TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital at 1.00pm on Tuesday 1st June 2010

PRESENT:	Mr Clive Wilkinson	
	Mr D Bucknall	Ms E Ryabov
	Ms Anna East	Ms M Sunderland
	Mr M Goldman	Dr S Woolley
	Ms N Hafeez	
	Mr R Harris	
	Mr P Hensel	
IN ATTENDANCE:	Lisa Jennings	
	Jonathan Gould	
	Theresa Nelson	

Action

10.86 1. APOLOGIES

Prof C Ham, Ms M Coalter, Ms B Fenton, Mr A Stokes, Mr I Cunliffe, Mrs C Lea

10.87 2. DECLARATIONS OF INTEREST

The declarations of interest were accepted by the Board.

10.88 3. MINUTES

Subject to a number of minor changes/clarifications to the minutes and the update on the Neonatal Review being amended for accuracy by Anna East, Ian Cunliffe and Pim Allen, the minutes were agreed as an accurate record of the meeting.

10.89 4. MATTERS ARISING

Wider Health Economy and Carrodale and WTFH

WTFH had now been disbanded after making 3 recommendations to pursue in line with the Carrodale financial report.

10.90 5. CHAIRMAN'S REPORT

The Chairman confirmed that his first report on the Local Economy Financial Reduction Plan, had been written by Mr Stokes, to update the Trust Board on the progress of discussions.

The second report was from the Chair's meeting at the SHA last Friday, where Ian Cumming had reported to them on his and other people's assessment of

governmental changes that had been made.

GP commissioning was to be reinstated; they would also be the main judges of any reconfiguration. The GPs would have to group together, to cover approximately 250 000 patients. They may employ a contractor, which may or may not be the PCTs. PCTs would remain but no firm decision on their revised role as of yet. Their governance would change:

- 50% would be nominated from local authorities and would be coterminous with local authorities, for the Trust it would be Birmingham; the other 50% of the board would be elected
- CEO would be appointed by Secretary of State.
- There would be 2 public health boards, which the Secretary of State would head and a separate board for commissioning, which would be in the form of a regional commissioning team with no membership just officials.
- CQC would become an inspectorate more in Ofsted style and would include the private sector.
- Monitor would be the financial overseer and would also include the private sector. There was ongoing debate on who would determine the prices. It would be prudent to plan on flat cash, although there had been an indication that may take into account inflation.

Mr Goldman confirmed that the Trust had a marketing team who had been working with GPs. It was agreed that the Board should consider ways to strengthen communication with GPs and to report back to the Board in due course.

The Chairman then informed the Board that Prof Chris Ham had resigned from his position as a Non Executive Director due to his Kings Fund commitments and so there was a vacancy to fill.

The Chairman confirmed that it had been BEN PCT who had requested a joint Board meeting which had been scheduled for 21st June and that as soon as they had forwarded him an Agenda, it would be circulated to the Board.

STRATEGY AND PLANNING

10.91 6. FORWARD LOOK

+ Update on Cluster Arrangement
Mr Goldman informed the Board that there had been another letter since the one previously circulated stating that Solihull would be included in Birmingham's Cluster as opposed to Warwick.

+ Update on Monitor/CQC (MG)
Mr Goldman distributed the letter received on Friday that had previously been emailed to the Executive Directors. Mr Goldman had attended the Risk Summit some weeks ago and an action plan had been drawn up. Subsequently, there

had been more documentation sent through by Monitor, as they were keen to fulfil safety and governance issues and also needed the support of the CQC. Dr Woolley had compiled a response, which had been sent out on Tuesday. Many of the issues raised were known to the Trust and had been considered previously.

Mr Goldman and Dr Woolley had done extensive work as a result and had participated in a number of calls with the CQC, Monitor, SHA and NHS BEN. Again, the majority of people involved in those calls had been present at the Risk Summit. All had felt that the meeting had gone well and that it was only necessary to reconvene in 4 to 6 weeks. There then followed a series of letters regarding safety and governance.

Mr Goldman expressed the view that the way to provide assurance to the regulator was to reduce Serious Untoward Incidents. However, there were a couple of Coroners cases coming up, the most recent one had not closed last week, and the Paediatric report had been released. The big issues were predominantly around nursing. Ms Sunderland confirmed that the nursing review should be completed by the end of September. Strong support had been received from ECIST who had been lobbying Monitor that much of the problems emanated from outside the Trust.

Mr Goldman turned to the Email and attachments received from Monitor and confirmed there were a couple of new letters, one was an anonymous letter that suggested himself and the Board should resign and the 15th attachment incident that occurred in Good Hope in 2005 which predated the Trust's involvement.

Mr Goldman said that apart from the above mentioned, all issues were current and the question the Board should be constantly asking was "is it getting better?" which was why the nursing metrics were so important, as Ms Sunderland would be able to demonstrate the situation was improving.

Ms Sunderland confirmed that as at the end of May, the Trust as a whole could show an 85% improvement, and that Good Hope had increased consistently month on month and in particularly on wards 10 and 12.

Ms Sunderland explained that it was about attitude and behaviour, standards of professionalism and projecting a professional image. The new uniforms helped with this despite 200 nurses having developed rashes. Alexandra's were investigating the matter. Interestingly they had had reports back that a similar problem occurred in Wales. The big launch of uniforms had been put back to after the summer holidays.

Ms Sunderland also drew the Board's attention to the fact that the initiative of the Trust having its own faculty around training its own nurses had been stepped back somewhat because of the need to concentrate on more pressing issues.

Ms Sunderland had found that from looking at SUIs it had become evident that some nurses needed training to ensure that they knew what to do. As a result she was doing a piece of work jointly with the Chief Nurse at Leicester and

between them they would have involved 10,000 nurses.

Currently there were 7 ward sisters who were suspended from duty due to care issues, also additional nurses were subject to disciplinary action. Ms Sunderland stressed that it was important to recognise that there was a pressing need to change culture, with the right people at sister level and with people being held to account when they had not delivered.

Ms Sunderland confirmed that she now was seeing individual matrons to discuss their needs and she was seeing all complaints regarding nursing standards and now required the sister and matron to meet with her and explain how it had happened. Ms Sunderland went on to say that it might be necessary to question the role of the matron.

It was agreed that the GPs opinion of the Trust was extremely important and their feedback was invaluable as they can often articulate what some patients can't. It was also agreed that there was a need to ensure there was a standard method of clinical audit. SW

Ms Sunderland reiterated the need for culture change and need to move away from "a learned helplessness", which had developed at Good Hope. Ms Sunderland confirmed that there was a new ward manager on Ward 10 from Heartlands and the improvement in just 6 weeks had been immense. The staff had embraced the structure and discipline put around the ward. E-rostering was also being introduced, some people had been on night duty on same ward for 20 years, and they would be brought back on to days for a period of time.

A discussion took place around the amount and type of information that the Board was being given. Dr Woolley confirmed that there were processes in place and quarterly sitreps along with all incidents metric data.

Mr Goldman suggested that the Board needed to formally write to Monitor, SHA, NHS Ben, and CQC and ask them to formally alert the Trust to any incidents they receive. Dr Woolley agreed to draft a letter for the Chairman asking for such information. SW

Ms East pointed out that it had to be about having robust systems and processes in place, which the CQC had said the Trust did have.

Mr Goldman drew the Board's attention to the fact that the Trust had, on 3 occasions since April last year, been in the situation where the CQC had been a participant in reviewing quality and safety processes, and each time the Trust came through it all. Thus notwithstanding that there would always be incidents, the Non Executive Directors could reflect to Monitor that the CQC had been in and given assurance that processes were in place.

A discussion followed around how the Non Executives should be kept informed and how quickly and Dr Woolley agreed to formulate some kind of alert system for SUIs on monthly basis. SW

+ Update on Maternity Services (PA)
Dr Allen confirmed that the changes were on track for Solihull, phase 1 was complete, and as of this morning there had been 75 deliveries in the Willow Suite and good feedback had been received. More formal feedback would be given in due course from a survey of around 200 women. Everything was on track at Solihull, new pathways had been re designed and midwifes who would be working on Solihull had been working at Heartlands to gain experience. The birthing unit would be opened in July. There had been no incidents and there had been no increase in "born before arrivals".

Mr Goldman made it clear that notwithstanding any issues, it was vital that the midwives had work experience in other midwifery led units prior to the opening on July 19th of Solihull's midwifery service. It was agreed that Ms Nelson and Dr Allen would meet to discuss insurance liability outside of Trust Board meeting. TN/PA

Mr Goldman confirmed that he was meeting the Joint Scrutiny Committee at the end of June as the process of consultation started again.

+ Paediatric review update
Mr Goldman talked through his previously circulated paper, and said that the actions arising from the recommendations had been put into 4 work streams and that there were 2 important aspects to making it live:

Structural and cultural - the approach needed to change to work around the national paediatric framework and the report and its recommendations would help with this. It was accepted that there was some work to do involving designing around children and family but this had to be in a multidisciplinary way. Dr Allen said that the process changes were not too difficult to do, but the behavioural changes would take longer. She confirmed that the Trust should be in a position in the Autumn of this year to invite the Dr Martin Ward Platt and Alison Arnfield the authors of the report back for their feedback. PA

Mr Harris asked for assurance that the Paediatric Services was being safely run even before implementing all the recommendations. Dr Allen confirmed that it was. The Board agreed that Dr Allen should continue to implement the action plan to be in a position for the authors of the report to review the Trust in October.

PERFORMANCE

10.92 Performance Balanced Scorecard – National and Local Targets (ER)
Ms Ryabov presented her previously circulated paper. Ms Ryabov drew particular attention to the following:

BEN PCT was running a smoking cessation service. It was a PCT requirement by hospital to note if the pregnant women were smokers, then it was the Cessation Service's responsibility to help them stop smoking. Heartlands had the highest number of smokers out of the 3 hospitals. The responsibility was with PCT and the target was with the Trust. It was agreed that this needed to be monitored and that BEN PCT needed to be held to account if they were not

delivering against their area of responsibility.

Ms Ryabov confirmed that Mr Budhoo had offered to come and address the Board, the Orthopaedics target was fine but the vascular ones continued to be a challenge.

10.93 8. A&E 98%, 4 hour access target monthly update

Ms Ryabov distributed a supportive letter from Bernie Edwards, ECIST, which endorsed the Trust's plan. Ms Ryabov highlighted that the A&E attendance rate had increased. Furthermore Monitor were beginning to understand the complexity involved in what the Trust was trying to achieve and the fact that putting the process in was relatively easy compared with the challenge of changing culture. Ms Ryabov was confident that the action put in place would get the Trust where it needed to be. It was agreed that the Board would like a 1 page summary which highlighted the risk for each of the 6 items together with measurement of achievement. ER

A detailed discussion took place with significant challenge from the Non Executive Directors being made. The key points to emerge were as follows:

- 80% of cases are simple discharge, if the Trust could get these right it would meet the target notwithstanding the issues with Social Services, which were being addressed.
- There was an increasing number of attendances, the average had been 650 a day but was now 827 a day.
- Consultant ownership of length of stay was crucial to its success.

Dr Smith confirmed that data was being formatted to show Length of Stay by directorate, by hospital, by consultant and by ward. Each month the data would be available and published in that way and put on the intranet. Currently the target was for directorates and wards but not for consultants. The consultants were aware of this and there had been a lot of positive responses from them. Mr Smith was meeting with CDs on a regular basis for LOS review and more regularly for directorates who were exceeding their targets to look at performance and agree what actions were needed to be taken. It was agreed that NEDS could be provided with laptops to be able to access this data. Mr Goldman's office would arrange this.

Following a discussion about a surge of chest pains, causing a problem in Cardiology, Mr Goldman said that the plan was clearly not adequate to cope with surges. Mr Smith said that much of the issue was to do with the Cath lab and that a business case for an additional lab had now been put forward, which if implemented would help.

Ms Ryabov highlighted some of the issues that were presenting the biggest challenge at present, which included the increase in capacity at a time when due to a need to save money wards were being closed. Mr Goldman said there was a need to focus directorates on their operational issues as well as concentrating on the "one plan" and if not delivering they should be held to account on that.

An operational focus also needed to run alongside the plan. For example the Cardiology consultant needed an escalation plan. Mr Goldman said there was a recurring pattern of leaving to go home when there was 4 breaches only to return in the morning to 40 breaches, thus needed a recurring plan. Mr Smith confirmed that one action from the Consultants meeting that day was to have a Consultant from 10 p.m. at night. Bed management needed to be a focus.

Mr Smith confirmed that all the Consultants did know the importance of meeting the A&E target. Through another discussion arising from Non Executive challenge it was agreed that the following issues needed to be addressed if the target was to be met:

- currently inflexible capacity needed to become flexible;
- LoS reduction needed to be achieved through change in both clinical practice and nurse practice. This process had begun.
- Clinical Directors needed to ensure Consultants were changing Clinical practice and difficulties around discharge needed to be addressed.
- Some nurses needed training on the discharge process and a discharge check list would be good a good idea, then could put in nurse led discharge with protocols, this would be particularly useful at weekends.
- AMU attendances and admissions were relevant to the A&E target.

It was agree that AMU attendances and admissions to be added to the data that Ms Ryabov produced for the Board. ER

It was agreed that culture was a big issue, Mr Smith was reassured that the communications plan and the "every hour counts" programme would reinforce the top 6 priorities. Ms Dunn was also in the process of putting together a campaign which would go live later that month, which would get to heart of the culture issue.

BUSINESS PLAN 09/10 PRIORITIES
We Provide The Highest Quality Patient Care

10.94 9. Monthly Update on triggered risk summit
This had been covered in the Forward Look earlier in the meeting.

10.95 10. Monthly update on the Paediatric Review
This had been covered in the Forward Look earlier in the meeting.

10.96 11. Quarterly Infection Control Report
MRSA - Mr Goldman confirmed that MRSA was still doing fine and was on target. The target had changed and would only be judged on post 48 hour. A target of 14 for the year would be quite difficult but was achievable.

C.diff - Mr Goldman advised that the Board did need to stay focused on this, not just on the numbers but also on the mortality rates. There was a 20% mortality for those who had a primary C.diff diagnosis and this gave cause for concern. Mr Goldman gave assurance that at present the Trust was keeping on top of all the risk issues for C.diff.

Norovirus
There had been a lot of this particularly at Good Hope. There was a protocol for military transfers from West Africa with possible ebola virus where A&E was bypassed but a new way of managing patients with Norovirus had to be looked at. Ms Sunderland said that the opening of the 4-bed ward would help.

The performance summary showed that there were some issues with emergency MRSA screening and that would need to be worked on. Ms Sunderland confirmed that for the first time there was proper data on a ward basis, the process was simple - a swab up the nose. Ms Sunderland confirmed that conversations with matron should get the Trust back on track and wards that are not doing it properly would then be targeted.

We Are Financially Secure

10.97 12. Monthly Finance Report

Mr Jonathan Gould presented the Finance Report on behalf of Mr Stokes. He drew the Board's attention to the fact that in month 1 from April 2010 there was a £300,000 deficit. However, to give the Board some assurance Mr Gould pointed out that April was month one and there were 2 bank holidays in May.

Mr Gould highlighted that Medical pay was over budget although there were controls in place and signs of improvement. The internal target was higher than that which was given to Monitor. The Chairman expressed disappointment with the start to the financial year. Mr Gould invited questions, as a result of which the following clarifications were made:

It was necessary to reduce costs in Maternity and Gynaecology. The Finance department supported directorates in planning their budgets. Last year there had been difficulties with CIPs in Corporate areas, which had now been rectified. Important to bear down early with those who had not got their expenditure under control.

Meetings had been set up with offending directorates for them to explain the reasons for their over expenditure. Monthly performance management meetings had been set up, with weekly meetings with Ms Ryabov for those who were not performing well. On the basis that the above actions were being followed through the Trust Board accepted the report.

10.98 13. Annual Report and Accounts 2009/10

Mr Samuda updated the Trust Board on the above which had been discussed in that morning's Audit Committee. Mr Samuda began by commending the Finance team for their work in what had been a very complicated year, which had resulted in a very complex set of accounts. There had also been a dry run on Quality Accounts. The main issue was the position Monitor had taken on the breach of terms of authorisation which goes to the core of whether the right governance was in place. As a result the auditors would not sign off on an unqualified basis for the governance part, although they were happy to give an unqualified opinion on Finance. The Audit Committee had refused to accept this line of reasoning and Monitor was in the process of trying to resolve the issue. This would allow

PwC to sign off the report and accounts as unqualified.

The Audit Committee believed that PWC had taken a particularly stringent line and Monitor had confirmed to the Trust that they had not intended to put the Trust in this position. The following actions were agreed:

CEO/Chairman to contact Monitor immediately in an attempt to resolve the situation and to inform them that the Trust was seeking a legal opinion, if the situation remained.

Dr Woolley would contact Beachcroft and state that the Trust would like to seek the advice of the best legal expert in the regulatory field.

Mr Gould explained that the deadline for signing was Friday noon if no extension granted. He confirmed that Monitor were in the process of drafting a suitable response, using words that would not undermine the Trust being given an unqualified opinion. The Board agreed a qualified opinion was not acceptable and would be very damaging on a number of levels.

Mr Harris raised a query about Ms Fenton's salary and Mr Goldman confirmed that part was for the Trust and part was for HEFT Consulting. Further amendments included that Mrs Ryabov had been appointed in March 2009 and she should therefore be included. Mr Harris asked why Solihull was not mentioned very much. Mr Goldman explained that the new unit had not opened until the start of the next financial year.

The Trust Board agreed to accept the accounts subject to agreement and disclosure.

GENERAL BUSINESS

10.99 14. COMPANY SECRETARY'S REPORT

The Company Secretary's report and the attached sub-committee minutes were noted. Payments from monies being held on behalf of the National leadership Council were approved. Mark Newbold had been appointed as the new CEO with effect from 1 August 2010.

10.100 15. DATE OF NEXT MEETING

6th July 2010

Chairman