TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital

at 12.30 p.m. on Tuesday 3rd March 2009

PRESENT:	Mr C Wilkinson *(Chairman)*	
	Ms M Coalter	Mr P Hensel
	Mr I Cunliffe	Dr H Rayner
	Ms A East	Mr R Samuda
	Ms N Hafeez	Mr A Stokes
	Prof C Hams	Mrs M Sunderland
	Mr R Harris	
IN ATTENDANCE:	Mrs B Fenton	
	Dr I Gupta	
	Dr A Keogh	
	Mrs C Lea	
	Ms L Jennings (Minutes)	

Action

09.25 1. APOLOGIES

Apologies received from Mark Goldman, David Bucknall and Sarah Woolley

09.26 2. DECLARATIONS OF INTEREST

The Board were asked to note the Register of Directors Interests previously circulated. It was agreed that the Register was a correct record for the current financial year.

09.27 3. MINUTES OF THE PREVIOUS MEETINGS

The Minutes of the meeting held on 3rd February 2009 were accepted as a correct record.

09.28 4. MATTERS ARISING

4.1 *Front entrance*

Mr Stokes confirmed that negotiations were ongoing.

09.29 5. CHAIRMAN'S REPORT

5.1 Board Effectiveness Review

It was agreed that a Board Development plan should be worked up following the Board awayday. Mr Wilkinson, Ms Coalter and Mrs Lea would action this and report back to the Board — CW/ MC/CL

09.30 6. INFECTION CONTROL

Mr Wilkinson welcomed Dr Gupta to the meeting. The Board noted that the MRSA performance was within target with 4 cases in February against a target of 5. The C.Diff performance was also much improved with just 12 cases since

January. The C Diff. mortality root cause analysis for Q3 had demonstrated that treatment was not always started upon suspicion of c. Diff. The learning from this was being disseminated across the organization.

Mr Stokes confirmed that the Trust was in the process of agreeing the C.diff target for next year. The target would be reduced from this year's trajectory. The MRSA targets should be available by the end of the month. Mrs Lea confirmed that the Trust was no longer required to make monthly submissions to Monitor on the MRSA trajectory. It was agreed to continue with monthly reporting to the Board whilst the new trajectory was being finalized. Monthly MRSA reporting would be reconsidered in the light of the new targets for 2009/10.

Mr Harris pointed out that there was a lot of learning points from the C. Diff. RCAs and questioned how these were being disseminated through the organisation.. The learning points from quarter 3 about antibiotic prescribing appeared to be the same as quarter 4. Dr Gupta discussions were underway with the medics to ensure that they received timely feedback from the RCAs. The comparison data for MRSA and C.diff across the West Midlands was considered which illustrated the Trust's improving performance throughout the year. The Board agreed that learning from those organisations who were outperforming the Trust was vital to improving performance.

Dr Gupta was challenged as to why the Trust was not achieving more than 60-70% of screening for all patients. She confirmed that this was because of the substantial number of patient groups that had been added who had not been screened before. However, the Trust was on track to screen all elective admissions and to match this with the patient information to demonstrate that each patient got screened and then admitted. It was possible to score more than 100% as the target recorded the total number of screens and some patients would be screened more than once.

The Board also asked what effort was being made to reduce the number of pre 48 hours MRSA cases. Joint RCAs were always undertaken but this has proved difficult at times due to shortage of manpower at the PCTs. This should be rectified by the end of the month. Resulting risk factors would then be fed into an action plan. Results so far illustrated an issue relating to urinary catheters fitted out in community and so work was underway to set up an incontinence service. The Trust was developing a much better relationship to address risk factors with the PCTs.

Mr Harris queried the implication of closing wards due to the Norovirus outbreaks and whether this impacted on cancelled operations. Ms Fenton confirmed that it had a significant impact and this had been highlighted to Monitor in the Trust's response concerning the A&E 4 hour target. The situation had been much better managed this year with lock down procedures operating well.

09.31 7 CHIEF EXECUTIVE'S REPORT

7.1 Performance Report

Ms Fenton presented the performance report and highlighted that the forecast on the Healthcare Commission's ratings showed the Trust to be aiming for "excellent" for both use of resources and quality of services. In the worst case scenario the rating for quality may drop to "good".

With regard to the Monitor ratings it was likely that Finance would score a 4 or 5, Governance would score Amber and Mandatory Services, Green. The Board noted that whilst the Q4 position for the Trust on Governance was Green (A&E 4 hour target being the only missed target) the year end position would be amber as the Trust had missed the target for three consecutive quarters. Mrs Lea had previously circulated a copy of the letter to Monitor setting out the trust's position and the actions taken to address the situation.

The first part of letter set out the reasons for the failure to meet the A&E target in Q3 last year where chiefly, capacity had been particularly lost through infection control issues. The Trust had addressed these issues and this year had been much better. The Trust could also demonstrate that it had increased staff numbers to fill vacancies and sickness and as a result had got performance back on track last year and hit Q4. This year there had been a very large and unplanned increase in emergency admissions, which had mainly been elderly and respiratory admissions.

The Trust had increased capacity on AMU at BHH and opened a AMU at GHH on 16 February as a response to this large increase and a result had achieved 2 weeks of hitting 98%. Work to improve discharges and the flow through the system was ongoing. The letter set out the Trust's forecast to hit 98% in March and was forecasting hitting the 98% target in 2009.

Dr Rayner reported that patients were being seen much more quickly on the GHH site and that staff morale had vastly improved. Quality of care had also vastly improved. The Trust was already beginning to see more interest in recruitment at GHH. The next area of focus would be on length of stay. The PCT's was considering establishing a GP urgent care unit at GHH to deal with the increased activity. The Trust needed to make sure that it was part of these discussions. At present it would be an "8am til late" provision for people not registered with a GP and an out of hours provision for those who are. The PCT would pay for the activity and the Trust receives rent for the use of the land.

Mr Stokes confirmed that the LDP contract negotiations were underway and that at present BEN PCT was looking at more outreach options and also developing several urgent care centres. The West Midlands SHA had commissioned a formal review of the increased activity levels.

Mr Hensel queried the performance figures on length of stay as they were always relative to previous month. Ms Fenton confirmed that from April onwards there will be a definitive length of stay figure for emergency and electives. A reduction target would then be set and monitored across year. She confirmed that the number of patients who have been in hospital for over 10 and 50 days was a good measure of the success of the Trust's transformation work and this would be highlighted in future transformation reports.

Concern was expressed that the attendance at Mandatory training for 4 months was showing as amber. Ms Coalter confirmed that this resulted from the winter pressures but that the back log of training had been accommodated and would be addressed during the Spring.

The local target for Cleaning standards was also considered as it was still showing as red. This target related to the number of cleans made each day and not to the standard of cleanliness. A plan is in place to deliver more daily cleans. The target has triggered improvement action and investment into cleaning. It is forecast that the target will be green by April. It was a target that would be

addressed by the Hygiene Code assessment. Professor Ham questioned whether the Hygiene Code should also be included on the performance wheel but it was agreed that since this was an inspection not an annual target this would not be appropriate.

Ms East challenged the Board that the Quality indicators had now turned red and queried what the main factors for this were. Ms Fenton confirmed that the main issue had been length of stay which would be addressed through the transformation measures. Discussion then took place as to what targets/ measures should be included on the performance wheel. It was agreed that for 2009/10 the wheel should focus on national targets, and the sub set of KPIs that related to the transformation process.

The Board queried the data capture for the GP Satisfaction survey and asked for Ms Dunn to report back to the Board on progress. LD

It was noted that length of stay had become a particular issue for Solihull. Dr Rayner confirmed that he had been working with the staff very closely and a work shop to improve the matter had been held last week. In addition it was clear that Social Care and the local authorities now had more ambitious plans to work in an integrated way with the Trust. It was agreed that Mark Goldman and Clive Wilkinson should meet with Peter Hayes to agree a review. CW/ MG

7.2 Executive Committee Minutes
The Executive Committee Minutes had been circulated with the papers for the meeting.

7.3 Five Year Workforce Plan
Ms Coalter confirmed that the Trust was rolling out the new appraisal system for the entire workforce. The new appraisal scheme for leaders which included 360 feedback on a leader's behaviour was already in place and the Trust now had more data on what they are delivering and how they are delivering it. In due course pay progression would become a positive outcome of good performance as opposed to a given.

The workforce plan which had been previously circulated had focused on the medical workforce challenges in the medium term. This would involve a 5% growth in the workforce over the next five years with the right mix of skills and costs. It would involve a challenge to redesign the workforce ensuring efficiency, flexibility and productivity.

The largest part of the workforce was the nursing profession and Mr Wilkinson asked what plans were being made in this area. Ms Sunderland confirmed that the Nurses and Midwifery council had reviewed its practices and the decision had been taken following the D'arzi review that nurse training would have graduate status.

The implications for this nationally were significant with a higher academic standard for entering training and the funding would move from a bursary to a student loan. Ms Sunderland confirmed that she would be bringing a paper to the Board in May or June which would set out further developments to the nursing strategy for the Trust. These developments included the possibility of a six month finishing school for nurses with a guaranteed job at end of that programme if they meet the criteria, establishing a Centre of Excellence in some specialities – e.g. infectious diseases and considering the re-establishment of a school of nursing on site. MS

The latter possibility would be hugely politically sensitive – no Trust had done it before and it would be going against the norm. The funding stream which would usually go to the university would have to be addressed and the Trust would have to NMC standards for practice and find a university willing to accredit the training.

Professor Ham questioned the 5% increase in workforce included within the plan and asked if the Trust was generously staffed or staffed below other trusts and said that some benchmarking in this area would be helpful. Ms Coalter confirmed that benchmarking had been carried out in the past and that the Trust was in line with other similar Trusts. There had been a big investment in staffing over the last 12 months and it was necessary to ensure that the Trust delivered the associated productivity.

Mandy Coalter concluded her report acknowledging that milestones need to be established and that these should be linked into pay.

7.4 Staff Survey
The Board approved the Trust-wide action plan which had been developed following the staff survey.

7.5 Human Resources Committee Report
The Board noted the Report.

09.32 8 Finance Report
The Trust's financial position against operational budgets was overspent by £7.4m for the period ended 31 January 2009. Overperformance against LDP was 5.3% (£19.1m); however, pay was overspent by £7.3m and non-pay over spent by £13.1m. It was clear that the overperformance had cost the Trust more than the income it had generated and urgent action was required to control expenditure so that it correlated more closely to the changes in the level of activity that the Trust delivered. The key areas of concern related to continued pay expenditure overspend, CIP shortfall, increased cancelled operations, no improvement in the length of stay, winter pressures and the AMU at Good Hope. As a result the forecast surplus for the Trust's position at the year end had been revised down by £3.4m.

Budget setting currently set a proposed surplus of £15.4m for 2009/10 which was based on a series of assumptions including that tariff impact would be neutral.

Mr Wilkinson confirmed that the April Board meeting would be examining closely why things had turned out this way and what the budget settings would be for next year. Whilst it was noted that the Trust had achieved all of the required targets except the 98% A&E wait there were financial concerns to be addressed. Failure to deliver the planned level of surplus would impact detrimentally on the Trust's site strategy.

Mr Cunliffe confirmed that achieving the 18 week target had cost just over £3m and in addition there had been a lot of lost surgery operations (£4.2m) as the beds had been required for emergency admissions and medicine. This was not due to lack of theatre space. Whilst there had been a huge overperformance in Emergency Admissions this led to a capacity issue.

Ms East highlighted that there had been a number of conversations about the

expense of hitting the targets, particularly with regard to infection control at board level but that the challenge was to manage hitting the target and look for the improvements in productivity at the same time.

Professor Ham raised concerns about the failure to deliver on CIPs and expected the new management structure with five divisions to create better opportunities to deliver CIPs in future. He pointed out that this would need a high calibre of management within the structure to achieve this.

It was agreed that the matter would be considered in more detail at the April Board meeting which would commence at 11am.

09.33 9 Transformation Update

Ms Fenton's report set out that the ultimate aim had been to create a culture of continual improvement. The report highlighted 4 key areas:

(i) Communication and engaging everyone
A communication strategy was being developed. It would include case studies of good practice and success by wards/departments.

(ii) Performance Measures
A host of measures had been put in place which could be accessed though IT and these were being consolidated so that from 1st April there will be appropriate performance cost benefit measures.

(iii) Standardisation of all projects
This would include a timely review of progress.

(iv) Corporate Services Transformation
The Corporate departments would be aligned with the existing clinical programmes.

It was agreed that there was a need to consolidate the work and to hold people to account. Mr Cunliffe confirmed that following a recent meeting between himself, Dr Rayner and 5 CDs, the CDs had come back with 2 pages of what is stopping them doing discharge effectively.

Mr Harris questioned to what extent the project was linked to the attempts of achieving the short term targets, i.e. 98%. Ms Fenton confirmed that the guiding principles of lean – timeliness, quality and cost had allowed the team to focus on the 4 hour wait process. They would eventually be able to prove that this work had saved money and improved quality. Dr Rayner confirmed that the emergency flow work demonstrated the work of the transformation team. The work had been advanced initially through the support of the team and now he owns it. The same process now needed to be applied to the discharge process.

Prof Ham queried whether there were too many projects ongoing at one time. Ms Fenton agreed that there had not been time to progress all of them and that in 2009/10 the team would be clearer about the priorities both from Finance and quality.

Mr Wilkinson confirmed that an independent review of the Complex Discharge process had been undertaken by Chris Emmerton. This had mapped out the steps of the process. Dr Rayner also suggested that the link between transformation and OD was also important in the discharge process.

Ms Coalter confirmed that the proposals for the new management structure would make accountability clearer and help with talent mapping. The different OD training programmes that were available could be tightened up to include the transformation work.

Mr Harris concluded from the report that the transformation process was struggling to be filtered down through the organisation. It was agreed that local accountability was important and that the appraisal system would assist in holding managers to account.

The Board requested that Mr Cunliffe bring a more detailed paper to a future Board meeting for consideration outlining the progress made on the Ultragenda scheme. IC

09.34 10. Assurance Framework

Ms A East outlined the changes and exceptions set out in her paper. The Board agreed that the risk scores for Infection Control and Staff Capability should both be reduced to 12. Dr Woolley confirmed that the risk score was dynamic and should be amended as circumstances changed. She would be meeting with all of the EDs to assess the strategic risks for 2009/10 in due course. It was agreed that Lisa Dunn should bring a presentation on patient satisfaction. LD

Mr Samuda confirmed that the risk score for Financial Strategy had been discussed in Audit Committee and that it had been recommended that the risk score should be increased.

09.35 11. Company Secretary's Report

The minutes of the Finance Committee dated 26 Jauary 2009 were noted.

Mr Harris questioned whether discussions about recession and its impact on healthcare had been raised within the Trust. Mr Stokes confirmed that these discussions were taking place at two levels

- immediate impact on job security, and stress levels/morale
- long term impact – the PCTs were leading on this discussion and considering the changes in healthcare requirements, changes in eating patterns, more heart disease etc, and the Mental Health Trusts were in discussion with the PCTs on matters such as increased levels of depression and/or suicide.

Ms East agreed that it would be useful in the horizon scanning part of future board meetings to consider the impact of external world on the Trust. It could also be the subject of a future board awayday.

09.36 12 Any Other Business

There was no any other business

09.37 13 Date Of Next Meeting

Tuesday 7 April

.....
Chairman