



Notice is hereby given that a meeting of the
COUNCIL OF GOVERNORS
of Heart of England NHS Foundation Trust
will be held at the Renewal Centre, Lode Lane, Solihull, B91 2JR
on 23 May 2012 at 4.00pm

A G E N D A

1. **Welcome**
2. **Apologies**
3. **Declarations of Interest** *(Enclosure)*
4. **Minutes of meetings held on 14 March 2012 and 23 March 2012** *(Enclosure)*
5. **Matters Arising** *(Enclosure)*
6. **Chairman's Report** Lord Philip Hunt *(Enclosure)*
7. **Chief Executive's Report** Dr Mark Newbold *(Enclosure)*
8. **Financial Performance 2011/12** Mr Adrian Stokes *(Enclosure)*
9. **Monitor Annual Plan** Mr Adrian Stokes *(Enclosure)*
10. **Quality Account Update** Ms Rachael Blackburn *(Enclosure)*
11. **Ward Sister Challenge** Ms Sam Foster *(Presentation)*
12. **Reports from Committees etc**
 - 12.1 Finance & Strategy Committee Report Mr Barry Orriss *(Oral)*
 - 12.2 Finance & Strategy Committee Minutes (11/4/12) *(Enclosure)*
 - 12.3 Hospital Environment Committee Report Mr John Roberts *(Oral)*
 - 12.4 Hospital Environment Committee Minutes (5/4/12) *(Enclosure)*
 - 12.5 Membership & Community Engagement Committee Report Mrs Elaine Coulthard *(Oral)*
 - 12.6 Membership & Community Engagement Committee Minutes (27/4/12) *(Enclosure)*
 - 12.7 Patient Experience Committee Report Mr Michael Kelly *(Oral)*
 - 12.8 Patient Experience Committee Minutes (27/4/12) *(Enclosure)*
 - 12.9 Quality & Safety Committee Report Mrs Liz Steventon *(Oral)*
 - 12.10 Quality & Safety Committee Minutes (24/4/12) *(Enclosure)*
13. **Any Other Business**
14. **Dates of Future Meetings**
 - 16 July 2012
 - 18 September 2012
 - 21 November 2012
 - 21 January 2013
 - 19 March 2013

Refreshments will be available from 3.30pm

Malcolm R Pye
Company Secretary
14 May 2012

COUNCIL OF GOVERNORS

**Minutes of a meeting of the
Council of Governors of Heart of England NHS Foundation Trust
held at the Harry Hollier Lecture Theatre, Good Hope Hospital
on 14 March 2012**

PRESENT: Lord Philip Hunt (Chairman)

GOVERNORS:

Mrs Kath Bell
Mrs Elaine Coulthard
Mr James Cox
Mr Albert Fletcher
Mr Neil Harris
Mr Richard Hughes
Dr Syed Raza Hussain
Mr Phillip Johnson
Mr Michael Kelly
Cllr Ian Lewin

Ms Veronica Morgan
Mr Barry Orriss
Mr John Roberts
Mr David Roy
Dr Neil Smith
Ms Bridget Sproston
Mr David Treadwell
Mr Thomas Webster

Directors in attendance:

Mr Andy Laverick
Mrs Claire Molloy
Ms Sue Moore
Dr Mark Newbold
Mr Richard Samuda
Mr John Sellars
Mr Adrian Stokes
Mrs Lisa Thomson

Members of the public

There was one member of the public in attendance.

Ms Jo Hodgkiss

12.13 APOLOGIES

Apologies were received from Governors Mrs Arshad Begum, Professor Ian Blair, Professor Tim Freeman, Dr Olivia Craig, Mr Kevin Daly, Mrs Patricia Hathway, Ms Rocio Hernandez, Mr Marck Kibilski, Dr Sunil Kotecha, Ms Heidi Lane, Mrs Margaret Morcom, Mrs Florence Nash, Cllr Jim Ryan, Mr Stuart Stanton, Mrs Liz Steventon and Directors Mrs Anna East, Mrs Najma Hafeez, Mr Richard Harris and Mr Paul Hensel.

12.14 DECLARATIONS OF INTEREST

The Chairman referenced the Declarations of Interest schedule included within the meeting pack.

It was noted that Mr Paul Sabapathy was still on the schedule and his name will be removed.

The Chairman asked that anyone having interests still to declare should contact the Company Secretary's office which would update the schedule appropriately.

12.15 MINUTES OF MEETING – 16 January 2012

The minutes of the Council of Governors meeting held on 16 January 2012 were approved by the meeting and signed by the Chairman.

12.16 MATTERS ARISING

The following Matters Arising were noted:

- Q *Albert Fletcher (Birmingham North)* 12.05. Ward Sister Challenge: Mr Fletcher had met with Deputy Chief Nurse Sam Foster and was content with progress being made and looked forward to a future presentation.
The Chairman asked Dr Newbold when the outcome of this work programme was due to come back to the Council of Governors?
- A *Dr Newbold* responded that the work was ongoing; however, he would ask for an update to be brought to a future meeting. *Mr Fletcher* added that at his last meeting with the Deputy Chief Nurse they were very much in favour of reporting progress to the Council of Governors.
It was agreed that an update would be presented to the next meeting.
- Q *Albert Fletcher* 12.12.3 Freewheelers: Mr Fletcher had agreed to present a progress report to the next meeting on this service; however, he had not yet received the update he had requested from Mr Sellars and was therefore unable to bring this to the meeting. He asked that, as this enquiry was nearly 18 months old, the Chairman look into it and report back to the next meeting. The Chairman agreed to do so.
- Q *Richard Hughes (Tamworth)* asked that the thanks of the Governors be passed to the staff at the Birmingham Chest Clinic for their time during the visit. The visit had been very interesting and informative.
- A *The Chairman* advised that he had already thanked the staff but would pass on the Governors thanks too. He noted that the decor in the non clinical areas was very poor and asked Mr Sellars, Director of Asset Management, if there was anything that could be done to improve this?
Mr Sellars responded that he had met with the Chief Executive and was looking at ways to provide funding for a facelift in order to improve the decor.
The Chairman went on to add that alongside the regular work of the Chest Clinic, the Trust faces a big problem with TB in Birmingham and, in conjunction with Dr

Newbold and Dr Anwar, Medical Director had met with the clinical team responsible for our work in the TB area which agreed to consider how we can step up our work and encourage a more cohesive, city wide strategy for Birmingham.

Q *Barry Orriss (Staffordshire South)* 12.09 asked if any proposals to resolve car parking issues had been formulated?

A *The Chairman* advised that a recent meeting of the Board he had made it clear to the Executive Directors that the development of a Staff Transport Policy was required and Mr Sellars was taking this forward.

Mr Sellars confirmed that a Policy is being developed and he had already met with a couple of developers about funding deck car parks at Good Hope and Heartlands Hospitals.

The Chairman added that this should be seen as a Transportation Strategy and thought be given to incentivising staff to not travel by car.

Mr Sellars responded that this was the case and it will cover all areas of public transport, cycling etc. It was agreed that Mr Sellars would bring back a presentation to a future meeting.

No other matters were raised.

12.17 **CHAIRMAN'S REPORT**

The Chairman referenced his pre-circulated written report and also highlighted the following which were not included in his report. :

Mr Richard Samuda, Non Executive Director was leaving in mid April, having been appointed Chair of City and Sandwell NHS Trust. He thanked Mr Samuda on behalf of the Board and the Governors for his work at the Trust including being Chair of Audit Committee, and looked forward to working with him in his capacity as Chair of City and Sandwell.

Caroline Spelman, MP had recently written a very complimentary and encouraging article in the Solihull News, on our Re-shaping HEFT Strategy and congratulated everybody involved in this work.

Q *Barry Orriss* noted that the Chairman had met with the Chair of the John Taylor Hospice and asked if he and Sue Moore, MD, Good Hope Hospital, would consider meeting with St Giles Hospice to establish working relationships.

A The Chairman agreed to this.

Q *Barry Orriss* asked if Non Executive Directors might occasionally join the Chairman's Breakfast meetings? Mr Samuda had chaired a recent meeting and it had been a great opportunity to meet and get to know him and Mr Orriss felt that such meetings were a good opportunity to build relationships with the other NEDs on an informal basis.

A This was agreed.

12.18 CHIEF EXECUTIVE'S REPORT

Dr Newbold presented his pre-circulated report and highlighted the following points:

- He has written formally to Birmingham City Council and they have written back asking for more detail on the debt and a response has been sent; Dr Newbold will keep the Governors updated as to progress.
- George Eliot Hospital had asked HEFT to consider options to support George Eliot Hospital under some form of a partnership arrangement. After careful consideration it has been agreed not to pursue this as it does not fit in with the strategic priorities of HEFT.
- Q4 Winter Performance had been very difficult and the Trust is currently below the 4 Hour 95% target. However, Dr Newbold believed it was still possible to recover the situation. Good Hope site has seen considerable pressure with high length of stay.
- Infection Control performance is looking very good and he was hopeful to achieve both MRSA and CDiff targets for the year.

Q *Barry Orriss* asked whether it was known if Birmingham City Council are paying other hospitals in the region for discharges?

A *Dr Newbold* advised that this was difficult to answer as each hospital will have different contractual arrangements with the Council.
The Chairman added that he was aware that at some point the Trust would need to press for legal action in order to show the Council that it is serious in recovering the debt owed.

Q *Mike Kelly (Birmingham at Large)* asked if there was an abrogation of responsibility at the Council, as the letter from Stephen Hughes, CEO, Birmingham City Council was quite specific in the fact that the Council denies it owes the Trust any money.

A *Dr Newbold* advised that we have produced all of the evidence they have requested and that he will continue to pursue the claim.

Q *Mr David Treadwell (Birmingham Central)* raised the following points and questions.

1. If the Trust considered that Solihull Community Services was now fully integrated within HEFT especially in regard to training, as he felt that the community nurses still considered themselves the 'poor relations'?

A. *Mrs Molloy, MD at Solihull Hospital* would respond to this under agenda item 10.

2. Where the main entrance of Good Hope Hospital is to be located and how he found getting around the site difficult? He felt that it may be good idea to hand patients maps to aid them.

A *Mrs Moore (Managing Director at Good Hope Hospital)* advised that there is a programme of work underway called 'pathfinder' that is dealing with the issue of signage around the Good Hope site and as part of this a decision will be made about the main entrance.

Mrs Coulthard (Sutton Coldfield) added that Solihull Hospital has three entrances and this did not seem to be an issue.

Despite suggestions in favour, *Barry Orriss* felt that the Richard Salt unit was the wrong location to have as a 'main' entrance, as it was the wrong end of the site.

Ms Moore added that the main footfall needed to be considered for a main entrance point and central hub.

Neil Harris (Staff Governor) added that the Richard Salt entrance had previously been the main entrance into the hospital and it had only become confusing after the treatment centre had been built.

The Chairman asked if this could be picked up and dealt with by the Patient Experience Committee.

3. Whether there was a facility where staff and nurses had the opportunity to meet socially outside of work on the Good Hope site?
 - *Mrs Moore*. The proposed staff canteen/restaurant should give staff a place to meet.
 - *The Chairman* asked about mess facilities for Junior Doctors
 - *Mrs Moore* responded that there was a Doctors mess facility on Bedford Road that was very well used.

4. The Trust's use of management consultants and any potential conflict of interest and subsequent payments to them. How much the Trust spent on non medical consultants and if the Trust had clear controls in place?

Mr Stokes (Director of Finance) advised that he had already responded by email to Mr Treadwell's email enquiry as follows:

Do we have reliable information on how much is spent on consultants?

At each quarter end we do a submission to Monitor and this separates out the amount of expenditure that has been spent on consultancy. As part of this return the Financial Controller reviews the types of spend that have gone into this category. As at quarter 3 (December 2011) the Trust had spent £1.33m on consultancy spend.

Do we have clear and transparent approval processes and robust controls around the use of any consultants?

The approval process for consultancy spend is the same as any other category of expenditure in the Trust. In accordance with SFIs the expenditure should have a purchase order raised in advance of the commitment being made and approval will be made by a manager in line with the recognised approval limits. In most cases this approval would be given by the Group Operational Manager or the Executive Director of the area concerned. The controls are that any invoice submitted to the Accounts Payable department must have an approved purchase order before the invoice can be paid.

Is there a presumption in favour of using in house skills as opposed to engaging consultancy services?

Under the current financial regime where 5% efficiency is expected year on year, it would be generally expected that managers look to use in-house skills, acting up, project management or secondment to complete a task before using the more expensive consultant cost. There are circumstances where the relevant skills are not available in the Trust and so it is necessary to use consultants.

Do we assess routinely the value of the work we receive from consultants?

The approving manager should be reviewing the value of the work received

from the consultant either as part of the granting extension of work/ contract or as part of normal review of financial spend. There is not an overall Trust assessment of consultant work value as there are too many areas of specialism for one person to assess value.

Are there opportunities to ensure the skills transfer from consultants to staff?
Where possible and practicable the Trust would always aim to transfer the skills from consultants to the employees who need to make that change permanent or to enable staff to use those skills again in future. In some circumstances the expertise is so specialised that this may not be possible.

12.19 **APPOINTMENT OF NON-EXECUTIVE DIRECTORS**

Lord Hunt presented his pre-circulated paper setting out the recommendations of the Council of Governors Appointments Committee to appoint two new Non Executive Directors following the long term NED vacancy created by Lord Hunt's appointment as Chair and the vacancy following David Bucknall's recent resignation. The Appointments Committee had met at the request of the Board's Nominations Committee to fill these two vacant positions.

The Appointments Committee had met several times and discharged the duties of the Committee including producing a recruitment information pack, short listing of candidates, conducting two days of interviews, followed by further meetings post interview to collectively consider the candidates and recommendation of two candidates to appoint for approval by the Council of Governors. The Committee also thought it sensible to consider a reserve candidate.

Subject to receipt of satisfactory references, CRB checks etc the Committee recommends for approval by the Council of Governors the appointment of Professor Edward Peck and Professor Laura Serrant-Green, each for a 3 year period.

The appointments of Professor Edward Peck and Professor Laura Serrant-Green on the terms outlined in the pre-circulated report from the Appointments Committee were approved.

The Chairman then asked the Council of Governors to consider the appointment of the reserve candidate Les Lawrence to the newly created vacancy following the resignation by Mr Samuda.

The paperwork for Mr Lawrence was circulated to the members for information and the Appointments Committee having met immediately prior to this meeting unanimously recommended the appointment of Les Lawrence, subject to satisfactory reference, CRB checks etc for a 3 year period for approval by the Council of Governors.

The Council of Governors discussed the third appointment at great length and the following comments were noted:

Cllr Lewin (Joint Lichfield and Tamworth Borough Council) was fully in support of the appointment but asked if the Trust was legally able to appoint in this manner.

The Company Secretary advised that he had consulted on the appropriateness of appointing the third candidate and confirmed that it was perfectly in order.

David Treadwell supported the recommendation adding that the appointment would certainly go a long way to help building the relationship with Birmingham Council.

Albert Fletcher thanked the Committee for all of their work in the appointment of the NEDs and felt that all Governors had been kept well briefed and informed of all discussions and recommended that the Council of Governors support the recommendation of the Appointments Committee.

Veronica Morgan (Staff Governor) remarked that all three were very strong candidates and the opportunity to appoint now should be taken,

John Roberts (Sutton Coldfield) felt that the Governors should have more time to read the application in full and was not in agreement to appoint at this meeting

Phillip Johnson (Patient Governor) argued that as the Council of Governors had appointed the Appointments Committee, it needed to trust that the Committee had come to the correct decision in its recommendations to appoint. Both *Tom Webster* and *Albert Fletcher* agreed with Mr Johnson.

Neil Harris (Staff Governor) believed that the Committee had gone through due process and its recommendation should be supported.

Richard Hughes (Lead Governor) said that if there had been a longer time gap he would have been less comfortable but as there was only 1 score point between the second and third candidate he fully supported the recommendations.

Mike Kelly added that all three are outstanding candidates with very good qualifications and will provide a very strong but balanced Board of Directors.

The Chairman asked the Council for a show of hands and the appointment of Les Lawrence on similar terms to those of the other two candidates was approved.

12.20 APPOINTMENT OF EXTERNAL AUDITOR

Mr Richard Samuda presented the pre-circulated report.

- In line with Monitor's Terms of Authorisation the Trust is required to have an external auditor.
- This role has been filled by PwC for the last five financial years up to the end of March 2012 with work for this year being completed in the summer of 2012.
- The external auditor is appointed to provide an annual audit opinion on the Trust's annual report and accounts, quality report and charitable funds annual report and accounts.
- The Trust has, over the last 6 months, followed a process to appoint an external auditor by 31 March 2012 in line with the Trust's constitution, Monitor's Audit Code, Monitors Terms of Authorisation and recognised procurement regulations.
- Tenders and presentations were received from two bidders.

- The Audit Appointments Committee having gone through due process recommends that PwC be appointed as external auditors for the three financial years to 2015.

Barry Orriss proposed the motion to appoint and *Albert Fletcher* seconded the proposal. The decision was carried unanimously

12.21 **INTEGRATION OF SOLIHULL COMMUNITY SERVICES**

Mrs Claire Molloy (*Managing Director Solihull Healthcare*) presented an update on the first year following the transfer of Solihull Community Services to HEFT; the highlights were

- Community Services covers a range of care outside of the hospital setting (e.g. in patient's homes, care homes and clinics).
- The main driver is to improve services to the people we serve.
- Community Services constitutes approximately 10% of the size of HEFT in terms of staff numbers and finances.
- In response to Mr Treadwell's earlier question "Are we fully integrated and when will we know if we are?" Mrs Molloy confirmed that when HEFT took over Community Services it set three outcomes to achieve:
 - Services offered: joined up assessment, planning and care; shared pathways and single services and teams where appropriate.
 - Our high level aspirations: what will be different from the patients perspective and the outcomes we want to improve.
 - How we work together, collective accountability, sharing risks and benefits.

Examples of integration achievements are:

- There has been a high level of commitment to integration within Heart of England and shared vision with partners.
- Enthusiasm between teams and professionals to work more closely
- Emerging 'Accountable Care Partnership' with Council and local GPs
- Early wins beginning to be evident particularly around managing winter pressures
- Development of community nursing metrics and roll-out of VITAL training
- Development of a single safeguarding children's service across hospital and community
- Working with trauma and orthopaedics to identify cases requiring IV therapy that can be supported in the community
- Specialist support into community and early assessment for surgical intervention of Wound care
- Resources being used flexibly across settings (e.g. shared posts, shared clinics and 'pooling of resources')
- Rapid response and virtual ward teams attending AMU and wards and 'pulling' people able to be supported in community
- Elderly care physician delivering community sessions and supporting virtual wards and intermediate care
- All partners working to develop diabetes pathway between hospital and home

There are still some big challenges around aligning systems.

The Chairman asked how the Trust can further develop the idea of integrated working throughout the whole of Birmingham. Mrs Molloy responded that the Trust has an opportunity through the Cluster's frail and elderly work that Solihull and Birmingham have signed up to including GPs.

Q *David Treadwell* thanked Mrs Molloy and was pleased that the IT systems were working well and asked about tissue viability and the transfer of patients into the community from hospital as this seems to be a big problem.

A Mrs Molloy responded that this was a challenge for Community Services; however, they are working with vascular consultants to find ways to improve the management of wound care and tissue viability.

Q *Barry Orriss* asked about palliative care patients who fall ill during the night. In the past the out of hours GP or ambulances service ignore the patients care programme and insist on admitting them to hospital.

A *Mrs Molloy* advised that a lot of work has been undertaken in Solihull. There are some issues with the Gold Standards Framework and putting this into practice in primary care. A consultant has been appointed who liaises between hospital and community services and there is a strong integrated team in place to support people out of hours to stay in their own home.

Q *James Cox (Solihull Central)* has been working with the end of life care team and the new Marie Curie hospice which should be open by the end of December, which will have at least 18 rooms in which to offer support for carers and patients in their end of life care.

A *Mrs Molloy* stated that she has also been working with the Marie Curie team and they have jointly funded the new consultant post and have been very supportive in the development of the new out of hour's service.

Q *Richard Hughes* commented that it was not clear how one accesses Solihull Community Services.

A *Ms Molloy* stated that it was very much dependant on when patients needed access; usually it is through a referral from the patient's GP.

Q *The Chairman* asked if patients were able to access the service other than by GP referral?

A *Mrs Molloy* advised that there is a new operational manager for Community Services who is developing locality teams that will have an allocated geographical area and have an identified list of patients that will help manage referrals.

Q *Mike Kelly* stated that he had been contacted by a senior sister regarding her concerns about there not being any physiotherapy services for rehab for triple bypass patients at Solihull and wondered if Mrs Molloy was aware of this?

A *Mrs Molloy* confirmed that she was aware and that the main reason for this was to encourage patients to make use of other services such as leisure centres, passport to leisure and exercise on prescription in order free up physio places so that patient's needs it can be prioritised.

Q *Mr Kelly* then asked about BUPA patients who are referred by a cardiologist on to the 7 week physio course; he was aware that the private patients have not been invoiced for this service.

A *Mrs Molloy* was unaware of this. *Mr Hackwell* advised that he will investigate this and feedback to a future meeting.

Q *Veronica Morgan* believed that IT systems need to be more easily accessible in the community to ensure that more patients can continue to be treated in the community; if staff are not able to access records then clinical decisions cannot be taken and patients may then need to stay in hospital rather than being treated in the community.

A *Andy Laverick (Chief Information Officer and Director of ICT)* said that the Trust makes its acute systems available to all our partners, GPs and the Community; however, a number of partners and GP practices use different systems and this causes problems.

Q *Chairman* is the problem solvable?

A *Mr Laverick* believed it was; however, a lot of work is required to overcome these issues!

Q *David Treadwell* asked in respect of locating teams into geographical areas will the GPs still be fully involved?

A *Mrs Molloy* confirmed that they will and, where possible, there will be named nurses, health visitors etc who are available to attend practice meetings.

Q *David Treadwell* asked if consideration has been given to the level of Health Care Assistants and possible improved training in order for them to undertake different roles?

A *Mrs Molloy* replied that this will be addressed by the reconfiguration teams and skills mix will form part of this work.

12.22 **RESHAPING HEFT**

Mr Hackwell (Commercial Director) presented a summary of his pre-circulated report.

The Reshaping HEFT strategy sets and reinforces the process of clinical priorities which is a clinically driven programme and is about making sure the services we offer to our patients and GPs continues to be safe and of high quality in light of changing population needs and expectations.

- The overall objectives of the Reshaping HEFT programme are
 - Raise awareness around the need to reshape our hospital system
 - Develop a clinically led plan to deliver appropriate care within the context of a changing external environment
 - Engage the wider trust and our partners around options for consideration.

- The document sets out the thirteen operational improvement programmes that are being undertaken following feedback from the workshops held in Autumn 2011.
- Joanna Hodgkiss, Head of Planning and Development, has worked with Barry Orriss (Chair) and the CoG Finance and Strategy Committee and this has been a standing item on their agenda and Jo has reported bi-monthly on progress.
- The document will be sent out to stakeholders for feedback.

Q *The Chairman* asked Barry Orriss for his views on how progress should be reported to the Governors?

A *Barry Orriss* this has been a standing item on the CoG Finance & Strategy Committee and with progress reports presented bi-monthly for discussions and suggested that progress reports should form part his regular report from CoG Finance and Strategy Committee.

Q *Veronica Morgan* there is no mention of outpatients being seen in a community setting rather than in the hospital outpatient department and asked if this is being considered?

A *Simon Hackwell* we are looking at the whole pathway and who and where we see patients including the best place to see them.

Q *Tom Webster* asked if there is a risk that national finances will derail the strategy?

Q *Simon Hackwell* there is always a risk that healthcare systems globally will need to improve and Reshaping HEFT is about providing more effective patient care but must also drive efficiencies in the system. Efficiency and quality must go together.

Q *Kath Bell (Patient Governor)* enquired what is meant by the statement around reducing length of stay in maternity services?

A *Jo Hodgkiss* the ideas around reducing length of stay for maternity came out of the workshops held with clinicians and midwives, who felt there were things that they could do to reduce length of stay and be more efficient rather than reducing the number of beds.

Veronica Morgan added it was not so much about length of stay but rather the process, (e.g. before mum can be discharged, baby needs to be checked). So it is about getting a team of midwives trained to undertake these steps and remodelling of the system to ensure these changes are safe for mother and baby.

12.23 **OUTPATIENT BOOKING SYSTEM UPDATE**

Mr Phill Lyddon presented an update on the current status of the Outpatient Booking System; the key highlights were:

- The HEFT outpatient booking team currently handles 750,000 outpatient bookings per year.
- It is a very complicated process due to the number of people who have access to booking and/or cancelling appointments.

- Historically there were lots of complaints by patients due particularly to multiple letters being sent and the delay in time from referral to treatment.
 - The call answer rate is now 92% compared to 48% in 2009.
 - There is now a call reminder system in place that will eradicate non attendance rates. The DNA rate is now 10% compared to 14% in 2010/11.
 - The number of complaints have dropped from 10 formal complaints per week to 1 per month.
 - New scheduling processes mean that clinics are booked no more than 6 weeks in advance, this means that should a consultant book annual leave then the number of rebooked appointments will reduce with the result that patients who need to be rescheduled will not go to the back of the queue.
 - Efficiency redesign work is underway to ensure that the patient is not waiting unnecessarily for tests and appointments.
 - Future potential issues are being addressed as part of the process redesign transformation.
- Q *Barry Orriss* asked if appointments can be arranged so that patients who need tests can have them all performed on the same day, rather than to have to visit the hospital on a number of different occasions.
- A *Phill Lyddon* advised that the new system will mean that this will be possible and all steps in the patient pathway will be scheduled properly.
- Q *Mike Kelly* Governors recently visited the Outpatient Booking Centre at Lyndon Place and were very impressed with the staff and work they undertake but one of the problems mentioned was around consultants taking ad hoc leave and asked why a replacement consultant/clinician could not be used when this happens rather than cancelling a clinic?
- A *Dr Newbold* all consultants know that they have to give 6 weeks notice before taking leave and if they are not adhering to this then the Clinical Director will pick this up with the consultants concerned.
- Q *Phillip Johnson* With 14% DNA rates why doesn't the Trust load system to 110% to utilise the clinics?
- A *Phill Lyddon* some clinics already do. However, the downside is that patient quality suffers with patients having to wait longer in busy clinics. You will also have patients who take longer than the planned timeslots and, therefore, we need to manage outpatients in a professional way.
- Q *Neil Harris* this is a fine example of how IT supports a process but it will only work well if the process itself runs well and staff are trained properly to use it. If the process is poor no amount of technology will improve it.
- Q *Kath Bell* asked what happens if somebody gets an appointment and they can't make the appointment?
- A *Phill Lyddon* the process is the same as it is now in that they will need to phone to rebook the appointment and they will be assigned the next available appointment.
- Q *Dr Newbold* suggested that the Patient Experience Committee may wish to pick this up as part of their remit and ask Theresa Price, Outpatient Manager to their next meeting who will be able to give them an update on progress

A *Mr Kelly* confirmed that the next meeting is being held on 27 April and an invitation will be extended.

12.24 NON EXECUTIVE DIRECTORS

12.24.1 NED Appraisals

The Chairman presented a summary of the pre-circulated report that sets out the proposed appraisal process for non executive directors. Non Executive Directors have not had a formal appraisal system in the past. The proposed new process for appraisals of NEDs is recommended by the Appointments Committee.

The paper was approved for implementation.

12.24.2 Re-appointment of Richard Harris, Non Executive Director

The Chairman asked that consideration of Richard Harris's; reappointment be deferred until a meeting of the Council of Governor on 23 March 2012.

12.25 REPORTS FROM COMMITTEES

12.25.1 Audit Appointments Committee Minutes

The draft minutes of the meetings held on 17 January 2012 and 31 January 2012 were noted.

12.25.2 Finance & Strategy Committee Report

Barry Orriss Chair informed the meeting that the Committee had met on 10 January 2012 and 1 March 2012 and the following actions were undertaken:

- The Committee undertook a review of the Reshaping HEFT document and made various comments and recommendations including.
- Introduction should be endorsed by the Chief Nurse as well as the Medical Director;
- Care should be undertaken with the wording to ensure it was clear that the programme was about the benefits to patients and improving the patient services rather than being financially driven;
- Quantifiable objectives set for each of the programmes including timescales in order to be able to measure progress.

Chairman the Finance and Strategy Committee will continue to monitor and review the Reshaping HEFT Strategy and advise the Council of Governors if there are any issues that need to be considered by the full Council.

Mr Hackwell would like to collate any comments from feedback and add in measurable objectives and then present this to the next Finance & Strategy Committee meeting and be led by the views of the Committee to update progress to the Council of Governors.

Chairman although this document does not form part of the business plan it is at the heart of the future plans of the organisation and the Council of Governors needs to consider this on a regular basis through the updates from the CoG Finance and Strategy Committee.

The Committee also discussed and gained assurance from the Director of Finance that the Trust would achieve its £7m surplus at year end.

Chairman the Board of Directors had received an update at its meeting on 14 March, and this final figure includes an allocation made to the Cluster for 2012/13.

Chairman Richard Harris chaired a conference for major suppliers last week where our suppliers were invited to help us achieve future savings.

Mr Stokes commented that feedback from the attendees at the event had been very positive.

12.25.3 Finance & Strategy Committee Minutes

The draft minutes of the meetings held on 10 January 2012 and 1 March 2012 were noted.

12.25.4 Hospital Environment Committee Minutes

John Roberts, Chair, advised that the next meeting of the Committee is due to be held on 5 April, and these minutes were from the meeting held on 4 January 2012 that had not been available for inclusion at the last Council of Governors meeting.

A date has been set for the Mayor of Solihull to attend a food tasting event at Solihull Hospital, this was following the excellent article in the Birmingham Post and Mail.

Q *Neil Harris* asked if Governors could receive 'early bird news cuttings' for both positive and non positive press.

A Mrs Thomson agreed to undertake this.

Q *Chairman* asked if the subject of smoking had come up during any of their meetings? It had not but had been raised at the Patient Experience Committee and Mr Kelly was able to comment.

Chairman has received letters from Consultants about smoking outside of maternity and they think that the Trust should ban smoking across all its estate. The Board of Directors discussed this at their last meeting and it has been agreed to refer this to the Council of Governors for debate.

Q *Neil Harris* recalled a conversation many years ago that stopping smoking at an organisation of this size could potentially lead to fires as people who do smoke will go and hide in order to have a cigarette.

Q *Dr Newbold* advised that he and John Sellars had visited maternity and have drawn up a plan to discuss with clinicians including security enforcement changes at the entrance and better notices.

Q *Lisa Thomson* advised that this had been discussed at the recent Patient Experience Committee and the committee asked her to look at maternity specifically, and to work with the staff side governors to understand what the scope of work would be if there were to be a ban on smoking and this will come back to the April meeting.

The draft minutes of the meetings held on 4 January 2012 were noted.

12.25.5 Patient Experience Committee Report

Michael Kelly reported that the Committees had met on 28 February 2012 and noted that:

- There were no minutes or action points from the previous meeting due to the person being on long term leave
- A point of order had been raised about holding a joint meeting with the Membership & Community Engagement Committee; however this has now been resolved.
- Sir Graham Morgan, NHS Elect, and Sam Foster attended and gave a presentation on the stroke and elderly pathway. Pathway adherence is critical and the Trust has some of the longest stays of elderly people of any Trust. Production of large reports and documents should end and be condensed. Elderly patients should be in a single area.
- Sue King from NHS Elect gave a presentation about Goldfish Bowl experience.

The Chairman suggested that Governors might review the 'Winter Experience' at a subsequent meeting.

12.25.6 Membership and Community Engagement Committee Meeting

Elaine Coulthard reported that the Committee had met today and discussed:

- The Trust has 100k members most of whom don't get involved. It was decided to build the membership base in order to remove those members who don't wish to participate at the Trust.
- The membership team reported on the work and activity had been undertaken within the community.

Chairman advised that any decisions around membership needed to be made jointly with the Board of Directors.

12.25.7 Patient Experience Committee & Membership and Community Engagement Committee Joint Meeting Notes

The draft notes of the meetings held on 28 February 2012 were noted.

12.25.8 Quality and Safety Committee Report

As Liz Steventon (Chair) was unable to be at the meeting the chairman presented the report.

12.25.9 Quality and Safety Committee Minutes

The draft minutes of the meetings held on 29 Feb 2011 were noted.

Kath Bell asked for a representative to be present from the Committee when the Chair was unable to attend in order to present the report.

12.26 ANY OTHER BUSINESS

None

.....
Chairman



COUNCIL OF GOVERNORS

Minutes of a meeting of the
Council of Governors of Heart of England NHS Foundation Trust
held at Cranmore Park, Shirley, Solihull, B90 4LF
on 23 March 2012

PRESENT: Lord Philip Hunt (Chairman)

GOVERNORS:

Prof Ian Blair
Mrs Elaine Coulthard
Mr James Cox
Dr Olivia Craig
Mr Kevin Daly
Mr Neil Harris
Mrs Patricia Hathway
Mr Richard Hughes
Dr Sunil Kotecha

Ms Veronica Morgan
Mr Barry Orriss
Ms Bridget Sproston
Mr Stuart Stanton
Mrs Liz Stevenson
Mr David Treadwell
Mr Thomas Webster

12.27 APOLOGIES

Apologies were received from Governors Mrs Kath Bell, Mr Albert Fletcher, Ms Heidi Lane and Ms Margaret Morcom.

12.28 REAPPOINTMENT OF RICHARD HARRIS

The Chairman referred to his pre-circulated paper recommending the reappointment of Mr Richard Harris as a non-executive director for a term of 3 years, commencing when this existing term expires on 30 April 2012. This was unanimously approved.

.....

Chairman

Dr Sunil Kotecha	1-Full time GP, Bernays & Whitehouse Medical Partnership 2-Managing Director, Bernays & Whitehouse Ltd, 3-Director of Solihull Healthcare and Walkin Centre, 4-Trustee, Hindu Community Centre, Asian Health Forum 5-Board Member, Serius LLP 6-Member, BMA 7-Fellow, Royal College of GP 8-Consultant Committee Member, Spire Parkway Hospital	21 Nov 2011	
Heidi Lane	1-Member of Church, Renewal Christian Centre 2-Husband is an Elder of the Church. 3-Trust uses Christian Renewal Centre for conferences & meetings	21 Nov 2011	
Cllr Ian Lewin	Nothing to declare	21 Nov 2011	
Margaret Morcom	1-CEO, Stepping Stones Ltd 2-Deacon, Small Heath Baptist Church	21 Nov 2011	
Veronica Morgan	Nothing to declare	21 Nov 2011	
Florence Nash	No declaration Received		
Barry Orriss	Nothing to declare	21 Nov 2011	
John Roberts	Nothing to declare	21 Nov 2011	
David Roy	Employed Full time at HEFT	21 Nov 2011	
Cllr Jim Ryan	No declaration Received		
Neil Smith	Full time employee at HEFT	21 Nov 2011	
Bridget Sproston	Nothing to declare	21 Nov 2011	
Stuart Stanton	Nothing to declare	21 Nov 2011	
Liz Steventon	Friends of Solihull Hospital	21 Nov 2011	
David Treadwell	1-Shareholder, Lloyds TSB 2-Shareholder, STW 3-Shareholder, Nation Grid	21 Nov 2011	
Thomas Webster	1-Pensioner, Ex-Production Director of subsidiary company – ICI/IMI 2-Committee Member, North East Panel, Duke of Edinburgh Award 3-Assistant Organiser, Marlbrook Golden Circle Club 4-Occasional Host, Grey Court Holiday, Arnside, Lancashire	21 Nov 2011	

COUNCIL OF GOVERNORS

AGENDA ITEM 5

SCHEDULE OF MATTERS BROUGHT FORWARD AND ACTION POINTS

Date raised	Minute No	Detail	Action by	Due	Status	Completed
15 July 11	11.35	Governor Visit Protocol	LT	16/7/12	Being worked on by Patient Experience Committee	
	11.35	Establish Young Governors Council	LT	16/7/12	Being reviewed by Membership & Community Engagement Committee	
	11.35	Further Governance review meeting	PH	July 2012		
21 Nov 11	11.52	Possibility of Clinicians presenting to Governors on reshaping HEFT	PH			
14 Mar 12	12.16	Presentation on Ward Sister Challenge	MN	23/5/12	On 23/5/12 agenda	
	12.16	Update on 'Freewheelers'	PH	23/5/12	To be covered in Matters Arising	
	12.16	Transportation Strategy Update Report	JS	16/7/12		
	12.21	Investigate suggestion that some private patients using physio services at Solihull are not charged	SH	23/5/12	To be covered in Matters Arising	
	12.25.5	Review Winter Experience		16/7/12		

Chairman's Report - Update to the Governors May 2012

Constitution Review

As you know, we set up a Committee of Governors to undertake a review of the Constitution and related documents. This Committee did quite a lot of work at the end of last year but then received a Report which brought into question the relative balance of Governor/member representation. The Committee asked the Board's Stakeholder and Community Engagement Committee to undertake a review and make recommendations. I expect to see the preliminary results of the Committee's deliberations before too long and will bring them to the Constitution Review Committee as soon thereafter as I am able.

Non Executive Director Appointments

As you will be aware from previous Governors reports we now have three new members appointed to the non executive director team:

Mr Les Lawrence, Non-Executive Director

Les has just stepped down as Cabinet Member for Children's, Young People and Family at Birmingham City Council, a post he has held since 2004. He has previously chaired the Royal Orthopaedic Hospital NHS Foundation Trust and the Alexandra Hospital (Redditch). He has substantial NHS and local government experience.

Prof Edward Peck, Non-Executive Director

Edward is a Pro-Vice Chancellor Head of College of Social Science at the University of Birmingham. Edward joined UoB as Director of the Health Services Management Centre, one of the leading centres for research, teaching and consultancy in health policy and practice in the UK. His work in health and social care policy making has included membership of the steering group of the Department of Health's Integrated Care Network.

Prof Laura Serrant-Green, Non-Executive Director

Laura is Director of Research and Enterprise/Professor of Community & Public Health Nursing at the School of Wellbeing at the University of Wolverhampton. She has worked at a very senior level in both nursing and teaching with particular emphasis around marginalised and hard to reach populations in health and social care. Laura has also worked for the Department of Health, most recently as a member of the Prime Minister's Commission on the future of nursing and midwifery.

As a result of these appointments, the following changes to our Board Committees:

Philip Hunt – I will now be the non executive lead at the Board representing volunteering.
Richard Harris – will now Chair Audit Committee and come off Finance & Performance Committee, HR and Monitor Review. Richard will also now be a member of Governance & Risk Committee and the Stakeholder Committee.

Les Lawrence – will chair Finance & Performance Committee and also join IM&T Committee and Monitor Review.

Laura Serrant-Green - will join Governance & Risk Committee and the HR Committee.

Edward Peck – will join Finance & Performance Committee and the Stakeholder Committee.

Safety, Quality and the Cost Improvements Programme

I, along with many of my non executive colleagues, continue to attend the programme of safety walk rounds. I recently attended two safety visits, one to Ward 24 (ECAU) and the other to Ward 16 at Good Hope Hospital. These provide an opportunity to discuss and debate where we can improve the safety for our patients and I remain very impressed with the level of engagement of staff at all levels in making our hospitals as safe as possible for our patients.

Visits/Meetings

Since the last Board meeting I have continued to go out and about internally and externally and these visits have included:

Sir Roy Griffiths Public Lecture – I attended and took part in the Sir Roy Griffiths Public Lecture at Keele University giving a presentation on The NHS at 64. Dr Mark Newbold also attended this and we took the opportunity to review both how far we have come and the challenges ahead and to explore further links with the university.

Jenni Ord – I met with Jenni Ord as part of my regular catch up meetings with Chair of the Cluster. This was a good meeting where we reaffirmed our commitment to joint working and the Concordat we proposed at our joint Board to Board meeting back in November.

Bishop David Urquhart – I met with Bishop David Urquhart and had an opportunity to discuss chaplaincy functions and how trusts can work better to improve the services we provide to our patients. I also took the opportunity of discussing our proposals for fundraising and invited him to become part of our Presidents Club.

Inaugural Meeting for the Provider Chairs for West Midlands –I attended a good meeting of chairs and with officers on the NHS Commissioning Board.

Justin McCracken, CEO of the Health Protection Agency - I have also met with Justin McCracken, Head of HPA and it was a very friendly meeting. They are very keen for a City-wide strategy signed up to by stakeholders. I stressed importance of us being round the table.

Trust Supplier Conference – I was invited to attend and take part in a HEFT Trust Supplier Conference. This was extremely well attended by our suppliers and provided an opportunity to share the challenges facing the NHS in terms of the need to drive efficiencies as well as the wider environmental challenge. It was clear that our suppliers are keen to work with us and support us as we develop and shape our services going forward.

Hyper-acute stroke service review engagement day at Blakesley Hall, Yardley - Along with some of my non executive colleagues, executive colleagues and Governors I attended a hyper-acute stroke service review at which Prof Matthew Cooke presented his initial findings following a review of the new standards and the options for the Trust to improve care for stroke patients. As you are aware Professor Matthew Cooke has commenced a review of the hyper acute stroke service. In order to ensure wider participation in the review this stakeholder day was held where Matthew presented his findings to date and it enabled further discussions to take place.

Nishkam Centre, Handsworth, Birmingham - I had a very successful visit to the Nishkam Centre where we looked at the work undertaken on the health and explored how this can be further enhanced via collaboration and networking. Lisa Thomson and the team will be working alongside the Association supporting their community health activities, encouraging people to become involved in their local hospital.

Long Service Awards

One of the highlights of the month for me was attending the Trust's Long Service Awards presentation. Each year we celebrate those staff who have worked for the organisation for 25 years and over. A group of 12 staff from the Hospital attended the ceremony and received awards for their longstanding dedication.

Governors

The Governors' working groups are continuing and they are getting involved in Trust activities supporting improvements and patient experience. I know that we will hear from the individual chairs shortly on the areas they are reviewing and supporting.

I hope that you will agree that the Governors and Board joint meeting on the 23rd March was informative. We had presentations from The Boston Consulting Group who gave an overview of key healthcare trends over the next 5/10 years, followed by a presentation on the Trust's priorities from Dr Mark Newbold. Sharon Lamb and Janice Smith from Capsticks Solicitors discussed the Health and Social Care Bill with particular reference to the implications to the responsibilities affecting both Governors and Directors. The debate particular around governance issues raised by Capsticks highlighted the need for further work and we will be continuing this over the coming months. From the feedback we have received this forum proved very successful and we will be something we will schedule in over the coming year.

Our breakfast meetings are continuing to generate lively debate and some of us had the opportunity to meet with Steve Taylor where we discussed at length the HIV Service.

This is a very strong service doing a great deal of initiative work in the community to raise awareness.

The very successful and engaging visit to the Chest Clinic has been followed by Governors visiting the Renal services we provide in community settings. Over the past two months we have held two membership seminars, one on Diabetes and Health Eating where 81 members took part. Dr Mark Newbold and I held an open forum with members to discuss developments at the Good Hope site where 36 members and visitors attended.

Patients Association Conference – Thursday 26th April 2012

We hosted the first ever Patients Association conference in the West Midlands on David Cameron's five point plan and the 'CARE' campaign. This took place at Heartlands from 10am to 4pm with the speaker's, their presentations and the audience debates relayed to Solihull and Good Hope Education Centres so staff across the Trust could join the debate.

This was a hugely successful event with speakers including Jill Finney, Deputy Chief Executive CQC; Kathryn Hudson, Deputy Ombudsman, Parliamentary and Health Service Ombudsman; and Professor David Oliver, National Clinical Director for Older People, Department of Health.

Chairman's Lectures

Our series of Guest Lectures continue to prove popular and we have recently been visited by Sir Michael Rawlins. Sir Michael Rawlins has been chairman of the National Institute of Health & Clinical Excellence (NICE) since its formation in 1999. He is also an Honorary Professor at the London School of Hygiene and Tropical Medicine, University of London, and Emeritus Professor at the University of Newcastle upon Tyne. His lecture created a great deal of discussion and was very well attended by senior leaders across the Trust.

Charity Work

Potential presidents have been approached to form a Presidents Club to support our fundraising efforts. The Rt Revd David Urquhart, Bishop of Birmingham and Paul Sabapathy CBE, Her Majesty's Lord-Lieutenant of West Midland, have both accepted.

Our focus on grant making organisations and corporate funding (which has seen and increased by 27% and 7% respectively in the last five years) continues to deliver results. Our work with Baby Lifeline now means that we have been able to purchase:

- Comfy chairs for the three delivery suites (two for each)
- V shaped pillows (two for each unit)

In addition, via our work with the Steve Bull Foundation we have negotiated the first funds for the CTG Monitor Sonicaid Team Duo IP Twins Intrapartum and trolley. It is currently being ordered.

2012 Staff Recognition Awards

As you will be aware each year we take time out to celebrate the outstanding work done across the Trust. All of the awards are open to staff and the public to nominate and these can be submitted for individual staff member, team and volunteer who work for the Trust.

This year's awards are:

Chairman's Award
Chief Executive's Award
Chief Nurse's Award
Clinical Excellence Award
Non-Clinical Excellence Award
Patient Safety Award
Impact Award
Community Award
Patient Carer Award
Paul & Phyllis Winter Essence of Care Award
Governors' Going Above and Beyond Award
Volunteer of the Year

As in previous years the awards ceremony will be held at the Crescent Theatre in Birmingham town centre and the date for your diary is Wednesday, 14th November 2012 commencing at 7.30pm. Please can you let Nicola Beaumont know if you are able to attend so that we can ensure that we have seats for everyone (email Nicola.Beaumont@heartofengland.nhs.uk).

Joint Compact with Birmingham Solihull Cluster

In November we held a Board to Board meeting with the Birmingham and Solihull Cluster. This was a very positive meeting and has resulted in a Compact being agreed by all parties in the Birmingham and Solihull Cluster. Essentially we now have three components in place to tackle the challenges across the health economy:

1. A contract drawn up as a jointly managed risk agreement
2. A System Plan which describes the key strategies for managing the QIPP challenges
3. A Compact which describes our commitment to collaborative working.

I believe these represent a really strong set of documents which are underpinned by a genuine wish to work collaboratively across Birmingham.

Chief Executive's Report - Update to Governors May 2012

We are one month in to the start of our financial year. I aim to make all Governors meetings but unfortunately I am unable to make this one due to an external work commitment. Adrian Stokes, Deputy Chair Executive and Director of Finance and Performance, will be representing me at your meeting and I have asked him to present a few slides showing our performance and the challenges ahead.

Restructure

Many of you will be aware that the first phase of our proposals to realign the organisation to better support each of our Hospital sites as well as our centralised services is now complete and the posts filled. As I have reported previously, this takes the Trust from having five separate clinical groups to a matrix structure comprising three dedicated hospital based teams and two Clinical Divisions (Clinical Services and Women's and Children's).

We are continuing to work with our Clinical Directorates as they remain as the fundamental unit for the way in which we manage our organisation. Currently we are working with them to ensure that they are based within the five teams as appropriate.

Meetings and Events

During the past two months:

I attended the Birmingham and Solihull Chief Executives Forum where we discussed the rising demand on acute hospitals over the recent years, and agreed the system plan and associated 'compact' which describes how health and local authority partners will be working together to address the challenges in care across the area. I also attended the Provider Chief Executive's meeting where we reviewed the pathology laboratory transformation project being undertaken in the East of England and the plans for pathology services locally.

I was invited to attend an academic debate at Warwick University as part of a series of early evening events, designed to promote interdisciplinary academic thinking and debate with internal and local audiences. This event explored the multi-disciplinary theme "Science and Technology for Health". Led by Professor Sudhesh Kumar the themes of three broad research areas of healthy ageing, healthcare in resource-poor settings and early diagnosis and treatment of disease were discussed.

I attended an event hosted by the Kings Fund and including Mike Farrar, Chief Executive of the NHS Confederation and Alan Milburn former Health Secretary where we debated the need for and benefits of a more open and engaging leadership in the NHS.

I was invited by the Health Service Journal to take part in a 'Round Table' event: Addressing the NHS Operating Framework Challenge through effective use of technology. This was an illuminating discussion which has now been published in the journal.

With Simon Hackwell I attended the Spring Term Meeting at University of Birmingham where I met with Professor Lawrence Young – Head of College of Medical & Dental Sciences and Professor Paul Stewart – Dean of Medicine, where we discussed a range of issues of common interest to both HEFT and the University.

Simon and I also met with Helen Dickinson at the University of Birmingham. Helen is the Director of the Public Service Academy in the College of Social Sciences, and we discussed the role and remit of the Public Service Academy (PSA). The PSA seeks to coordinate public service activities across the University and will also provide the basis for collaboration between the University of Birmingham and Birmingham City Council. Although there is a range of established links between the University and the City Council, the PSA will provide a better structure to build on these and facilitate a more strategic relationship between these partners. The PSA is part of a wider University agenda to develop its City and regional role. Building on the recent Policy Commission into the future of public services, the PSA will explore the changing role of local government and public servants. It was evident that there is much common interest between our organizations in respect of the wider public service agenda.

This Public Health theme continued as Simon Hackwell and I met with Professor Jayne Parry at Birmingham University where we debated the development of a Public Health function in the Trust. This was a very positive discussion, in which we discussed the joint establishment of two Public Health posts within the Trust. These would bring expertise in, and understanding of, the wider aspects of health and healthcare to support the Trust strategy.

Carrying on the Public Health theme, I met with Dr Chris Spencer Jones, Senior Officer at Birmingham CCG, to discuss potential areas of mutual public health interest between the CCG and ourselves. I took the opportunity to stress our interest in positioning our hospitals and services within a broader, integrated, system of healthcare in our localities.

I presented a talk on Leadership at the NHS Institute for Innovation and Improvement's Graduate and Gateway to Leadership Scheme in London. The Board may remember that the Trust hosted a visit from one of their cohorts to support wider leadership development in the NHS. The Gateway to Leadership programme is part of a talent management process to identify and nurture talent in the NHS. It attracts senior managers from the private and third sectors to further their careers in the NHS.

With Claire Molloy I met with Lorely Burt MP to discuss a range of issues including the investment plan for Solihull Hospital. This is part of a series of regular briefing meetings we hold with our local MPs.

I was invited to speak at Keele University as part of the University's Consultants' leadership programme. This reviewed the leadership challenges for Consultants in the present environment, the current health policy and their likely impact on clinical practice. I also undertook a similar session for Staff and Associate Specialist doctors run by Keele Management School.

The Trust hosted a Knowledge Exchange Forum which is led by Professor Richard Lilford and has been established by the NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRC) for Birmingham and Black Country (BBC). An essential idea of the knowledge exchange forum is to facilitate academia and health practitioners to work together. In this meeting we discussed the future of local hospitals.

I recently presented at a Digital Strategy conference in London which looked at the use of social media in the public sector. My session concerned the use of social media to create and support open and accessible public sector leadership.

I have been asked to take on the role of Chair of the Birmingham and Solihull Local Education and Training Council. This carries with it a seat on the Local Education and Training Board and is part of the national reform of education and training. This is important for the Trust as the reforms give a stronger voice for hospitals in how training of health professionals is planned and delivered.

Finally, I recently attended a lecture by Sir David Nicholson at the Health Services Management Centre at Birmingham University. This was followed by a wide ranging discussion on the NHS including the impact of the recent Health and Social Care Act.

Information Standard surveillance visit Outcome - Heart of England NHS Foundation Trust (18305)

At the beginning of April we received notification that following a recent Surveillance Review the Trust had successfully demonstrated that its service delivery continues to comply with the requirements of The Information Standard. This has been achieved for the second year running.

The Information Standard was established to help patients make informed choices about their lifestyle, conditions and treatment/care options, by providing a recognised and trusted quality mark that will indicate reliable sources of health and social care information. It defines good quality information as: Clear, relevant, evidence based, authoritative, complete, secure, accurate, well-designed, readable, accessible and up to date.

By achieving this standard the Trust has shown that all the information that the Trust provides adheres to the quality standard. All the leaflets produced since February 2011, apart from the Pan Birmingham, now displays the Information Standard logo.

EMC IIG (Documentum) Study Tour

The Trust has been invited, along with other NHS trusts, to take part and input at round table event and a study tour being hosted by the EMC Information Intelligence Group. EMC is a global leader in transformation and information technology delivery. The Trust's work on digital scanning and its innovative approach to ICT is of specific interest and repenting the Trust at the event will be Andrew Laverick.

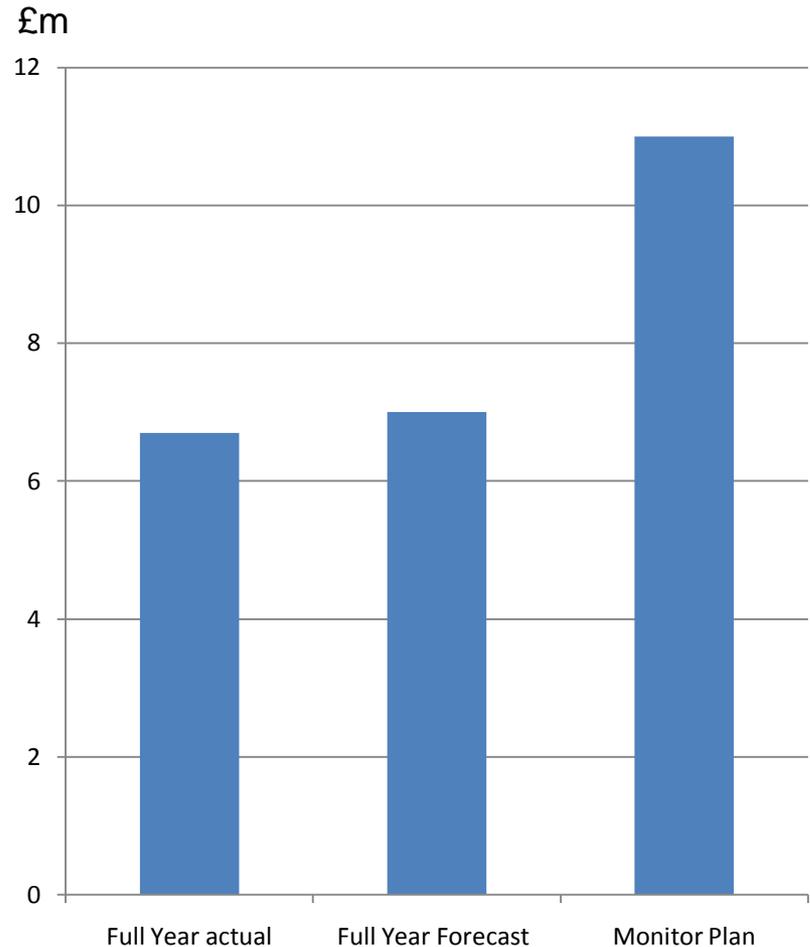
Council of Governors
23 May 2012

Finance and Performance Update



Full Year Performance (month 12)

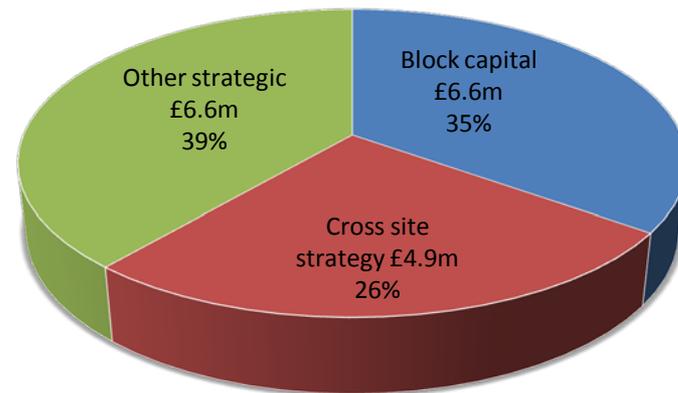
- Monitor risk rating 3 maintained.
- Full year surplus of £6.7m.
 - In line with forecast of £7m,
 - PCT commissioners paid for agreed level of over performance of £8m,
 - Delivered 75% of CIP target,
 - Higher than planned pay costs.



Capital Position

- Full year spend of £14.7m vs. full year plan of £35.8m and forecast of £19.2m.
 - Main under spends are;
 - Delays to cross site strategy schemes (GHH A&E refurb and new theatres) to make sure operational teams ready for changes.
 - Decision to discontinue ACAD and replacement schemes not yet approved.
 - CHP scheme for Good Hope deferred to 2012/13.
- £10.9m approved as carry forward into 2012/13.

Capital Delivery YTD



Performance – Monitor Standards

Monitor risk rating amber-red.

KPI	Target	Actual
A&E 4 hour wait	95%	Achieved
C Difficile	131	Achieved
MRSA	7	Failed
Cancer 31 day wait	3 targets	Achieved
Cancer 62 day wait – GP referral	85%	Failed
Cancer 62 day wait – consultant referral	90%	Achieved
Cancer 2 weeks	2 targets	Achieved
18 weeks admitted	23 weeks	Achieved
18 weeks non-admitted	18.3 weeks	Achieved

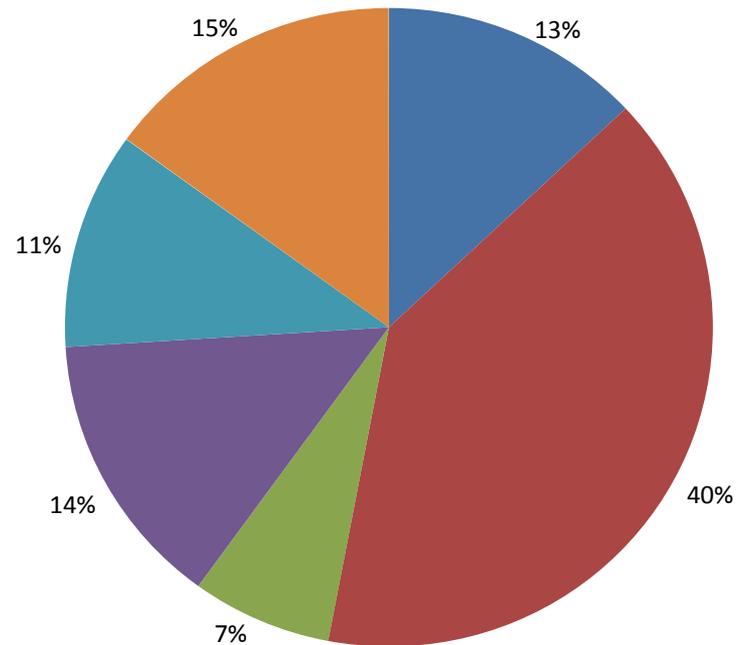
Full year 8 cases, including 2 contaminant cases

Missed quarter target by c6 cases, achieved 83.6% in quarter 4. Year to date target has been met.

2012/13 budget

- Budget approved by Finance and Performance Committee in March.
- Total for 12/13 is £16.0m surplus, £4.6m is non-recurrent items.
- Includes CIP of £23m and inflation of £6.6m.
- CIP subject to significant confirm and challenge process.
- I&E target for Monitor Plan will be £11.4m

CIP by scheme type



2012/13 capital

	£m
Operational Capex	7.5
Other Large Schemes	13
Cross site strategy Schemes	20
<u>Total</u>	<u>40.5</u>

- GHH A&E £3.6m
- GHH Theatres £4.5m
- BHH Pathology £8.9m
- Other schemes £3.0m

- Medical equipment £3m
- IT £3m
- Estates £1m
- Sites £0.5m

- Neonates £0.8m
- GHH CHP £1.2m
- GHH CT scanner £0.5m
- BHH Estates workshop £2.7m
- Catheter labs £2.0m
- Estate infrastructure (switch gear, chillers, generators, gasses) £3.1m
- Other £1.7m



Forward Plan Strategy Document for 2012-13

Heart of England NHS foundation trust

Forward Plan for y/e 31 March 2013 (and 2014, 2015)

This document completed by (and Monitor queries to be directed to):

Name	Angeline Jones
Job Title	Chief Financial Controller
e-mail address	Angeline.jones@heartofengland.nhs.uk
Tel. no. for contact	0121 424 3654
Date	

The attached Forward Plan Strategy Document (the “Forward Plan”) and appendices are intended to reflect the Trust’s main business plan over the subsequent three years. Information included herein should accurately reflect the strategic and operational plans that have been agreed on by the Trust Board.

In signing below, the Trust is confirming that:

- The Forward Planned appendices are an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the board of governors;
- The Forward Planned appendices have been subject to at least the same level of Trust Board scrutiny as any of the Trust’s other internal business and strategy plans;
- The Forward Plan and appendices are consistent with the Trust’s internal business plans;
- All plans discussed and any numbers quoted in the Forward Plan and appendices directly relate to the Trust’s financial template submission.

Approved on behalf of the Board of Directors by:

Name (Chair)	Lord Philip Hunt
-----------------	------------------

Signature

Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Mark Newbold
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Signature

Approved on behalf of the Board of Directors by:

Name (Finance Director and Deputy Chief Executive)	Adrian Stokes
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Signature

Strategy Guidance - Annual Plan Review 2012-13

1. Overview

The Trust Board's Forward Plan for the three year period 2012/13 to 2014/15 should capture and clearly communicate:

- the vision for the Trust and the strategic goals that underpin delivery;
- the extent to which the risks of not achieving goals and objectives are assessed and managed;
- the key priorities, actions and resources (financial, people and facilities) needed to deliver each of the core components of the strategy;
- milestones and measures of progress along the way;
- how the Trust Board has considered the impact on quality of patient care;
- how the Trust Board has considered how patient safety is safeguarded;
- how the Trust Board is assured of the Trust's continuing financial and clinical sustainability;
- any regulatory and delivery risks and mitigations; and
- how the Trust Board has engaged with stakeholders across the broader healthcare landscape to ensure alignment of goals and objectives.

NHS FT plans for 2012/13 should include financial forecasts for the three year period 2012/13 to 2014/15 and reflect forward looking assumptions, projections or estimations as to:

- revenues and costs;
- contracts and changes in productivity;
- the likely impact of various external and internal factors;
- key risks, and credible mitigations;
- strategic capital and other investment projects;
- leadership and necessary key skills;
- potential acquisitions and /or disposals; and
- clinical quality objectives and service developments.

The above should link to the Trust's strategic vision and should be supported by detailed planning including proposed actions, timeframes and responsibilities.

The strategic part of the Forward Plan is designed to support the delivery of high quality healthcare services by ensuring that:

- NHS Foundation Trust Boards (both directors and governors) have properly considered and delivered the above requirements for good planning;
- the Trust's financial plans are robust, internally consistent and realistic;
- the Trust's goals and objectives align with those of the Local Health Economy; and

-any gaps or inconsistencies are promptly identified and actions taken to address them.

Trust Boards should be able to identify key priorities and risks for each of their core business areas and demonstrate how these will be effectively managed to ensure delivery.

This document sets out guidance to assist in completing each of the main sections within the Forward Plan. In addition there is guidance on completing the appendices. Within each section, Trust Boards should clearly describe the link between its overall vision for the Trust, the strategic goals and objectives, key operational action plans and the assumptions used to drive them.

Where more detailed information is already included within the input sheets from which the financial plans are derived, then this information should be referenced (and where appropriate not repeated) within the sections below.

Annex A sets out, at a high level, the main stages in the development of the three year Forward Plan and appendices and the key elements which underpin each.

Introduction

The sections below should be completed in such detail as is necessary to demonstrate that the Trust Board has:

- a clear, shared vision;
- planned key priorities;
- considered material risks (both internal and external);
- assessed potential downsides and mitigations; and
- had regard to the views of the board of governors.

The sections cover four categories, set out below:

To be published

1.Section 1 –Forward Plan

Not intended for publication

2.Appendix 1 - Key risks

3.Appendix 2 - CIPs and efficiency

4.Appendix 3 - Financial commentary

a)Income

b)Service Developments

c)Transactions

d)Activity

e)Workforce

f)Capital expenditure

g)Costs

Note: Although Monitor does not intend to publish Appendices 1-3, all information provided to Monitor is potentially subject to disclosure under the Freedom of Information Act 2000.

Section 1: Forward Plan

A. The Trust's vision is summarised as:

In 2011 the Trust held a number of discussions with its key stakeholders to develop the future strategy of the organisation and gain insight into the options for structure and service provision. Gathering all the input the Trust Board has identified the Trust's mission as:

“Healthcare at the heart of our communities”.

In support of this mission and to help meet the challenges ahead, the Board has agreed the following four strategic priorities for the Trust, encompassing both clinical and corporate goals:

- **Safe and Caring** – The Trust aims to be the top quartile nationally for safety metric performance and patient satisfaction. The Trust aims to become an employer where the workforce are 'consistently engaged' with their organisation and they are to be recognised nationally.
- **Locally Engaged** – The Trust will develop an individual identity for each of the hospital sites, which will drive local integration to enable the redesign of the key services to meet the needs of the local population the Trust serves. This embodies the desire to become a good corporate citizen.
- **Efficient** – The Trust will establish plans to achieve a 15% reduction in costs, a 50% reduction in the cost of sickness and a reduction of an average length of stay over the next 3 years. The Trust strives to consistently deliver all its statutory and regulatory targets.
- **Innovative** – The Trust will become a leading 'open organisation'. The Trust aims to develop a number of beacon clinical services which receive national recognition, establish models for education, research and services to other organisations. The Trust will continue to build a strong nursing workforce and achieve local, national and international recognition for the 'HEFT Nurse' brand.

The Trust's forward looking vision is to provide services that encourage confidence, trust, and pride within the communities it serves.

B.The Trust's strategic position is summarised as:

The Trust provides a wide range of healthcare services to its large population through 3 acute hospitals and a range of communities based clinics. In view of the growing healthcare needs, changing populations and NHS regime, the Trust has undertaken a number of workshops – described as ‘Reshaping HEFT’ – with certain staff groups in late 2011 to review the services it provides with the aim of ‘localising where possible and centralising where necessary’. The Trust aims to give more flexibility to each site by having their individual identity with measurable autonomy. Over the last 18 months Good Hope Hospital has had a dedicated site lead, this model is now being used across the three hospital sites with an identified Hospital Director and support team for each site being permanently established.

As part of Reshaping HEFT a distinct identity for each hospital has been identified within the HEFT hospital system;

- Heartlands Hospital – a very large hospital with some tertiary services providing corporate and clinical centre for the organisation including healthcare research and faculty of education on site
- Good Hope Hospital – a new model for medium sized district general hospital – utilising strong corporate support functions, cross –site clinical working and effective local engagement.
- Solihull Hospital – innovative, integrated healthcare system – showing the way for smaller hospitals everywhere. Closely linked to HEFT community services.

A portfolio of ‘Reshaping HEFT’ projects have been identified with assigned clinical and operational leads focusing on 5 work streams:

Work stream	Project	Key focus / outcomes
Development of new pathways	<ul style="list-style-type: none"> • Frail Elderly Pathway redesign • Maternity Services Efficiencies • Chronic diseases pathway (Respiratory, Diabetes & Heart Diseases) 	<ul style="list-style-type: none"> • Admission avoidance and early discharge • Reduce length of stay • Management of care in the community
Service Development	<ul style="list-style-type: none"> • Elective Care Centre at Solihull • HEFT @ Home • Daycase surgery models • Review of ‘general’ medicine care • Cancer services at Solihull 	<ul style="list-style-type: none"> • Concentration of elective care • Increase efficiencies and improve patient experience • Early discharge • Reduce length of stay • Development of a Chemotherapy experience
Stroke Services	Review/configure acute and rehabilitation services delivered across the 3 hospital	<ul style="list-style-type: none"> • Achieve recognised best practice stroke care • Streamlined pathways and early discharge
Surgical Specialities	Review location and service configuration	Ensuring balance the need for emergency and elective work
Birmingham Chest Clinic	Searching for possible alternative locations	Ensuring quality services continue to be provided at the city centre site

By developing new day surgeries at Heartlands Hospital and Good Hope Hospital, new elective care centre at Solihull site and HEFT @ Home model, the Trust aims to reduce demand for hospital services by using its expertise to have patients treated at home and keeping them well.

Clinical and Quality Strategy

C.The Trust's Clinical and Quality strategy over the next three years is:

Over the year, the Trust has made progress on priorities set in the Quality Accounts 2011/12 and further 3 priorities identified and set for Solihull community services in 2011/12. The Trust continues to work towards the strategic priority 'Safe and Caring', which includes: -

- Being in the top 10% in England for safety metrics performance,
- Having a 80% net recommender index score for patient satisfaction,
- Having 75% of our workforce agreeing that they are 'consistently engaged' with their organisation, and
- Being recognised nationally for employee involvement in the running of the organisation.

The Trust strives to continue to reduce hospital acquired infections. In 2011/12 the number of cases of MRSA bacteraemia and C-diff cases (post 48 hours) were lower than in 2010/11, and the targeted reduction for C-diff cases was achieved.

Patient Safety has improved since Virtual Interactive Teaching & Learning (VITAL) was implemented in 2011/12 across all nursing staff. The Trust will continue to develop and provide trainings to staff and raise awareness to patients and service users as required.

The Trust continues to work closely with its healthcare partners in the communities across the region to improve and establish new patient pathways. The Trust will also build up broader view of the community to improve Health and Wellbeing and Staff Wellbeing. Work has already begun at Solihull where a partnership board was established to produce a better integrated health economy. The Trust will also work closely with Birmingham City Council and Birmingham University on public health strategies that further benefit the health economy in across all other sites.

At the end of 2011 a large number of workshops were held with senior clinical teams from the main bed holding specialties. These 'Reshaping HEFT' workshops aim to focus on how to make most effectively use the current resources and deliver quality services to our patients. They also helped to explore innovative ways of working and changes needed to ensure the Trust remains viable against the challenges in the future. A portfolio of projects has been identified with assigned clinical and operational leads for implementation in the years ahead.

To support this and to keep the focus on quality initiatives, the financial arrangements with commissioners have been adjusted to provide incentives ensuring everyone is focused on improving patient safety, patient outcomes and service quality, whilst maintaining a sustainable financial position.

There is a robust system in place for ensuring that the Board is made aware of key safety issues. The Governance and Risk Committee regularly reviews the Trusts risks, SUIs, complaints and claims in aggregate. This ensures that any trends are addressed and lessons learned and relevant actions are taken in response to issues arising. In January 2012 the Trust achieved Level 2 compliance with the NHSLA Risk Management standards for acute Trusts.

Clinical and Quality priorities and milestones

D. Clinical and Quality priorities and milestones over the next three years are:

Quality Priorities	Contribution to the strategy	Key actions and delivery risk	Action taken in 2011/12	3 year targets / measures for 2011/12 2012/13 2013/14
<p>Stroke Management – ensure patients receive timely treatment in an appropriate care setting</p>	<p>Safe and Caring; Locally Engaged.</p>	<p>Cooperation with A&E and acute medical assessment areas to admit patients to a stroke unit within 4 hours.</p> <p>Rapid diagnosis – CT scanning.</p> <p>40% of patients discharged from hospital should be supported at home with access to therapy.</p>	<p>250 more people were admitted directly to a stroke ward in first half of 2011 compared to 2010.</p> <p>Improved access to CT scans for patients.</p> <p>Launched an Early Supported Discharge service at Heartlands site in Jan 2012 to enable people receive the therapy at home.</p>	<p>Admission to stroke unit within 4 hours of admission.</p> <p>Develop a ward round by a specialist stroke physician 7 days of a week.</p> <p>Develop a stroke early supported discharge service at Good Hope Hospital and Solihull Hospital.</p>
<p>Patient Experience – improving the response to patients’ needs</p>	<p>Safe and Caring.</p>	<p>Back-to-the-floor programme to increased number of patient surveys based on the CQC’s Inpatient Survey.</p> <p>Engaging the community.</p> <p>Regularly review opinions and feedbacks via internet and Twitter blogs.</p>	<p>Back-to-the-floor programme continue to monitor patient experience and reports reviewed by Executive Board monthly and Governance & Risk and Trust Board bi-monthly.</p> <p>Established the new ‘Patient Services’ function to offer a rapid escalation pathway to complainants.</p>	<p>Improving the response to patients needs and continue to review progress monthly by the Executive Board, and every two months by Governance & Risk and Trust Board.</p> <p>Capture data of community services, integrated health and social care packages.</p>

Quality Priorities	Contribution to the strategy	Key actions and delivery risk	Action taken in 2011/12	3 year targets / measures for 2011/12 2012/13 2013/14
Venous Thromboembolism (VTE) – improve clinical outcomes for patients receiving VTE prophylaxis	Safe and Caring; Locally Engaged.	Improve VTE risk assessments and prophylaxis. Provide VTE risk assessment as part of mandatory training for all clinical staff commencing work at the Trust.	Achievement of >95% of VTE assessment. Introduced the newer oral anticoagulants Dabigatran and Rivaroxaban allowing their use in thrombosis prevention in patients undergoing hip and knee replacements.	Reduce death and disability from VTE. Continue to achieve a standard of >90% of patients being assessed.
Mandatory Training - ensure staff have core and mandatory training as required	Safe and Caring; Efficient.	Increased awareness to staff. Provide e-learning mandatory training to clinical staff.	Developed online learning package. Development of Virtual Interactive Teaching & Learning (VITAL).	To develop VITAL for paediatrics, midwifery, medical staff and managers in 2012.
Incident Reporting – improve the timeliness of reporting	Safe and Caring; Efficient.	Monthly review of SUI forum and work alongside acute services, the SHA & commissioners.	Implementation of an electronic reporting system.	Achieve local and national targets.
Quality of life measures – collect and review patient satisfaction feedback	Safe and Caring; Locally Engaged.	Develop patient experience survey and other tools to review outcomes.	Launch of pilot patient experience survey in 4 services.	Improving the clinical outcomes and continue to review progress.

Quality Priorities	Contribution to the strategy	Key actions and delivery risk	Action taken in 2011/12	3 year targets / measures for 2011/12 2012/13 2013/14
Continence Service – provide Public Health Training	Safe and Caring; Locally Engaged.	Provide public health training to front line staff.	Provide public health training to front line staff.	Further training.
Reduce MRSA and C-diff levels	Safe and Caring.	MRSA screening.	Continue review and reduction in post 48 hours MRSA bacteraemia.	Further reductions.
2012/13 Priorities				
Fundamentals of Care	Safe and Caring	Review progress in the Nursing and Midwifery Performance Board.	These are the priorities identified by stakeholders for 2012/13.	Developed Trust wide Scorecards. Meet targets.
Falls	Safe and Caring	Review progress in the Nursing and Midwifery Performance Board.	These are the priorities identified by stakeholders for 2012/13.	Meet targets set in Scorecards, e.g. falls per occupied bed days.
Pressure Sores	Safe and Caring	Review progress in the Nursing and Midwifery Performance Board.	These are the priorities identified by stakeholders for 2012/13.	Meet targets set in Scorecards, e.g. tissue viability audits, incident numbers.
Fracture Neck of Femur	Safe and Caring	Data will be reported at quarterly audit meetings and the Trust Quality Group.	These are the priorities identified by stakeholders for 2012/13.	Facilitate improvements in the quality and cost effectiveness of hip fracture care.

Financial Strategy

E.The Trust's financial strategy and goals over the next three years:

The Trust has taken cautious approach in compiling the financial plan. It is anticipated to achieve a surplus of £11.4m in 2012/13, in line with planned levels last 2 years, and to maintain at a similar level in the following 2 years. The surplus level across the period enables the Trust to implement its ongoing investment into the infrastructure and estate required to deliver Reshaping HEFT and other development programmes.

In 2011/12, the Trust has suffered throughout the year from financial uncertainty due to potential penalties from our commissioners, such as for new-to-follow-up ratios and readmissions levels, although all of these issues have been resolved by the year end. This in year financial uncertainty makes it more difficult to forecast the financial position and plan for future developments. For 2012/13 the Trust has negotiated a Joint Managed Risk Agreement (JMRA) with the main PCT cluster and other large PCTs. This provides some predictability over the level of revenue for clinical services which is expected to remain at a steady level at c.£535m per year. The challenges under this arrangement to for the Trust to monitor activity growth and demand management whilst ensuring the Trust has good control on its expenditure.

Pay is a key area of expenditure. Due to overspend early in the 2011/12 year, a strict vacancy control process was established in October 2011, with all vacancy and re-banding applications having to go an Executive Panel for approval. Only approved vacancies can be covered by Bank. This regular review will continue to ensure actual pay costs meet the pay budget over the coming years.

Most non-pay expenditure budgets will have a general inflation rate of 3% across the plan period, with exception of drugs at 4.5%, blood at 0% and other items where there is specific inflation linked budgets and energy.

The CIP target over these 3 years remains to at standard rate of 4%, c£23m. This will be a challenging target and the CIP Board, Executive Management Board and Trust Board are reviewing schemes of internal quality, innovation, productivity and prevention to ensure all possible avenues to become more efficient are explored.

Leadership and Organisational Development

F.The Trust's approach to ensuring effective leadership and adequate management processes and structures over the next three years is:

Key leadership and governance priorities	Key risks (and gaps)	Actions to rectify / mitigate	Milestones 2012/13 2013/14 2014/15
Development of site lead based organisational structure.	Too much autonomy in each site that cause variations in operations across sites.	Assign accountable site leads and teams to ensure strategies/projects are implemented as planned. Regular senior level managers meetings help to converge differences.	Level 2 staff consultation runs April – May with staff appointed in June-July so structure completed by August. Financial plan in 2012/13 year.

Key leadership and governance priorities	Key risks (and gaps)	Actions to rectify / mitigate	Milestones 2012/13 2013/14 2014/15
Continuing to develop an engaging leadership style across the Trust.	Level of buy-in at senior level to plan.	CEO, Executive and Board commitment in place. Regular monitoring of deliver and measures at Executive Management Board and Trust Board. Regular Executive 'back to the floor'.	Internal staff survey.
Developing robust workforce plans for the future and managing key workforce risks such as succession planning, workforce reductions.	Slow development of clear plans and processes to manage workforce risks. Level of integration across health economy.	Clear process in place and all Groups have delivered a Workforce Plan. Executive Team to assess and sign of in June. Working with health economy on plans. Faculty of Education and Faculty Board in place to prioritise learning and development interventions around workforce gaps and risks.	Trust wide workforce plan prepared by June 2012.
Developing leadership capability	Availability of leadership skills to address current and future challenges.	Role design review underway for key roles e.g. clinical leadership. Leadership development programmes running for all levels of leaders via Faculty of Education.	Leaders appraisals April – June 2011. Clinical leadership role design outcomes to be implemented through summer 2011.
Leadership in implementing 'Reshaping HEFT' projects	Degree of accountability in design and execution of projects.	Develop clear project structure with named clinical and operational leads. Set up Programme Board. Review of Capital progress through Finance and Performance Committee.	Programme Board established in Spring 2012. Detailed implementation plans to be developed in 2012. Capital items delivered 2012-2014.
Keeping the Board focussed on key issues.	Board becomes out of touch with issues affecting the Trust and does not respond efficiently to external changes.	Regular Board meetings where current issues are discussed. Annual business plan to incorporate external changes. Consider financial issues for future years in Autumn of each year.	Board agendas, remain within terms of authorisation.

Other Strategic and Operational plans

G.The Trust's other strategic and operational plans over the next three years:

The Trust aims to develop new business models on training, education and research and supporting academia opportunities, such as establishing Academic Health Science Network and being a 'hub' of healthcare research. We would also offer portal access for all staff, and VITAL for Managers and HCAs to develop further on education and leadership. All these schemes are linked to the Trust's strategic priority 'Innovative'.

In March 2011, the NHS in the West Midlands introduced a new trauma care system across the hospitals in the region. Heartlands Hospital has been identified as a designated trauma centre, which is a huge achievement to receive this status in the region. This is in-line with our 'Safe and Caring' priority. This new trauma system aims to improve the patient pathway and ensure we provide the right care to the right patient at the right time.

Regard to the views of Trust Governors

H.The Trust has had regard to the views of Trust Governors by:

A new Committee, Financial and Strategic Planning Committee was set up in the summer of 2011 which consists of 6 governors and representatives from the strategic planning and finance and performance departments within the Trust. There have been 6 meetings of this Committee which has briefed the governors on the overall financial performance of the Trust in 2011/12, the Reshaping HEFT Programme, the three year capital programme and the Annual Plan process. This puts the governors in a more informed position to review the Trust's Annual Plan documents and ensure that this document reflects their thoughts on the Trust's Annual Plan.

The Draft Strategic Document was sent to the Committee for review, comment and feedback in April and an overview of the finances and capital planning was produced at this time. The detailed financials and other documents and final Strategic Document will be discussed at the May Committee before being sent to the wider Council of Governors for approval.

Appendix 1: Key risks (NOT INTENDED FOR PUBLICATION)

Financial Risks

THIS ITEMS HIGHLIGHT IN YELLOW ARE THOSE WHICH THE TRUST CONSIDERS TO BE COMMERCIALY SENSITIVE, CONFIDENTIAL OR OTHERWISE UNSUITABLE FOR DISCLOSURE

Category of risk	Description of risk (including timing)	Potential impact	Mitigating actions / contingency plans in place	Residual concerns	How Trust Board will monitor residual concerns
Joint Managed Risk Agreement (JMRA)	Activity exceeds planned level would result in overspending.	This would reduce the planned financial surplus and reduce ultimately services the Trust could provide.	<ul style="list-style-type: none"> Recruitment controls in place in Vacancy Control Panel. New Demand Management Committee to meet monthly. 	Unpredictable healthcare demands and inflationary rates.	<p>Periodic reports to Finance and Performance Committee and Trust Board.</p> <p>Regular meetings with Commissioners.</p>
DoH efficiency target	Unachievable CIP levels generate financial pressures to Trust.	Leads to reduction of services or erodes into financial surpluses.	<p>Develop robust 3 year plans to improve productivity and quality via increased economies of scale.</p> <p>Trust wide CIP initiatives.</p>	Diverging management focus on savings targets from delivering quality services to patients.	Regular review of costs at CIP Board and Finance and Performance Committee.
New NHS commissioning regime	Impacts on existing planned income and activity, service development and capital programmes.	Leads to financial uncertainty to the Trust.	Locally engaged with commissioning cluster. HEFT will continue keep up to date on the latest developments and changes.		Key issues and changes reported to Finance and Performance Committee and Trust Board.
Inflationary pressure	Actual inflation rate may be higher than planned, puts	Flat rate income unable to cover	Procurement strategies, such as managed service	Time required for identifying increased inflation and	Regular review costs at CIP Board and Finance and

	pressure on maintaining financial balance	increasing expenditure.	contracts, help to identify cost reduction opportunities.	may change again in a short timeframe.	Performance Committee
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Non-Financial Risks (including quality)

Category of risk	Description of risk (including timing)	Potential impact	Mitigating actions / contingency plans in place	Residual concerns	How Trust Board will monitor residual concerns
<i>Change in organisation structure</i>	Transformation from group structure to site based structure.	Delay in effective management.	Project team with site leads to engage and manage change processes and deliver planned benefits.	Further concerns of staff anxiety for unknown future.	Consultations with staff groups to ensure transitions are smooth.
<i>Demand Management</i>	Changing population and healthcare service demand.	The Trust unable to cope with the high demand with current resources	Ongoing reviews of activity vs plan.	Further concerns over costs and workforce.	Issues reported to Executive Management Board and Trust Board.

Risks to Quality

The Trust Board completed a self assessment of its quality governance arrangements in line with the Monitor compliance framework and at Quarter 3 2011/12 declared that it was compliant with declaration 1 'The board is satisfied that, to the best of its knowledge and using its own processes and having had regard to Monitor's Quality Governance Framework (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), its NHS foundation trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients'.

The monthly Finance and Performance Committee (FPC) reports include a detailed KPI report on key performance and quality indicators. Where there are concerns about achievement of an indicator an exception report is produced and the relevant operational or clinical manager is present at the committee to explain action plans to bring performance back within expected levels. Any significantly important issues are then escalated to the Trust Board. The Governance and Risk Committee which is chaired by a non-exec and led by the Director of Governance meets regularly and reviews issues that have arisen of a clinical quality nature, and again would escalate issues to Trust Board as appropriate.

In determining the quality priorities in the Quality Accounts 2012/13, local stakeholders groups, service users and Trust volunteers and Governors were invited to attend one of three half-day focus group workshops. These internal and external stakeholders were extensively consulted and engaged.

National audits are a priority for the Trust and are included in each directorate's audit programme. They enable clinicians to compare their clinical practice against standards and to use this information to deliver better outcomes in the quality of treatment and care. During last year, HEFT participated in 90% national audits and 100% national confidential enquiries of the national clinical audits. Internally, the Trust's Safety and Governance Directorate monitors the Trust's participation in all audits through its audit database system. This includes national audits and actions taken in accordance with recommendations. This activity is reported to the Clinical Standards Committee on a 6 monthly basis.

In addition, the Trust is required to register with the Care Quality Commission (CQC) and its current registration status is registered without any conditions. During 2011/12, the Trust had two responsive reviews from the CQC:

- In August 2011, CQC completed an unannounced inspection to review Care and welfare of people who use services (Outcome 4) and Medicines Management (Outcome 9). This inspection found that the Trust was not compliant with Outcome 9. A full action plan has been developed to address the gaps identified from the inspection. Many of the actions have already been completed and the remaining actions are due to be completed by the end of March 2012. An update on the action plan was submitted to the CQC and Monitor in January 2012.
- The January inspection the Trust was found to be compliant with Outcome 4 and Outcome 13 (Staffing).

The Reshaping HEFT programme is another programme that is aimed at driving forward the quality of care provided to the Trust's patients.

Use of external assurance (including internal audit)

The Trust's provider of risk management assurance services, KPMG, have performed a number of detailed audits in the 2011/12 year and have provided reports on its findings to Audit Committee and Governance and Risk Committee. Their programme has included a review of clinical audit and governance systems and processes in the trust, which is a new approach to the Trust. They were also commissioned to perform a review of two specific directorates where senior management were concerned about the performance of these directorates. The Medical Director has taken responsibility for implementing the findings of this report. In addition KPMG performed a review of the Trust's readiness for the Bribery Act and the Director of Corporate Affairs has taken responsibility for implementing the findings of the report.

The 2011/12 Head of Internal Audit opinion reported that substantial assurance could be given that there is a generally sound system of internal control on big financial and management processes.

The NHSLA compliance team performed a follow up visit to the learning and development department to review progress against specific action points and confirmed that the Trust is fully compliant in this area.

There have been a number of regulatory visits to assess the environmental aspects of the Trust and these have all had satisfactory reports or better.

There was a CQC visit to the Trust where a number of action points were raised in respect of medicines management. These points have now all been implemented and CQC have indicated that updates sent to them would indicate compliance and they have a visit planned in May 2012 to confirm this.

Cost Improvement Plans (CIPs) in the Forward Plan period

CIP Design

How have schemes been identified and developed?

One of the Trust's strategic priorities remain to deliver high quality services efficiently and CIP delivery underpins the financial sustainability of the Trust.

CIP schemes have been sourced through a rolling programme of identifying opportunities within the Trust based on expert knowledge of services and informed further by benchmarks and local health/social economy priorities.

This has enabled the development of schemes to be ultimately delivered by the Sites and Directorates. The schemes have been worked up using tried and tested processes including a Quality Risk Assessment and reported through CIP Programme Committee to Trust Board monthly.

In addition over the last year the Trust has:

1. Worked with the wider Health and Social Economy and QIPP agenda to support right care, right place first time. This improves the patient experience whilst delivering efficiencies as it can reduce admissions and length of stay.
2. Developed the "Reshaping HEFT" agenda which has focused on delivering transformational schemes and integrating community services at Solihull.
3. Invested in ICT and capital expenditure to deliver value improvements in staffing resource such as E-Rostering for nursing and Lab Medicine Automation.
4. Worked with the local PCT cluster to develop a joint managed risk agreement that will increase the focus on delivering pathway improvements and reducing demand.

CIP Focus - Top 5 CIP Schemes

Ref	Scheme	Scheme description including how Forward Plan will reduce costs	Under-pinning IT / information or management systems	Total savings £m	Phasing over three year period (%)			WTE Reduction	Has the Forward Plan been subject to a quality impact assessment (Y/N)	Who is responsible for signing off on the quality impact assessment	Key measure of quality for plan	Scheme Lead
					Yr. 1	Yr. 2	Yr. 3					
1	Reduction of posts or staff rationalisation	Reduce number of existing staff or review of job plan.	Knowledge of HR related regulations.	£11.0m	£3.6 m	£3.7 m	£3.7 m	c.233 wte	Yes	CIP Board and Medical Director.	Constant review actions and outcomes at CIP Board.	Group Clinical Directors, General Managers and Operation Managers.
2	Ward Rationalisation (Closure / Relocation / Efficiency)	Closure or merging of wards, or reduce number of beds to reduce staffing and other non-pay costs.	Bed model, theatre model, staff rostering system.	£13.1m	£4.4 m	£4.4 m	£4.4 m	c.283 wte	Yes	CIP Board and Medical Director.	Constant review actions and outcomes at CIP Board. Patient flow KPIs are maintained or improve.	Mainly Group 1 Medical Director and Operational Director.
3	Staff skill mix / Admin & Clerical staff job review / 7 Day Working	Review of job to seek possibility of cost (number of staff or grade) reduction without impact performance.		£10.0m	£3.3 m	£3.4 m	£3.3 m	c. 232 wte	Yes	CIP Board and Medical Director.	Constant review actions and outcomes at CIP Board. FPC review of staff costs, staff costs reduce. Reduction of agency and locum staff.	Group Clinical Directors, General Managers and Operation Managers.

4	Implementation of E-Rostering system	Electronic roster allows more efficient and effective allocation of staff and cautious use of temporary staff.	IT system required.	£3.06m	£1.1m	£1.0m	£0.9m	None but will reduce bank and agency requirements	Yes	Chief Nurse.	Constant review actions and outcomes at CIP Board. Improved scores on patient satisfaction surveys.	Chief Nurse.
5	Drugs related cost savings (efficiency / use of cheaper drugs)	Better use of existing drugs with clear procedures to reduce waste; source alternative drugs.	Guidance of drugs usage; knowledge of procurement guidelines.	£5.0m	£1.7m	£1.7m	£1.7m	0	Yes	CIP Board and Medical Director.	Constant review actions and outcomes at CIP Board.	Group Clinical Directors, General Managers and Operation Managers.

CIP Process

CIP development is an on-going process including a rolling 3 year plan and opportunity matrix. The Trust's processes are consistent with best practice as verified by audit review.

Detailed Annual Planning starts in September of each year for forthcoming year. At directorate level this planning and delivery involves the triumvirate of Clinical Director, Matron and Directorate Business Manager supported by Finance and other support services e.g. HR.

These Plans are reviewed in November and again in January by Confirm and Challenge by Trust Board including the quality / safety assessment. Where resources are required to pump-prime initiatives, business cases for capital or revenue funds are produced.

In year delivery of efficiency is monitored monthly locally within directorates / groups and by the Trust CIP Programme Committee and reported to Finance and Performance Committee and Trust Board with recovery programmes developed as necessary. This includes Performance Support & Management reporting to Chief Executive, Medical & Finance Directors of any significant shortfalls in Groups or Directorates.

CIP Management

How has the Trust gained assurance that its CIP target will be achieved over the next three years?

Organisational Accountability for CIP delivery is held by the Trust Board supported by the management and committee structure. An opportunity matrix is used to identify possible schemes that can then be led at Trust-wide and local levels to delivery through detailed project plans. Plans are reviewed monthly for new schemes and actual delivery at all levels of the Trust.

The Programme Management for the CIP delivery is overseen by an established Committee. Accountability for delivery is the responsibility of the directors of groups and directorates. This includes updates on standard metrics and recovery actions

CIP delivery is risk assessed in three ways:

1. Rating 0-5 for likely delivery
2. Quality and Safety Assessments
3. Accuracy of likely financial delivery

The Trust sets itself a stretch target based on previous experience that some planned schemes may deliver later in the year than planned or not at all. The Executive Management Board has also reviewed CIP schemes and a number of Trust wide initiatives are being considered should the group and directorate plans be insufficient.

The Trust has historically managed its CIP and whilst it is expected that achieving future targets will be a significant challenge, these targets are still expected to be met.

The Birmingham and Solihull Cluster accounts for more than 85% of the Trust's income. The PCTs in the cluster are NHS BEN (Birmingham East and North), Solihull PCT, Heart of Birmingham tPCT and South Birmingham PCT. The Trust has signed contracts for 2012/13 with the cluster and other commissioners and will endeavour to sign contracts with its commissioning bodies every year. There is a framework for contract variations that is followed throughout the year.

As the commissioning environment changes the relevant Trust staff will maintain close working relationships with the key staff at the clusters and their successor organisations with a view to maintaining the excellent understands that have been developed over the last few years.

The Trust has taken a cautious approach to income by keeping it flat across the three year period. Whilst it is working with the commissioners and planning for demand management to have an impact in 2012/13, past experience has shown that the anticipated levels of reductions may not be fully achieved and could be offset by growth elsewhere. The level of activity will be reviewed regularly and if consistent activity reductions are found the Trust will take steps to remove cost.

Key income risk	Amounts and timing		Mitigating actions and delivery risk
	2011/12	2012/13 2013/14	
Commissioner affordability. Current forecast in excess of £25m pa	£25m		<ul style="list-style-type: none"> •Signed contracts in place each year. •Ensure information is provided in line with regulations and timetables. •Regular communication with commissioning bodies, especially over potential problems to identify actions to be taken and if necessary activity to be withdrawn. •New joint managed risk agreement (JMRA).
Contractual and tariff constraints	£30m such as non achievement of CQUINs, New-to-Follow-up, demanding MRDS and C-Diff targets.		<ul style="list-style-type: none"> •Ensure CQUIN targets and all contractual obligations are monitored and achieved. •Communicate changes to directorates and monitor implementation of operational change to match contractual requirement.
Reduction in activity through demand management	£50m		<ul style="list-style-type: none"> •For year one mitigated by JMRA. •Ongoing discussions with commissioners over their intentions and plans. •Tender for work being provided to "any willing provider". •Take swift action where services withdrawn – reassignment of staff or redundancy.

Appendix 3b: Financial commentary: Service Developments (excluding transactions)(NOT INTENDED FOR PUBLICATION)

Service development priorities	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Measures of progress 2012/13 2013/14 2014/15
Organic / innovation:				
Strengthen care pathways for frail elderly patients.	Contributes to the Trust goal of being a safe and caring organisation.	Provide more care in the community and closer to usual place of residence for this patient set.	Multi agency sign up will be required to undertake complete pathway redesign.	Decrease in number of admissions.
Develop an elective treatment centre at Solihull.	Contributes to the Trust goal of being a safe and caring organisation and link to HEFT @ Home.	Plan developed to be the hub of elective treatment.	More work transferred from inpatient; require skill review and patient pathway. Estates resources required.	Decrease length of stay and drive efficiencies. Increase market share.
Establish daycase surgery models.	Contributes to the Trust goal of being an innovative organisation and link to HEFT @ Home.	Plan developed for change of working to suit daycase surgery model (e.g. respiratory).	More work transferred from inpatient; require skill review and patient pathway. Estates resources required.	Decrease length of stay. Patient Experience Survey.
Hybrid Theatre – Interventional Radiology.	Contribute to the 'Innovative' strategic priority.	Communicate with various Groups to develop an effective business plan to Trust Board/Executive Management Board.	Partnership working with commissions. Estates and equipment resources required (c.£5m).	Implement business case. Improved service to vascular and urology patients, Reducing length of stay.
Review of Stroke services in region.	Contributes to the Trust goal of being a Safe and Caring organisation.	Develop review plan on acute and rehabilitation services delivered across 3 hospitals.	Streamlined pathways.	Achieve recognised best practice stroke care. Reduce length of stay.

Service development priorities	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Measures of progress 2012/13 2013/14 2014/15
Organic / innovation:				
Develop a designated trauma unit.	Achieving the new Trust's status in the new trauma system in the region.	Develop framework at a senior multi-disciplinary level to identify overall responsibility.	Require senior level clinical staff engagement and work with all specialities and major trauma centre.	Increased stabilised patients prior transfer to a specialist major trauma centre.
Laboratory Medicine Transformation.	Contribute to the 'Innovative' strategic priority.	Implementation of transformation programme. Implementation of Medical Devices MSC in 2013 costs £4m.	Modernise Laboratory Medicine, automation, workforce, buildings and collaboration with other providers.	Improved turnaround times. Managed Service Contract of automated equipment start from 2013.
Develop Ambulatory Gynaecology model.	Contribute to the 'Innovative' strategic priority.	Increase efficiencies by moving service from daycase to OP with procedure.	Equipment required.	Achievement of best practice tariff. Growth on existing number of procedures.
Cardiac Emergency Chest Pain pathway screening.	Contribute to Trust priority being an innovative organisation.	Develop business case (£200k revenue impact) and expand service to all 3 sites.	Two further machine (£1.2m per machine) required.	Implement pathway. Improved clinical outcomes.
Paediatric Phlebotomy service for GPs and Outpatients.	Contribute to Trust priority being an locally engaged organisation.	Plan approved by Group. Enable GP access.		Better quality and increased income. Supports Junior Doctor Deanery requirements.

Appendix 3c: Financial commentary: Transactions (NOT INTENDED FOR PUBLICATION)

Our Trust has no large-scale mergers and acquisitions planned in the coming 3 years.

The transaction of the Community Services from Solihull Care Trust and Heart of Birmingham tPCT took place on 1st April 2011 due to the national Transforming Community Services agenda, this have been completed successfully.

PFI and Material or Significant Investments:

The Trust currently has 3 small PFI schemes, the front entrance at Heartlands hospital and a CHP scheme at each of Heartlands and Solihull hospitals and only account for c£10m of the Trust's £190m net book value of buildings. The financial assumptions on these have not changed since the schemes were implemented, up to 4 years ago.

There are plans for a further CHP scheme at Good Hope Hospital. This may be funded through PFI or the Trust's own cash.

Appendix 3d: Financial commentary:Activity (NOT INTENDED FOR PUBLICATION)

Key activity priorities	Amounts and timing	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2012/13 2013/14 2014/15
HEFT @ Home	Financial incentives from our commissioners. 3 year plan to 2015.	One of the 'Reshaping HEFT' projects and contribute to the Trust being a safe & caring and efficient organisation.	Identify and develop plans how to transact use our expertise to keep our patients well at home instead of staying in hospital.	Engagement with communities providers.	Reduce length of stay Patient Experience Survey.
Ward Rationalisation	Schemes totalling £2.1m in 2012/13 efficiency plans.	Contribute to the Trust's strategic priority - 'Efficient', which may lead to changes to actual level of activity.	Review wards to ensure right wards are used for the right treatments and patients.	Plans with clear reasons for these decisions. Engagement and consultation with ward staff. Estates support in moving and refurbishing wards.	Reduce length of stay. Patient experience and internal staff surveys. Cost reductions.

Key activity priorities	Amounts and timing	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
Develop an elective treatment centre at Solihull	3 year plan to 2015.	Contributes to the Trust goal of being a safe and caring organisation.	Plan developed to be the hub of elective treatment.	More work transferred from inpatient; require skill review and patient pathway. Estates resources required.	Decrease length of stay and drive efficiencies. Increase market share.
Development of day case models	3 year plan to 2015.	Contributes to the Trust goal of being an innovative organisation.	Plan developed for change of working to suit daycase surgery model (e.g. respiratory).	More work transferred from inpatient; require skill review and patient pathway. Estates resources required.	Decrease length of stay. Patient Experience Survey.
Designated trauma unit	Became a designated trauma centre across the in the region in March 2012.		Develop a framework of managing pathway for the referral of multiply injured trauma patients to specialties.	Engagement with specialty teams. Work in partner with UHB – specialist major trauma centres (MTC).	Increased stabilised patients prior transfer to a specialist major trauma centre.

Appendix 3e: Financial commentary: Workforce (NOT INTENDED FOR PUBLICATION)

Key workforce priorities	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2012/13 2013/14 2014/15
Clearer alignment of service, financial and workforce plans	15% savings over 3 years.	<p>Internally to achieve integration of workforce plans as part of business planning cycle.</p> <p>Externally to work collaboratively with colleagues across the health economy to influence service redesign and consequent workforce efficiencies.</p> <p>System architecture changes pose a risk to delivery externally.</p>	<p>Management time in respect of dedicated workforce planning internally and in collaboration with the Cluster and SHA.</p> <p>Potential for IT developments to enhance workforce modelling and assurance.</p>	<p>Establishment of annual business planning cycle including workforce planning.</p> <p>Quality assurance of workforce plans through internal committee structures and utilising the Workforce Assurance Tool from 2012 onwards.</p> <p>Annual workforce savings to be identified through cost improvement plans and annual planning cycle.</p>
Commissioning of training interventions through the faculty of education based on the workforce plans	Ensuring that HEFT has an appropriately skilled workforce for the future, and training needs accurately reflect changes in models of care.	Accuracy of the prediction of future skills requirements through redesigning patient pathways.	Dedicated time to develop training needs analysis, resources from across the health economy.	Review of ongoing training needs as part of strategic workforce planning process with annual Training and Learning Needs Analysis in place.

Key workforce priorities	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2012/13 2013/14 2014/15
Effective redeployment plans both internally and externally	Reduce potential severance costs over the plan period.	Regional redeployment pools. New Management of Change Policy to incorporate plans for individuals at risk. New redeployment process launched 2011.	Management of redeployment process internally and liaising with external organisations in relation to regional redeployment pool.	Management of vacancies and number of individuals successfully redeployed, internally and within the regional redeployment pool.
Succession planning	Identification of future leaders and key positions internally and identification of gaps. Strategies to fill these gaps will be developed in the operational groups.	Support and guidance to business units in terms of gathering succession information. Process to be clearly defined.	Management time in identifying key positions, successors and action plans.	Development plans in place for successors through Leadership Development Programmes.

Appendix 3f: Financial commentary: Capital Expenditure (NOT INTENDED FOR PUBLICATION)

All of the schemes are being funded out the Trust's own cash balances.

Key capital expenditure priorities	Amounts and timing (including financing schedules)	Contribution to the strategy (incl. service delivery)	Key actions and delivery risk (inc. finance risks)
Development:			
<p>Heartlands Pathology</p> <p>Transformation: Strategic positioning to remain competitive in the local business environment. Modernisation in line with national Strategy (Ref. The Carter Report) of workforce, equipment & buildings. Protection of quality & service delivery.</p> <p>Cost/VFM: Cost effective service – lower unit cost by non pay & pay efficiencies. Project payback 10 years.</p>	<p>Total project to cost £11.3m without PMO team costs.</p> <p>Expected to be ready for operation May 2013.</p>	<p>Fits with national strategy (as recommended by Lord Carter) to rationalise services by developing a centralised hub & spoke service model for pathology.</p> <p>Provides a central 'core laboratory' which facilitates economies of scale & delivery of high quality diagnostics at a competitive unit cost. The facility will house the final configuration of automated equipment & allow centralisation of all specialised testing.</p> <p>Allows the Trust to compete in the local market & remain a premier provider of pathology services.</p> <p>Allows exploitation of the local market to deliver significant increases in income at reduced cost (project assumes £3.6m additional income from 2015/16).</p> <p>Releases usable space at Good Hope to support the Estate rationalisation Plan.</p> <p>The project is value generative: Net present value £15.8m and positive Income & Expenditure from 2014/15.</p>	<p>Constructions risks.</p> <p>Robotics handover and installation.</p> <p>Timeliness of available / forthcoming information from the Trust.</p> <p>- Close and regular communication with Project sponsor and Design Team. Assumptions to be clearly spelt out within Design information.</p>
<p>Good Hope Daycase Theatre reconfiguration</p> <p>Non-compliance with</p>	<p>Total project expected to cost £5.4m without PMO team</p>	<p>Compliance with Fire Safety regulations.</p> <p>Compliance with single sex</p>	<p>Refurbishment project impacts on the day to day activity of the Theatre Directorate (TD) adversely</p>

<p>fire regulations.</p> <p>Non-compliance with mixed sex legislation in daycase unit at Good Hope.</p> <p>Non-compliance with mixed sex legislation in surgical admissions unit at Good Hope.</p> <p>To use the old endoscopy, Ward 21 & daycase unit foot print to:</p> <ol style="list-style-type: none"> 1. Replace the 2 existing theatres in the Richard Salt Block with 2 new laparoscopic day case theatres. 2. Create a single sex compliant daycase unit. 3. Create single sex compliant surgical admissions unit. 	<p>costs.</p> <p>Expected to be ready for operation Mar 2013.</p>	<p>legislation in day case.</p> <p>Compliance with single sex legislation in surgical admissions unit.</p> <p>Increase laparoscopic capacity to support more day case work.</p> <p>Potential for increasing day surgery capacity.</p>	<p>affecting their performance.</p> <ul style="list-style-type: none"> - Early establishment of construction phasing and logistic plans in conjunction with the contractor. - Early development of robust construction management strategy. - Early engagement with contractor on H&S matters. - Detailed design and construction methodology to be fully developed prior to commencement of any work on site. <p>Potential lack of ownership and direction from key users.</p> <ul style="list-style-type: none"> - Theatres Project Board to consist of appropriate members with clear roles and responsibilities and mandatory attendance (or full deputy).
<p>Good Hope A&E Department reconfiguration</p> <p>To increase the flexibility of use of cubicles through co-locating majors & minors.</p> <p>Provide dedicated paediatric facilities to comply with NSF guidance & provide audio visual separation.</p> <p>Improve patient safety by increasing visibility & condensing the</p>	<p>Total project expected to cost £4.4m without PMO team costs.</p> <p>Expected to be ready for operation Jan 13.</p>	<p>Flexible use of majors & minors cubicles to cope with peaks & troughs in activity.</p> <p>The planned scheme allows for use of all cubicles 24/7 (currently minors department closes at 22.00hrs).</p> <p>Allows all clinical staff to be used flexibly between minors & majors (currently separate departments).</p> <p>Provide the space & environment to drive the benefits from the 2008 ED staff uplift investment by optimising patient flow.</p> <p>Increases number of cubicles by 3 increasing the flexibility of the</p>	<p>Refurbishment project impacts on the clinical operation of the Emergency Department (ED) adversely affecting their performance.</p> <ul style="list-style-type: none"> -Early establishment of construction phasing and logistic plans in conjunction with the contractor. Early development of robust construction management strategy Early engagement with contractor on H&S matters. -Detailed design and construction methodology to be fully developed prior to commencement of any work

<p>service into one area.</p> <p>To improve the aesthetic environment of an old, out dated department.</p>		<p>department.</p> <p>Utilisation of unoccupied estate stock by turning unused waiting areas into clinical space.</p> <p>Will improve the ED's ability to off load ambulances (will not address exist routes).</p> <p>Compliance with infection control standards.</p> <p>Improve the environment to enhance the patient & staff experience & protect status as Emergency 'Provider of Choice'.</p> <p>Improve patient flow by redesigning major's area.</p> <p>Minors patient's will no longer be required to register at reception & then be redirected outside.</p> <p>Improve staff safety by negating the need for lone workers.</p>	<p>on site.</p> <p>Potential lack of ownership and direction from key users.</p> <p>-ED Project Board to consist of appropriate members with clear roles and responsibilities and mandatory attendance (or full deputy).</p>
<p>Heartlands Estates Workshops</p> <p>The Medical Records Block has serious structural defects. In accordance with Structural Engineers' reports, this block must be totally vacated. This block currently houses medical records and the Estates workshop.</p>	<p>£2.8m approved to build the new workshops.</p>	<p>Estates rationalisation programme, together with the Trust's focus on work force planning.</p>	<p>Project is reliant on the Medical Records Project, which was completed April 2012.</p>
<p>Heartlands second Catheter Laboratory (CL) and replacement of Good Hope CL</p> <p>Consolidation of the Percutaneous Coronary</p>	<p>£2.3m approved to build second Cath. Lab.</p>	<p>Compliance with DOH and British Cardiovascular Intervention Society (BCIS) recommendations for PCI.</p> <p>Consolidate the directorates bid to become a provider of PPCI and a leading cardiac centre for the region.</p>	<p>The design is complete and orders have been placed, so risks could arise around project management and execution, and timescales.</p> <p>- regular project meetings.</p>

<p>Intervention (PCI) Service onto one site in line with national guidance.</p> <p>Provide optimal patient care as evidence shows superior clinical outcomes achieved in high volume centres. Improved reperfusion times.</p> <p>Patient satisfaction.</p> <p>Adding to Trust Surplus.</p>		<p>Meet increased demand for the service without compromising elective or non elective work.</p> <p>A second CL will minimise downtime and ensure access to a CL for heart attack patients.</p>	
Maintenance:			
<p>IT, Estates and Groups 1-5 capital allocation for the replacement of medical and ICT equipment, and general maintenance.</p>	<p>£20.8m total across the next three years.</p>	<p>Supports the rolling replacement of the asset base to ensure that safe, effective & efficient services can be provided to the Trust's patients.</p>	<p>Monitoring of spending against plan by Capital Prioritisation Group (CPG). To mitigate risk of unplanned capital requirement hold central contingency & review usage periodically.</p>
Other capital expenditure:			
<p>Document Scanning</p>	<p>12/13 £2.3m and £0.7m per year for next 2 years.</p>	<p>Medical records document scanning, to ensure paperless patient records.</p>	<p>Delay in scanning process mitigated by having a dedicated resource for scanning records.</p>
<p>Strategic projects</p>	<p>£4.0m per year</p>	<p>Various operational and clinical items, e.g. scanners, large infrastructure replacement.</p>	<p>Individual projects will be risk assessed and have an appointed project manager.</p>
Other estates strategy			
<p>Site strategic review, transforming HEFT.</p>	<p>12/13 £2m. 13/14 and 14/15 £20m per year.</p>	<p>Currently a number of projects are being discussed to develop a programme to support transforming HEFT. An outline programme has been approved by Executive Management Board and a 3 year time line developed.</p>	<ul style="list-style-type: none"> - Risk of interrelated projects. - Risk of financial overrun - Regular review by CPG, Site Strategy Programme Board and Executive Management Board.

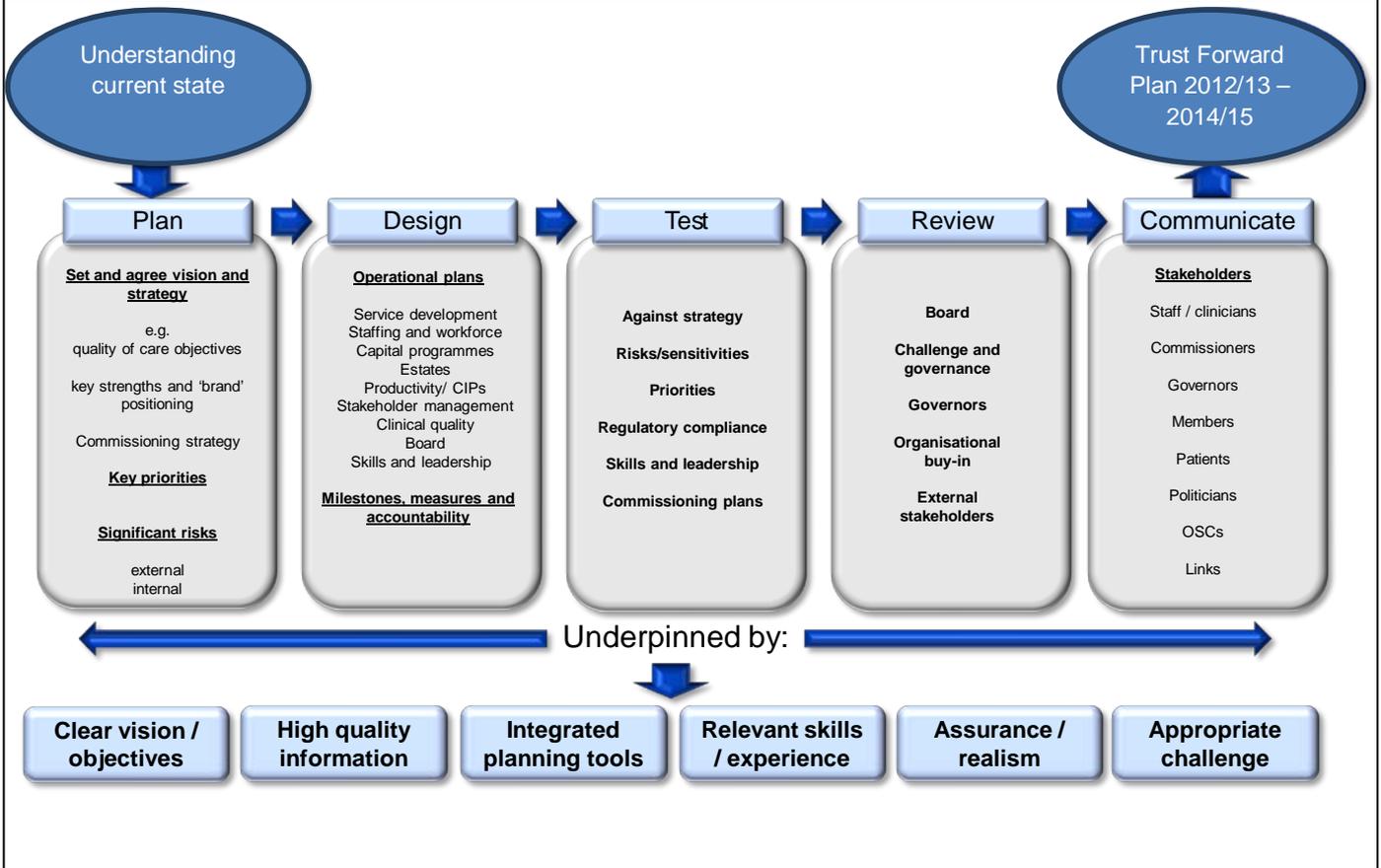
Appendix 3g: Financial commentary: Costs (NOT INTENDED FOR PUBLICATION)

For 2012/13 the Trust has agreed income with the cluster PCTs under a joint managed risk agreement (JMRA) and it is assumed that the for the plan period clinical revenue level would stay steady at c£535m. Through this JMRA Trust will receive certainty on the income received in year and growth up to a certain level. However, activity above that will be at risk for the Trust to absorb so managers are working on ways to manage demand. This will be a big change of emphasis for the Trust as demand management has traditionally been the PCTS's responsibility,

The Trust is developing plans to achieve the "Efficient", goal with a target to reduce cost by 15% over 3 years and a 50% reduction in the cost of sickness within 3 years. The HR team are continuing to work on existing plans, such as using the Workforce Assurance Tool from 2012 onwards to better align the services, budget and workforce plans, and effectively use the redeployment tool to better manage the vacancies. In all of this the Trust is seeking efficiency rather than pure cost reductions, as providing quality services to our communities remain our most important measure.

Most of our non-pay expenditure budgets are planned at a general inflation rate of 3%, with exception of drugs at 4.5% (29% of the total non-pay budget), Blood has no inflation uplift (2%) and other inflation linked budgets at an average rate of 7.41%. Pay cost is continued to be assumed having no inflation uplift this financial year, though the Agenda for Change banding system would generally increase the pay cost to the Trust.

Strategic planning – key phases



Council of Governors

23 May 2012

Annual Plan



Monitor Requirements

- Quality
- Finance
- Governance



- Financials
- Performance
- Risk rating
- Membership
- Governors and Directors
- Workforce

- Trust Strategy
- Clinical Quality Strategy, priorities and milestones
- Financial Strategy
- Leadership and Management
- Risks
- CIP Plan
- Workforce Plans
- Capital Plans

Process to Date

February
2012

- A series of workshops were held, one for each clinical group and asset management. The attendance at the workshops included the Medical Director, the Operations Director, HR Business Consultant, Finance Business Consultant and other relevant managers. The groups were facilitated to complete a template that reviewed the priorities and objectives for the next year, financial and performance aspects of their plans, workforce plans and relevant risks.

March 2012

- The Executive Management Board (EMB), which includes Medical Directors, were presented with an overview of the priorities by group, the risks to this delivery and the corporate support required. These will be the internal plans for the Trust and progress will be reviewed quarterly.
- Reshaping HEFT Programme agreed at Council of Governors which underpins the clinical strategy for the Trust.
- Governors and EMB agree on quality priorities for the next 12 months which drives the quality strategy for the Trust.
- Budget for 2012/13 approved at Finance and Performance Committee (FPC).

April 2012

- First draft strategic document issued to governors' Finance and Strategic Planning Committee for comment.
- EMB agreed priorities for cross site strategy schemes over next 3 year..
- FPC approved overall capital budget for 2012/13.

May 2012

- Trust Board approved approach to Annual Plan and 3 year financials.
- Governors' Finance and Strategic and Planning Committee agreed final template and overall financials.

Key Stakeholders were involved in the development of the Strategic Template

Trust Strategy

Clinical and Quality Strategy

Financial Strategy

CIP plans

Capital Plans

Risks

Workforce plans, leadership and management

Trust vision and mission

4 strategic priorities (Safe and Caring, Local, Innovative, Efficient)

Reshaping HEFT, agreed by Council of Governors March 2012

Quality Accounts, in discussion with governors group

Budget 2012/13 approved at March 2012 FPC. Presented high level values to Governors in April 2012

Reviewed by CIP Board, FPC and Trust Board

Part of EMB discussion in April 2012. Presented high level values to governors in April 2012

From business assurance framework, finance risk register and group workshops.

From group workshops and HR strategy

Financials – three years

2012/13 budget approved by March Finance and performance Committee shows £11.4m as recurrent surplus.

- Takes new PCT income contract into account .
- Monitor plan includes £6m PCT transition money deferred from 2011/12.
- CIP has been assumed at £23m per year.
- Contract income (£535m) assumed to be static in future 2 years.
- Surplus static at £11m.
- In line with guidance issued by Monitor.

£m	2012/13	2013/14	2014/15
Income	595.4	590.6	591.9
Expenditure	(584.0)	(579.6)	(580.8)
Surplus	11.4	11.0	11.0

Capital	40.5	40.5	40.5
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Cash	75.0	55.0	43.0
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Cash

- As capital plan progresses cash balances will decrease over the three year period.
- Minimum cash that can be held without risking need for in month overdraft is £30m, which will be balance at end of 2015/16 if capital plan all delivered.
- If surplus not delivered than capital programme will need to be curtailed to preserve cash stability

- Capital spend** includes c£7.5m of operational capital, c£8m for larger schemes and £25m for site strategy schemes. Per year Site strategy schemes being prioritised by EMB. These schemes include;
- BHH customer service centre, outpatients refurbishment, vascular lab, maternity and neonates, ITU, endoscopy and day case .
 - GHH AMU and restaurant and staff room.
 - SOL dermatology, elective care centre and front entrance.

Annual Plan Risks

Financial Risks

- In the next financial year the key areas to keep under review are;
 - Efficiency
 - Capacity
 - Managing down demand
 - Pay bill

Performance Risks

- The Trust should be able to achieve all of its targets. Targets to watch are;
 - 62 day cancer
 - MRSA
 - C diff
 - A&E 4 hours during winter.

Board Declaration (1)

- At the final stage of approval Trust Board sign a declaration statement confirming that the Trust complies with the 16 statements below.
- Where compliance cannot be confirmed an explanation must be provided to Monitor detailing actions being taken.

For quality, that:

- 1 The board is satisfied that, to the best of its knowledge and using its own processes and having assessed against Monitor's *Quality Governance Framework* (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), its NHS foundation trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.
- 2 The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.
- 3 The board is satisfied that processes and procedures are in place to ensure that all medical practitioners providing care on behalf of the NHS foundation trust have met the relevant registration and revalidation requirements.

For finance, that:

- 4 The board anticipates that the trust will continue to maintain a financial risk rating of at least 3 over the next 12 months.
- 5 The board is satisfied that the trust shall at all times remain a going concern, as defined by relevant accounting standards in force from time to time.

Board Declaration (2)

For governance, that:

- 6 The board will ensure that the trust remains at all times compliant with its Authorisation and has regard to the NHS constitution;
- 7 All current key risks to compliance with the trust's Authorisation have been identified (raised either internally or by external audit and assessment bodies) and addressed - or there are appropriate actions in place to address the issues - in a timely manner.
- 8 The board has considered all likely future risks to compliance with its Authorisation and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance;
- 9 The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.
- 10 An Annual Governance Statement is in place pursuant to the requirements of the NHS Foundation Trust Annual Reporting Manual, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (see www.hm-treasury.gov.uk).
- 11 The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in **Appendix B** of the Compliance Framework; and a commitment to comply with all known targets going forwards.
- 12 The trust has achieved a minimum of Level 2 performance against the key requirements of the Information Governance Toolkit.
- 13 The board will ensure that the trust will at all times operate effectively within its constitution. This includes: maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; that all board positions are filled, or plans are in place to fill any vacancies; and that all elections to the board of governors are held in accordance with the election rules.
- 14 The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks and ensuring management capacity and capability;
- 15 The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual plan; and the management structure in place is adequate to deliver the annual plan.
- 16 For an NHS foundation trust engaging in a major joint venture, or any Academic Health Science Centre, the board is satisfied that the NHS foundation trust has fulfilled, or continues to fulfil, the criteria set out in **Appendix C4** of the Compliance Framework.



The Trust is currently non-compliant in this area as reported to EMB

Corporate Affairs team is leading on developing an action plan.

1 BACKGROUND

The Health Act 2009 requires the publication of quality accounts by providers of NHS services.

Quality accounts are annual reports to the public from providers of healthcare services about the quality of the services they provide. The public, patients and others with an interest will use the quality account to understand:

- What the Organisation is doing well;
- Where improvements in service quality are required;
- What the priorities for improvement are for the coming year.

The content of the report is split into 3 Parts:

1. Part 1 – Quality Statement from the Chief Executive;
2. Part 2 - Priorities for improvement and statements of assurance;
3. Part 3 – Review of Quality Performance, Explanation of who has been involved and Statements from commissioning PCT, LINKs and OSC.

The Content of Parts 1 and 2 is prescribed by Department of Health guidance and includes a number of statements that all Trusts are required to provide in relation to the quality of its services. Part 3 is the opportunity for the Trust to provide an update against the targets identified for the previous year.

Trusts are required to publish their Quality Account for 2011/12 on the NHS Choices Website by **30th June 2012**.

2 CURRENT POSITION

The production of the quality account & report is managed by a project group within the Trust comprising of representatives from corporate affairs, finance, performance and safety & governance. This group meets monthly throughout the year to plan the content of the document as well as ensuring that it receives appropriate internal and external review.

Stakeholder events took place in November, December and January around the different localities covered by the Trust. Invites were issued to a wide range of stakeholder and user groups to these facilitated sessions – which focussed on what priorities the public felt that the Trust should be focussing on in the coming year. Further details are included in section 3.

In addition, the Governors quality and safety group have received regular updates regarding progress with the account as well as receiving presentations from various clinical colleagues who are responsible for the priorities identified within the report

For Foundation Trusts, Monitor require that the quality account & report is subject to external assurance by the external auditors (PWC). This audit has included a review of the content of the account – to ensure it is consistent with the auditors knowledge of the Trust process. It also confirms whether the report has met the requirements of the Department of Health quality account toolkit. The auditors external assurance report will be included in the final version of the document presented to Trust Board and Audit Committee at the end of May.

3 LOOKING AHEAD

The Trust, inline with the Department of Health requirements, is required to include details of its priorities for the coming year. For 2012/13, the following priorities were voted on by the public and endorsed by the Executive Management Board:

Priority 1: Fundamentals of Care - This priority will be based on the National Care Campaign and will specifically look at Pain management; Communications; Privacy & Dignity; Nutrition. Performance will be measured through Trust wide developed Scorecards. Progress will be monitored by the Nursing and Midwifery performance committee.

Priority 2: Falls - Performance will be measured through Trust wide developed scorecards which include nursing metrics regarding assessments, falls per occupied bed days, which wards have the highest number of falls etc. Progress will be monitored by the Nursing and Midwifery performance committee.

Priority 3: Pressure sores - Performance will be measured through Trust wide developed scorecards which include nursing metrics regarding assessments, tissue viability audits, incident numbers etc. Progress will be monitored by the Nursing and Midwifery performance committee.

Priority 4: Fractured neck of femur – To improve clinical outcomes for patients with fractured neck of femur. The Trust current submits data to the National Hip Fracture Database (NHFD). The NHFD is a joint venture of the British Geriatrics Society and the British Orthopaedic Association, and is designed to facilitate improvements in the quality and cost effectiveness of hip fracture care. It allows care to be audited against the six evidence-based standards and enables local health economies to benchmark their performance in hip fracture care against national data. This data will be used to assess the Trust's own clinical outcomes with regard to fractured neck of femur and to subsequently improve this. Data will be reported at quarterly audit meetings and the Trust Quality Group.

4. CONCLUSION

This paper and the quality and account & report is presented to the Council of Governors for assurance.



Heart of England NHS Foundation Trust

Quality Account & Report 2011/12



Heart of England NHS Foundation Trust
www.heartofengland.nhs.uk
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Introduction

The purpose of this Quality Account is to provide patients, staff, members of the local communities and commissioners, with a report on the quality of services that the Trust provides. It provides an update on activities in the Heart of England NHS Foundation Trust (hereafter referred to as the Trust) and Solihull Community Services (SCS) over the last 12 months.

The Quality Account represents one aspect of the continued drive to improve the quality and safety of the services which are provided.

In **Part 1** of the Account, there is a statement of the quality of services from Chief Executive, Dr Mark Newbold. In this section, an update is provided on the priorities that were set by the Trust for 2011/12 and details of the priorities set for the coming year. It also explains how these priorities have been developed with stakeholders and what this will mean for the quality of services that patients receive.

In **Part 2** there are a number of 'Statements of Assurance' regarding specific aspects of service provision. The Trust is required to provide these statements to meet the requirements of the Department of Health and Monitor (the regulator for NHS Foundation Trusts). As all providers are required to provide these statements it allows comparison between different organisations.

Part 3 contains further information which provides a picture of some of the other initiatives that have been implemented in the Trust to improve quality.

The final sections of this document (**Part 4 and 5**) gives details of the consultation exercises that have been completed in order to prepare the content of this document as well as some commentaries which express the views of some of the Trust's key stakeholders.

Thank you for taking the time to read the Heart of England NHS Foundation Trust Quality Account 2011/2012. If you would like to comment on any aspect of this document, we would welcome your feedback and details are provided at the end of the document.

PART 1: CHIEF EXECUTIVE'S STATEMENT

"I am delighted to present our 2011/12 Quality Account, my second since joining the Trust. We have again taken the opportunity to highlight many of the activities which have taken place over the past 12 months. As always we have sought the views of patients, external stakeholders and staff to ensure this accurately represents a comprehensive picture of the work being carried out across the organisation. I am very grateful for their input and we have included their thoughts and feedback in this report.

Over the year we have put safety and quality at the heart of everything we do. 'Safe and Caring' remains our key priority and this Quality Account provides an update on the many activities and initiatives that we have been implementing across the Trust to support this journey. Over the year our clinical teams have developed strategies to inform the way our services will develop going forward. We have many exciting plans which will see us working in partnership with our healthcare colleagues across the region as we make improvements to patient pathways. To support this we are working to change the financial arrangements so that our incentives to provide good clinical care and achieve a sound financial position are aligned. This will mean that everyone is focused on keeping patients well, ensuring that when they need healthcare they are treated in the most appropriate place. This is a significant change for us, and one that will encourage everyone in the wider healthcare system to focus on how we can make changes to improve patient safety, patient outcomes and service quality.

Work to design services which improve health and wellbeing for the communities has begun at Solihull. We have developed a partnership board where representatives from all healthcare organisations come together to create a truly integrated health economy in which keeping people well is driven with as much energy as treating people when they are sick. Looking forward we want to develop this further with some key appointments including a public health specialist within the Trust.

Our ability to continue to deliver safe, quality services will always rest on the co-operation and commitment of our staff, partners and the public and I would like to say a huge 'thank you' to all those who are working with us on this important agenda. Our aim is to continue to improve and deliver local services in which people have confidence, trust and pride."



A handwritten signature in black ink, appearing to read 'Mark Newbold', written over a horizontal line.

Dr Mark Newbold, Chief Executive

PART 2: PRIORITIES FOR IMPROVEMENT

As part of the Quality Account process, the Trust is required to set priorities for improvement. These are issues which are considered to be important to patients, local communities and stakeholders.

In the last Quality Account, the Trust, with the help of a wide range of stakeholders, identified four key priorities for improvement during 2011/12:

- **Stroke Management** – to ensure patients, who are diagnosed with a stroke, receive timely treatment in an appropriate care setting and that the Trust improves clinical outcomes for patients with a stroke;
- **Patient Experience** – improving the response to patients' needs;
- **Venous Thromboembolism (VTE)** – to improve clinical outcomes for patients receiving VTE prophylaxis and those with identified VTE;
- **Mandatory Training** – ensure staff have core and mandatory training as required.

Solihull Community Services, also with the help of stakeholders, identified three key priorities for improvement in 2011/12:

- **Incident Reporting** – to improve the timeliness of current reporting of serious untoward incidents (SUIs) according to set local and national targets.
- **Quality of Life Measures** - This priority is linked to a Commissioning for Quality and Innovation (CQUIN) agreed with the lead Commissioner for 2011/12. SCS has continued to collect and review valuable patient satisfaction feedback across all Community Health Services. This has given insight into the experience patients had after receiving care and has supported towards making the necessary changes within services. Solihull Community Services will now focus on developing other patient experience tools to review the impact and improvements care they delivered has had on patients lives.
- **Public Health Training** - This priority is linked to the CQUIN agreed with the lead Commissioner for 2011/12. The public health service aims to prevent health issues before occurrence, improving the population's quality of life. Solihull Community Services is committed to ensuring that public health training is received by front line staff, in relevant services, to provide them with the knowledge they need when delivering care.

This next section provides an update on these priorities and the ongoing commitment to future progress.

ACUTE PRIORITY 1: STROKE MANAGEMENT

What was the overarching aim:

To ensure that patients who are diagnosed with a stroke receive timely treatment in an appropriate care setting and that the Trust improves clinical outcomes for patients with a stroke.

Why we chose this priority:

There is extensive evidence that patients who have suffered a stroke experience better outcomes if they have access to specialist stroke care on a dedicated stroke unit with the necessary investigations and interventions.

Almost 1,500 people who suffer a stroke are cared for by the Trust each year, which makes up more than half of all strokes that occur in Birmingham. To ensure that the Trust provides the best possible care, the development of stroke services is a strategic priority for the Trust.

The National Stroke Strategy (Department of Health guidance) outlined a set of standards by which services can be measured to demonstrate the quality of the care they provide. These include the number of stroke sufferers who are admitted onto a dedicated stroke unit within 4 hours of arriving at hospital; the number of patients receiving CT scans of their head when they needed it (ascertained by clinical judgement) and the number of stroke sufferers who spend the majority of their stay in hospital on a stroke unit. In addition, when patients are discharged from hospital, if they can be discharged home, they should be supported with the right access to therapy for their ongoing rehabilitation through an Early Supported Discharge service.



What action was taken:

- Worked closely with A&E and acute medical assessment areas to ensure patients are admitted directly to a stroke unit within 4 hours of arriving at hospital, at all times of the day. As a result 250 more people who suffered a stroke were admitted directly to a stroke ward in the first half of 2011 compared to 2010.
- Continued to improve the number of patients with a stroke who spend at least 90% of their time in a hospital stroke unit. As a result, 270 more patients spent the majority of their time on a stroke unit to be cared for by the specialist multidisciplinary stroke team compared to the same period last year. This is 84% of patients compared with 61% in the previous year.
- Improved access to CT scans for patients who are suspected to have had a stroke.

- Continued to deliver clot-busting thrombolysis treatment that has both saved lives and meant patients who have a stroke are able to do far more than they would have if they had not had the treatment.
- Improved communication and awareness with other areas of the hospital so that if any patient already in hospital were to suffer a stroke, they would be transferred to the stroke unit immediately.
- Worked closely with social services and other stroke services in the community to develop an early support discharge service.
- Participated in the Stroke Improvement National Audit Programme (SINAP) which will help us evaluate our service in more detail to make further improvements.
- Participation in an international Dr Foster project which compares stroke services in different countries. This allows a greater focus on data to highlight where service improvements can occur to achieve improved clinical outcomes for patients. An example of this is a pilot to reduce the number of Hospital Acquired Pneumonias through the introduction of improved positioning and mouth care techniques.
- In January 2012 the Trust launched an Early Supported Discharge service which is a step wise improvement on an already established stroke outreach programme. This has enabled a greater number of people across all 3 hospitals who have suffered a stroke to receive the therapy in their own homes rather than in a hospital bed.
- From January 2012 people who have suffered a minor stroke and are at a high risk of having another stroke can be assessed and treated within 24 hours 7 days a week to prevent them having to be admitted to hospital.

There have been significant improvements in the accuracy and quality of data for the stroke pathway which has allowed the team to understand more clearly where and how it can further improve the stroke service.

There have been significant improvements in direct admissions to stroke units within 4 hours, the number of stroke patients spending 90% of their time on a stroke unit and the time it takes to access the right head scans that are required.

Figure 1 below shows the improvements in the 90% stay target and the number of people being admitted to a stroke unit within 4 hours of arrival to hospital. Whilst there is still more work to be done, the results have been encouraging and will hopefully continue to improve as more work is dedicated to the stroke pathway.

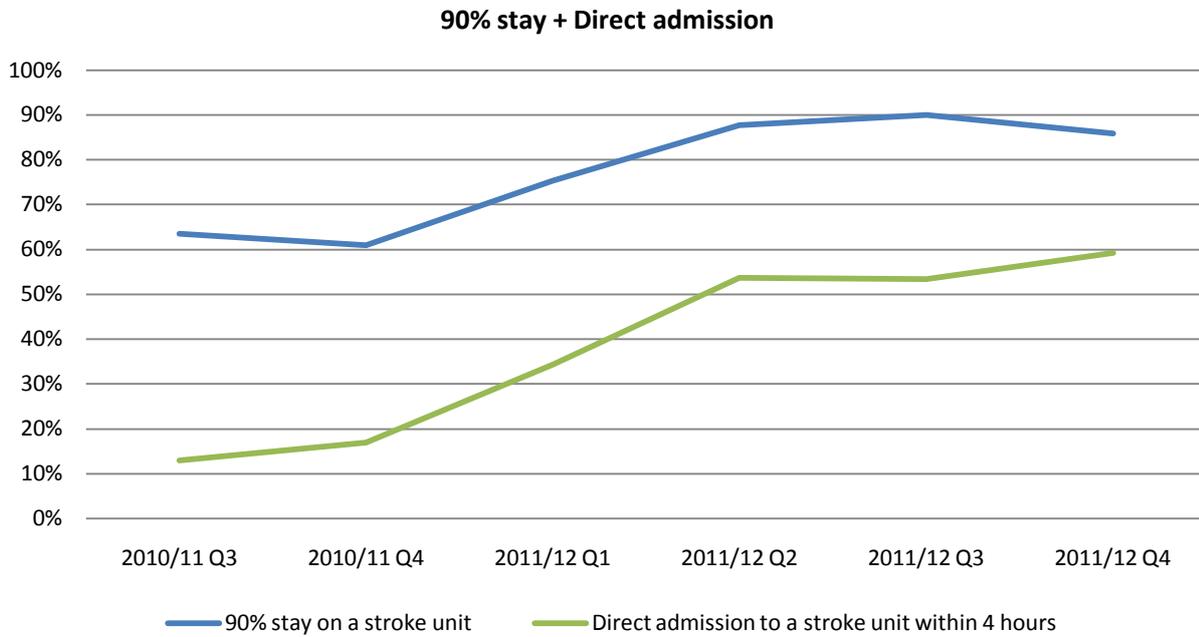
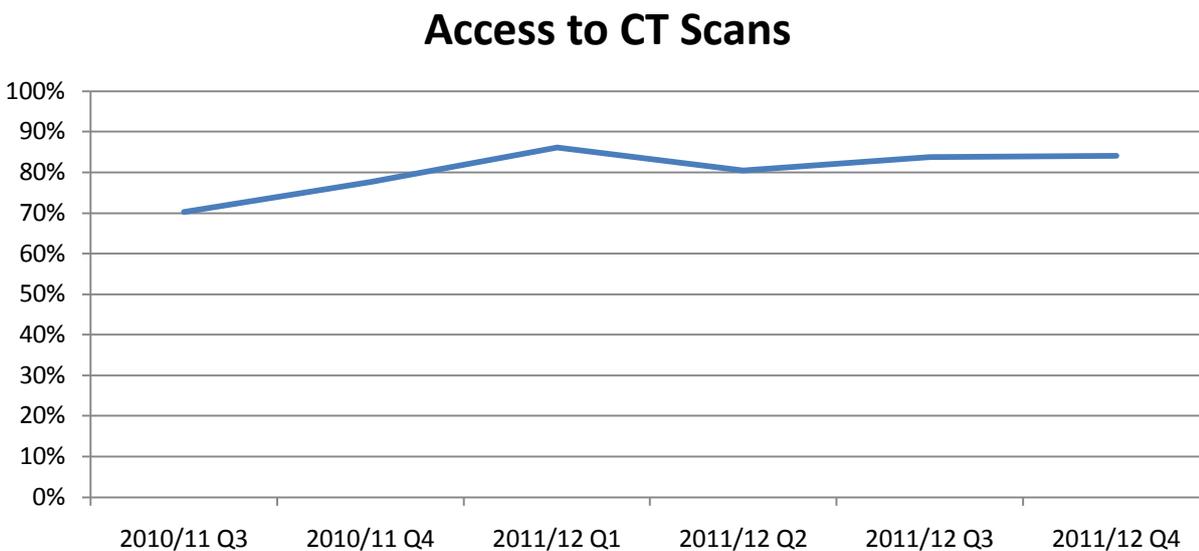


Figure 2 below shows the % of stroke patients who received a scan of their head within 24 hours. Again a significant improvement has been made.



The ongoing commitment:

- To continue to improve the quality and safety of care to stroke sufferers by meeting and exceeding the national and local targets.
- To work towards providing a ward round by a specialist stroke physician 7 days of the week instead of the current 5 days of the week.
- To further develop the stroke early supported discharge service from each of the Trust's hospitals with access to right level of support and rehabilitation in the patient's own home.
- Continued involvement in the international Dr Foster project and national audit programmes to better understand where further quality improvements can occur in stroke care.
- The members of the stroke team remain committed to improving the service to ensure patients receive the excellent care they deserve while in hospital.
- To continue to provide highly specialist care on a dedicated stroke unit throughout their stay in hospital.
- The Trust has engaged in a review of the hyper-acute part of the stroke pathway (the time from when someone has a stroke up to around 72 hours or when they are clinically stable), with the aim of providing even better care in the first 72 hours of a person suffering a stroke.
- The Stroke Service continues to participate in the national audit that collects and analyses information about stroke patients to highlight areas of the service where improvement can be made.

ACUTE PRIORITY 2: PATIENT EXPERIENCE**What was the overarching aim:**

The overall aim of the patient experience programme was to provide a timely process for capturing a representative sample of patients' views that reflected the national survey and, also, target areas where the Trust knew improvements could be made. By making information available through the Trust internal Intranet on a real-time basis and providing a summary report, the data is designed to connect with front-line staff and support the development of programmes specifically aimed at improving patient experience.

Over the last 12 months the patient experience results have been complemented by a series of workshops involving patients and videos of patient stories. These are designed to change behaviour of staff and ensure, moving forward, that the Trust learns from complaints and enhances the experience that is offered to patients.

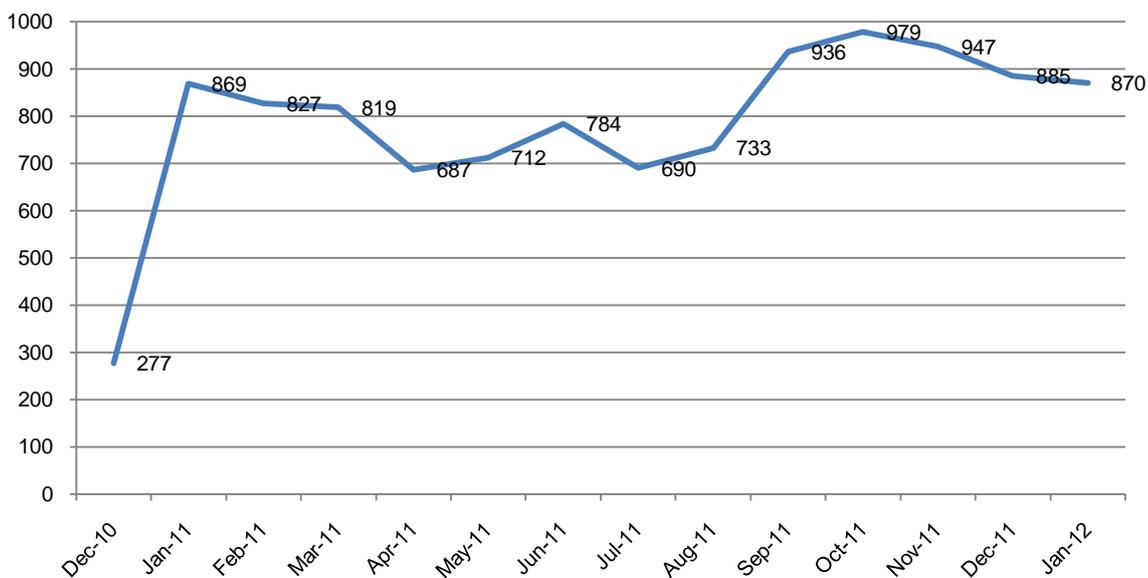
What action was taken:

Back to the Floor Patient Surveys:

Monthly patient surveys continue across all inpatient areas. With more specialist areas using this way of capturing data, including Radiology, A&E, Phlebotomy and Therapies, the overall number surveyed each month when compared to January 2011 has increased slightly.

Staff have also been identified who carry out this role as their sole responsibility; asking a minimum of 15 – 20 patients 12 questions based on the Care Quality Commission’s Inpatient Survey. It is also undertaken locally by staff in the more specialist departments. The patient experience data is being triangulated with the nursing metrics and complaints to highlight areas where additional focus is required.

Figure 1: No of Patients surveyed (back to the Floor) by month



Complaints:

The Trust received over 1,000 complaints in 2010 / 11 and has since reviewed the process for managing complaints to achieve a faster local resolution to any issues or concerns raised. The new ‘Patient Services’ function has replaced the previous complaints and Patient Advice & Liaison Service (PALS). Patients and carers are now signposted to a range of options they can access to resolve their concerns. This includes offering complainants a rapid escalation pathway to meet with medical consultants and other health professionals or even receive home visits if more convenient to discuss any concerns or issues and gain answers quickly.

A new call logging system allows staff to view call volumes, call waits and response times. Call recording also assists in forwarding on details of conversations with complainants directly to departmental managers.

Since October 2011, the following areas have made changes to their services based on patient feedback:

October 2011	November 2011	December 2011
Ward 21 (BHH) Ward 24 (GHH)	Gynaecology (BHH)	Emergency Assessment Unit (GHH) Outpatients (SH) Cardiac Rehabilitation (BHH and SH)

Community Engagement:

Individual approaches to engaging local communities have been agreed with the Trust’s executive leads of Solihull, Good Hope and Birmingham Heartlands Hospitals. These are complemented with a series of community visits involving the Chief Executive and senior medics; taking feedback, concerns and suggestions as well as answering any questions.

The Trust’s public engagement team has targeted organisations which represent patients with different abilities to work with them so that their views can help shape services. Work is also ongoing with the Dyslexia Association (Birmingham) to minimise the challenges people with dyslexia have when visiting any of the Trust’s three hospital sites. Most recently, drop in sessions run by Carers UK have been established at Good Hope Hospital to assist carers with support, advice and guidance in being a carer.

Internet:

As patient and carers increasingly turn to online media, the Trust is regularly issuing new blogs via Twitter, publicising and working with sites such as Patient Opinion and NHS Choice to receive feedback. This can be either positive or negative. Ensuring timely responses to all feedback and encouraging service users to post compliments on these sites ensures regular dialogue with users of Trust services.

Patient Stories:

A suite of stories have been committed to DVD showing patients talking about their experiences as users of the Trust services. These are shown to all levels of staff in the organisation to show them the affects that certain behaviours, both positive and negative, have on patients.

The current status:

Progress continues to be monitored, measured and reported through monthly patient experience reports which are triangulated with the nursing metrics results and complaints.

These results are reviewed by the Executive Board each month and, every two months, presented to Governance & Risk and Trust Board. The data is also available 'real time' through the Trust's Intranet and frequently reviewed by ward managers as part of their day-to-day ward management. The aggregated patient experience scores are also monitored by the Chief Nurse and the site Head Nurses as part of the Trust's Nursing and Midwifery Board.

The ongoing commitment:

The next stage is to continue to build on the detail of the patient experience data collected whilst seeking new and innovative ways to capture feedback and drive through improvements. This includes:

- Asking patients to name staff who have delivered exceptional care;
- Achieving further triangulation with the nursing metrics and measured action plans to pick up improvement areas;
- Continue gathering data on patient and relative experiences of community services and integrated health and social care packages.

ACUTE PRIORITY 3: VENOUS THROMBOEMBOLISM (VTE)

An estimated 25,000 people in the UK die from preventable hospital-acquired venous thromboembolism (VTE) every year.

VTE is a condition in which a blood clot (a thrombus) forms in a vein. It most commonly occurs in the deep veins of the legs; this is called deep vein thrombosis. The thrombus may dislodge from its site of origin to travel in the blood – a phenomenon called embolism.

Venous thrombosis often does not have symptoms; less frequently it causes pain and swelling in the leg. Part or all of the thrombus can come free and travel to the lung as a potentially fatal pulmonary embolism. Symptomatic venous thrombosis carries a considerable burden of morbidity, sometimes over a longer term because of chronic venous insufficiency (when your leg veins cannot pump enough blood back to your heart).

The risk of developing VTE depends on the condition and/or procedure for which the patient is admitted and on any predisposing risk factors (such as age, obesity and concomitant conditions).

What was the overarching aim:

To improve our clinical outcomes for patients receiving VTE prophylaxis and those with identified VTE.

What action was taken:

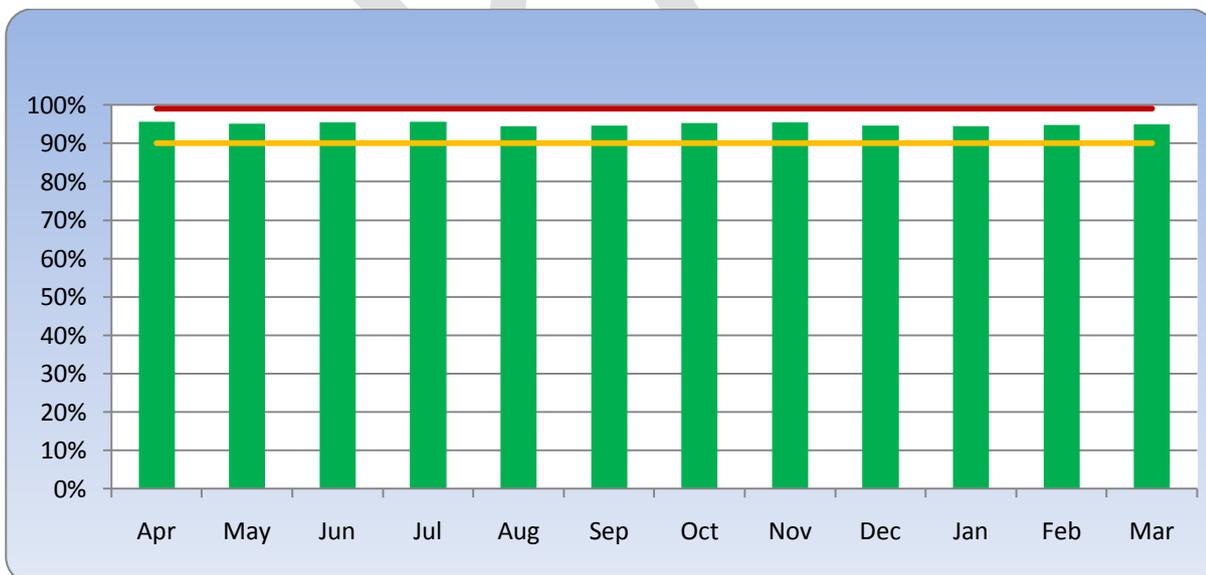
The Trust has continued to make improvements in its delivery of VTE risk assessments and delivery of preventative measures (thrombo-prophylaxis) to reduce the risk of developing a VTE during hospital stays and following surgery. The Trust has also introduced new initiatives in the treatment of those patients with an identified VTE.

There is a national Commissioning for Quality and Innovation (CQUIN) target for Trusts to complete VTE risks assessments on 90% of admitted patients. The Trust has developed an automated system for VTE risk assessments which shows that > 95% risk assessments are performed within 24 hours of admission.

VTE risk assessment is now part of mandatory training for all clinical staff commencing work at the Trust.

The Trust has recently introduced the newer oral anticoagulants Dabigatran and Rivaroxaban allowing their use in thrombosis prevention in patients undergoing hip and knee replacements. These newer drugs do not require any regular monitoring and will aid the delivery of thromboprophylaxis especially for the prolonged periods post discharge from hospital.

Figure 1: % risk assessments performed within 24 hours of admission 2011-2012.



Treatment of patients with presumed venous thrombotic events – pulmonary embolus or deep vein thrombosis:

Approximately 600 patients with either deep vein thrombosis or pulmonary embolus were commenced on anticoagulant treatment between April 2011 and March 2012. The majority of patients continue to be managed by the Trust's specialist Anticoagulant Nursing Team following early discharge, usually with less than 24 hours hospital stay, with regular outpatient assessment of their anticoagulation treatment including weekend clinics. This saves the Trust up to 2,000 bed days annually as well as improving the patient experience.

Service improvements during the last 12 months include:

- A domiciliary pathway for investigating patients with possible VTE in the community has been developed collaboratively between NHS Birmingham East and North, Birmingham Community Healthcare Trust and Heart of England Foundation Trust. It provides assessment and treatment of patients with a suspected DVT and aims to treat patients in their own home, where it is both clinically safe and appropriate.
- There has been an extension of the Trust's nursing team's role to manage the anticoagulation of inpatients who were already taking anticoagulants prior to admission or who have been commenced on anticoagulants for reasons other than acute venous thromboembolism.
- The development of an internal Intranet site providing all Trust staff with a one stop access to information and guidelines for the prevention and management of VTE.

Anticoagulation Clinic Performance:

The Trust's anticoagulation performance continues to be measured against other Trusts and this organisation continues to achieve the expected targets.

ACUTE PRIORITY 4: MANDATORY TRAINING

What was overarching aim:

To ensure that staff receive mandatory training, not only to meet legislative and statutory body standards, but to limit risk to employees, patients and visitors. Mandatory training is defined as training that is deemed essential for the safe and efficient functioning of the organisation and/or the safety and wellbeing of individual members of staff. This includes statutory training.

What action was taken:

- Increased awareness of the importance of mandatory training,
- Developed an online learning package of mandatory training modules to ensure that staff have easier access to training. The modules can be accessed in the work place, at home or in the Trust libraries.
- Development of VITAL (Virtual Interactive Teaching and Learning), an e-learning module for nurses and midwives, to enhance their mandatory training set.

The current status:

Nearly 3,000 staff attended mandatory refresher training in 2011, with a further 560 completing the mandatory e-learning package which was launched in November 2011.

In January 2012 the Trust achieved NHSLA level 2 for Mandatory training – indicating that policies were appropriate and the processes within were followed.

The ongoing commitment:

- To develop VITAL (Virtual Interactive Teaching and Learning) for medical staff and managers in 2012.

COMMUNITY SERVICES PRIORITY 1: INCIDENT REPORTING

What was the overarching aim:

Solihull Community Services needed to improve the timeliness of current reporting of serious untoward incidents (SUIs) according to set local and national targets, in order for lessons to be learnt, adverse trends to be identified and advice to be sought in a timely fashion. The use of online incident reporting within the Trust, which Solihull Community Services is now part of, will help front line staff report more quickly.

What action was taken:

In September 2011, Solihull Community Services changed from a paper based reporting system to an electronic system. Information collected so far indicates that the number of incidents reported has not changed significantly, yet the time taken to report, review and manage these incidents has reduced. This has allowed Solihull Community Services to achieve both the local and national targets.

The current status:

Work is continuing to further improve the management of SUIs: the SUI forum meets monthly to review serious and reportable incidents and ensure that investigations are completed and learning implemented in a timely manner. The investigation tool for tissue viability reportable incidents is now part of the incident reporting process ensuring that action taken is as swift as possible and a similar tool is being explored for patient falls.

The ongoing commitment:

The Trust is committed to continue to work alongside acute colleagues, commissioners and the Strategic Health Authority and to improving the quality of services provided through the risk management processes.

COMMUNITY SERVICES PRIORITY 2: QUALITY OF LIFE MEASURES

What was the overarching aim:

Solihull Community Services has continued to collect and review valuable patient satisfaction feedback across all Community Health Services. This has given insight into the experience patients had after receiving care and has supported towards making the necessary changes within services. Solihull Community Services focussed this year on developing and piloting additional patient experience tools to review the impact and improvements care developed had had on patients' lives.

What action was taken:

Four services were identified to take part in a pilot and individual patient experience questionnaires were used for each. The four services involved were Dermatology, Continence, Meadow Centre (Children's Services) and Adult Speech and Language.

Meadow Centre developed a questionnaire that would support a very specialist area of care for children. The service has been piloting this questionnaire and part of the work undertaken is to evaluate its effectiveness. The use of the questionnaires for the three other services has helped to provide a measure of how the care patients received has impacted on their life.

A time limited group has been set up to support the services with implementation and continuous review of processes. The services piloted the tools and reflected on its effectiveness. Data analysis to date has demonstrated that some of the survey tools seem to be providing a useful insight to outcomes of treatment from a patient's perspective.

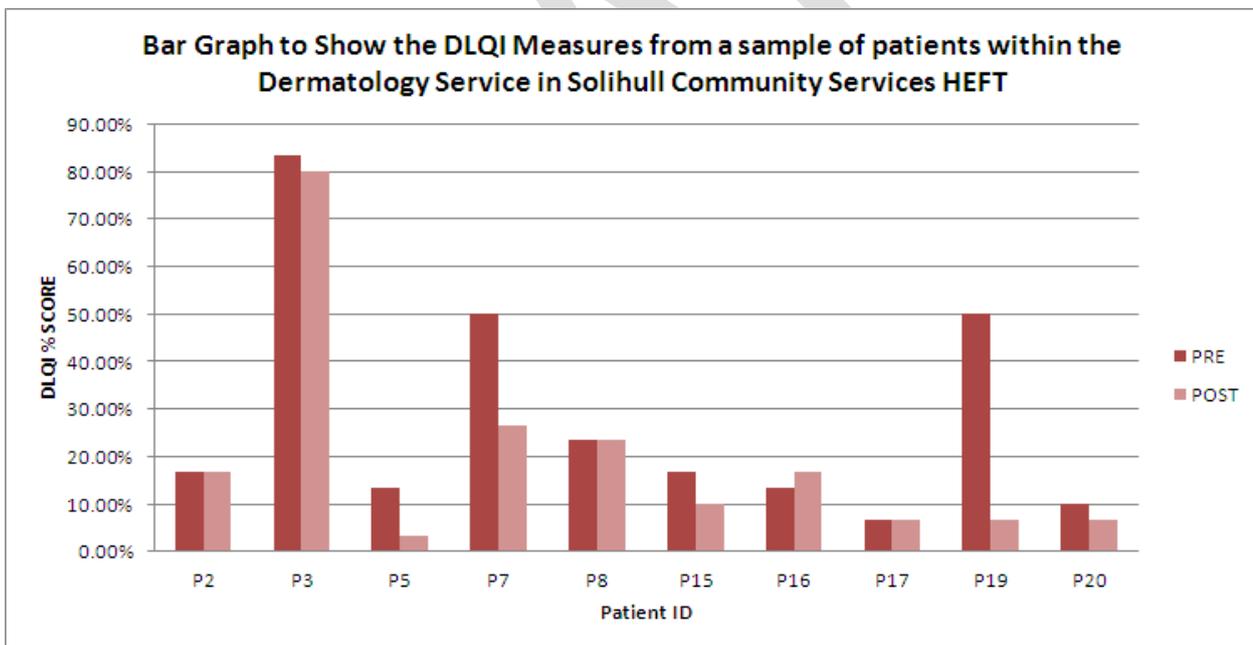
The current status:

Listed below are examples of the data for the Dermatology service which demonstrated the outcomes reported to date.

Dermatology Service:

A sample of 13 patients were recruited at the time of writing this report, out of which 11 to date (end of December) had a pre and post measure recorded. The tool uses a scoring index (Dermatology Life Quality Index) to calculate the impact treatment has had on the patients' quality of life. Figure 1 below gives a breakdown of the 11 patients' Dermatology Life Quality Index (DLQI) scores under the 6 sub headings and a final score. The overall scores pre and post for each patient has been also illustrated in the bar graph below.

- 6/11 (55%) patients had a positive outcome / impact of life;
- 3/11 (27%) had no change;
- 1/11 (9%) decided not to give further detail on the post measure feedback (not shown below);
- 1/11 (9%) had a very slightly negative outcome/impact of life.



The ongoing commitment:

Solihull Community Services will now focus on developing other patient experience tools to review the impact and improvements care delivered has had on patient's lives.

COMMUNITY SERVICES PRIORITY 3: PUBLIC HEALTH TRAINING

What was the overarching aim:

This priority is linked to the CQUIN agreed with the lead Commissioner for 2011/12 and is co-dependent on the training to be delivered through the Primary Care Trust. Public health service provides a preventative aspect of healthcare, preventing health issues before occurrence, improving the population's quality of life. SCS will build on and invest towards ensuring public health training is received by front line staff, in relevant services, to provide them with the knowledge and awareness to assist them to give advice to patients when delivering care within their service.

The current status:

Identified staff have undertaken relevant training, providing them with the education and awareness to make appropriate referrals to alcohol and smoking related services for service users.

DRAFT

2012/13 - PRIORITIES FOR THE COMING YEAR

During November, December and January 2011/12, the Trust consulted extensively with a range of internal and external stakeholders and patients in order to determine what the priorities should be for the coming year - 2012/13. Local stakeholders groups, service users, Trust volunteers and Governors were invited to attend one of three half-day focus group workshops.

These indicators were chosen because this is what the local communities and patients prioritised as part of the consultation. The priorities that the Trust has decided to focus on in 2012/13 is outlined as follows:

Priority 1	FUNDAMENTALS OF CARE
	<p>How will performance be measured and monitored? This priority will be based on the National Care Campaign and will specifically look at Pain management; Communications; Privacy & Dignity; Nutrition. Performance will be measured through Trust wide developed Scorecards.</p> <p>How will progress be reported? Through the Nursing and Midwifery Performance Board</p>
Priority 2	FALLS
	<p>How will performance be measured and monitored? Performance will be measured through Trust wide developed scorecards which include nursing metrics regarding assessments, falls per occupied bed days, which wards have the highest number of falls etc.</p> <p>How will progress be reported? Through the Nursing and Midwifery Performance Board</p>
Priority 3	PRESSURE SORES
	<p>How will performance be measured and monitored? Performance will be measured through Trust wide developed scorecards which include nursing metrics regarding assessments, tissue viability audits, incident numbers etc.</p> <p>How will progress be reported? Through the Nursing and Midwifery Performance Board</p>
Priority 4	FRACTURE NECK OF FEMUR - To improve clinical outcomes of patients with fractured neck of femur
	<p>How will performance be measured and monitored? The Trust current submits data to the National Hip Fracture Database (NHFD). The NHFD is a joint venture of the British Geriatrics Society and the British Orthopaedic Association, and is designed to facilitate improvements in the quality and cost effectiveness of hip fracture care. It allows care to be audited against the six evidence-based standards and enables local health economies to benchmark their performance in hip fracture care against national data. This data will be used to assess the Trust's own clinical outcomes with regard to fractured neck of femur and to subsequently improve this.</p> <p>How will progress be reported? Data will be reported at quarterly audit meetings and the Trust Quality Group.</p>

Further details of the consultation process are included in Section 3 (page 76) of this report.

PART 2: STATEMENTS OF ASSURANCE

This section includes statements which are mandated by the Department of Health to be included in the Quality Account. The aim of this nationally requested content is to give information to the public that is common to Quality Accounts across all Trusts. These statements demonstrate that the organisation is:

- Performing to essential standards;
- Measuring our clinical processes and performance;
- Involved in national projects and initiatives aimed at improving quality.

SERVICE INCOME

During the financial year 2011-12 Heart of England NHS Foundation Trust provided and/or sub-contracted 76 NHS services.

Heart of England NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in the financial year 2011-12 represents 100% per cent of the total income generated from the provision of NHS services by the Heart of England NHS Foundation Trust for the financial year 2011-12.

CLINICAL AUDIT

Nationally managed audits are designed to enable learning and promote improved patient outcomes across a wide range of medical, surgical and mental health conditions. These audits are a priority for the Trust and are included in the directorate's audit programme. They enable clinicians to compare their clinical practice against standards and to use this information to deliver better outcomes in the quality of treatment and care. These national audits are designed to ensure that all patients receive the most effective, up-to-date and appropriate treatment, delivered by clinicians with the right skills and experience.

During 2011-12, 48 National Clinical Audit and Patients Outcome Programme (NCAPOP) national clinical audits and 7 National Confidential Enquiries covered NHS services that the Trust provides.

There were 3 national clinical audits which covered NHS services that SCS provided. There were no applicable National Confidential Enquiries.

During 2011-12 the Trust participated in 90% NCAPOP national audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

Solihull Community Services registered for both of the national clinical audits which it was eligible to participate in, but the patients did not meet the criteria to participate further. The third audit, a continence audit, was a pilot for this year and not mandatory to be undertaken.

The National Clinical Audits and National Confidential Enquiries that the Trust was eligible to participate in during 2011-12 are as follows: (see Table 1 &2). The National Clinical Audits (NCAPOP & non NCAPOP) and National Confidential Enquires that the Trust participated in, and for which data collection was completed during 2011/12 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Table 1: National audits (NCAPOP) the Trust was eligible to participate in:	Participation in 2011-12	Submissions req'd by ToR	% of submissions completed	Comments / Reasons for NOT participating
Acute Myocardial Infarction & other ACS (MINAP)	Yes	All relevant cases	100%	Meeting standards fully
Adult asthma (British Thoracic Society)	Yes	All relevant cases(20)	100%	
Adult community acquired pneumonia (British Thoracic Society)	Yes	All cases	50 (100%)	Report received
Adult critical care (Case Mix Programme)	Yes	All relevant cases	Continuous	
BHIVA National Audit 2010: Audit for patients seen for diagnostic work up after testing HIV positive.	Yes	All cases	100%	
2011 Audit against the Key Performance Indicators in the BASHH STI Management Standards (STIMS).	Yes	40	100%	
Acute stroke (SINAP)	Yes	1200	All relevant cases	Awaiting report
Bowel Cancer (National Bowel Cancer Audit Programme)	Yes	392	100%	Report received- No actions required
Bronchiectasis (British Thoracic Society)	Yes	N/A	N/A	Audit report received in 2011

British Cardiac Interventional Society (BCIS) Angioplasty Audit	Yes	All relevant cases	100% (continuous)	Meeting standards fully
Cardiac Arrest (national cardiac arrest audit)	Yes	All cases fitting criteria (325 to Dec2011)	100%	% Survival from cardiac arrest is above the national figure
Carotid Interventions (carotid Interventions Audit)	N/A	N/A	N/A	Information not available
Childhood epilepsy (RCPH National Childhood Epilepsy Audit)	Yes	All relevant cases	100%	
Chronic pain (National Pain audit)	Yes	All relevant cases	100%	
COPD (British Thoracic Society /European Audit)	No	N/A	N/A	Registered to start audit in Spring 2012
Diabetes (National Adult Diabetes Audit)	Yes	All relevant-160 approx	100%	
Diabetes (RCPH National Paediatric diabetes)	Yes	N/A	N/A	Database has been launched for participation in 2012
Elective Surgery (National Proms programme)	No	N/A	N/A	Information not available
Falls and non-hip fractures (National Falls & Bone Health Audit)	Yes	20 hip 40 non hip at each site 120 total	100%	2 year audit programme Audit submission 2010- Report 2011.
Emergency Use of Oxygen (British Thoracic Society)	No	N/A	N/A	Considering registration
Familial hypercholesterolaemia (National Clinical Audit of Mgt of FH)	N/A	N/A	N/A	Trust not invited to take part
Head & neck cancer (DAHNO)	Yes	48	100%	
Heart Failure (Heart Failure Audit)	Yes	300 cases submitted from March 2011	100%	
Heavy menstrual bleeding (RCOG National Audit of HMB)	Yes	All relevant cases (80)	100%	
Hip Fracture (National Hip Fracture Database)	Yes	All cases	100%	Report received
Hip, Knee and ankle replacements (National Joint Registry)	Yes	All relevant cases	100%	
Intensive care national Audit and Research programme	Yes	All relevant cases	100%	
Lung cancer (National Lung Cancer Audit)	Yes	397	98%	

National Colonoscopy Audit	Yes	All cases	100%	waiting biannual report
Neonatal intensive and special care (NNAP)	Yes	All babies admitted to NNU	100%	
Non invasive ventilation (NIV) - adults (British Thoracic Society)	Yes	All cases (48)	100%	Report received
O Neg blood use (National Comparative Audit of Blood Transfusion)	Yes	All cases (40)	100%	Actions from 2010/11 report implemented
Paediatric asthma (British Thoracic Society)	Yes	All relevant cases (41)	100%	
Paediatric fever (College of Emergency Medicine)	Yes	50 at each site (150 in total)	100%	
Paediatric Pneumonia (British Thoracic Society)	No	N/A	N/A	Only submit bi-annually due to low numbers
Parkinson's disease (National Parkinson's Audit)	Yes	All relevant cases and follow-ups	100%	Submitted Dec 2011
Perinatal mortality (CEMACH)	N/A	N/A	N/A	No information available
Peripheral vascular surgery (VSGBI Vascular Surgery Database)	Yes	All applicable cases	100%	submission ongoing
Platelet use (National Comparative Audit of Blood Transfusion)	Yes	All cases(33)	100%	
Audit of blood transfusion in neonates & children	Yes	All cases	100%	Actions from last report implemented
Pleural procedures (British Thoracic Society)	No	N/A	N/A	Local data collected and audited. Not submitted to national database
Potential Donor Audit (NHS Blood & Transplant)	N/A	N/A	N/A	No information available
Renal colic (College of Emergency Medicine)	Yes	Submitted 50 per site (150 in total) from August 1 st 2011	100%	
Renal replacement therapy (Renal Register)	Yes	All relevant cases – Approx 80 annually	100%	Ongoing audit & reporting
Severe Trauma (Trauma Audit & Research Network)	Yes	All relevant cases	100%	
Stroke care (National Sentinel Stroke Audit)	Yes	N/A	N/A	A 2 yearly audit – next submission

				2012/13 report received 2011
Ulcerative colitis & Crohn's disease (National IBD Audit)	Yes	40	44%	submission on going
Vital signs in majors (College of Emergency Medicine)	Yes	50	100%	
National Audits Non NCAPOP- that the Trust was eligible to participate in:	Participation in 2011-12	Submissions req'd by ToR	% of submissions completed	COMMENTS / Reasons for NOT Participating
Cardiac Rhythm Management Audit	Yes	All relevant cases	100%	
National Audit of Seizure management in Hospitals (NASH)	Yes	79- all relevant cases	100%	1st year of audit
National Physio Practice for Thoracic Patients	Yes	All relevant patients	100%	
Pain in Children (College of Emergency Medicine)	Yes	150 case submitted	100%	New audit for 2011/12
Sepsis and Severe Sepsis (College of Emergency medicine)	Yes	Submitting at present	90 cases required	New audit for 2011/12
Upper GI (Bi Annual) Audit	Yes	All cases	100%	Deadline for submission Oct 2012
National Audits the Trust was not eligible to participate in:	Participation in 2011-12	Submissions req'd by ToR	% of submissions completed	COMMENTS / Reasons for NOT Participating
CABG and valvular surgery (Adult cardiac surgery audit)	N/A	N/A	N/A	Service not provided by Trust
Cardiothoracic transplantation (NHSBT UK Transplant Registry)	N/A	N/A	N/A	Service not provided by Trust
Coronary angioplasty (NICOR Adult cardiac interventions audit)	N/A	N/A	N/A	Service not provided by Trust
Depression & anxiety (National Audit of Psychological Therapies)	N/A	N/A	N/A	Service not provided by Trust
Liver transplantation (NHSBT UK Transplant Registry)	N/A	N/A	N/A	Service not provided by Trust
National Audit of Schizophrenia (NAS)	N/A	N/A	N/A	Service not provided by Trust
Paediatric cardiac surgery (NICOR Congenital Heart Disease Audit)	N/A	N/A	N/A	Service not provided by Trust
Paediatric intensive care (PICANet)	N/A	N/A	N/A	Service not provided by Trust
Patient transport (National Kidney Care Audit)	N/A	N/A	N/A	Service not provided by Trust

Prescribing in mental health services (POMH)	N/A	N/A	N/A	Service not provided by Trust
Pulmonary hypertension (Pulmonary Hypertension Audit)	N/A	N/A	N/A	Service not provided by Trust
Renal Transplantation (NHSBT UK Transplant Registry)	N/A	N/A	N/A	Service not provided by Trust

Table 2: National Confidential Enquires (NCEPOD)/CMACH that the Trust was eligible to participate in:	Participation 2011-12	Percentage of required number of cases submitted
Surgery in Children: Are we there yet?	Yes	No cases selected
Peri-operative care: Knowing the Risks	Yes	All relevant cases sent
NCEPOD - Cardiac Arrest study	Yes	Spreadsheet returned 14 cases selected- 4 returned- 29% Organisational questionnaire returned
NCEPOD- Bariatric Surgery	Yes	Spreadsheet returned 8 cases selected 8 questionnaires returned- 100% 5 case notes returned- 63% Organisational questionnaire – being completed at present
NCEPOD- Alcohol Related Liver Disease	Yes	Spreadsheet returned. Data collection not commenced yet
CEMACE – peri-natal mortality	Yes	As required
CEMACE-Saving Mother's Lives	Yes	All applicable maternal cases – 100%

Notes: Percentages given are latest available figures. Some studies are still ongoing so percentages are not supplied as submission is still continuing. A number of the national audits are run over two year periods, so submission is not required yearly. This is outlined in the tables above where applicable.

The Trust's Safety and Governance Directorate monitors the Trust's participation in all audits through its audit database system. This includes national audits and actions taken in accordance with recommendations. This activity is reported to the Clinical Standards Committee on a six monthly basis.

The Trust's Audit Strategy includes prioritising support for participation in national audits, that is those audits within the National Clinical Audit Patient Outcomes Programme (NCAPOP) and other provider subscribed national audits. NCAPOP consists of a series of audits commissioned and managed by the Healthcare Quality Improvement Partnership (HQIP), under the guidance of the National Clinical Audit Advisory Group (NCAGG). Not all of the national audits listed in Tables 1 and 2 provide reports or recommendations back to the Trust on an annual basis. In a number of cases as demonstrated in Table 1 the Trust is still awaiting reports from which the Trust will then develop actions where required.

The reports of 7 national clinical audits were reviewed by the Trust in 2011/12 and the Trust intends to take the following actions to improve the quality of healthcare provided:

Actions' arising from National audits recommendations
Renal colic (College of Emergency Medicine) Audit
<ul style="list-style-type: none"> • Clinical Decisions Unit patient pathway amended following report from audit.
Stroke care (National Sentinel Stroke Audit)
<ul style="list-style-type: none"> • Implementation of hyper-acute stroke beds. • Appointment of acute stroke consultant – for front door assessment of stroke and TIA. • Increased therapy input and hours to stroke patients. • Implementation of Daily TIA clinics. • Access to week-end imaging fro stroke patients. • Training of nurses in swallowing assessment. • Increase in number of thombolysed patients within protocol.
British Cardiac Interventional Society (BCIS) Angioplasty Audit
<ul style="list-style-type: none"> • Transfers pathway being reviewed to reduce areas of delay in pathway.
Cardiac Arrest (national cardiac arrest audit)

<ul style="list-style-type: none"> Trust % survival rate for cardiac arrests is above the national figure.
2011 Audit against the Key Performance Indicators in the BASHH STI Management Standards (Standards for the Management of Sexually Transmitted Infections)
<ul style="list-style-type: none"> Patient assessment document revised to include two additional key assessment items to improve patient assessment.
National comparative audit of the use of Red Cells in Neonatal and Paediatrics
<ul style="list-style-type: none"> Trust Policy revised to include guidelines in the use of Red cells in children. Policy change disseminated via posters across paediatric and neonatal departments.
BHIVA National Audit
<ul style="list-style-type: none"> Improved HIV testing training for staff – resulting in increased number of HIV tests performed.

Within the Trust, a wide range of local nursing and medical clinical audits are undertaken within each clinical speciality. These audits are undertaken to examine whether treatments or services are meeting standards of best practice such as NICE, or they may be specific audits identified to monitor compliance to internal standards, policies and protocols.

A total of 849 clinical audits were registered onto the online audit database (440 in 2011/12; 409 carried forward from 2010/11). In 94 of these local audits, the whole audit cycle has been completed and actions have been put into place where required to enhance practice. The remainder are in progress towards completion of the cycle. Staff undertaking clinical audit are required to provide evidence of actions recommended from audits to improve service delivery, patient satisfaction and clinical quality on to the audit database and to action a re-audit. Following the introduction of the on-line audit database in 2010, which has enabled better evidence collection of audit outcomes, the Trust now has in place an audit learning site on the Governance and Safety website to embed learning from audits across the whole of the Trust.

The reports of 94 local clinical audits were reviewed by the Trust in 2011/12 and the Trust intends to take the following actions to improve the quality of healthcare provided as outlined in Table 4.

Solihull Community Services undertook 16 local audits. These have been monitored and supported by Clinical Governance within community services and reported to a dedicated operational committee around progress.

Table 4 :Examples of actions being taken following local audits at the Trust

- Implementation of a Transient Loss of consciousness/Syncope algorithm and guideline developed following audit.
- Electronic Boards designed with estimated discharge date and a crib sheet implemented from Acute Medicine BHH audit work.
- Development of a policy for the use of Optical Coherence Tomography for patients with macular changes.
- Development and implementation of Retinal Screening Governance manager. Development of Governance reporting processes for Retinal Screening Programme.
- All doctors informed of the Diabetes inpatient audit findings and which insulin and oral hypoglycaemic should be prescribed at mealtimes only.
- Development of 'Safe Prescribing Quick Guide of Insulin and Oral Anti-diabetes drugs' circulated to all prescribers at the Trust. E-prescribing alerts implemented to alert prescribers who try to prescribe mealtime insulin and OHAs at 10pm.
- Implementation of weekly report of all prescribers who have prescribed insulin and oral diabetes drugs off protocol to enable feedback to these doctors by a diabetes consultant.
- Development of diabetes nursing metrics and a ward performance assurance framework.
- 100% conformity with British Association of Dermatology guidelines.
- Development of a pocket sized nursing safety manual.
- Re-organisation of referral process to Ear, Nose and Throat emergency clinic – to enable improve patient outcomes.
- Development and implementation of patient information epidural information card.
- Development and implementation of paediatric guideline inclusive of High Flow oxygen use in patients with bronchiolitis.

Examples of Actions being taken following Local Audits at Solihull Community Services

- Review of future communication and information with GP Committees and Looked After Children's Services.
- Ensure safe transport of used sharps safely within the community.
- Improvement of collecting and recording surgical surveillance data to monitor infection rates.

RESEARCH

The number of patients receiving NHS services provided or sub-contracted by the Trust in 2011/12 that were recruited during that period to participate in research approved by the Research Ethics Committee was 3726. At any one time, there are over 500 individual research projects being undertaken across the three hospital sites. Some of these projects are open for a only a few weeks, whilst the majority of projects run for over 12 months and potentially up to 10 years as in the case of cancer trials where long term follow up is key to understand the impact of introducing a new treatment regime.

The majority of directorates undertake some form of research. Where most research is undertaken and where it is has been shown to make an impact on practice locally, are in those directorates where there is an academic affiliation and joint posts between the University of Birmingham, University of Warwick and Aston University. These include diabetes including metabolism, obesity and sleep, anaesthesia, critical care, pain, resuscitation, respiratory medicine, cancer, vascular surgery, infection, obstetrics and ophthalmology.

The implementation of the Trust's Research Strategy 2011-2014 is fully supported by the Trust Board and this, alongside the recent appointment of Professor Don Milligan as Director of the Healthcare Research Institute, enables the Trust to appoint more research active staff and increase the amount of research it undertakes over the coming months and years. This will continue to have an impact on and improve the care provided to patients.

Clinical Research

Did you know the Trust has the largest number of haematology patients undergoing clinical research trials in the West Midlands, and is one of the largest in the UK?

High quality research is vital for providing patients with opportunities to access new drugs that may not be available otherwise and determining the best combination of old and newer drugs in treating patients. Haematology patients who decide to participate in a clinical research trial, such as a new cancer drug, may be newly diagnosed or have relapsed with leukaemia, lymphoma, multiple myeloma, other blood-related conditions or undergoing bone marrow transplantation.



Research can take the form of trials conducted by NCRI (academic) or pharmaceuticals (commercial). The team of experts specialising in treating and researching into complex blood disorders are always eager to explore new avenues in order to expand their knowledge and the resources of the department.

Consultant haematologist Dr Guy Pratt, is a clinical trials and laboratory research lead. He said: 'Year on year we are undertaking more research trials at the Trust, ensuring we make progress in the treatment of patients now and in the future. Haematological practice is changing rapidly and we are very much a forward-looking department wanting to develop the newest treatment for patients.'

COMMISSIONING FOR QUALITY AND INNOVATION (CQUINs)

A proportion of the Trust's income in the financial year ending 31st March 2012 was conditional on achieving quality improvement and innovation goals agreed between the Trust, Birmingham East and North PCT (lead commissioner for West Midlands PCTs) and West Midlands Specialised Services for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Further details of the agreed goals for 2011/12 and for the following 12 month period can be found at:

http://www.institute.nhs.uk/commissioning/pct_portal/2011%1012_cquin_schemes_west_midlands.html.

The CQUINs accounted for approximately £7 million of the Trust's income in 2011/12. The CQUIN goals were agreed jointly by the Trust and the lead commissioning PCT selected from a regional 'pick list' of priorities determined by the West Midlands Strategic Health Authority. In summary these include:

Acute Contract

No	Indicator Name
1	VTE Risk Assessment
2	Patient Experience
3	Alcohol
4	Smoking
5	Maternity - Common Assessment Framework
6	Maternity - Community Midwifery
7	Medicines Management - Antibiotic Stewardship
8	Medicines Management - Prescribing Efficiencies

Specialised Services Contract

No	Indicator Name
1	Reducing Avoidable Harm: VTE Prevention
2	Patient Experience
3	Access to Chemotherapy out of Hospital
4	Access to Renal Therapies
5	Access to Organs for Transplant
6	Avoiding Preventable Blindness in Neonates
7	Improving Neonatal Care Pathways

A proportion of Solihull Community Services income in 2011/12 was conditional on achieving quality improvement and innovation goals agreed between SCS and Solihull PCT, with an associated value of £375,000.

Solihull Community Services Contract

No	Indicator Name
1	Community Services
2	Patient Experience
3	Public Health Training

Trust performance against these CQUIN targets are monitored by the Executive Management Team and Trust Board.

Although not all CQUINs targets across the Trust were met, performance for 2011/12 against more demanding requirements was generally good. The targets for the Inpatient Survey, one of the four Alcohol Metrics and, three of the seven Maternity Metrics were not fully met. However it is worth noting that performance for each of these showed an improvement on the agreed baseline and in many instances only narrowly missed achieving their target.

CARE QUALITY COMMISSION

The Trust is required to register with the Care Quality Commission (CQC) and its current registration status is registered without any conditions.

During 2011/12, the Trust had two responsive reviews from the CQC:

- In August 2011, CQC completed an unannounced inspection to review Outcome 4 (Care and welfare of people who use services) and Outcome 9 (Medicines Management).
- In January 2012, CQC completed an unannounced inspection of the Emergency Department on the Birmingham Heartlands Hospital site.

The August inspection found that the Trust was compliant with Outcome 4, but not compliant with Outcome 9. A full action plan was developed to address the gaps identified from the inspection. Many of the actions have already been completed with the remaining actions due to be completed by the end of March 2012. An update on the action plan was submitted to the CQC and Monitor in January 2012.

The January inspection found the Trust to be compliant with Outcome 4 and Outcome 13 (Staffing). The CQC report stated that:

‘People using Heartlands Hospital Accident and Emergency service experience effective, safe and appropriate care, and treatment that meet their needs and protects their rights. People's privacy and dignity are respected’

and that

‘There are sufficient numbers of suitably qualified, skilled and experienced staff to meet the health and welfare needs of people using Heartlands Hospital accident and emergency department’.

In 2011/12, the Trust did not participate in any special reviews or investigations by the Care Quality Commission.

INFORMATION GOVERNANCE TOOLKIT

The Connecting for Health Information Governance Toolkit sets out standards for information governance systems and processes in NHS organisations.

The Trust Information Governance Assessment Report score overall score for 2011/12 was **62%** (not satisfactory) and was graded as Red.

In order to achieve ‘satisfactory’ status (Green) the Trust would need to declare compliance at Level 2 for all standards. The Trust did not reach Level 2 in **seven** standards. Action plans for these standards have been developed and will be monitored by the Information Governance Committee.

DATA QUALITY

The Trust is taking the following actions to improve data quality:

- A suite of measures known as the Data Quality Health Check which identifies areas of poor performance are reported on a weekly basis to a range of operational and managerial staff throughout the Trust. A subset of these is also presented at the Trust's Executive Directors Committee (on a monthly basis) where data quality is a standing agenda item. Data Quality also forms part of monthly Directorate reports and from April 2012 will be a standing agenda item on performance meetings with action plans in place to improve on performance.
- The Data Quality Project Board meets quarterly and focuses on areas of concern requiring improvement in data quality.
- The Trust employs a team of Data Quality staff who contribute to the Trust's induction programme to raise the importance of good data quality and also participate in the training of staff as it relates to Data Quality for the use of the Trust's main systems.
- The development of a new Data Quality training package is completed and is being piloted. This will facilitate refresher training for key members of staff for whom attendance at a refresher will be mandated. After successful completion of the course staff will be issued with a certificate. If the staff member is not successful, additional training will be provided and the opportunity to retake the course offered. Any further data quality development needs will be agreed with the staff member and their line manager.

The Trust submitted records during 2011/12 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was:

Valid NHS Number	%
Admitted patient Care	99.3%
Outpatient Care	99.76%
A&E	98.77%

The percentage of records in the published data which included the patient's valid General Medical Practice code was:

Valid GP Practice	%
Admitted Patient Care	100%
Outpatient Care	99.98%
A&E	99.23%

Data Quality in Solihull Community Services is operationally monitored with a bi-monthly Data Quality Steering Group. The group agrees on standard audit reporting for all community services on data quality issues, which take into account key performance indicators, and consistency and

accuracy of clinical and contact recording. The standard agreed reports are run monthly and communicated to service heads via sharepoint portal, which the service heads then distribute to identified staff to either rectify or address the data quality issue. Support in addressing this is also provided by the Data Quality Officer and the Electronic Patient Record team within IT.

CLINICAL CODING ERROR RATE

The Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatments coding (clinical coding) were:

Table 1: **Table of main findings – clinical coding (coder and non-coder errors)**

Area audited	% Procedures coded incorrectly		% Diagnoses coded incorrectly		% of episodes changing HRG	% of spells changing HRG
	Primary	Secondary	Primary	Secondary		
Locally determined specialty – ENT	28.3	24.7	22.0	28.6	16.0	16.2
Random selection from SUS	0.0	10.0	3.0	12.4	6.0	6.1
Overall	20.8	19.7	12.5	16.5	11.0	11.6

The specialties audited were 100 Finished Consultant Episodes (FCE) in ENT and 100 random FCEs selected from our quarter 2 data submissions

The results should not be extrapolated further than the actual sample audited

1. This year the Trust’s average HRG error rate is 11 per cent. This is a continuing improvement, from an episode HRG error rate of 19 per cent in 2009/10, to 13.3 per cent in 2010/11.
2. The report made 2 recommendations relating to improving the source documentation used for clinical coding and providing and feedback and training to coders
3. An action plan has been developed to address the recommendations. Quarterly updates will be provided to the Trust Finance and performance Committee and to the Primary Care Cluster

In 2011/12 the Trust underwent an Audit Commission Review of the 2010/11 audit recommendations and it was found that:

The Trust has made good progress in delivering Clinical Coding recommendations. Out of the six recommendations made, two recommendations were found to have insufficient progress, actions plans are in place to deliver these.

The Trust has made significant investment in the Clinical Coding Team in 2011/12 and a new clinical coding structure, incorporating an audit and training function has been established from January 2012. It is anticipated that the introduction of this new team will have a significant impact on the quality of clinical coding at the Trust.

DRAFT

PART 3: OTHER INFORMATION

Quality Performance Review

As a Trust, the aim is that everyone in the organisation always puts the highest possible value on patient safety in every decision they make. The Trust is committed to improving safety and quality and to reducing avoidable patient harm. Several work streams have been initiated and refined over the last 12 months which demonstrates the Trust's continuing commitment to improving patient safety.

PATIENT SAFETY

Acute Services:

The Trust has a dedicated Patient Safety Team that has been working hard on several initiatives during 2011/12. These include:

A new **fluid balance and hydration chart** which was launched to coincide with a national campaign 'A taste of patient safety nutrition and hydration week'. Fluid balance is the balancing of the quantities of fluid entering the body with the quantities leaving it. Fluid balance can alter with disease and illness. Following the launch, the team revisited the wards with some ad hoc sessions, including patient stories of when inaccurate fluid balance or hydration monitoring has caused harm and also to assess how people were finding the new charts and how accurately they were completing them.



The launch of a **safety manual** for nurses working in adult areas was completed at the end of August 2011. The manual is designed to provide easy access to key information, at the bedside, at any time.

The organisation has detailed policies and procedures, but key information was not always readily available to nurses. The pocket sized manual contains user friendly flow charts to guide nursing practice. The content is based on top safety issues and incident themes to ensure that lessons are learned. The manual has been commended by Dame Christine Beasley, NHS Chief Nurse.

The team are also working with nursing on testing a **safety thermometer** which is a national initiative which will become a mandated CQUIN, from April 1st 2012. The aim of the thermometer is for 'harm free care' and it will be used within community and acute settings. It contains 4 areas – Venous thromboembolism (VTE), pressure ulcers, falls and catheter related infection. The plan is

to initially test the tool and data collection methods on six wards on the Birmingham Heartlands Hospital site before it is rolled out across the organisation.

The results of diabetes monitoring on the nursing metrics showed poor compliance with standards of **blood glucose monitoring**. A revised chart has therefore been designed which is colour coded to guide practice, with clear instructions on the frequency of blood glucose monitoring. The design of the chart enables trends to be identified more easily.

There are several **safety focused newsletters** which are produced within the Trust. The aim of these newsletters is to improve awareness of patient safety and ensure lessons are shared across the organisation.

The nursing quality and safety newsletter is shared across all hospital sites. It has a different safety topic each month and provides teams with top tips to reduce incidents which may cause harm, promote good practice, share lessons learnt from previous incidents and share patient stories.

The Safe Medication Practice Group produces 'Medicines Safety Matters' to share best practice related to medication safety and also to share learning from medication incidents.

Hospital at Night (H@N) and Hospital at Weekend (H@W):

H@N, now in place at all three of the Trust's hospitals, is a system of working that aims to achieve effective clinical care at night, by having one or more multidisciplinary teams on duty sharing a range of skills and competencies to meet a patient's immediate need.

The benefits for clinical staff are:

- The ability to spend more time on clinical care.
- To provide better information on which to base risk assessments.
- To work as one team, decreasing isolation, improving working relationships and boosting morale.
- Greater fairness and appropriateness in task allocation and responsibility.
- More and higher quality training and development opportunities as well as enhanced and extended competency levels.

Benefits for patients:

- More timely, better coordinated and a higher quality of clinical care.
- Improved risk assessment.

The H@W pilot was deployed at Good Hope Hospital on Saturday, 8th October 2011. H@W uses a similar model of working to H@N, where all clinical jobs from the base wards are requested via iBleep, filtered by a Nurse Co-ordinator, and passed onto members of the multi disciplinary team (MDT) for timely and appropriate action.

As part of the MDT, there is also a Nurse Practitioner to complete appropriate clinical jobs and support ward staff. The Phlebotomy (blood) and Pharmacy (medicine) Services are also working as part of the H@W MDT to ensure efficiency and the best possible care for patients through a Team approach.

Initial feedback received from a variety of different areas and professions has indicated that the service is of great value to all patients and staff on the site.

Incident Reporting:

The Trust actively encourages the reporting all types of incidents to ensure that lessons are learnt from such occurrences. Approximately 20,000 incidents are reported each year.

An incident is defined as an untoward event which causes or has the potential to cause any of the following:

- Harm to an individual
- Financial loss to an individual or the Trust
- Damage to the property of an individual or the Trust
- Disruption to services provided by the Trust
- Damage to the reputation of the Trust

This definition also encompasses all prevented incidents i.e. where none of the above occurred either by good fortune or due to the intervention of staff. These can also be referred to as 'near miss' incidents.

The themes from incidents are triangulated with complaints etc. The following table shows the themes and is used to help focus improvement projects/plans to improve patient safety.

Trust aggregation of data (Q3 2011/12)

Incident Categories	Complaints Sub-Categories	PALS Sub-Categories	Potential Claims Categories	Serious Incidents Themes (6 monthly)
Falls	Clinical treatment	Compliment/positive feedback	Failure to perform operation	Communication
Tissue Viability	Misdiagnosis	Positive feedback	Failure/delay treatment	Documentation
Clinical Care	Information / Communication	Information / Communication	Failure/delay diagnosis	Medication
Medication	Bereavement Issues	Delay/cancellation of appointment	Other	Professionalism
Admission/Transfer/ Discharge Issues	Discharge	Clinical Care		Failure/delay diagnosis

Trends

Falls / Slips
Medication
Information /Communication
Delay diagnosis/Results
Discharge

Trust actions

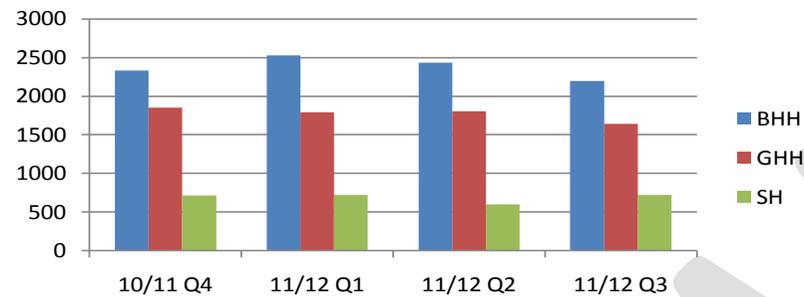
- Trust and Site falls groups in place, reviewing trends and learning from incident investigations.
- Safer practice medication working group. Think Glucose diabetes campaign. Nursing alert reminders issued.
- SBAR campaign. Nursing safety manual in development. Changing patient safety culture by Safety walk arounds
- Work completed to achieve NPSA alert (Radiology) Group 4 leading safety project on "Results Reporting"
- New Theme for Q3 11/12. For discussion.

This report provides the top 5 category themes for Incidents. Complaints, PALS, Claims and Serious Incidents for Q3 11/12.

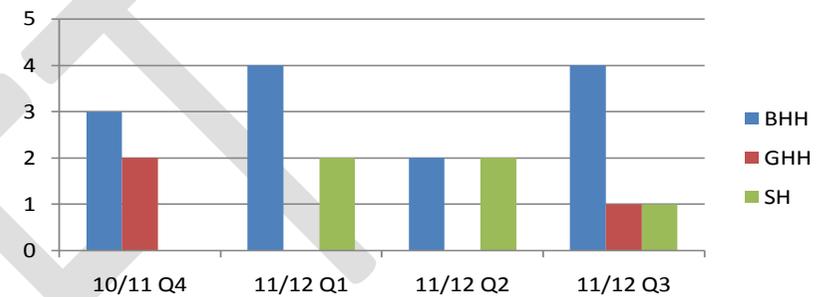
Falls remains a top category in incidents but has not appeared in the claims categories for this quarter. A new theme of discharge has been identified. Professionalism / Rudeness of staff was a new theme in Q2 11/12 and is no longer a theme in Q3 11/12.

Aggregation by Site (Q3 2011/12)

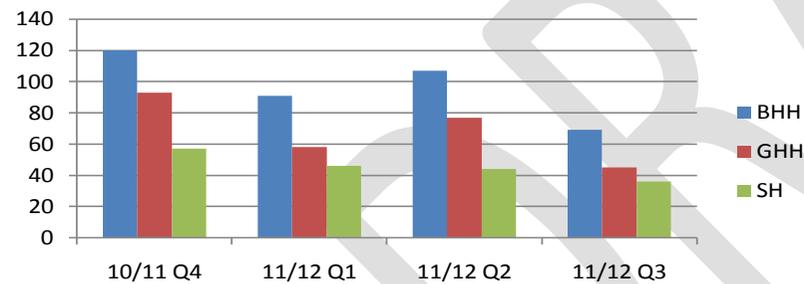
Incidents



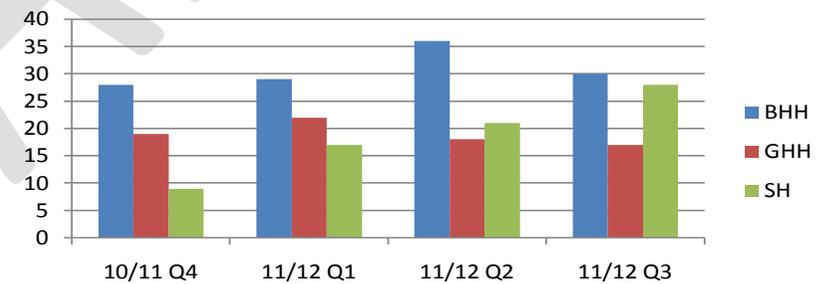
Serious Untoward Incidents



Complaints



Potential Claims



This data provides the levels of activity for Incidents, SUIs, Complaints and Potential Claims across the 3 main hospital sites. The Q3 11/12 shows consistent trends over the last 12 months, which will continue to be monitored.

“Never Events” are defined as ‘serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers’. The criteria used to define a Never Event were: ‘the Never Event may or does result in severe harm/death to patients and/or the public; there was evidence of occurrence in the past; national guidance and/or national safety recommendations exists on how to prevent along with support for implementation; occurrence can be easily defined, identified and measured on an ongoing basis.’ (Never Events list ‘12 DH)

Wrong implant / prosthesis: 3 events

Impact	Location	Summary	Key finding	Key action
Event 1 Jun '11 (Patient was happy with overall outcome of surgery)	T&O / Theatres SH	Wrong sized insert (one part of complete implant) was used in knee replacement - Required further surgery	Human error during implant checking process	Development, implementation and audit of intra-operative implant checking process
Event 2 Jun '11 (Patient was happy with overall outcome of surgery)	Ophthalmology Theatres SH	Biometry readings for right eye used to select lens strength for left eye	Limited documentation available at time of surgery and erroneous but plausible clinical assumption/ judgement	Standardisation of documentation and pre-surgery checking of documentation
Event 3 Jul '11 (Patient was happy with overall outcome of surgery)	Ophthalmology Theatres SH	Wrong strength lens selected and implanted during cataract surgery	Human error of transcription of lens power from biometry reading	Redesign documentation to remove need for transcription

Retained foreign object post – operation : 2 events

Impact	Location	Summary	Key finding	Key action
<p>Event 1 Jun '11</p> <p>(Patient was happy with overall outcome of surgery and investigation)</p>	<p>T&O / theatres SH</p>	<p>Foreign object (screw) not detected before closure of wound and patient in recovery Required further surgery</p>	<p>Lack of team appreciation of missing screw and compliance with requirements to x-ray before wound closure</p>	<p>Review / launch Policy re: x-ray before wound closure Clarify roles and processes for raising patient safety concerns during surgery</p>
<p>Event 2 Sept '11</p> <p>No long terms effects</p>	<p>Obstetrics BHH</p>	<p>Vaginal swab left in situ after perineal repair</p>	<p>Swab counting procedures and lack of compliance with local policy to only use medium swabs after perineal suturing</p>	<p>Local policy awareness Procurement of delivery pack which only contains medium swabs</p>

Themes:

- 1) There is no theme in the main root causes of these incidents. Contributory factors associated with communication and culture in theatres have been explored via responsive safety review and action plans in place to support findings
- 2) Although the root causes were different, both ophthalmology incidents highlighted a need to review / standardise documentation to support the cataract pathway

Other factors:

In 2011/12 the number of national never events which are applicable to this Trust has increased from 11 to 22 and the definition of these never events has become much tighter

Both of the ophthalmology incidents could be interpreted as outside the criterion of the never event as further surgery was not required and the patients were happy with the outcome of their surgery

Solihull Community Services:

The quality of the care that Solihull Community Services (SCS) deliver across the health economy is managed in a number of ways, this includes:

- Through a number of expert committees and forums, such as the Policies and Procedures Committee, which review new and existing documentation and ensure that this reflects best practice, considers patient safety and the effectiveness of the care and it is readily accessible by staff;
- Information reflecting the safety, effectiveness and experience of the care delivered is scrutinised by experts and professionals, including public representatives who are members of various committees and groups within the organisation; and
- Quality, safety and performance information is sent through to each service and this is reviewed by staff at their Quality and Performance Forums and action plans are put in place to address any issues.

The governance arrangements within community services are being reviewed to enhance the structure of reporting and monitoring quality and safety.

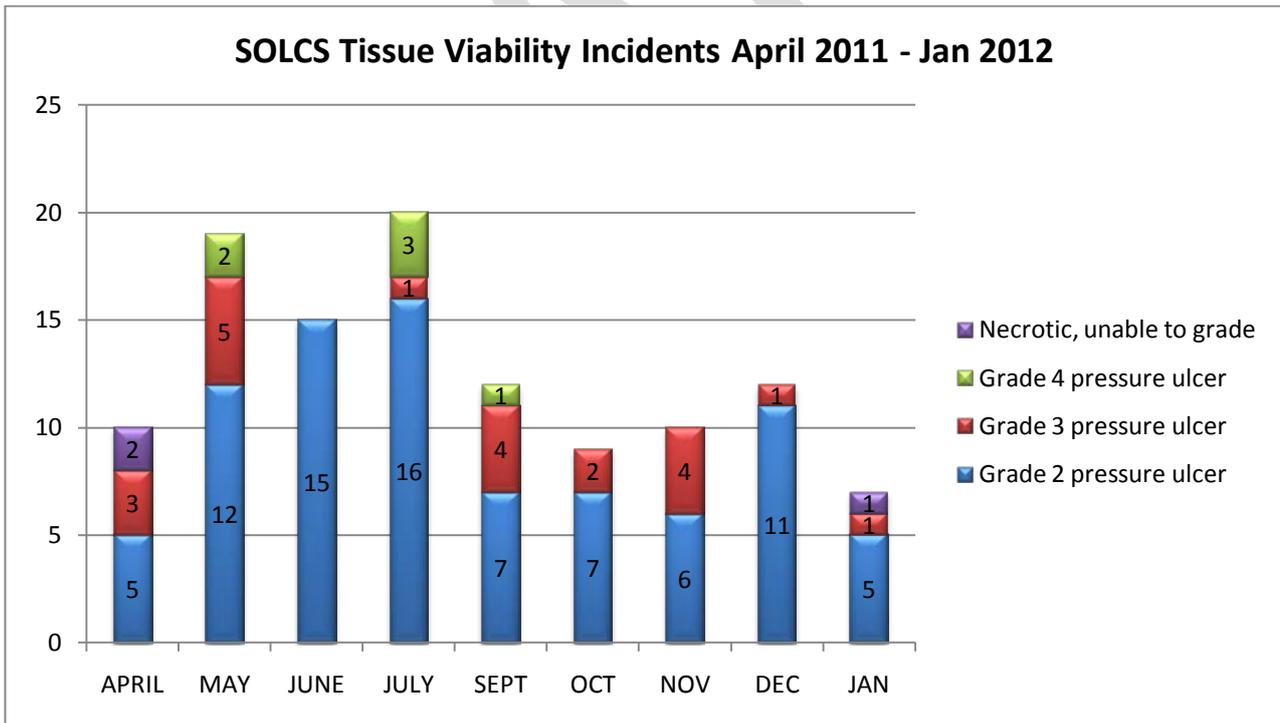
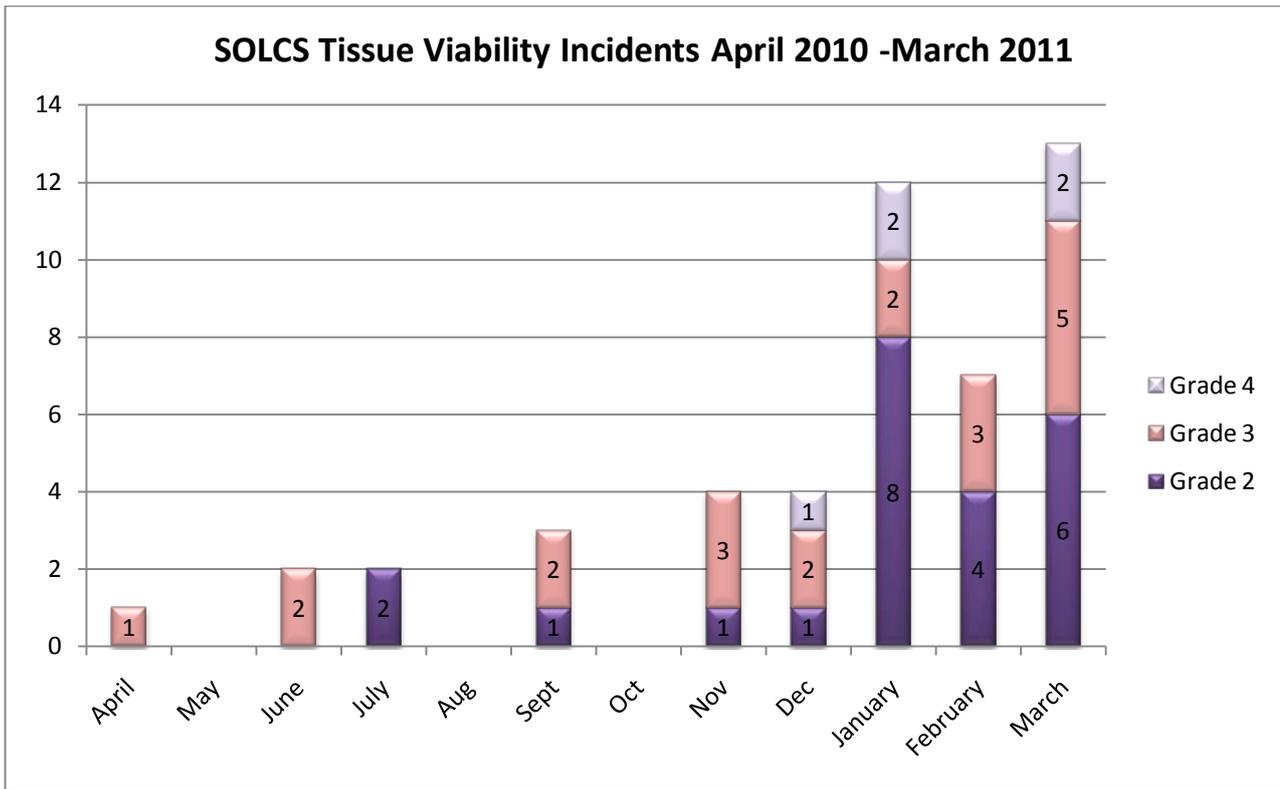
Below are further examples of the ways in which quality is managed and supported through systems and procedures within the organisation:

Serious Untoward Incident (SUI) Forum:

The forum has ensured that SCS has a robust mechanism for identifying and acting on SUIs. In addition, on-going actions are reviewed and service managers attend meetings to discuss progress. This has given assurance that actions have been implemented and supported where necessary.

Management and investigation of avoidable pressure sores:

The SUI forum reviews the incidents related to patients who have developed pressure sores to see where improvements could be made in care and what actions need to be considered to avoid pressure sores. Corrective action plans are developed and lessons learnt are shared across the services. The number of pressures sores reported as SUIs continues to be reviewed by the forum and data from 2010/11 has been used as a benchmark to review improvements resulting from the work driven through the forum during 2011/12.



The graphs above indicate much improved reporting of pressure sores which are reviewed through the forum. Improvement work is underway to review current standards in the management and care of patients with wounds within Solihull Community Services District Nursing teams. This includes developing a standard operating procedure to support consistency around care, training for staff and awareness for patients and their carers.

National patient safety alerts (NPSA):

Solihull Community Services continues to achieve 100% compliance with implementing National Patient Safety Agency alerts within the set timescales. This is supported by the service improvement team. SCS has strengthened governance arrangements by providing detailed reports to Quality and Performance meetings where alerts are reviewed, monitored and supported by managers.

National Institute for Health and Clinical Excellence (NICE) guidance:

Best practice is maintained through the implementation of NICE guidance which continues to be reviewed and monitored monthly by the service improvement team reports which are produced for management teams and Commissioners. Solihull Community Services has reviewed implementation by undertaking clinical audits related to a number of relevant guidance. Monitoring arrangements are strengthened by reviewing routine reports at service quality and performance forums to gain further assurance that actions and recommendations are being supported and implemented.

CLINICAL EFFECTIVENESS

Clinical Standards:

The Trust is committed to improving clinical standards to improve the quality and safety of the services it provides. The Clinical Standards Committee is responsible for embedding clinical audit and guidelines as tools to deliver improvements to patient care and services. The areas of focus for the Committee are as follows:

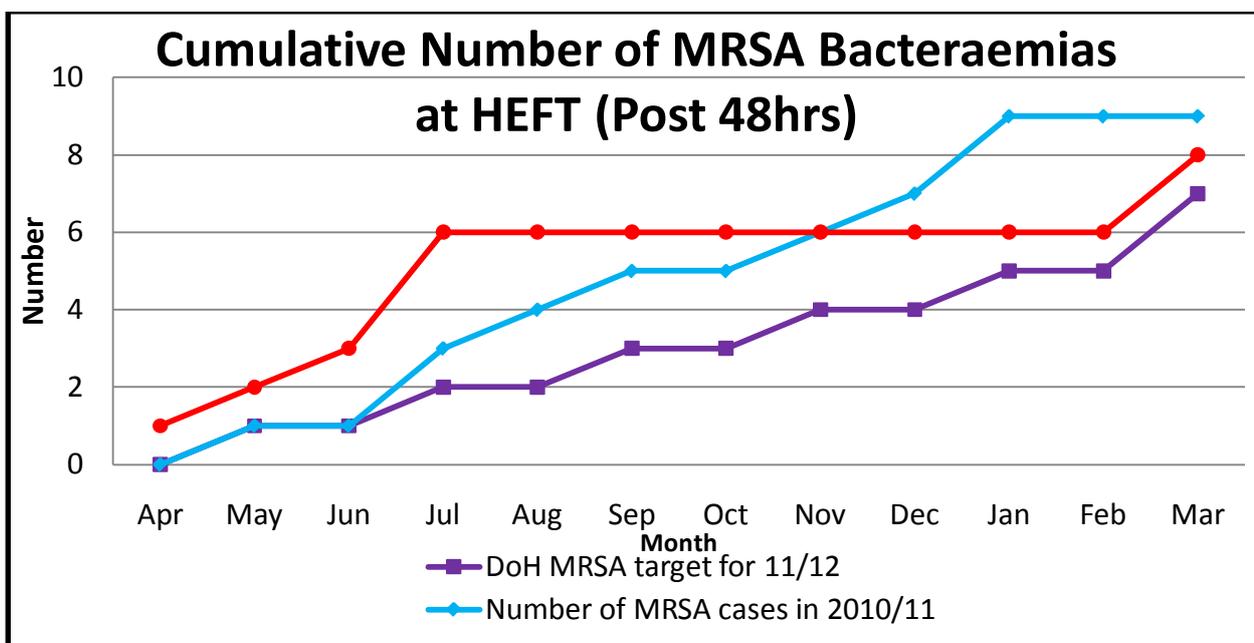
- To ensure the development and implementation of effective clinical audits.
- To receive regular updates on the progress of the Trust's annual audit plans.
- To review and approve local clinical guidelines ready for use.
- To review progress with implementation of national guidance (in particular NICE), priorities for implementation, speed of implementation and any potential risks associated with non-implementation.

The Committee works with clinical directorates to promote best practice and drive improvements in these areas and reports to the Governance and Risk Committee (a Trust Board level committee).

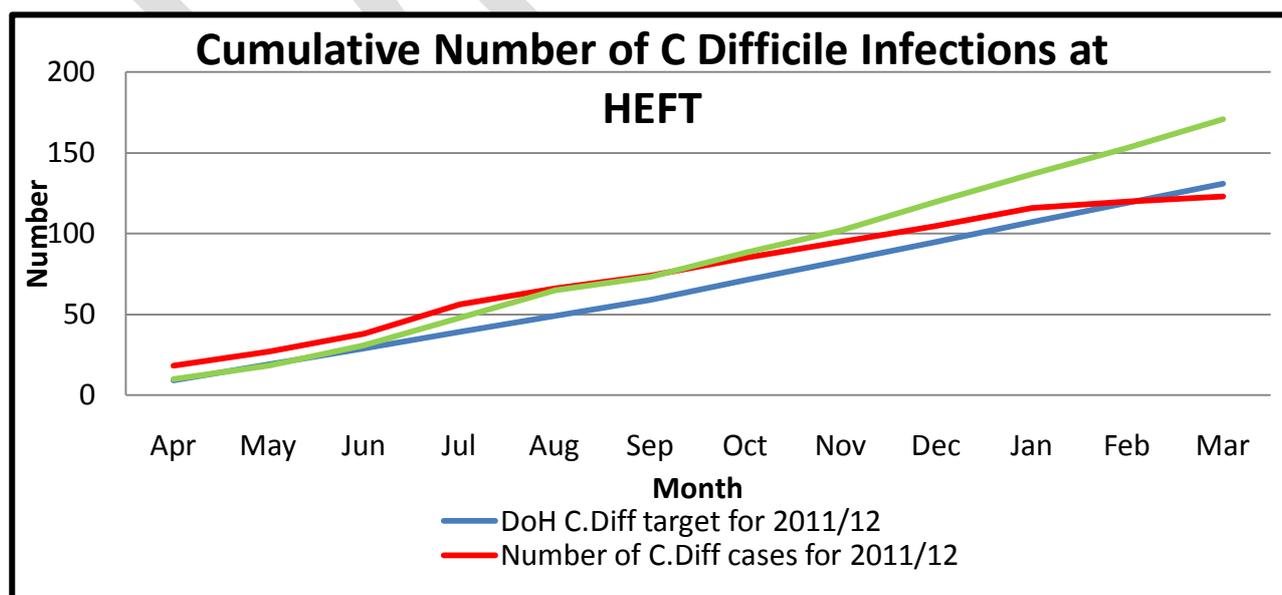
Infection Control:

Acute Services:

Although the Trust narrowly missed achieving the MRSA reduction trajectory, it has continued to demonstrate a reduction in post 48 hours MRSA bacteraemia during 2011/12. Eight bacteraemias were recorded, against a target of 7 (compared to 9 against a target of 14 in the previous year).



Despite a very challenging target, the Trust were successful in achieving the C.difficile trajectory. As at 31st March 2012, there have been 123 cases, this compares to the target of no more than 131.



During the year the infection prevention and control team have focused training on C.difficile management.

Progress - The Infection Prevention and Control team has continued an active teaching and audit programme. There has been a good overall improvement of audit scores particularly in the Saving Lives audit programme, hand hygiene and commode cleanliness. Infection control scores on the nursing metrics have also improved. The team continue to be involved in the considerable number of new build and refurbishment programmes during the year particularly on the Good Hope site. Compliance with MRSA screening continues with approximately 90% now reported for emergency admissions on a matched patient basis (this is recognised to be the most accurate reporting system although technically difficult). Full compliance is reported for elective admissions.

Innovation – As part of E.coli bacteraemia surveillance the team has developed and is currently piloting a health economy catheter passport to improve the management and reduce infection in catheterised patients.

The team completed a successful research funded project using adenosine tri phosphate (ATP) measurements of cleanliness in wards having a period of increased incidence of C.difficile. Results will be published later in the year. The process has been implemented as part of the Trust C.difficile reduction initiative.

In collaboration with the orthopaedic directorate, a temporary research nurse was appointed this year (with commercial sponsorship) to monitor infection after orthopaedic surgery. This included detailed post discharge follow up assessment of potential benefits of an improved skin preparation technique.

The team and antibiotic pharmacist also took part in the European point prevalence study of hospital acquired infection at the Good Hope site. When data is published in April 2012 we will be able to benchmark against other European hospitals which took part for both healthcare acquired infections and antimicrobial prescribing.

In collaboration with MIDRU and the Virology department, the team started a research study in January examining alternative specimen collection to detect norovirus outbreaks. The aim of this study (funded by in house winter pressure money) is to improve the speed by which norovirus outbreaks can be confirmed.

Solihull Community Services:

The dedicated Infection Control Operational Committee supports reviewing, preventing and improving infection control across Solihull Community Services. The committee is made up of a mixture of clinical professionals and infection control experts.

For the past two years Solihull Community Services has had no reported cases of MRSA or C. Difficile.

Solihull Community Services also continued to achieve 100% compliance in screening this year, as was the case in the previous two years.

Mortality statistics:

The Trust has monitored its monthly mortality rate using the Hospital Standardised Mortality Rate (HSMR) which is provided by Dr Foster over a number of years.

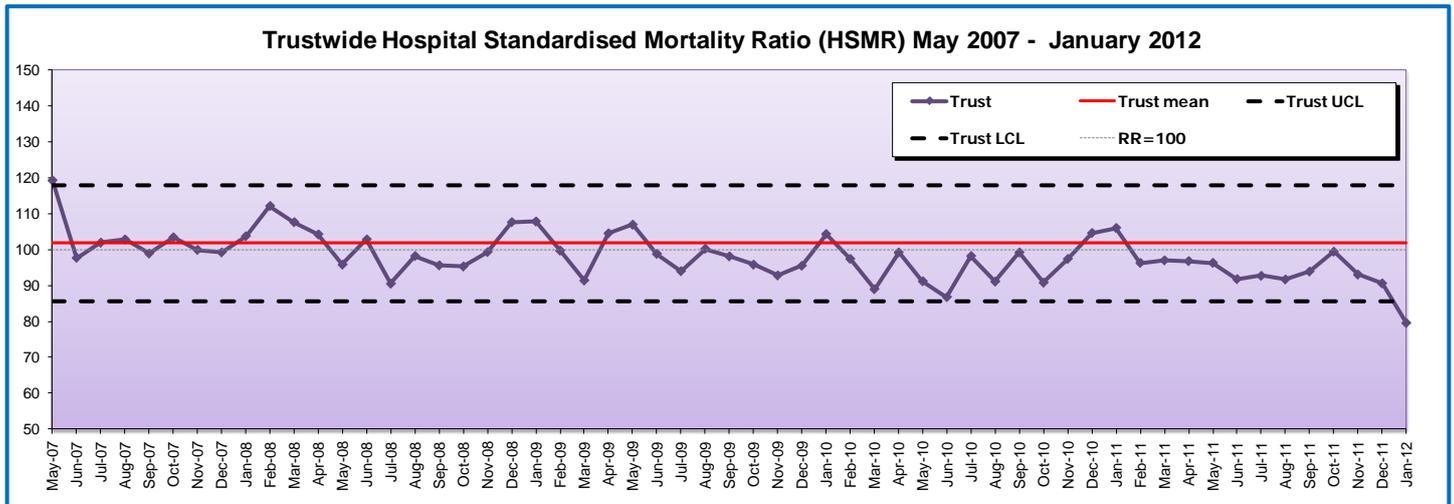
From October 2011 a new mortality indicator was produced and is to be published quarterly by the Health and Social Care Information Centre. The summary hospital level mortality indicator (SHMI) is different to the HSMR in that in addition to counting deaths in hospital it also counts deaths 30 days after discharge and includes death from all diagnoses as opposed to 80% of diagnoses used to calculate the HSMR.

Both HSMR and SHMI are based on a ratio of the observed number of deaths in a Trust over a period of time divided by that expected, given the characteristics of the patients treated by the Trust. SHMI is reported using 1 as the baseline as opposed to 100 for HSMR.

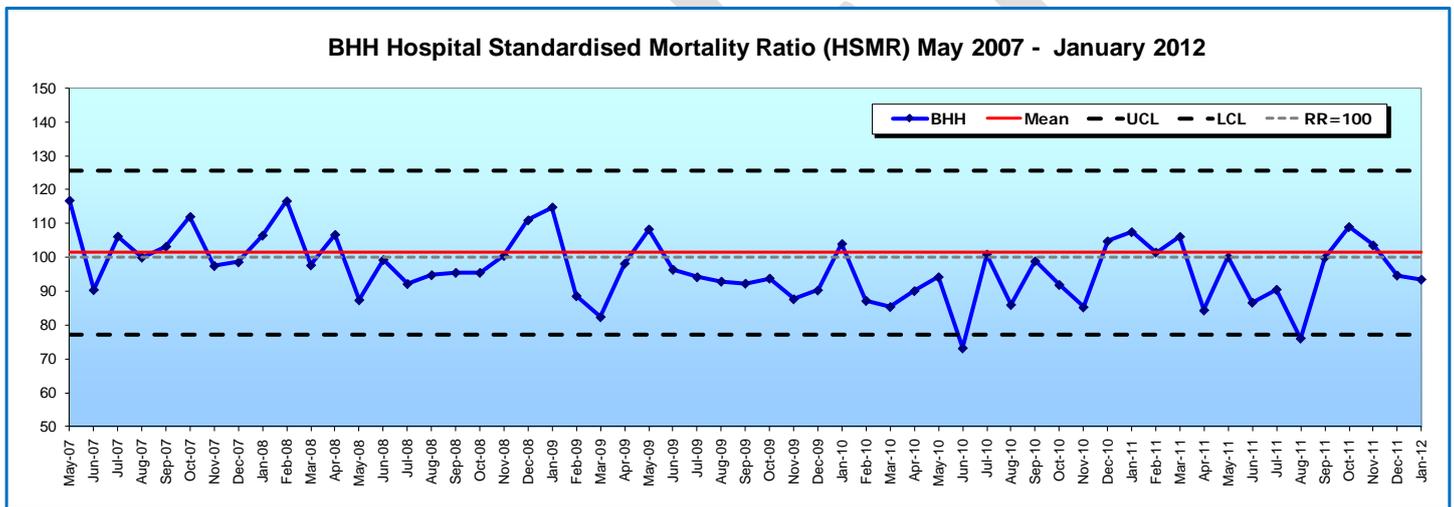
The SHMI covers a 12 month period but 6 months in arrears. HSMR is available 3 months in arrears as monthly, year to date accumulative and annual HSMR.

The trends in HSMR for the Trust and by site are shown below demonstrating natural monthly variation and a progressive downward trend at BHH and GHH. Our HSMR for the year to date is now below the national average which is always 100.

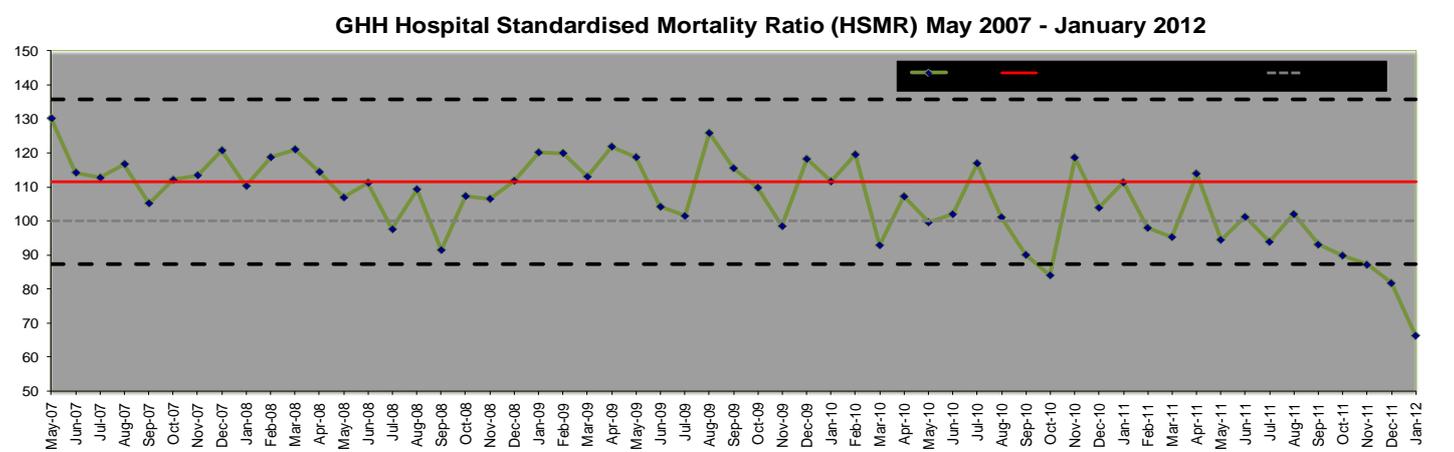
Graph 1: Trustwide HSMR



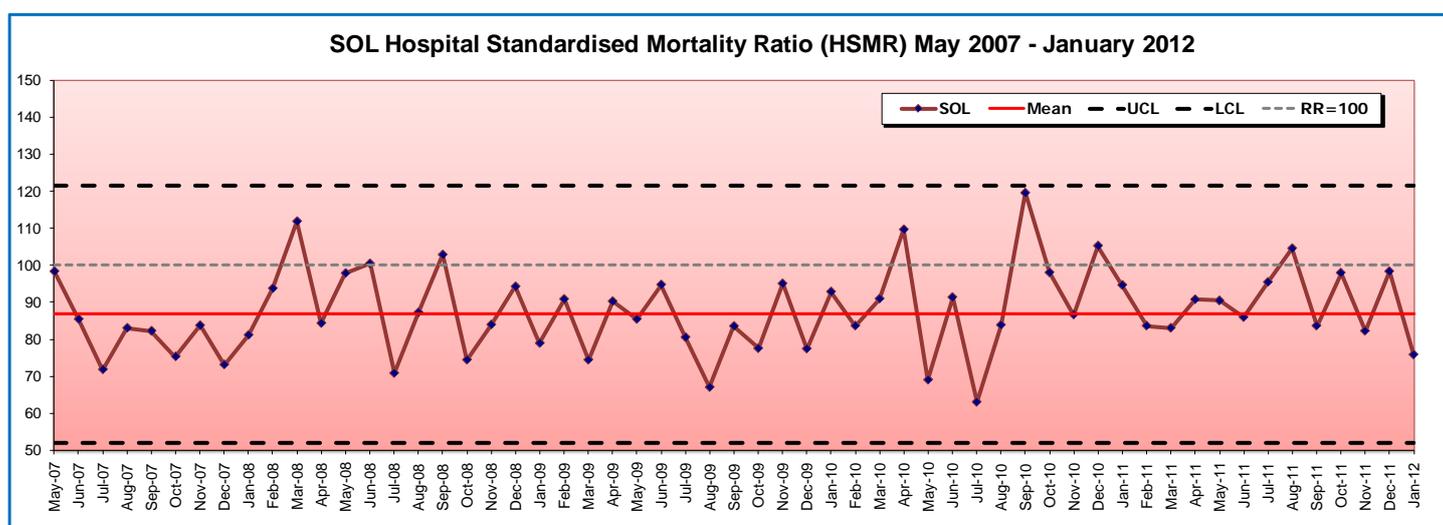
Graph 2: BHH HSMR



Graph 3: GHH HSMR



Graph 4: SH HSMR



Please note that the “**Mean**” value on all 4 graphs has been set to the mean of the first 20 months’ values on each chart.

SHMI (summary hospital level mortality indicator)

One SHMI value is calculated for each trust. The baseline SHMI value is 1. A trust would only get a SHMI value of 1 if the number of patients who die following treatment there was exactly the same as the number expected using the SHMI methodology. The SHMI indicator gives an indication of whether the mortality ratio of a provider is as expected, higher than expected or lower than expected when compared to the national baseline (England).

The SHMI values are categorised into one of the following three bandings:

- 1 – where the trust’s mortality rate is ‘higher than expected’
- 2 – where the trust’s mortality rate is ‘as expected’
- 3 – where the trust’s mortality rate is ‘lower than expected’

The first three published SHMI figures place the Trust within the “as expected” band for mortality.

- October 2011 = 1.0317 (relates to patients admitted during the period April 2010 – March 2011)
- January 2012 = 1.0407 (for the period July 2010- June 2011)
- April 2012 = 1.0203 (for the period Oct 2010- Sept 2011)

Both the SHMI and HSMR require careful interpretation, and should not be taken in isolation as a headline figure of trust performance. It is best treated as a 'smoke alarm'. They are an indication of whether individual trusts are conforming to the national baseline of hospital-related mortality. All trusts are encouraged to explore and understand the activity which underlies their SHMI and HSMR from their own data collection sources.

It should be noted that there is a difference between the two indicators with our HSMR being within expected range but below the national average of 100 and the SHMI being within the expected range but above the national average. The Trust is undertaking further analysis to explore the possible reasons for this and this may help us to identify areas for focused improvement.

In September 2011 we received notification that an analysis undertaken by CQC had indicated a significantly higher mortality rate at our Trust for emergency admissions with the diagnosis coded category of HRG H41 (sprains, strains or minor open wounds aged over 69 or with complications or comorbidities). They advised that this healthcare resource group HRG H41 would not necessarily reflect the cause of death for these patients from April 2010 – March 2011 but requested the Trust to review. A review and analysis of these cases has been undertaken and CQC are currently considering the response.

PATIENT EXPERIENCE

Acute Services:

In part 2 we provided an update on one of our key priorities to continue improving patient experience. The Trust remains committed to listening to patients, their relatives and carers to improve further the quality of services provided. This includes building on last year's initiatives to capture the experience of patients, their families and other users across the majority of services.

Corporate Nursing:

Over the last six months, the senior nursing and midwifery team has trialled a new approach for the monitoring and improvement of nursing and midwifery performance to enable a more robust assurance position to be given to the organisation.

Chaired by the Trust's Deputy Director of Finance and Deputy Chief Nurse, the Nursing and Midwifery Performance Committee is based on the Trust Finance and Performance Committee and has met monthly. A ward performance dashboard has been developed with overarching scorecards for all sites. The Head Nurses and the Head of Midwifery report to the Committee when progress is outside what is expected.

This is following on from the work that has been carried out over the last couple of years with nursing metrics which were detailed in last year's Quality Account. Below are some examples of continued improvements in Trust wide nursing performance since the implementation of the metrics system:

- Overall trust wide pressure ulcer prevalence has seen a steady decrease and has dropped from 3.22% (January 2011) to 2.74% (December 2011).
- The percentage of severe hospital acquired pressure ulcers (grade 3 and above) has reduced from 0.72% (January 2011) to 0.27% (December 2011). This equates to just 4 patients in the Trust.
- The Metrics Nursing Care Indicators for Tissue Viability Assessments has improved from 91% in October 2011 to 92% in December 2011.
- The use of hospital inserted urinary catheters has continued to reduce each quarter from 12.28% in September 2010 to 10.56% in December 2011
- The Metrics Nursing Care Indicators for Continence Assessments has improved from 93% in July 2011 to 95% in September 2011
- The falls rate for inpatient falls has decreased from 11.5 in Quarter 4 2010/11 to 10.8 in Quarter 3 2011/12.
- The Metrics Nursing Care Indicators for Falls Assessments has improved from 92% in October 2011 to 95% in December 2011.

An example of a ward performance dashboard:

	Jan 2011	Feb 2011	Mar 2011	Apr 2011	May 2011	Jun 2011	Jul 2011	Aug 2011	Sep 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012
Medication Storage and Custody	↑ 94%	↓ 91%	↓ 90%	↑ 91%	↑ 94%	↓ 93%	↓ 90%	↑ 94%	↑ 96%	↑ 97%	↑ 98%	↓ 97%	↑ 97%	↑ 97%
Infection Control & Privacy & Dignity	↑ 93%	↓ 92%	↑ 95%	↓ 94%	↓ 93%	↑ 94%	↑ 95%	↓ 93%	↑ 95%	↑ 95%	↓ 94%	↑ 95%	↓ 94%	↑ 95%
Patient Observations	↑ 90%	↓ 89%	↑ 92%	↓ 91%	↑ 91%	↓ 91%	↓ 91%	↑ 93%	↓ 93%	↓ 91%	↑ 92%	↓ 92%	↑ 93%	↓ 91%
Pain Management	↑ 95%	↑ 96%	↑ 97%	↓ 96%	↑ 96%	↓ 94%	↑ 95%	↑ 96%	↑ 96%	↓ 95%	↑ 97%	↑ 98%	↓ 97%	↑ 97%
Tissue Viability	↑ 88%	↑ 89%	↑ 94%	↓ 93%	↓ 91%	↑ 93%	↓ 92%	↑ 93%	↑ 94%	↓ 92%	↑ 94%	↓ 91%	↑ 93%	↓ 92%
Nutritional Assessment	↑ 85%	↑ 88%	↑ 89%	↓ 89%	↑ 91%	↓ 91%	↓ 89%	↑ 92%	↓ 91%	↓ 90%	↑ 92%	↓ 89%	↑ 93%	↓ 92%
Falls Assessment	↑ 89%	↑ 90%	↑ 93%	↓ 92%	↓ 90%	↑ 92%	↓ 92%	↑ 95%	↑ 96%	↓ 93%	↑ 95%	↓ 93%	↑ 94%	↓ 94%
Continence Assessment	↓ 78%	↑ 86%	↑ 89%	↓ 87%	↓ 86%	↑ 91%	↓ 90%	↑ 91%	↑ 93%	↓ 89%	↑ 94%	↓ 91%	↑ 93%	↑ 94%
Diabetes	↓ 65%	↓ 64%	↑ 81%	↓ 76%	↓ 75%	↑ 81%	↑ 86%	↓ 81%	↑ 83%	↓ 77%	↑ 87%	↓ 87%	↑ 88%	↑ 89%
Total	↑ 88%	↑ 90%	↑ 93%	↓ 92%	↓ 91%	↑ 92%	↓ 92%	↑ 93%	↑ 94%	↓ 92%	↑ 94%	↓ 93%	↑ 94%	↓ 94%

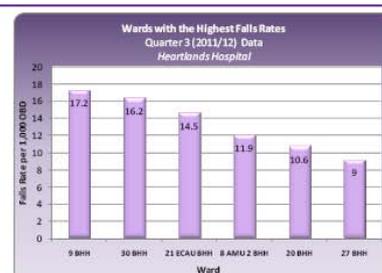
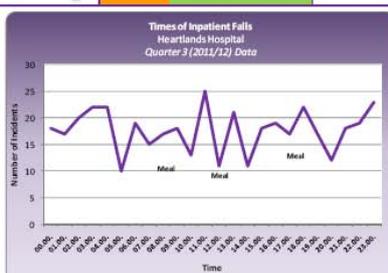
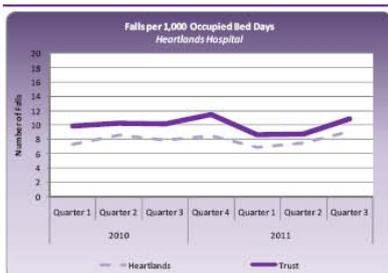
An example of a scorecard:

Corporate Nursing Business Planning
Quarter 3 (October to December 2011)

Staying Safe
Heartlands Hospital



Metrics: Nursing Care Indicators – Falls Assessment						
Criteria	Previous Qtr	Oct-11	Nov-11	Dec-11	This Qtr	Action Planning
A. The patient receives a falls risk assessment on admission to the Trust if over the age of 65 or if the patient has a history of falls.	99%	99%	100%	100%	100%	
B. The assessment is dated and signed by the assessing staff member.	94%	92%	96%	95%	94%	
C. Trust care plan to minimise the risk of falls is evident for the patient if assessed as being at risk.	88%	86%	88%	90%	88%	
D. A further assessment is undertaken at least weekly for the patient if identified as being at risk.	88%	87%	90%	91%	89%	
E. A bedrail assessment is undertaken on the patient if identified at risk and / or using bedrails.	88%	87%	91%	85%	88%	
F. Manual Handling	99%	95%	99%	100%	98%	
TOTAL	94%	92%	95%	95%	94%	



Nursing Metrics:

- Issues around implementation / use of the falls prevention care plan and the completion of bed rails assessments.

Completion of RCAs:

- There are 3 uncompleted RCAs for BHH as at 31/12/11.

Areas of Concern:

- Falls Co-ordinator to meet with Ward Managers / Matrons for areas to identify any trends / increased risk – BHH Wards 9, 8 AMU 2 and 30.

RCAs		No of RCAs: 27
RCAs Completed	20	No of Days Outstanding at 31/12/2011
RCAs Not Completed	3	Incident Date 16/07/11: 168 Days
		Incident Date 16/08/11: 137 Days
		Incident Date 16/09/11: 106 Days
Unknown	4	

Indicator Management:

- Clinical monitoring period – Monthly
- 10 patients from each ward
- Monthly reports to Ward Managers / Matrons
- Reports to Nursing Performance Committee



Complaints Management:

“You have the right to:

- Have your complaint dealt with efficiently and properly investigation;
- Know the outcome of any investigation into your complaint;
- Take your complaint to the independent Parliamentary and Health Service Ombudsman if you are not satisfied with the way the Trust has dealt with your complaint;
- Make a claim for judicial review if you think you have been directly affected by an unlawful act or decision of an NHS body, and;
- Receive compensation if you’ve been harmed.” (NHS Constitution)

	2011/12	2010/11	2009/10
Complaints Received	839	1011	992
% change in year	-20.5%	+1.9%	+14%
Response within deadline	73.95%	71.7%	52.4%
Complaints referred to PHSO in year	17	22	82

The Complaints and PALS team were merged (in January 2012) which enabled there to be a Patient Services function providing a manned telephone and appointment service for complainants between the hours of 9am – 5pm (Monday – Friday). In addition, all calls are recorded for monitoring and training purposes providing an accurate record of all concerns, queries and any agreed actions.

Compliments:

Compliments are recorded and monitored by the Survey Team on behalf of the Trust. A selection of comments received are summarised below:

“I spent nine days on ward 11 at Heartlands, the nurses and staff were so helpful and polite. The food was good and always served hot, this made my stay in hospital a pleasant experience.” (Ward 11 – April 2011)

“Excellent communication between nurses and doctors ... always treated with respect and I felt confident I was in safe hands.”(Outpatient – May 2011)

“I have noticed all the hard work that everyone puts into the department... you have done a wonderful job.”(Outpatient – May 2011)

“All of the staff was very polite, doctors nurses and cleaners. The staff spoke on the same level as myself which is very important – none of them talked down to me” (Inpatient – July 2011)

“The standard of nursing on the ward was good I was particularly impressed with theatre staff who were friendly, helpful and attentive ...very impressed (Inpatient - August 2011)

“One visit to outpatients is not a basis to recommend a particular hospital in general. So reference my experience I was treated with respect, courtesy and was very happy with the professional way I was dealt with.” (Ophthalmology OPD - December 2011)

“My care at Heartlands on ward 24...I could not have been treated better. The doctors and the staff were great.” (Ward 24 – May 2011)

“I have been attending Good Hope for the last 20 months, the care and attention I have received has been second to none, right from reception at A&E up to wards. There have been a couple of

hitches, but they were sorted out right away. I always say things can and will always go wrong, it's the way they are put right that counts. I have always been treated with care and respect. The staff are under a lot of strain, but I have found they cope very well and always have a smile. I had a short stay as an inpatient everyone was wonderful.” (Physio & Trauma Clinic – December 2011)

“I found the clinic well organised and was seen quickly, initial check by nurse, then more detailed examination by senior nurse who was thorough and reassuring the whole appointment was completed in around 30 - 40 minutes.” (Glaucoma Clinic – December 2011)

Quality Improvement Comments:

The team also receive a considerable amount of quality improvement comments from patients and relatives via the Patient Experience Survey (PES). This survey is sent to 200 random patients each month and all of the comments are recorded in a database and fed back to relevant teams.

Below is a recent example for the Solihull Breast Clinic:

Date	Site	Description	Location	Specialty
26-Jan-2012	SH	Breast clinic, we were informed delay was due to meetings that are held each Thursday, consultants did not arrive until 3.30, clinic start at 2pm, my first appt was 2.15pm we expressed our concerns to staff. After this staff member went back to others to say we were complaining, we were given a number to contact. It took ages to put up a delay sign (1 hour 15 minutes).	Outpatient Dept	General Surgery
24-Jan-2012	SH	Breast Clinic - over 2 hours late on two occasions, no one told you or explained why, very poor.	Mammo-graphy	General Surgery

Reschedule Breast Clinic at Solihull:

1. The clinic is running on average 2 hours over the time the nurses should finish duty, we cover this with time owing. (Nurse OPD)
2. We need to redesign Thursdays. Move some of these patient to another - FU, Results etc. (Clinical Director General Surgery and Gastroenterology)
3. The fast track clinics should have a completely dedicated slot. Spread the post op results and new results in the follow up clinics. There is a need of another clinic (can be nurse-led) especially

looking into young patients (under 30's) non-fast track clinics. All over 30's should attend fast track clinics. We also have older patients in non fast track clinics complaining about not having their imaging on the same day. (Specialist Registrar General Surgery)

PPI Surveys 2011-12

The Survey Team conduct surveys on behalf of wards and departments across the Trust and are summarised as follows:

No	Title	Sample	Response	Compliments	Improvement
1	National Outpatient Survey	850	378	151	83
2	National Inpatient Survey	850	349	160	104
3	Bereavement Survey	1,000	472	236	213
4	Patient Experience Survey (PES)	8,000	2,575	676	756
5	Inpatient Metrics Programme	21,160	7,232	None	
6	Discharge Survey	1,257	545	45	63
7	Anaesthesia (Gynaecology) Survey	60	37	None	
8	Immunology Survey	50	44	None	
9	Retinopathy Survey	3,000	1,565	201	179
10	Paediatrics Assessment Unit (PAU)	200	74	19	5
11	Ward 12	100	17	6	4
12	Ward 24	100	20	4	2
13	Infection Control	100	9	9	
14	Corporate Affairs Survey (Online)	500	331	15	59
15	Dermatology Survey (Mohs Treatment)	118	97	40	19
16	Stoma Survey	150	39	8	2
17	Paediatrics Inpatient Survey (Online)	500	270	None	

18	Cardiac Rehabilitation Survey	100	56	11	10
19	Anaesthesia Quality Audit	600	478	None	
20	Critical Care Practitioner	100	62	17	1
20	Total	38,795	14,650	1598	1500

The Trust has significantly increased the number of patients given opportunities to share views on the quality of their care, most notably, through the Patient Metrics Programme.

Comparison of patients surveyed and quality comments between 2011-2012							
Year	Patients sampled	Total responses		Total compliments		Total improvement	
		n	%	n	%	n	%
2011/2012	38,795	14,650	38%	1,598	52%	1500	48%
2010/2011	16,325	5,044	31%	1,632	51%	1,588	49%

The feedback the Trust receives from patients, relatives and carers are used to improve the services the Trust provides:

Survey	Improvement area	Action
Elderly Care (Ward 12)	Relatives want to be more involved with patient care – a lot of patients lack capacity and are unable to help us understand about them.	<p>Ward 12 is launching “About Me”. This can help ensure the patients’ individual needs and likes are known and hopefully this will make their time in hospital more pleasant but may also facilitate their discharge by helping us understand what is normal for them.</p> <p>A (band 2) Health Care Assistant (HCA) is to lead on this as she is passionate about care of patients with dementia, supported by a (band 6) Sister.</p> <p>The HCA is also trialling reminiscence therapy using supplies bought from funds given to us by the league of friends. This will help with the patient experience by not only providing stimulation to some of the</p>

		<p>patients but ensuring that the other patients and nursing staff have more time for each other by taking some patients off the ward and into the dayroom for a short period.</p>
<p>Gynaecology & Maternity Services Update</p>	<p>Women left alone during labour and perception units short staffed.</p>	<ol style="list-style-type: none"> 1. In-patient Gynaecology has a new ward BHH – Ward 1, completely refurbished and reconfigured to the design of the Gynaecology team: <ol style="list-style-type: none"> a. 15 in-patient beds b. A new side-room with en suite facilities for miscarriage management c. A 12 hour area for rehydration in cases of hyper emesis d. Gynaecology emergency assessment unit, with ultrasound scan facilities 2. A newly refurbished gynaecology theatre (theatre 6) to support the in-patient beds 3. Refurbishment of the Antenatal clinic waiting rooms at Good Hope Hospital and Solihull Hospital 4. Creation of a flexible capacity bay (four beds) to alleviate times of highest demand – Birmingham Heartlands Hospital maternity 5. Refurbishment and extension of the midwifery led unit at Good Hope Hospital – two pools and complete refurbishment. 6. Elective caesarean sections on the labour ward at Birmingham Heartlands Hospital were always being cancelled for emergency cases. Now the Trust has a dedicated elective theatre and theatre team so they can be done as scheduled and it is much more organised. The Trust is in the process of doing the same at Good Hope Hospital.
<p>Bereavement Survey (Ongoing Annual Survey)</p>	<p>Trustwide 13% of relatives rate communication as 'poor'</p> <p>21% of relatives not informed about patients decline</p>	<p>The Trust's Faculty of Education now offers comprehension programme to medical staff, the seven modules on End of Life Care include:</p> <ul style="list-style-type: none"> • End of Life Care: Introduction to End of Life Care - Single Study Day • End of Life Care: Communication and Bereavement - Single Study Day • End of Life Care: Degree Module • End of Life Care: Management and Evaluation of

		<p>End of Life Care - Single Study Day</p> <ul style="list-style-type: none"> • End of Life Care: Models of End of Life Care - Single Study Day • End of Life Care: Simulation Training for Hospital Nurses • End of Life Care: When A Patient Dies - Single Study Day
Discharge Survey	The Trust's patients experiencing delays during discharge significantly higher than national average	<p>The 'Jonah' programme has been developed using principles of Lean, Six Sigma and Theory of Constraints, all of which support effective operational management. A key feature has been visual management to ensure the planned patient journey is visible, along with their progress. There is a heavy emphasis on coaching to develop leadership, improvement and problem solving skills at ward level.</p> <p>The aim of 'Jonah' is to provide safe and timely care as planned by the multidisciplinary team. Experience has shown this will reduce length of stay and increase the number of patients who are discharged as planned each day.</p> <p>At ward level it focuses on individual patients and engages the multidisciplinary team in setting and delivering a Planned Date of Discharge. The focus is on defining clear plans for the patient's stay on the ward. This is supported by an infrastructure of daily buffer meetings and the opportunity to escalate and resolve problems and delays. Some constraints will be external to the Trust. These will be resolved through a process of escalation with external providers.</p> <p>There is a clear emphasis on developing a culture which ensures delays are highlighted and solved without blame thus ensuring a focus on ward / unit based problem solving.</p>
Retinopathy Survey	Reaching patients with education for screening. Heart of Birmingham and Birmingham East	<ul style="list-style-type: none"> • Community Initiatives: Working with multi-disciplinary health care professionals who lecture on diabetic eye disease to local groups/ providing education support to empower patients. The first seminars are being rolled out. • Improving Education Information for GP medical centres.

	and North are the two hotspots for social deprivation and lack of education producing higher 'Did Not Attend' rates	<ul style="list-style-type: none"> • The importance of eye screening local radio information adverts. • A low budget community video may easily be produced via the Trust Medical Illustration Dept to encourage people to attend their eye screening treatment appointments reducing patient's fears.
Cardiac Rehabilitation	Patients thought the rehabilitation sessions were being held in inappropriate rooms	Staff relocated the session to the lecture centre in the Solihull Education Centre
Immunology Survey	Availability of warm refreshments for patients	Warm drinks are now available during treatments (cold drinks have always been available). The Trust now has implemented a "Tea & Coffee" round which has gone down extremely well. A future development is the implementation of evening treatment clinics for those who work full time

Solihull Community Services:

Results of satisfaction survey

The following graph illustrates the responses for 2011-12 from the patient satisfaction surveys across services. It demonstrates that the majority of service users have given positive feedback; any indication of negative feedback is followed up with the service in question for review. Some examples of how Solihull Community Services responded to feedback received are detailed further on in this Quality Account.

Solihull Community Services will continue to seek feedback from its patients and will be looking to develop a similar method for seeking feedback from carers, different client groups and '*hard to reach patients*'.

Patient satisfaction feedback 2011- 2012

Solihull Community Services also continues to review the number of clinics cancelled and the number of patients affected. Reasons cancellations are reviewed at service Quality and

Performance forums and by the Divisional Management Team. This information is also reported to lead Commissioners.

Solihull Community Services has maintained an average of 2% of clinics cancelled which compares with last years figure of 2%. Solihull Community Services will continue to review and monitor our clinics locally and through our governance arrangements.

Complaints and Compliments:

Solihull Community Services actively monitors compliments and complaints received. Solihull Community Services has worked towards service managers having an insight of the types of complaints and the responses sent to patients and their carers for their service. Information about complaints, compliments and Patient Advice Liaison Service queries are reviewed at service Quality and Performance meetings, and are reported via the Quality and Safety dashboard.

Solihull Community Services continues to collect feedback from service users around experience and satisfaction of the care they received. Following are examples of some of the positive comments as well as improvements which we have made as a result of negative comments. These are shared with staff, managers and executive leads. Comments are reviewed by service managers and action plans for improvement are implemented where appropriate.

Positive feedback:

“I am writing to express my sincere thanks to you and your team for the care given and the help and guidance shown to myself and family during the last few weeks. You were such a help to us when we needed you most.”

Service user comment about the Macmillian Service

“Informative, friendly and reassuring consultation and IUD check. They did not rush me and helped me to make the decision on the most appropriate contraception for me.”

Service user comment about the Contraceptive and Sexual Health Service

“Thank you very much for the wonderful care I have received whilst I have stayed with you. Thanks.”

Service user comment about the Single Point of Access and Intermediate Care Services

“We just wanted to thank you for all the wonderful care and consideration you showed Mum and the family. Your support was much appreciated at our difficult time.”

Service user comment about the Integrated Locality Team Service



“I realise I am very lucky to be helped by this service. It has improved my quality of life immensely.”

Service user comment about the Continence Service

“Very professional service driven by desire to improve quality of life...I was having private aids but now will stay with NHS.”

Service user comment about the Audiology Service

“The service has been available and has supported me to enhance my son’s dental health.”

Service user comment about the Dental Service

“Very friendly staff. Dentist was knowledgeable, friendly and understanding, staff very helpful. Daughter felt very welcome and happy to be here. Thank you. Keep up the good work.”

Service user comment about the Dental Service

“The staff were very thorough in producing information and trying to find the best solution for me. They tried hard to get me an appointment asap.”

Service user comment about the Dental Service

“Excellent team, very friendly - helpful.”

Service user comment about the Children’s Community Nursing Team Service

Examples of how Solihull Community Services has made improvements following negative feedback:

Patient safety – supporting hand hygiene – feedback from responses to hand hygiene were shared with the Infection Control Team and with the suggestion that improvements could be made. The team planned awareness sessions with staff and service users. This reinforced the message of the importance of good hand hygiene. Staff infection control training and hand hygiene related resources in clinics were also reviewed. The Essential Steps clinical audit which supports infection control standards - including hand washing - is undertaken throughout the year.

Patient expectations – One service received negative feedback from a service user who was dissatisfied with the care they received and suggested that the care was not what they expected. The service lead reflected on the feedback and has now introduced care action plans as a standard part of the service’s reporting process. This will help support and understand the expectations

and outcomes the service user has at an early stage alongside what the service is able to deliver. This supports delivering a more effective service and improves patient experience.

DEPARTMENT OF HEALTH OPERATING FRAMEWORK

During 2011/12 the Trust has continued to respond to the NHS operating framework targets:

Earlier in this Quality Account an update has been provided on our performance and commitment to reducing healthcare associated infections;

The Trust continues to review the services that we provide, and the systems and processes that support them, in order to ensure that they are accessible to patients as the Trust recognises that providing timely access contributes to a positive patient experience;

The Trust is committed to working with other healthcare organisations to improving health and reducing inequalities. This document also provides an update on our stroke service and the processes the Trust has in place for risk for assessing of VTE, ensuring staff have up to date mandatory training as well as improving patient experience.

Our priorities for the coming year focus on reducing patient falls, pressure sores, improving the clinical outcomes of patients with fractured neck of femur and looking at the fundamentals of care. This specifically looks at pain management, communications, privacy & dignity and nutrition.

The Trust is committed to improving the patient experience through patient and staff engagement. Earlier in this document an update was provided on key initiatives that have taken place in year for obtaining feedback from patients. Improving patient satisfaction has been retained as a key quality priority for 2011/12.

The Trust has comprehensive emergency planning arrangements in place. These plans are regularly tested with colleagues in the wider health economy.

LOCAL AND NATIONAL PRIORITIES

Description of Target	Target	10/11	11/12
Reduction of incidence of Clostridium (post 48 hours)	131	171	123
Reduction of incidence of MRSA bacteraemia (post 48 hours)	7	9	8
Patients first seen by a specialist within 2 weeks when urgently referred by their GP or dentist with suspected cancer. Month in Arrears	>=93%	94.04%	94.62%
Patients first seen by a specialist within 2 weeks when urgently referred by their GP with any breast symptom except suspected cancer. Month in arrears	>=93%	94.81%	94.74%
Patients receiving their first definitive treatment within 1 month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer. Month in arrears	>=96%	98.62%	97.33%
Patients receiving subsequent treatment (surgery and drug treatment only) within 1 month (31 days) of a decision to treat – Anti cancer drug modality. Month in arrears	>=98%	100%	100%
Patients receiving subsequent treatment (surgery and drug treatment only) within 1 month (31 days) of a decision to treat – Surgery modality. Month in arrears	>=94%	98.43%	97.57%
Patients receiving their first definitive treatment for cancer within 2 months (62 days) of GP or dentist urgent referral for suspected cancer. Month in arrears	>=85%	85.62%	85.08%
Patients receiving their first definitive treatment for cancer within 2 months (62 days) of urgent referral from the National Screening Service. Month in arrears	>=90%	99.44%	98.14%
Referral to treatment waiting times – admitted (95 th percentile)	≤23 weeks	NA	21.57
Referral to treatment waiting times – non admitted (95 th percentile)	≤18.3 weeks	NA	15.48
Maximum waiting time of 4 hours in A&E from arrival, to admission, transfer or discharge	>=95% target	95.41%	95.97%
Self certification against compliance with requirements regarding access to healthcare for people with a learning disability	Meeting 6 out of 6 criteria	6 out of 6	6 out of 6

Who did we involve?

In preparing this Quality Account, the Trust has consulted widely, with a range of internal and external stakeholders:

Governors Forum: The Trust Council of Governors has a Quality and Safety Committee with a specific focus on Quality and Safety issues. The Quality and Safety Committee met for the first time in October 2011, with meetings in November 2011, December 2011 and February 2012. This group has received regular updates and presentations regarding progress with the existing priorities outlined in the Quality Account, as well as providing input into the new priorities and selection of the local indicator to be reviewed by the external audit. The committee looked at the Venous Thromboembolism in greater detail this year.

Governors' Consultative Council (GCC): The draft Quality Account was circulated to Governors on the 24th April 2012 asking for comments. The final report was presented to the GCC on the 23rd May 2012.

Stakeholder consultation events: Local stakeholder groups, service users and the Trust's volunteers were invited by the Trust, to attend one of three half-day focus group workshops. To represent the communities served by the Trust's three hospital sites, the workshops were held in Solihull, East Birmingham and Sutton Coldfield.

Quality Account group discussions: Quality Account group sessions were held at three separate Day Centres organised by Age Concern Birmingham, representing older adults, people with dementia, their relatives and carers. A further session was held in the Small Health Community Centre to encourage attendances of black and minority ethnic residents.

Overview and Scrutiny Committee Meetings: On 13th March 2012 we attended the Solihull Overview and Scrutiny Committee to provide an update to them on the Quality Account process – and to obtain the view of the Committee on the proposed priorities. The final draft was circulated for comment on the 4th April.

LINKs: We attended the Solihull LINK committee meeting on the 2nd May to give a presentation on the final draft of the report

Lead Commissioner: This Quality Account was circulated to the lead commissioner, inviting comment, on the 4th April

PART 4: STATEMENTS FROM STAKEHOLDERS

Birmingham and Solihull NHS Cluster

Commentary awaited

Consultative Healthcare Council

During the past year a lot has happened within Heart of England NHS Foundation Trust and keeping up with developments has been a challenge.

The arrival of a new Chief Executive, Dr Mark Newbold and Chairman, Lord Philip Hunt, have brought with them a new perspective of the workings in regard to each site. No longer is it, 'One Trust on 4 sites' but taking each hospital site on an individual basis, reflecting the need for change and reflecting the needs of its local communities. It is nice to know that both the Chief Executive and Chairman support the work we are doing.

For us, this year brings a new challenge in how we arrive at a method of monitoring the 30+ Solihull community services the trust have taken over. We have continued to invite trust professional to speak at our meetings to update on service provision within the trust, and answer the questions raised over service changes. Members have continued to carry out ward and directorate inspections and report their findings to the trust.

The big disappointment is that few of these reports have resulted in a response from the areas visited, and, having raised this with Lord Hunt he is looking at ways to ensure this takes place in the future. The members of the CHC have conducted numerous ward inspections over recent years and witnessed the many improvements, both in patient care, standards of cleanliness and infection control.

The number of wards which have been refurbished to an extremely high standard can only enhance the patient experience. Unfortunately, nothing has been done to improve the inadequate shower facilities, broken windows and general decor, repeatedly highlighted in our reports, on those wards which have still to be refurbished.

This year has seen the formation of the Governors Patient Experience Committee and the Consultative Healthcare Council will be working in partnership with them in monitoring services within the trust, and after a recent meeting with Sam Foster, Deputy Chief Nurse we will endeavour

to plan our inspections to take on board each area of the Nursing Forward Planner so that our independent findings go into their reports.

Gerry Robinson [Chair]

Anne Horton [Vice Chair]

Solihull Local Involvement Network (LINK)

Solihull Local Involvement Network (LINK)'s role is to find out local people's views on NHS and social care services and to make recommendations for improvements. The LINK Management Committee received a presentation from the Heart of England NHS Foundation Trust (HEFT) regarding the Quality Accounts, and other members of the LINK also attended. The LINK welcomes the Quality Accounts, and we note that it provides a comprehensive, informative assessment of the work of HEFT. LINK members noted that they have seen improvements in services and in patient experience over the past year. Nevertheless, there are still areas of care where improvement is needed. In particular, LINK reports on patient experience produced in 2011 identified the need for improvements in Discharge from Hospital and in Maternity Services at HEFT. The LINK looks forward to continuing to work constructively with HEFT to ensure that the issues raised by local people are addressed.

LINK members have comments and queries about stroke services: for example, service users find that more support is needed for rehabilitation and long term care and also wish to promote the need for 24 hour access to CT scans in hospital. We will provide further information separately.

The LINK is pleased that Patient Experience has been a focus for HEFT and wishes to see this focus continue. As Solihull Community Services have recently joined HEFT, systems for collecting, monitoring and responding to patient experience data from Solihull Community Services need to be developed and integrated into HEFT.

The LINK supports the priorities for the Quality Accounts for the forthcoming year. However, we would like to know which patient groups were invited and contributed to the identification of these priorities, and we would like to ensure that Solihull LINK representatives are invited next year.

Directors Statement of Responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2011 to June 2012;
 - Papers relating to Quality reported to the Board over the period April 2011 to June 2012;
 - Feedback from the commissioners dated **XX/XX/20XX**;
 - Feedback from governors, via the Governors Quality and Safety group in October 2011, with meetings in November 2011, December 2011 and February 2012;
 - Feedback from LINKs dated 09/05/2012;
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2012;
 - The national inpatient survey June-August 2011 and the national outpatient survey May – October 2011;
 - The national staff survey 2011;
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated 18/04/2012;
 - Care Quality Commission quality and risk profiles dated August 2011 – April 2012;
- the Quality Report presents a balanced picture of the NHS foundation Trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with Monitor’s annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual)).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

NB: sign and date in any colour ink except black

.....Date.....Chairman

.....Date.....Chief Executive

Auditors limited assurance report

To be completed.

DRAFT

GLOSSARY

C Difficile	<i>Clostridium difficile</i> often called <i>C. difficile</i> or <i>C. diff</i> is a bacterium that can cause symptoms ranging from diarrhoea to life-threatening inflammation of the colon.
CEMACE	Centre for Maternal and Child Enquiries
CQUIN	Commissioning for Quality and Innovation - is a payment framework which enables commissioners of NHS services to reward excellence by linking a proportion of the providers' income to the achievement of local quality improvement goals
ICU	Intensive Care Unit
LCP	Liverpool Care Pathway
MRSA	MRSA stands for Methicillin-Resistant Staphylococcus Aureus. It causes an infection that is resistant to several common antibiotics. Infection control is key to stopping MRSA in hospitals
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NICE	National Institute for Health and Clinical Excellence
NPSA	National Patient Safety Agency
PCT	Primary Care Trust – A PCT is an NHS trust, part of the National Health Service in England. PCTs commission primary, community and secondary care services for their population. Some PCTs also provide primary and community care services
Prophylaxis	Medical or public health measures taken in order to prevent disease or health problems, rather than to treat or cure an existing condition. Prophylaxis is also a way to stem an outbreak of disease, or minimize the symptoms of someone who has been exposed to a disease or virus
Thrombolysis	Is the breakdown of blood clots by pharmacological means
VTE	Venous thrombosis is a condition in which a blood clot (thrombus) forms in a vein. Blood flow through the affected vein can be limited by the clot, causing swelling and pain. If the blood clot comes loose, it can travel through the bloodstream through the lungs. This is called pulmonary embolism. Venous thrombosis and pulmonary embolism together are known as venous Thromboembolism (VTE)

Copies of this Quality Account are available from our hospital sites and also on the Trust website and NHS Choices Website:

www.heartofengland.nhs.uk

www.nhs.uk



If you would like to comment or provide feedback on this Quality Account, please contact us:

Email: patient.feedback@heartofengland.nhs.uk

Telephone: 0121 424 2000

Website: www.heartofengland.nhs.uk

Twitter: @heartofengland



**COUNCIL OF GOVERNORS
FINANCE & STRATEGIC PLANNING COMMITTEE**

**Minutes of a meeting of the FINANCE & STRATEGIC PLANNING COMMITTEE
of the Council of Governors of Heart of England NHS Foundation Trust
held in Room 6, Education Centre, Heartlands Hospital
on 11 April 2012**

Present:	Barry Orriss (Committee Chairman) Phillip Johnson Stuart Stanton James Cox Bridget Sproston Olivia Craig (Observer)	
In attendance:	Adrian Stokes Joanna Hodgkiss Angeline Jones Claire Walker	Director of Finance Head of Planning and Development Chief Financial Controller Executive Assistant (minutes)

12.13 APOLOGIES

Apologies were received for Albert Fletcher and Richard Hughes.

12.14 MINUTES OF MEETING – 01 MARCH 2012

The minutes of the meeting held on 01st March 2012 were accepted as a correct record once a note had been included stating that the Trust may wish to consider having terms and conditions with regards to the invoicing process.

12.15 MATTERS ARISING

Progress was on track regarding the Birmingham City Council debt, the issue is currently with the Trust's Solicitors, Beachcroft, who are 'taking up the cause'.

12.16 FINANCE & PERFORMANCE UPDATE

Mr Stokes confirmed that the Trust was not anticipating any major variation in the £7m forecast that had been reported in previous meetings. Mr Stokes also confirmed that there was a £40m capital spend plan for 2012/13. Committee Members were informed that A&E 4 hours performance had been achieved in Q4 and that this was the first time that the Trust had ever hit this target, it was acknowledged that this was very rewarding performance.

It was reported that a further 2 cases of MRSA had been reported in March, the Trust therefore had not hit this target. The Trust had also met the year to date target for C-diff after a very good final quarter. Mr Stokes confirmed that all targets relating to waiting times had been achieved comfortably however Cancer targets were currently going through a process of validation the Trust is likely to have missed the 62 day target.

In relation to next year's budget, it was confirmed that there would be a budgeted surplus £11.4m which maintains the Trusts risk rating. It was reported that contracts are being signed tomorrow with the PCT's on the proposed new way of working.

Of the £40m capital spend plan for 2012/13 £7m would be used on operational/rolling replacement of equipment. Members of the Committee asked for clarification on the scope of selling used equipment, overseas for example. Mrs Jones informed the Governors that the Trust had looked into this on previous occasions, however there were issues of liability and the cost of shipping and so actually costs the Trust more to get rid of the old equipment.

It was believed that the Trust had now completed all CQC actions, however the review visit had not yet taken place so it has not been confirmed that they agree. The review visit is not planned until May.

In summary Mr Stokes reported that the Trust's finances were on track but that performance was mixed. It was confirmed that at the next meeting he would be able to give the Trust's final Monitor rating.

AS

12.17 RESHAPING HEFT UPDATE

Miss Hodgkiss gave an update on Reshaping HEFT and explained that it had now moved into programme management phase. A Programme Lead has been sourced (Mr Paul Chew) and a Reshaping HEFT Board has been set up with its inaugural meeting to take place towards the end of April. The Board will be chaired by Mr Simon Hackwell and the membership consists of Associate Medical Directors and Senior Nursing representation. Each project is currently completing a Project Initiation Document (PID) which are due for completion at the end of April. Mr Orriss asked for a timeline of projects to be presented at the next meeting.

Miss Hodgkiss also explained that the actual Reshaping HEFT document has been shared with the Overview and Scrutiny Committee and is being discussed at clinical commissioning groups. Those projects that have a potential impact on site location, such as Hyper Acute Stroke, will probably need Public Consultation. The Committee discussed how important it will be to get the right messages out into the public domain to ensure that the changes are backed by the local communities we serve and not seen as a cost cutting exercise.

12.18 ANNUAL PLAN 2012/13 – 2013/14

Mrs Jones gave Members of the Committee an overview of the document and its purpose. It was confirmed that it was part of Monitor's requirements to produce a strategic document in a set format. The Plan is an amalgamation of three documents that the Trust has to produce and is therefore a collection of information that the Governors have seen throughout the year wrapped into one document.

It was noted with thanks to Mrs Jones and the team involved that the document had been prepared approximately a month earlier than in previous years in order that the Governors would have the opportunity to review the overall process and input into the document.

The Committee were informed that the document was a very first draft and that any comments regarding the document should be email to Mrs Jones by the Friday of this week, 13th April 2012. **ALL**

12.19 ANY OTHER BUSINESS

No other items were discussed under any other business.

12.20 DATE OF FUTURE MEETINGS

14 May 2012 at 10.00 at Birmingham Heartlands Hospital.
10 July 2012 at 10.00 at Birmingham Heartlands Hospital.
10 September 2012 at 10.00 at Birmingham Heartlands Hospital.

.....
Committee Chairman

**COUNCIL OF GOVERNORS
HOSPITAL ENVIRONMENT COMMITTEE**

**Minutes of a meeting of the Hospital Environment Committee of the Council of Governors
held in Committee Room 2, Devon House Heartlands Hospital on 5 April 2012**

PRESENT: John Roberts (Chair)
Kevin Daly
Florence Nash
David Treadwell

IN ATTENDANCE: Bob Anderson, Facilities Operations Director (for John Sellars)
Geoff Fox, Estates Manager
Ann Harwood, Executive Assistant to Director of Asset Management

12.10 APOLOGIES

Apologies for absence were received from John Sellars, Elaine Coulthard, James Cox, Rocio Hernandez and Marck Kibilski.

It was noted that due to increased family commitments, Liz Steventon had decided to stand down from the Hospital Environment Committee.

12.11 TOUR ROUND THE FOLLOWING AREAS AT HEARTLANDS HOSPITAL

Geoff Fox, Estates Manager from Heartlands Hospital accompanied the group on a tour round the Heartlands Hospital site to look at the following areas.

12.11.1 High Voltage Sub Station

- The sub-station contains two intakes of electricity which can each supply the site with 11,000 volts of electricity. If one fails then the other one takes over.
- There are also 8 emergency standby generators on the Heartlands site. Each of these is tested on load for four hours every six weeks and every Friday for 20 minutes, off load.
- Each of the generators is specific to one building.
- There is a 20 second time lapse before the generators are up to speed and can take the load. To cope with this time lapse, theatre lights, ventilators etc have battery back-up.
- The Trust is compliant with the DoH Health Technical Memorandums in relation to the supply of electricity.
- The cost of electricity to the Trust as a whole is over £1m per year with electricity being supplied on cheaper tariffs, as we intake at 11,000 volts.

12.11.2 View of the site for the new Workshops

- Members were shown the site where the new workshops build will be constructed. The workshops will be on the ground floor of the new build and Estates and Facilities offices will relocate from Bordesley House to the first floor.

- This will give the option to demolish Bordesley House and to use the vacant space for additional car parking.

12.11.3 New Boiler House

- The CHP (combined heat and power) Energy Centre had been installed approx 6 years ago as a PFI project and is sited adjacent to the land to be used for the new workshops build.
- It was noted that the Trust will fully own the CHP Energy Centre after 15 years.
- The CHP generates electricity and produces heat as a by-product. It runs for 95% of the year, day and night and provides a very efficient source of energy. It is also helping the Trust to reduce its carbon emissions.
- There is also a CHP Energy Centre at Solihull Hospital and tenders are being sought to install a CHP at Good Hope Hospital.

12.11.4 Current Workshops/ Medical Records building

- The current workshops building dates back to 1875.
- The building had been used to house Medical Records, however due to structural problems the building is required to be vacated by the end of 2012. Medical Records have since been relocated leaving only the workshops on the ground floor.
- The workshops are used by carpenters, electricians and fitters.
- Currently there is no apprenticeship scheme in place but this will be looked at going forward.
- David Treadwell was impressed with the tidiness and cleanliness of the area.

12.11.5 Absorption Chiller

- Members were shown the absorption chiller adjacent to Outpatients which uses waste heat to produce cooling.

12.11.6 Outpatient Department

- It was noted that the Outpatient Department is due to be refurbished as part of the new Capital Plan.
- The refurbishment will need to be carried out in a phased way as the department will need to remain open alongside the works being carried out.

12.11.7 Old Plant Room

- Members were taken round one of the old plant rooms. The main duct runs the entire length of the hospital and allows access for maintenance/ repair work to be carried out.
- Any work carried out is classed as 'confined space working' and workers have to have a permit to allow them to work in this area.

12.11.8 New Plant Room

- Members were shown the new plant room located in the roof space above the new ward block. As the plant room is in the roof space there is much more space for maintenance/ repair works to be carried out.
- The plant room houses the chilled and hot water supplies, heating and air conditioning facilities for the new ward block.
- It was noted that there are approximately 100 plant rooms on the Heartlands Hospital site.

12.12 **MINUTES OF THE MEETING HELD ON 4 JANUARY 2012**

The minutes of the meeting held on 4 January 2012 were approved as an accurate record.

Members thanked Bob Anderson for a very interesting tour and requested that their thanks be passed on to Geoff Fox.

12.13 ACTION SHEET FROM MEETING HELD ON 4 JANUARY 12

12.13.1 Food Tasting Session for the Mayor of Solihull and Governors

A food tasting session has been arranged with the Mayor of Solihull, Ken Hawkins, for the 21st June 2012.

12.13.2 Visual of Main entrance at Good Hope Hospital

It was noted that currently the Main Entrance at Good Hope Hospital is via the Treatment Centre. However proposals are being put together with Sue Moore, Hospital Director, to relocate the Main Entrance via the Richard Salt Unit. The proposals include converting the current coffee shop into part of the reception area, replacement of the front doors with automatic doors and to convert ward 7 into a coffee shop and restaurant for patients, visitors and staff. Bob Anderson suggested that once the proposals have been agreed the plans can be discussed at the next meeting and a tour of the area incorporated.

12.13.3 Signage and Footpath to the Main Entrance at Solihull Hospital

Bob Anderson confirmed that the area in question is the pathway that cuts across the staff car park and stops to the rear of the Physiotherapy department. The pathway had been put there as part of the plans for the new Main Entrance, the plans for which are still under discussion. The staff and visitor car parks will be swapped round as part of these plans. Since the last Hospital Environment Committee meeting additional signage has been put in place to direct patients/ visitors to the left and towards the existing Main Entrance.

12.13.4 Parking Fees and Concessions to be Publicised More Widely

Bob Anderson advised that parking fees and concessions are already publicised quite widely across the Trust. Information is displayed on the main hospital signs as people enter each site as well as by each parking office. This information is also available on the Trust internet site. In addition laminated signs are available on the wards to remind staff to inform visitors of the concessions where applicable. Following a query from Florence Nash, Bob Anderson confirmed that information on parking fees and concessions is also displayed on the main notice boards around each site. David Treadwell queried how HEFT's car parking charges compare with other Trusts. Bob Anderson advised that HEFT's charges and range of concessions are better than many Trusts. There are 3-day, 7-day and 14-day parking passes available and in addition a 20 exit carnet pass. Patients on means tested benefits are entitled to free parking.

12.13.5 Lockers for WRVS at Good Hope Hospital

It was confirmed that a dual locker has been installed in close proximity to the WRVS shop at Good Hope Hospital.

12.13.6 Recycling

John Roberts requested an update on recycling in the Trust for the next meeting in June.

12.14 CAPITAL PLAN 2012/ 13

The Capital Plan for 2012/ 13 is still being developed and will be presented to the Executive Management Board on 17th April. This item will therefore be carried forward to the next meeting in June.

12.15 CONTRACTORS SMOKING ON SITE

John Roberts advised that Lord Hunt had asked at the last Council of Governors meeting whether the issue of smoking on Trust premises had been discussed at the Hospital Environment Committee. It was noted that John Sellars is currently looking at this issue with Mark Newbold and Lord Hunt.

John Roberts raised a concern with regard to the contractors working on the new development by old A&E at Good Hope Hospital, as it is clearly visible through the viewing window that these contractors are smoking on site and the area is littered with cigarette ends. Bob Anderson confirmed that as part of the contract it is agreed that contractors are not allowed to smoke anywhere but in the designated smoking areas. Estates Officers and Managers and the contractor, Interserve, are aware to direct contractors who wish to smoke on site to the smoking shelters.

John Roberts advised that some of the governors would like a total ban on site. Bob Anderson outlined the background to the Trust's current Smoking Policy. In the past when Heartlands and Solihull hospitals had been designated as 'no smoking' sites, staff (some in uniform) and visitors had congregated around the front entrances to smoke and in the bad weather, used adjacent bus stops, as a consequence these areas had been littered with cigarette ends. This had resulted in a number of complaints from the general public. The 'no smoking' on site policy had also resulted in people smoking in toilets and stairwells causing a fire hazard and a number of fires in waste bins had occurred. As part of the current Smoking Policy it had therefore been agreed to introduce the smoking shelters on each site to make it easier to control smoking on site and the resulting litter. John Roberts queried whether figures are available on the number of staff who smoke. Bob Anderson advised that staff know that they should smoke in the shelters and advised that patients/ visitors are advised that they should use the smoking shelters if they are seen to be smoking outside the shelters. There is also a lot of signage reinforcing this.

Kevin Daly suggested that contractors who are seen to be smoking outside the smoking shelters should be removed off site. However, Bob Anderson advised that this would bring jobs to a halt and could result in contractual claims being made against the Trust. Contractors are advised of the Trust's Smoking Policy as part of their induction on their first day on site.

12.16 ANY OTHER BUSINESS

12.16.1 Water Conservation

John Roberts queried how the Trust controls its use of water. Bob Anderson advised that water is a huge cost to the Trust. Various measures are in place including: the use of restrictors on taps to reduce water pressure in some areas; use of smaller cisterns and the use of a dam/ rubber brick to reduce the water usage; lawns are not watered and the small flower beds are only watered when required. Facilities are looking at the use of 'grey' water. However it was noted that there have to be very stringent precautions in place to control infections such as legionella. The most important thing is to ensure that leaks are repaired quickly, each site is monitored regularly for any leaks

12.16.2 Maintenance Issue

Kevin Daly highlighted a problem in the male toilet next to Boots in the Main Entrance at Heartlands Hospital whereby the hot water tap is running far too fast resulting in the user being unable to wash their hands properly. Bob Anderson agreed to ensure that this was picked up as a maintenance issue.

12.16.3 Disabled Parking Spaces at Good Hope Hospital

Bob Anderson confirmed that the disabled parking spaces in the main car park at Good Hope Hospital, close to the Treatment Centre, have now been marked up.

12.16.4 Signage for A&E

David Treadwell queried whether there was going to be any conformity with regard to signage for A&E across the Trust as he was under the impression that A&E at Good Hope Hospital is called something else. It was noted that the emergency assessment units are called AMU, but

the A&E is still referred to as such. It was agreed to review this issue at the next meeting during the tour round the Good Hope Hospital site

12.16.5 Escalation of Areas of Concern.

David Treadwell queried what process is followed when areas of major concern are raised at the Hospital Environment Committee meetings. Bob Anderson advised that John Sellars would pick up any major concerns and raise them at the appropriate level e.g. Executive Management Board. John Sellars to confirm the process at the next meeting.

12.16.6 Members thanked Bob Anderson and Geoff Fox again for the 'very interesting' tour of the Heartlands Hospital site

12.17 DATE OF NEXT MEETING

2.00 p.m. on Monday, 25 June 2012, in the Management Meeting Room, Trust Headquarters, Good Hope Hospital

.....
Chairman

**Council of Governors
of Heart of England NHS Foundation Trust**

MEMBERSHIP & COMMUNITY ENGAGEMENT COMMITTEE

**Minutes of a meeting held at 10.00 am on Friday 27 April 2012 in
The Boardroom, Heartlands Hospital**

PRESENT: Elaine Coulthard (**Chair**)
Arshad Begum
James Cox (Deputy Chair)

IN ATTENDANCE Lisa Thomson, Executive Director, Corporate Affairs
Simon Jarvis, Head of Patient Engagement
Sandra White, Membership Manager
Angie Hudson, Senior Executive Assistant (**Minutes**)

12.7 WELCOME AND APOLOGIES

Mrs Coulthard welcomed everyone to the meeting.

Apologies for absence were received from Mr Albert Fletcher and Ms Rocio Hernandez.

12.8 MINUTES

The minutes of the last meeting were approved as correct record and signed by the Chair.

12.9 APRIL MEMBERSHIP UPDATE

Mr Jarvis presented an overview of his pre-circulated paper setting out the current membership numbers of 101,622 members made up of 91,061 public and 10,561 staff members and the community engagement programme for the coming year..

12.10 COMMUNITY ENGAGEMENT TIMELINE

Mr Jarvis presented the Community Engagement timeline which set out the planned events for 2012/13.

12.11 PROACTIVE STRATEGY FOR MEMBERSHIP ENGAGEMENT

Mr Jarvis presented an overview of his pre-circulated paper, following which the committee debated the way the Trust manages and engages its membership. The key points of the discussion were:

- There are currently 101,622 members made up of 91,061 public and 10,561 staff members. A discussion was held on the current and future membership strategy and it was agreed that:
- The way in which the Trust builds membership is key in order to ensure that members are more active in the running of the Trust, it was also suggested that a review of membership could be undertaken when Governor elections takes place. Mr Jarvis was asked to bring a paper back to the next meeting setting out what membership would look like should the trust continue to 'opt in' members over next 3 years.
- The committee discussed the how it could engage members to be more engaged in the Trust and suggestions included utilizing the membership magazine more effectively including producing the magazine bi monthly rather than quarterly as at the present time and it was agreed that the cost implications of this was required and Mr Jarvis was asked to bring back costing's to the next meeting.
- It was suggested that the committee could engage with members using different media including twitter and Mrs Thomson agreed to speak to the Chief Executive with a view to tweeting about membership.
- It was suggested that Mr Les Lawrence, one of our new NEDs would be invited to come and talk to the committee about the work he undertakes in his role at Birmingham City Council as lead for Well Being and Children's services. It was also suggested that Mr Lawrence was introduced to the Youth Parliament to gain an insight into the work they are undertaking.
- It was suggested that invitations are extended to our neighbourhood forums to Trust events held to promote community and membership engagement. Mrs Begum offered to help out and attend any community meetings in order to talk to female attendees.
- Mrs Mona Campbell is to be invited to a future meeting to talk about the work she is undertaking with local schools. It was pleasing to see that there has been an increase in the numbers of attendees at the Members Seminars.

12.12 GOVERNORS COMPLAINTS PROCESS

Mr Jarvis presented an overview of the newly set up email link for the Governors Complaints process. The following was noted:

- A link has been set up in order to raise awareness of the Trust Governor role and provide an efficient way for constituents to contact Governors and to support an open and transparent organization.
- Any complaints that are received via the web-link are copied to the relevant Governor and the Patient Services team.
- A response is sent within 24 hours acknowledging the complaint and confirming how the concerns will be dealt with.
- Complainant is contacted by patient services and resolution enacted and the Governor advised of the outcome.
- A pilot of touch screens is being trialed at Heartlands and these will have to a Governors page, which will have all the governor pictures and the facility to send messages to governors. It is hoped to put other information on Governor activities on these touch screens.

Mrs Coulthard advised the meeting of a newly created Carers Service that operates at Good Hope Hospital. The services has been set up to offer help to any carer who is suddenly taken ill or unable to take care of their charge. As the members of the committee were unaware of this service Mrs Coulthard offered to let Mrs Thomson have the relevant information.

12.13 ANY OTHER BUSINESS

None

12.14 DATE OF NEXT MEETING

A list of the future dates were noted. Mrs Coulthard advised that she would be on annual leave for the next meeting and it was agreed that Mr Cox will chair the meeting in her absence.

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Chairman

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**Joint Meeting of the
PATIENT EXPERIENCE COMMITTEE
of the
COUNCIL OF GOVERNORS**

of Heart of England NHS Foundation Trust

**Minutes of Meeting held in the Boardroom, Birmingham Heartlands Hospital
27 April 2012 at .00pm**

PRESENT:

Michael Kelly	(Chair)
Kath Bell	Patient Governor
Elaine Coulthard	
James Cox	Patient Governor
Olivia Craig	Public Governor, Sutton Coldfield
John Roberts	Public Governor, Sutton Coldfield
David Roy	Staff Governor, Allied Health Prof, Technician or Clinical Support Worker

In Attendance

Lisa Thomson	Executive Director, Corporate Affairs Directorate
Jamie Emery	
Sam Foster	Deputy Chief Nurse
Simon Jarvis	Head of Patient and Public Involvement
Gerry Robinson	Chair of CHC
Sandra White	Membership Manager

Minutes

Angie Hudson	Senior Executive Assistant
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12.22. Welcome and Introductions:

The Chairman welcomed and thanked everyone for attending the meeting of the Council of Governors' Patient Experience Committee (PEC).

Apologies were received from John Sellars, David Treadwell and Thomas Webster

12.23 Minutes:**5 January 2012**

The minutes of the meetings held on 5 January 2012 were approved as a correct record and signed by the Chair.

28 February 2012

Subject to a typographical error on page 3 the minutes of the meeting held on 28

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February 2012 were approved as a correct record and signed by the Chair.

12.24. Actions:

All the actions from the previous meetings were covered on the agenda.

12.25. Update on protocol / concordat document

Mr Jarvis presented an overview of the pre-circulated final concordat document the key highlights were:

- The concordat comprises external inspection bodies that do not hold automatic rights of inspection. Their primary concern is with inspecting, auditing, reviewing or visiting organisations to ensure good quality services are available for patients, service users or professionals in training and education. The concordat also covers key administrative areas here meeting with Directors and other senior staff can only take place via a pre-arranged appointment.
- Mr Jarvis and Ms Foster (Deputy Chief Nurse) have worked together to produce the document in order to put in place a framework for visits and a process that will bring any issues to the forefront and support the wider agenda as well as ensuring that actions and feedback are received.
- Visits from the Consultative Healthcare Council (CHC) and Governors are exempt from the protocol /concordat document but they are asked to bear in these in mind; the concordat sets out a framework and guidelines when considering visits.
- Following agreement the document will be published on the website for staff reference.
- All post visit reports will be sent to the Chairman for information.
- The visit reports and scorecards will work together to ensure consistency and escalate any issues to the senior site teams and senior management via the nursing performance committee chaired by the Deputy Finance Director. The committee manages nursing performance and quality. Ms Foster advised that committee members were welcome to attend any meeting should they so wish and would circulate the dates of the meeting.
- Gerry Robinson advised that following the PEAT visits last year feedback reports were issued, however the CHC had found it difficult to follow up on the issues raised and to find out whether these have been resolved and completed. Adding that there are still outstanding a large number of environment issues including decoration of some wards. Mrs Thomson responded that patient facing areas will take priority over staff areas in terms of redecoration etc. Mr Sellars to present an update to the next meeting.
- Mr Robinson advised that the CHC and Patient Experience Committees would like to combine visits and prioritise the visit programme and this was considered to sensible move.
- Mr Robinson reiterated that the CHC are an independent group however were happy to work with Birmingham Link and Solihull Link to undertake visits.
- Mrs Bell asked about the patient safety visits undertaken by the Board and whether the visits were planned and managed through Healthcare Safety and Governance and if visit reports are produced and whether feedback and issues are picked up. Mrs Thomson confirmed this was the case. Mr Robinson asked whether the CHC could have copies of these and previous visit reports. Mrs Thomson agreed to supply these.

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12.26. WORK OF THE CONSULTATIVE HEALTHCARE COUNCIL

Mr Robinson updated the committee on the work of the CHC and it was noted that:

- The committee are a critical friend to the Trust and undertake visits within the Trust.
- The CHC annual report 2011/12 sets out the visits undertaken during the year and it was agreed to circulate the report to committee members.
- The report from the recent Maternity visit will be presented to the next meeting of CHC and then presented to this meeting and then onto Trust Board. Mrs Bell advised that the report will be completed following the upcoming Maternity Strategy Launch.
- Mrs Thomson and Ms Foster advised that they were keen that any reports produced have an action plan and these are followed through to completion, including having a representative attend a meeting to report back on action taken in order to ensure that the outcomes improve services to patients and staff.

12.27 SMOKING OUTSIDE HOSPITAL ENTRANCES

Mrs Thomson updated the meeting following the decision at the last meeting to task her with taking the views of this committee to the next Board of Directors meeting and advised that:

- The topic had been debated at length at the March meeting of the Board of Directors and they had agreed to let the this committee take the Stop Smoking Campaign forward on behalf of the Trust. Mrs Thomson following on the Board of Directors meeting had met with the Chief Executive and Mr Sellars and advised that it had been agreed that areas outside Maternity and the Princess of Wales Unit should be the focus for reinforcing the no smoking policy.
- Mrs Thomson outlined the proposed plans to bring in a No Smoking Policy will be very aggressive, including posters and flooring changes. It was suggested that the trial lasts 3 months and a report will be presented to this meeting including lessons learned. The No Smoking Policy will then be rolled out to the rest of the organisation and sites.
- The committee agreed to the trial and looked forward to receiving feedback in due course.
- Mr Roberts asked Mrs Thomson if she had been able to ascertain the number of smokers and the size of the problem at the Trust. Mrs Thomson advised that numbers are very hard to get hold of as there is very little information available and went on to add that more information on stopping smoking is needed and part of the action plan will include a stop smoking campaign.
- Mr Emery asked about the complaints he has received about inappropriate conversations in the smoking shelters by members of staff. Mrs Thomson was aware of the problem and action was being taken to tackle the problem.
- Elaine Coulthard asked whether the Trust Pharmacy could be used to supply stop smoking patches etc. Mrs Thomson advised that unfortunately at the present time they could not.

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12.28. BACK TO THE FLOOR/PATIENT ENGAGEMENT REPORT

Mrs Thomson presented the back to the floor/patient engagement report April 2012, and the following was noted:

- 92% of inpatient ward areas were surveyed in March 2012 (565 inpatients and 4 visitors)
- CQUIN measure – ‘told about side effects of medication’ was below the target threshold.
- 1 in 2 inpatients were not informed of their discharge date. this remains unchanged for a 12 month period.
- A&E and Renal show low levels of satisfaction over a 12 month period
- The most common theme for March complaints were clinical care, decision regarding treatment and surgery complications.
- Mr Jarvis added the results will be published on line and from next month Patients would be asked a new questions around whether they felt they had been cared for well.
- The scoring criteria has changed and only wards with 95% or above will score green.
- Mrs Bell asked if the scoring boards displayed outside of wards were kept up to date as they gave reassurance for people visiting wards as well as encouraging visitors to give feedback. Ms Foster confirmed that they were.
- Family and friends CQUIN are also to be included within the report.
- Feedback cards will be available on wards for patient and visitors feedback both for compliments and complaints.
- Ms Foster advised that the Trust is also looking to include comments and feedback on the patient screens.

12.29 FRIENDS AND FAMILY CQUIN

Mr Emery presented an overview of the pre-circulated report and it was noted that:

- As of April 2012 all NHS Trusts within NHS Midlands and East are mandated to introduce the Friends and Family test in line with CQUIN contract for 2012/13. This involves asking 10% of all inpatients the question “how likely it is that you would recommend this service to friends and family” on their day of discharge or within 48 hours of their discharge.
- It is also a requirement that we are able to identify this data by ward/specialty.
- The Trust will need to report back to NHS Midlands and East on a month basis.
- The Net Promoter Score will be calculated by the difference between the proportion of people who said they would recommend the serve and the proportion who said they would not.
- The results will give the Trust a standardised score and will enable it to benchmark itself against other trusts.

12.30 PATIENT STORY

Due to the time constraints of the meeting it was agreed to defer this item to the next meeting.

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12.31 STROKE PRESENTATION

Mr David Sandler, Stroke Network Clinical Director, gave a presentation on where the Trust was in relation to the work being undertaken around Stroke comparative to local trusts.

- The Trust currently has Stroke units on all 3 sites.
- HEFT has an average mortality rate compared the West Midlands as a whole which has high rate of mortality.
- HEFT has a weekend TIA service with scanning which has a positive outcome for patients.
- The London model has taken 30 units and streamlined these into 6 units across the city.
- HEFT are reviewing how it can change its service to manage and deliver better care.
- Professor Matthew Cooke, the Emergency Pathway Tsar has undertaken a review of patient pathways, processes and sites including wide clinical and stakeholder consultation and his initial conclusions were shared at a Hyper Acute Stroke Seminar on 20 April.
- The Trust currently has 3 sites for hyper acute care and it has been suggested that the Trust has either one or hyper acute care or two sites for hyper acute care during the day and one at night and greater usage of telemedicine, whereby patients are reviewed remotely using available technology to diagnose and treat patients.
- The trust has to improve the quality of its services and HEFT will be reviewed as part of the West Midlands.
- Mr Kelly asked what the difference was between a stroke and a heart attack. Mr Sandler advised that a stroke affected the head and brain whereas a heart attack affected the heart.
- Mrs Bell advised that she had attended the stroke review meeting and had found that the information being received had been very conflicting and wondered which was correct. Mr Sandler advised that the HEFT service is good but trying to be an excellent service.
- Mrs Bell went onto advise that she had also met with Mr Anwar following the subject being raised at a recent Council of Governors meeting and had been assured that the service at HEFT is improving and working well. Mr Sandler responded that the service delivery is down to perception.
- Mrs Bell asked about the building of a single stroke unit. Mrs Thomson advised that as part of the Reshaping HEFT review, the trust was looking at the way in which the trust can improve its services and how it can influence the review finding.
- The use of thrombolysis and the speed which the treatment is given was discussed as well as the limited number of patients that can receive it and the benefit to patients.
- James Cox was very supportive and complementary of the service Solihull had given him.

The chairman thanked Mr Sandler for attending.

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12.32. Any Other Business

Signage. Mr Roberts raised the issue of the poor pedestrian signage when walking into hospital from the Bordesley Green entrance. It was agreed that this was a topic for the Hospital Environment Committee and Mrs Thomson agree to pass this on.

Mr Robinson asked if members had seen the Times article and Lord Hunt's response (that the Times had not published) and the committee confirmed it had.

12.33 Date of Future Meetings

The schedule of dates for future meetings was noted. The next meeting is due to take place on Tuesday 28 June at Good Hope Hospital.

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Chairman



**Minutes of a meeting of the
COUNCIL OF GOVERNORS QUALITY AND SAFETY COMMITTEE
of Heart of England NHS Foundation Trust
held in the Board Room, Devon House, Heartlands Hospital on 24 April 2012**

Present	Title	Initials
STEVENTON, Liz	CHAIR (Governor Solihull Central)	LS
BELL, Kath	Patient Governor	KB
DALY, Kevin	Governor Birmingham at Large)	KD
LANE, Heidi	Staff Governor	
ORRISS, Barry	Governor Staffordshire South	BO
ROBERTS, John	Governor Sutton Coldfield	JR
ROY, David	Staff Governor	DR
TREADWELL, David	Governor Birmingham Central	DT
WEBSTER, Thomas	Governor Birmingham North	TW
In attendance		
BLACKBURN, Rachael	Head of Corporate Risk and Compliance, HEFT	RB
KEOGH, Ann	Director of Medical Safety, HEFT	AK
REES, Alison	Executive Assistant to Sarah Woolley (minutes)	AR
TANDY, Elaine	Governance Manager, HEFT	ET
WOOLLEY, Sarah	Director of Safety and Governance, HEFT	SW
Presentations		
ANWAR, Aresh	Medical Director	AA
CHEW, Paul	Re-shaping HEFT programme lead	PC
LANCASHIRE, Christine	Care Quality Commission	CL
WARD, Lesley	Care Quality Commission	LW

1. Apologies for absence

Apologies were received from:
Elaine Coulthard and Veronica Morgan

Not in attendance
Michael Kelly

2. Minutes of the previous meeting (29th February 2012)

- *Kath raised concerns around the content of the minutes including the detail and accuracy contained within them - Sarah Woolley explained that the purpose of the minutes are to capture key points and actions and that the actions reflect the specific tasks that Execs have been asked to do. SW requested that if any governor feels the minutes do not represent the true comments made in the meetings, they should feed this back to us once the draft minutes are circulated.*

Outstanding actions:

- *Stroke services – SW confirmed that Aresh Anwar was attending the meeting today in order to update all committee members about stroke services.*
- *Patient safety team attendance at April meeting – SW explained that the agenda was*

very full for the April meeting with the attendance of Aresh Anwar (Medical Director) and Paul Chew (Reshaping HEFT programme board) and that the Patient safety team would attend the June meeting.

- *Board structure chart (previous action to circulate)* – SW apologised that this was not circulated previously. Elaine Tandy confirmed that we will do this asap. ET
- *Patient safety walk rounds* – (previous action to circulate information regarding dates of all walk rounds) – Elaine Tandy confirmed that she now has a full list of safety walk round dates and will forward to all governors. ET
- *VTE update* – Rachael Blackburn confirmed that she has recently met with Neil Smith and that the outcome of this meeting is that governor involvement would be primarily around the provision of information to patients. We will put VTE as an agenda item for June to discuss in more detail how governor involvement can be progressed. RB

With the above comments, the minutes of the meeting held on 29th February 2012 were agreed.

3. Quality assurance process for reshaping HEFT in relation to quality and safety

Paul Chew (programme lead) gave a presentation regarding the reshaping HEFT programme.

In summary:

Two things: people involved and processes that we are going to follow.

- People – process will be driven through a clinically driven programme board. First meeting last week signed off the overall structure of the programme.
- Main purpose of programme board is quality assurance. SW and AA sit on the programme board to ensure safety and quality is considered as part of the programme.
- Processes – to ensure that throughout the programme, everything is done in the correct manner.
- Each stage of project development will have a series of deliverables and each project has a project initiation document comprising project benefits, accountable managers and project milestones.

Barry Orriss raised concerns regarding the timescales for delivery of the programme and its individual projects. SW explained that the various projects are at different stages of development and not all projects have identified the timescales for delivery but these will be incorporated as the programme delivers. Paul Chew noted the feedback and will pick up with the programme board.

Kevin Daly asked the extent to which the HEFT reshaping programme was driven by cost concerns. Paul Chew confirmed that this was a factor but not the principle driving force for the programme.

4. Update on issues raised in the stroke services report

Aresh Anwar provided an update about stroke services.

In summary:

- Stroke services have undergone a radical transformation in a very short period of time. Until five years ago, there wasn't much that could be done medically for patients

who had had a stroke (minimal medical intervention plus some rehabilitation). This has now changed, most notably with the use of clot busting drugs have been proven to improve the outcome of a stroke patient.

- Aresh Anwar updated the group on the current Trust and economy review that is ongoing around reconfiguration of stroke services across the economy and sites. Many members of the committee were aware of this as they had attended the away day led by Matthew Cooke. The committee discussed this matter in some depth. In summary, key points to note were:
 - Careful consideration needed to be given to the geographical siting of the services (in particular, the large population in the north of the city environs who do not have a hospital close to them) and ensuring appropriate staffing levels.
 - The need to make our stroke services future proof in the long-term with respect to development and innovation in the management of stroke.
 - The need to have good communication with the public and population regarding our rationale for our reconfiguration proposals if only one site is chosen.

The Chair thanked Aresh Anwar for his presentation.

5. Care Quality Commission

Lesley Ward from the CQC explained her role. Lesley is a compliance manager for the CQC in West Midlands. She is the relationship lead for HEFT and two other trusts in the region. Lesley has a team of compliance inspectors who check that all registered locations are complying with CQC legislation. One of her roles is to meet with governors approximately twice a year about what CQC are doing in relation to the Trust.

Lesley talked briefly through the guide for foundation trust councils of governors

Key points to note:

- The CQC set standards (as set by the Department of Health), using regulations as a minimal baseline for care for individuals
- The CQC undertake special reviews and studies
- The CQC undertake reviews of performance
- The CQC *do* have enforcement powers
- The Mental Health Act function are a part of the CQC
- The CQC regularly publish information online
- Adult social care forms a significant part of the work that the CQC undertake.
- During inspections, the focus is on speaking with patients and relating that to what staff have reported to the CQC. The CQC also look at records and carry out some triangulation but the main focus is on patient experience. They would always act to eliminate poor quality of care.

Questions from Governors:

David Roy
Lesley Ward

Are Governors able to get involved with CQC inspections?
Unfortunately, no. The CQC do not tell Trust they are coming in advance. Governors, however could be involved post inspection or through ongoing periodic contact and making suggestions as to future inspections.

Kath Bell

With regards to the maternity inspections, was this shortly after maternity services moved?

Lesley Ward

Yes. Lesley reported that all of their findings from the inspection can be found online.

Barry Orriss What specialty advisors do the CQC have? For example, would a CQC member of staff with specific maternity experience carry out maternity inspections?

Lesley Ward *The majority of staff within the CQC have a broad range of skills (social work, nursing etc). During inspections, the CQC are not making clinical judgements. They are only looking at the standards of care that a patient could expect.*

Thomas Webster Are the CQC responsible for care agencies?
Lesley Ward *Yes, the CQC use intelligence, visit agencies and contact a range of people who use and commission the service (eg. council / private bodies).*

Kevin Daly Are all the guidelines available online?
Lesley Ward *Yes, it is called "The guidance about compliance". Sarah Woolley confirmed that we use this documentation at HEFT.*

David Treadwell What are the specific current roles of Monitor and the CQC?
Sarah Woolley *SW explained that currently, there is a very clear boundary between monitor and CQC. Monitor is responsible for terms of authorisation and they have to seek assurance from CQC that we are meeting our core standards of care. We have a quarterly three way meeting to ensure there is no confusion about this. Going forwards, the role of monitor is changing substantially and they will only have a financial role. The monitoring role will sit solely with CQC.*

Barry Orriss Do the CQC have a statutory right to come straight to Governors?
Sarah Woolley *Yes. SW reiterated, however, that the HEFT team would hope that Governors felt they could raise any concerns they may have directly with members of the Board and Executive team and the need to contact the CQC (without dialogue with the Trust) would be in very exceptional circumstances.*

John Roberts Do the CQC also receive reports of good practice?
Lesley Ward *Negative reports generally receive the most attention but yes, there are plenty of examples of excellent practice.*

John Roberts What is the situation with regards to the Ombudsman bringing in their new policy to fine NHS Trusts?
Sarah Woolley *This was implemented 18 months ago – There are two fines: The first is with regards to the poor handling of a complaint and the second recommends the Trust reimburses a patient in respect of any upset caused through poor care handling.*

Barry Orris Is it possible for the CQC to talk to relatives and carers of elderly people who are often reluctant to complain? This was noted by Lesley Ward.

Kath Bell Sometimes elderly people give positive feedback but then get home and inform their family that they were not happy.
Lesley Ward *This is why the CQC will always speak to patients AND relatives to ensure we don't rely on one port of evidence.*

David Treadwell Can the public take up individual complaints with the CQC?
Lesley Ward *The CQC do not investigate specific complaints but they will raise issues directly with the Trust who will then investigate.*

Alison Rees to forward contact details for CQC to all governors.
 Lesley Ward to provide a summary of all the work that the CQC did with HEFT over the past 12 months for circulation to all committee members.

AR
 LW / ET

Liz Steventon thanked Lesley for her very informative presentation.

6. Update on the quality account 2012 / 2013

RB provided an update regarding the quality accounts.

In summary:

- The first draft of the Quality Accounts went to the Trust Audit Committee on 3rd April 2012 following which it went to a formal process of external consultation.
- All PCT's and user groups have now all had sight of the draft report.
- It will be submitted to a further Trust Audit Committee on 25th April 2012.
- It will be taken formally to Trust Board in May 2012 for sign off.
- The Quality Accounts will then be published on the Trust website and on the NHS choices website.

RB reiterated that we have considered the feedback from the last meeting regards the document being easily accessible online and we will work with the Patient Experience team to rectify this.

RB

RB to bring the Quality Accounts back to the June meeting to see how the Council of Governors Quality & Safety Committee can be involved in testing the priorities.

RB

7. Safety SIT REP report

Liz Steventon requested that committee members feed back any enquiries regarding the SIT REP to Sarah Woolley and we will bring back as discussion for the June meeting.

8. Any other business

David Treadwell asked for clarity regarding arrangements for ensuring staff safety in relation to violence and aggression, particularly in A&E. We will arrange for Phil Chambers (Security Management Specialist) to attend the next meeting to update on this issue. ACTION SW.

Kath Bell raised concerns regarding representation of the members of the Governors Quality and Safety Committee at the last Governors meeting. The Chair noted the concerns.

Tom Webster raised concerns regarding refurbishing on the Good Hope site. This should be picked up by the Patient Experience Group.

9. Date of next meeting

Wednesday 27th June 2012 at 10.30am in the board room of Devon House, Heartlands Hospital. Please send any apologies to Elaine Tandy (Elaine.tandy@heartofengland.nhs.uk / 0121 42-43094).

Council of Governors – Quality and Safety Committee
ONGOING ACTIONS – 24th April 2012

Date of mins	Action	Target date	Owner
Feb 2012	AK to send a copy of the report regarding the trend analysis of surgical never events to all committee members.	ASAP	AK
Feb 2012	ET to circulate a Board structure organisational chart to all committee members.	ASAP	ET
Feb 2012	AK to send a list of all never events to all committee members.	ASAP	AK
Feb 2012	SW to invite one of the Patient Safety team to attend June meeting.	June 2012	SW
Apr 2012	SW to send report to all members of the committee regarding the current situation re: discharges.	ASAP	SW
Apr 2012	Forward details of Patient Safety Walk Rounds to all Governors.	ASAP	ET
Apr 2012	Alison Rees to forward contact details for CQC to all governors.	ASAP	AR
Apr 2012	Lesley Ward (CQC) to forward details of all work CQC have undertaken with HEFT over the past 12 months to Elaine Tandy (for circulation to all governors)	ASAP	LW
Apr 2012	Send printed copy of CQC “guidance about compliance” to Thomas Webster.	ASAP	ET
Apr 2012	Rachael Blackburn to liaise with the Patient Experience team to ensure the Quality Accounts are easily accessible online.	ASAP	RB
Apr 2012	All committee members to feed back any comments regarding the SIT REP to Sarah Woolley.	ASAP	ALL
Apr 2012	VTE to be added as an agenda item for June to discuss in more detail how governor involvement can be progressed.	June 2012	RB
Apr 2012	Quality Accounts to be agenda item for June meeting re: governor involvement in testing priorities.	June 2012	RB