu's absence, the Chief Executive raised the issue of clinical quality in terms of standardised mortality rates and it was noted that a programme of Audits was being coordinated by the Clinical Governance Director and would be included as a section in the Divisions' Dashboards in the future. Mr Goulston confirmed that there would be a section on clinical outcomes on the agenda at the Senior Leaders Key Event in May 2009. The slight deterioration in the Clostridium Difficile performance was also noted and was in line with what would be expected during the Winter period, due to the amount of antibiotics prescribed to patients.

The Board noted the content of the Report and Dashboard and the actions to bring the performance back in line with trajectory or target.

Action: Mr Neill Moloney 28.4.09

2008/128 FINANCE REPORT FOR PERIOD ENDING 28 FEBRUARY 2009

Mr Church informed the Board that the deficit for the month was £3.5m, £2.2m worse than budget. This resulted in a year to date deficit of £25.3m, £0.5m worse than budget, but included £4.6m of non-recurrent benefit from the release of 2007/08 accruals and debtor provision. He also outlined the year to date key variances against budget. The Trust was still overperforming on income, as a result of extra activity from the three local Primary Care Trusts and Divisions were overspending on clinical staff to deliver these services. He also confirmed that the Trust had underperformed on the Turnaround Programme, but due to schemes delivering later than planned, the full year effect would be delivered next year. Therefore, to cover the shortfall, centrally held budgets and in-year provisions had been released to ensure the Trust met its control target of £23.3m deficit for the year. Following Mr Cruickshank's request for a schedule tracking the 2008/09 Turnaround Programme, Mr Church confirmed that a detailed summary would be presented at the Finance Committee meeting on the 2 April 2009.

Mr Church outlined the key risks within the forecast outturn position, including Divisions managing their costs within agreed forecast; Divisions meeting their CIP targets; the PCT final income position being in line with forecast; delivery of activity within contractual terms and conditions without incurring financial penalties. It was noted that detailed discussions on the issue of the land sales had taken place at the Finance Committee meeting held before this Trust Board meeting. Mr Church informed the Board that the Turnaround Programme for 2009/10 had been set at £40.4m.

The Board noted the report and the actions agreed to manage financial risk exposure to control target.

Action: Mr Phil Church 2.4.09

2008/129 ANNUAL PLAN 2009/10 SUMMARY

The Board noted that the Annual Plan Summary presented to them had been taken from the full 80 page version submitted to NHS London on 28 February 2009. The summary included last year's performance and the 2009/10 Trust Business Plan drawn up from the Divisional Business Plans. Mr Moloney informed the Board that the Service Level Agreements (SLA's) had not been finalised with the Primary Care Trusts and he expected this to happen in the next week. Following agreement on the SLA's, the financial analysis within the Annual Plan would be updated.

The Board discussed and noted the content of the report.

2008/130 PROPOSED BUDGETS AND DIVISIONAL PLANS FOR 2009/10

Mr Church informed the Board that the budgets were still work in progress, but the bottom line proposed for the 2009/10 budget was £1.2m surplus. He informed the Board that there were three significant areas of risk that would need to be managed:-

- Agreement of Service Level Agreements with PCTs, including payment for all activity the Trust was planning to deliver in 2009/10
- Assumption that £40.4m of costs could be taken out of the organisation in year
- Divisions reducing their level of spend

The budgets would be revised when the SLA's with the Primary Care Trusts had been finalised. Mr Church informed the Board that the budgets would be presented to the Clinical Divisions at the S&SIB meeting on the 8 April 2009.

The Board noted the report.

Action: Mr Phil Church 8.4.09

2008/131 MATTERS FOR NOTING: MINUTES OF THE CLINICAL GOVERNANCE COMMITTEE 13 JANUARY 2009

The Board noted the minutes of the Clinical Governance Committee meeting held on the 13 January 2009. Mr Hicks asked the Board to note that a wide section of people attended the meetings, including representatives from the Independent Sector Treatment Centre, Patient Forums and Primary Care Trusts.

2008/132 ANY OTHER BUSINESS

No further business.

Meeting closed at 4.00 p.m.

The next meeting of the Barking, Havering and Redbridge University Hospitals NHS Trust Board will take place on Tuesday, 26 May 2009 at 2.00 p.m. in the Board Room, Trust Headquarters, Queen's Hospital.

**BARKING HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS
TRUST**

TRUST BOARD MEETING

Actions from Minutes of Part I meeting held on 31 March 2009
Lecture Theatre, James Fawcett Education Centre
King George Hospital

<u>Present:</u>	Mrs Barbara Liggins (BL)	Acting Chair
	Mr John Goulston (JG)	Chief Executive
	Mr Stuart Cruickshank (SC)	Non-Executive Director
	Mr Phil Church (PC)	Interim Director of Finance & Turnaround
	Ms Renata Drinkwater (RD)	Non-Executive Director
	Mr Mark Hicks	Non-Executive Director
	Mrs Ruth McAll	Interim Director of HR
	Mr Neill Moloney (NM)	Director of Planning & Performance
	Mr Keith Mahoney (KM)	Non-Executive Director
	Prof Dickon Weir-Hughes (DW-H)	Director of Nursing

<u>In attendance:</u>	Mrs Pam Strange (PS)	Clinical Governance Director
	Dr Magda Smith (MS)	Divisional Director, Medicine
	Mrs Susan Williams (SW)	Executive Assistant
	Mrs Carol Drummond (CD)	Divisional Director, Women & Children
	Mrs Keeley Mayes (KM)	Equality & Diversity Manager

Apologies: Prof Raymond Playford, Non-Executive Director and Dr Yasmin Drabu, Medical Director.

Agenda Item		Action	Deadline Date	Date Completed
2008/092	DW-H to report back on proposal for one female surgical ward and one male surgical ward.	DW-H	27.1.09	
2008/095	DoF to present update report to Audit Committee in six months time on the implementation and roll out of the Governance Manual.	PC	05/09	
2008/113	NM to provide further update on Telephony in four months time.	NM	28.7.09	
2008/119	NM to present Escalation Process for Service Improvement and Strategy & Leadership Programmes at April Trust Board meeting.	NM	28.4.09	28.4.09
2008/115	NM to present CRS Business Case at Trust Board meeting in July.	NM	28.7.09	
2008/118	NM to insert addition agreed and forward response to Healthcare for London.	NM	6.5.09	6.5.09

Agenda Item		Action	Deadline Date	Date Completed
2008/119	PS to present final Standards for Better Health Declaration at Trust Board meeting in April.	PS	28.4.09	28.4.09
2008/120	DW-H to nominate Nursing Representative for Equality Steering Group. KM to agree date and time for the launch of the Scheme.	DW-H	28.4.09 30.6.09	28.4.09
2008/122	CD to provide update on Maternity Services in six months time.	CD	29.9.09	
2008/124	MS to check that escalation triggers were in place for Easter Bank Holiday and forward status summary to Non-Executives of the position over the Easter weekend.	MS	4.4.09	4.4.09
2008/126	NM to set up macro in Performance Dashboard in relation to Stroke Services target.	NM	28.4.09	28.4.09
2008/127	NM to present Escalation Report on Genito-Urinary Medicine Access in 48 hours at April Trust Board meeting.	NM	28.4.09	28.4.09
2008/128	PC to present detailed summary on the 2008/09 Turnaround Programme at Finance Committee meeting on 2 April 2009.	PC	2.4.09	2.4.09
2008/130	PC to present budgets to the Clinical Divisions at S&SIB meeting on 8 April 2009.	PC	8.4.09	8.4.09
	Acting Chair			
	Date			