



## TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital  
at 1.00pm on Tuesday 2<sup>nd</sup> February 2010

**PRESENT:**

Mr C Wilkinson (*Chairman*)

Ms M Coalter

Mr I Cunliffe

Mr P Hensel

Ms A East

Ms B Fenton

Mr R Harris

Ms E Ryabov

Mr R Samuda

Mr A Stokes

Ms M Sunderland

Dr S Woolley

**IN ATTENDANCE:**

Miss L Jennings

Mrs C Lea

Ms D Tomlinson

Ms P Allen

Dr S Smith

Mr A Laverick

Action

**10.16 1. APOLOGIES**

Apologies were received from Mr D Bucknall, Ms N Hafeez, Prof C Ham and Mr M Goldman.

**10.17 2. DECLARATIONS OF INTEREST**

The declarations of interest were accepted by the Board.

**10.18 3. MINUTES**

With minor amendments to page 3, second paragraph "Neonatal Network", top of page 5 changed to "discharges and DNAs need to improve"; and on page 5 to read "£10m would be regarded by Monitor as not affecting our forecast" and "JLNC changed to JINC" the minutes of the Trust Board meeting held on 5<sup>th</sup> January were agreed as a correct record.

**10.19 4. MATTERS ARISING**

**Viability of a central compliance unit to check data**

As part of this year's internal audit programme, a specific audit had been agreed that would make recommendations about the way the Trust managed its external reporting. This report would report through to Audit Committee and Mr. Stokes

would follow up on any recommendations.

#### **Update on Workforce Education Strategy**

Ms Coalter confirmed that the strategy was in place and a launch date planned for 15 March 2010. The key issue related to working with the education sector particularly in the nursing area where there were political and financial sensitivities surrounding this strategy. The Trust had proposed a national pilot over a period of 3 years with a pilot of 35 students, which would be externally validated over 3 years. The HEI had expressed concern around the Council of Deans' fear that this was the first step to Trusts taking back ownership of student nurses. Ms Sunderland would continue to discuss this with the HEIs and had already received some expressions of interest for partnership. Following the Trust's conversation with Birmingham City University tomorrow, the SHA would make a decision on whether the pilot could go ahead. Ms Sunderland would bring this back to Board for a final decision.

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### **10.20 5. CHAIRMAN'S REPORT**

#### **Improving Quality And Production Through Innovation**

The Chairman asked the Executive Directors if there were any directives in the letter from Ian Cumming that the Trust did not already take account. Mr Stokes confirmed that the contentious point related to changes in size and shape of operation and that this was only a potential concern. Mr Stokes recommended that the Board agreed to the proposal subject to discussion and agreement around how it would work. The Board agreed that collaborative working was already being put in place between the Trust, PCTs, Mental Health Trusts and Ambulance Trusts around how the financial challenges would be tackled.

It was agreed that Mr Stokes would write back confirming that the values and principles were already followed by the Trust but that strategic changes would need careful consideration.

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#### **MONITOR letter and response**

The Chairman emphasised the seriousness of the matter for the Trust and how regrettable it was that it had not delivered on this issue, particularly as it prided itself on being a leading Trust. The Board needed to be clear why this action plan would work when previous ones had not and to ensure that it was monitored on a continual basis. The Chairman directed that the Executive Directors needed to explain how this plan was different, what the governance would be to make it work and what the mechanisms would be for holding people to account who did not deliver.

Ms Fenton took the Board through the plan which had been sent to Monitor in response to their letter of 14 January 2010. Mr Cunliffe then informed the Board of the measures that had taken place since, in terms of buying in ownership and accountability amongst the clinicians. At the first meeting of the clinicians the previous week, progress had been made in that Aiden McNamara had highlighted very clearly the impact on A&E when LoS was not at an acceptable level within the rest of the Trust. Mr McNamara was also going to convey the

same message at the meeting scheduled the next day of the top 90 clinicians (who use 80% of the beds).

A detailed discussion took place around how LoS would be tackled and in particular how it would be made clear to the Clinical Directors that they would be responsible for the performance of their Consultants. The Board was reassured that the Clinical Directors would receive training and support in managing their Consultants and that Mr Cunliffe would be with them at “confirm and challenge” meetings if required.

Ms Coalter pointed out that as the percentage of the consultant body that was behind the process increased, peer pressure would then assist in the necessary shift in behaviours, and would help to deal with any dissenters. Ms Ryabov confirmed that the directorates would be held responsible for the reduction in their LOS according to the plan, and if they failed to deliver then the Clinical Director (with overall responsibility) would have to account to the Programme board for any failings. Additional support would then be provided and if LoS still did not improve they would have to present their reasons to the Trust Board. Ms Ryabov added that after this any consultant in a particular directorate who failed to achieve a comparable LoS to their peers who were treating similar patients would be performance managed.

It was agreed that a team response was needed with the nursing team vital in driving through the discharges and so there needed to be enough support around them. The Chairman made the point that it must start now and that every ward should be told every day what level of discharges were required and who was responsible for it. There was no room for ambiguity around accountability and there needed to be rigor in the system.

Ms Fenton confirmed that there would be an overall programme of governance which would include data dashboards. It would be cascaded all the way down and through to the wards. Ms Fenton confirmed that Mr Jeremy Butler had been appointed to focus for 3 days a week to ensure that rigor was put into the system whilst it was being set up and to oversee all the full time staff on the project. Mr Butler would be accountable to Ms Ryabov. Anybody falling below targets would have to explain themselves to the Programme Board.

The Chairman clarified that at the moment the Programme Board should be set up by 1<sup>st</sup> April 2010 and in the meantime the Transformation Group was meeting regularly as was the Local Health Economy Access Board and that these 2 groups would form part of the wider plan as it developed. Mr Steve Smith would provide an update later in the meeting on current performance.

Ms Ryabov confirmed that following April 2010, the specific requirements requested in Monitor’s letter would be in place. There would also be individual score cards and work would be reported by Mr Steve Smith and Ms Ryabov to the Executive Directors who would have provide the challenge of constructive unreasonableness. Mr Stokes would be looking at the financial issues.

Ms Coalter distributed 2 additional papers around changing culture and

behaviour and talked through the importance of getting this right and ensuring ownership by all. Ms Coalter would bring the results of the 2009 staff survey to the next meeting. Ms Ryabov confirmed that processes were in place, however, the problem was behavioural, and it was vital that individuals were held to account when the processes were not followed. Ms Ryabov, Ms Sunderland and Mr Cunliffe agreed to ensure that individual objectives, to meet requirements of plan, were clearly established in next 2 to 3 weeks in time for appraisal process.

Mr Stokes presented the A&E performance dashboard paper. The Board agreed that this information should come to the Board on a monthly basis.

The Board accepted the action plan on the understanding that it would deliver Monitor's requirements in terms of progress and outcomes. Other measures such as visits to other Trusts and input from experts would also provide additional feedback to ensure all the requirements were being met. Mr Samuda confirmed that work had been done in the Audit Committee around key metrics, and it had been found that if LoS was improved then patient flow would improve.

## **STRATEGY AND PLANNING**

### **10.21 6. FORWARD LOOK**

#### **Update on Solihull Maternity Services**

Ms Pim Allen joined the Board for this update. A project group had been set up to monitor progress. Ms Allen was able to confirm, following a visit to the Princess of Wales Unit, that the staff had been comfortable with the level of communication. There had been 2 advertorials in the Solihull newspapers and letters to all clients who were booked in had been sent out. There was also a plan to run a question time at Solihull. The SHA had funded a project manager to help the PCTs. Ms Allen had attended the Solihull PCT meeting which had been held in public. There was also a Health Oversight and Scrutiny Committee meeting planned for the next day.

The Board agreed that the Trust continued to handle this difficult situation well and sought reassurance that Heartlands was prepared for the extra births that would have gone to Solihull. Ms Allen confirmed that the number of additional births had been included within the scope of the project. Mr Harris had seen an article in the Solihull press inferring that the PCTs were not supportive of the Trust. This was seen as a regrettable, though not altogether unexpected, slant taken by the media.

#### **CQC Closure Letter**

The Board agreed that this had been very positive in its feedback but that there was no room for complacency.

## **PERFORMANCE**

### **10.22 7. Performance Balanced Scorecard- National and Local Targets (MG)**

Ms Ryabov confirmed that further work was being carried out to understand the issues around the Heart disease audit.

Work was also under way around MRSA screening and there would be a financial implication under CQUINN if the target was not met. It would, however, be included in the final negotiations for the end of the annual contract.

Ms Ryabov had circulated an additional paper on PROMS which set out the challenges regarding the reporting on varicose veins. Weekly meetings had been set up to improve compliance rates and data collection. A revised system would be set up for next year.

Ms Ryabov warned the Board that the assessment of the Trust position against the CQC periodic review for 2009/10 could potentially be “fair” but a “weak” rating was possible. The Trust was purchasing additional capacity to ensure the cancelled operations target was achievable and work was continuing on delayed discharges of care to deliver the target by the year end.

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

Dr Smith attended for this item. Ms Ryabov highlighted that the refurbishment of Birmingham Heartlands A&E had been completed and there were now 7 more cubicles available. However the 97% target was now at risk, as there were currently 50 breaches a day, and in order to achieve the 97% only 23 breaches per day could take place. This would have a significant impact on the CQC rating.

Concern was expressed over whether the 97% target could be reached by the year end and the question was asked whether the Trust could recover its position. The Board was informed that the Programme Board had now been established and was meeting weekly with support from Mr Jeremy Butler. Six work streams had been set up with designated leads which would feed into the Programme Board.

LoS data for directorates, wards and individual consultants had now been distributed and actions plans to deliver LoS reductions of 10% for every medical ward had been requested. Clinical directors would then be held to account for the LoS results for their directorates and those individual consultants with outlying performance would also be picked up. Ward performance was also being monitored. The response from the Intensive Support Team was due in later that day. Significant efforts were being made to ensure that the message of LoS reduction was being communicated across the Trust. If the LoS targets were not achieved within the next 2 weeks then the 97% target would not be protected. Support was being given to the wards and the clinicians to deliver these changes. The biggest issue was the culture of the organisation and establishing team working across the Trust.

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

**10.24 9. Review of the Trust’s Disaster Recover Measures**

Mr Laverick joined the meeting to present the above paper to give assurance around the Trust’s Disaster Recovery and Business Continuity.

Mr Laverick highlighted business continuity as an important part of the disaster recovery plan and confirmed that Ms Fenton had taken on the role as executive lead for this which was about coordination and ensuring that all the operational teams would be ready and know what to do in the event of something going wrong. The Chairman asked Mr Laverick if he could give assurance to the Board that there was enough planning in place to cope with a failure. Mr Laverick gave assurance that if the systems went down, they would be restored. He then said if there was a multiple system failure, a decision would have to be made about where to give priority. An assessment of priorities was still to be carried out and Mr Laverick would then feedback the results of this assessment to the Board. Mr Harris asked if the systems going down would be a disaster for patient care. Mr Laverick said that the systems did not serve the patients, the medics and nursing teams did. Ms Sunderland assured the Board that the teams would cope.

The Board needed to decided on the level of investment against risk, which they would be better equipped to do following the results of the assessment which Mr Laverick would feedback to the Board, when the results were available.

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**10.25 10. Nursing Indicators Monthly Report**

Ms Sunderland confirmed that these were on the Trust Intranet by Ward. The implementation of the Care Indicators and Patient Feedback programme was progressing and remained on target to provide the Board with a full report for April 2010. This year's CQUINN had been met but thresholds now needed to be set for next year. Mr Stokes confirmed that input was awaited from the Department of Health and SHA.

**10.26 11. Update on Nursing Establishment Review**

The previously circulated update was requested by the Board following the review in the early Autumn of last year. The most significant point was the work that had been done around the redistribution of resources. Mr Stokes and Ms Sunderland had agreed to meet and discuss this outside of the meeting. The intention was to move a quarter of a million pounds from over established wards to the 4 top risk wards.

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Mr Harris asked for clarification that it would cost £5m to achieve the right level of nurses on the wards. Ms Sunderland confirmed this but explained that there were other ways of mitigating that cost, as it was not likely that the Trust would receive that amount. Ms Sunderland highlighted the fact that there were 400 specialist nurses who were not ward-based and a reconfiguration could be implemented which would put a huge dent in shortfall. Ms Sunderland reassured the Board that this did not mean that the wards were being run unsafely rather that the Trust was utilizing higher levels of bank and agency staff. There were a number of initiatives aimed to improve the not so strong wards and they were trialing the removal of the nurse station so there was nothing to congregate around, leaving nurses to be based in bays with patients. Empowering the role of the ward sister was also being looked at.

**10.27 12. Quarterly Infection Control Report**

Ms Tomlinson joined the Board to present Dr Gupta's previously circulated report. Ms Sunderland confirmed that she expected to meet the MRSA screening and CQUINN targets. Ms Tomlinson confirmed that they had a clear plan and there were no undue worries.

There were ongoing problems with Norovirus which had resulted in ward closures. The incidence had increased this year nationally, possibly related to cold spell. There were 3 areas closed at Solihull, one at Good Hope and one at Heartlands with visiting restrictions since Christmas. There had been a very good response from cleaners both Initial and from the Trust's in house cleaners.

**10.28 13. Corporate Business Plan 2009/10 – Quarter 3 Progress Report**

Ms Fenton said as most of the issues had already been covered, she was happy to take this as read and to receive any questions. However, she clarified to the Board that items that were marked red at end of quarter 3 were all in relation to A&E target or LoS. The Board noted that Choose and Book had gone live on 26<sup>th</sup> January.

**10.29 14. Annual Report on Medical Devices Management**

The report provided an overview of the provision of Medical Devices Management within the Trust for 2009, including the objectives for 2010. Ms Ryabov assured the Board that Medical Devices were well managed generally and the Trust was compliant with NHSLA standards achieved at level 2 in January 2009. The Trust must achieve and monitor compliance with NHSLA standards and CQC outcomes which would require additional efforts in 2010. The Board was asked to endorse the contents of this report and approve the objectives for 2010 which it did.

**We Are Financially Secure**

**10.30 15. Monthly Finance Report**

Mr Stokes presented his previously circulated paper, highlighting the following points:

- Income and expenditure surplus in December of £1.3m, £6.0m year to date
- Further overperformance of £2.0m in December; forecast remained at £10m surplus for 2009/10 (excluding any impairment charges or use of private sector)
- Tariff due out in Mid February
- Monitor risk rating hit '4' for first time this year
- Slow down in electives/daycase and outpatients which would cause higher expenditure in Quarter 4.

Mr Stokes agreed to bring an update for next year's CIP to next Trust Board. Mr Stokes confirmed that regarding the negotiation with the PCTs on the overperformance the Trust was looking for a "win/win" resolution. The Trust may accept some loss of earned income this year but would gain additional income next year. Mr Harris asked a number of questions out of which the following

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points were clarified:

Regarding the PCT's overcharging claims, Mr Stokes confirmed that the Trust believed that £1.5m (0.4% of contract) was a reasonable amount to forgo on the basis that the Trust would enjoy the advantages of agreeing a year end position for 2009/10 without having to go through dispute resolution, Mr Stokes also indicated that there were areas of tariff that remained open to interpretation and therefore would not wish to test these out in arbitration.

External agencies had looked at the Trust's coding and had found nothing materially wrong with it. It had however found opportunities to manage pathways of care better which could reduce costs to the Health Economy.

The Board authorized the use of the framework to try and agree a year end position with the PCTs

***Consolidation of HEFT Charities***

This discussion had already been considered by the Donated Funds and Audit Committees. Since then the Charities Commission had issued further guidance on "Maintaining Independence". This guidance would be further reviewed to establish whether there were any other steps that needed to be taken to demonstrate improved independence.

The Board accepted the recommendation to proceed with option b, the consolidation of HEFT charities as it was considered that the charity was already being managed independently. There would also be an additional resource (time, legal fees, audit fees and risk) associated with the process of changing the constitution compared to the likely no cost/risk associated with the status quo.

***Renal business case***

The key issue on this business case was that the specialised service would be offered from a slightly different route. Mr Samuda pointed out that offering a 10 year lease was very valuable and that it was prudent to ensure the Trust was receiving maximum benefit in return. Mr Stokes agreed to explore this and report back on possible break clauses, extension clauses and price. Subject to that negotiation the Board accepted the business case.

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**GENERAL BUSINESS**

**10.31 16. COMPANY SECRETARY'S REPORT**

The draft Minutes of the sub committees were noted. Ms Lea highlighted the request for board approval of expenditure of £334,164 on GHH PACs annual service contract for 2009/10 and a final termination payment of £500,000 for early termination. The Board approved this expenditure.

**10.32 17. DATE OF NEXT MEETING**

2nd March 2010

..... Chairman