



TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital at 12.30p.m. on Tuesday 4th January 2011

PRESENT:	Mr Clive Wilkinson (Chair)	
	Ms M Coalter	Dr M Newbold
	Mr R Harris	Mr R Samuda
	Lord P Hunt	Dr S Smith
		Ms M Sunderland
		Dr S Woolley
IN ATTENDANCE:	Ms L Dunn	
	Mr G Gould (for Mr A Stokes)	
	Mr S Hackwell	
	Ms L Jennings (Minutes)	
	Ms Jenni Ord (Observer from Solihull CT)	
	Mr J Roper (Beachcroft)	

Action

- 11.01 1. APOLOGIES**
Apologies were received from Mr D Bucknall, Mrs A East, Ms N Hafeez, Mr P Hensel, Ms Claire Lea, Ms E Ryabov, Mr A Stokes.
- 11.02 2. DECLARATIONS OF INTEREST**
The declarations of interest were accepted by the Board. Mr Samuda declared that he had become a Director of Warwick Racecourse.
- 11.03 3. MINUTES**
The Minutes of the meeting held on 7th December 2010 were accepted as a correct record.
- 11.04 4. MATTERS ARISING**
Dr Newbold confirmed that he would give feedback re David Nicholson during Forward Look.
- 11.05 5. CHAIRMAN'S REPORT**
The Chairman reported to the Board that he had been copied in on a letter from Mr Ian Cummings at the SHA regarding the linkage between Foundation Trusts and PCTs cost reduction plans, seeking views from respective parties.
- 11.06 6. PAEDIATRIC REVIEW PROPOSAL TO CHANGE REPORTING ARRANGMENTS (SW)**
Dr Woolley's request to change the reporting arrangements for the above. This was agreed by the Board and subsequently Governance and Risk would take over routine

matters regarding Paediatrics, and would report to the Board on a Quarterly basis.

SW

STRATEGY AND PLANNING

11.07 7. FORWARD LOOK

Dr Newbold updated the Board on emergency flow which occurred during Christmas and New Year and the CEO Conference.

Christmas and New Year

The Executive Team had taken the view that the recent site based changes to the structure should remain in place for the Christmas and New Year period, and that it would be safer not to make further changes to the system prior to the very busy period. Unfortunately the number of discharges and admissions were lower and higher respectively than had been predicted. As a result there were 39 less beds at Good Hope on Christmas Eve than the same time last year. Despite much prevention work by the Trust, a number of 12 hour breaches had occurred on the following Wednesday. These are currently being reviewed. A robust system was put in place for the period between Christmas and New Year, which proved very successful and on 3rd January the Trust scored a green in ambulance turnaround times.

As a result of the emergency situation the SHA had discussed actions being taken. Dr Newbold confirmed that he had met with Mr Cummings that morning and it had been clear that the whole of the local area had experienced significant challenge. As a result of their conversation Mr Cummings agreed to look into the possibility of the Trust providing written assurance of the actions being taken.

Dr Newbold informed the Board that there was a need for the site teams to spend a day to look at patient flow and agree the implementation of a new system to meet the current and future challenges. Dr Newbold was pleased to confirm that the recently appointed Medical Director had specific experience in this and this combined with the actions being taken, provided assurance that the Trust is in a good position to overcome the current difficulties.

Dr Newbold offered the Board assurance that he was confident the structural changes together with the implementation of Discharge Lounges on each site would be effective with the accompanying culture change that was also needed. Dr Newbold assured the Board that seasonal Flu had been taken into account. The new ward block at Good Hope would provide headroom by providing extra capacity as the new system is developed.

Mr Samuda highlighted the issues that had been brought up at the Audit Committee that morning, namely that the Auditor's report on the 12 hour breach that occurred in July 2010, highlighted quite a number of areas where accountability, communication and coordination needed to be strengthened.

Dr Newbold highlighted the excellent contribution made by some doctors over the weekend, which showed that there were pockets of excellence and agreed this should be built on across the organisation.

As a result of a change in the policy the Ambulance Gold Command was now responsible for the distribution of the ambulances throughout the City. As a result ambulances were now being distributed more evenly throughout the City.

This was a major step forward in assisting with flow management.

CEO Conference

Dr Newbold confirmed that at this Conference, Mr Andrew Lansley had announced that Mr David Nicholson would be the Chief Executive of the NHS new Management Board and this would provide a degree of continuity for the NHS. The Chief Executives of the PCT clusters would be appointed on a national basis and there would be approximately five in the West Midlands.

Mr Hackwell then presented his previously circulated paper entitled NHS Operating Framework. The Operating Framework set out the key policy areas for 2011/12 and the funding levels for the NHS. A discussion followed out of which the following points were made:

- The four hour target would be expanded by a raft of measures.
- The Arbitrator would be the Care Quality Commission.
- It was anticipated that Tariffs would be agreed by the end of March.
- It was expected that the final Contract would have been agreed by March 2011.
- There had not been any discussions that would put the Trust out of kilter from what had been agreed at the recent extra Strategy Board meeting.

Lord Hunt suggested that the future of the Trust was to work with GPs on the management of demand. Dr Newbold agreed and with the notion of risk sharing in instances where the Trust was in a position to influence the outcome.

PERFORMANCE

11.08 8. Performance Balanced Scorecard – National and Local Targets (ER)

Mr Gould presented the above in Mr Stokes' absence. He drew the Board's attention to the standards listed below:

PCT Contract

Percentage of Stroke

The Trust was not on schedule, however, the situation was being addressed and there had been no fines in the month.

Cancelled Operations

The 100% target had been missed in November due to one patient who could not be rebooked but this had been due to the way the Trust captured the data of cancelled operations. This would be addressed with the PCT at the meeting scheduled for the next day.

Emergency Screening MRSA

The performance trajectory showed an increase but the Trust was unlikely to meet the 100% by December. A discussion would take place with the PCT and a rectification plan put in place. Ms Sunderland explained that she had taken responsibility for this from December 2010 and would receive data on a monthly basis ward by ward. Ms Sunderland expected to be meeting the target from January 2011. There were sound procedures and accountability measures in place. The procedure had been simplified and every patient was now being swabbed.

Maternity 12 Week Target

This had been missed due to the fact that the metric included the performance of midwives from PCTs that the Trust did not manage and so the Trust would not receive a fine. The Trust's midwives were achieving the target.

Teenage Breastfeeding Rates

The Trust had been achieving this for the last four to five months but had experienced a dip last month, albeit only by three patients. It was confirmed that the Trust was still achieving year to date target.

Delayed Transfers of Care

The target was 3.5% and the Trust was achieving 4% and was working with the PCTs to achieve this target.

PROMS

The Trust was achieving target overall and this was being monitored carefully by the Trust. Ms Sunderland informed the Board that some patients felt they were being bombarded with questionnaires and some patients simply did not return the questionnaires.

Internal KPIs*Length of Stay (LoS)*

Mr Gould drew the Board's focus to LoS. There had been a slight upturn in LoS in November 2010, however, overall the trajectory was in the right direction showing a reduction albeit slower than planned.

Work Force Average Time to Recruit

This was only just off target and was not unexpected for this month.

Sickness

This was only slightly off target and was still improving. There had been problems with data and manager training which had been discussed at Audit Committee. This was being addressed and it was reducing month on month.

Appraisals

There had been good feedback from the Care Quality Commission re appraisals.

Quality and Safety*Nursing Metrics*

Ms Sunderland reported to the Board that this was still evolving and questions were being refined and so at the moment like was not being compared with like. Gaps were being worked on and Governors and Volunteers were being utilised. Reporting and checking systems had been established to ensure there was adequate support. The use of non clinical staff was innovative and required training support. Ms Sunderland pointed out that the Trust had started this on its own volition and asked the Board to consider if they wanted it to continue being shown as a KPI during the developmental stage.

The work was being publicised for example there were posters around the hospitals saying "You said, we did" and plans were in process for presenting the findings to GPs.

'The One Plan'

Dr Smith then gave an update on the One Plan. Estimated Date of Discharge had now

been rolled out widely and a recent audit confirmed it was being used in most areas. Units that were using it well would be compared to those that were not to identify why and rectify the situation. Dr Smith also confirmed that a Senior Medical Review was now taking place twice a day to check the actions suggested in the morning had been implemented.

The pilot on interactive whiteboards had been completed and was successful and by January 2012 should be in use on all sites.

BUSINESS PLAN 09/10 PRIORITIES

We Provide the Highest Quality Patient Care

11.09 9. CNST (SW/PA)

Dr Woolley explained that there had been significant changes to the above standards and the Trust was in the process of testing that all pathways were being followed and enacted in clinical notes. It was confirmed that this Trust was not the only organisation proposing to Level 1 assessments.

Dr Woolley confirmed that although the Trust was aware in advance of the impending change in the system, resources to put remedial action in place earlier were limited. This was due to the priority that needed to be given to the service reconfiguration from Solihull and the setting up of the Midwifery service, together with the accompanying operational restructure.

It was agreed by the Board that the Trust move to Level 1 CNST to protect discount with the view to move back to a Level 3 as soon as was possible.

11.10 10. Bi-Monthly Safety SITREP including Strategic Risk Register (SW)

Dr Woolley explained that the recommendations had been made through the relevant Committees and required Board sign off. Dr Woolley drew the Board's attention to the proposed change to the Patient Flow which had a risk rating of 16 but the Board was asked to change it to 20 given the current situation.

A discussion took place around the respective risk ratings given to the White Paper and Transfer of Community Services and it was agreed that the risk around the White Paper should be scored at 20.

SW

Dr Woolley informed the Board that the Maternity reconfiguration had introduced other risks into the system. This would first go through Governance and Risk Committee and then be brought back to the Board.

SW

Dr Woolley assured the Board that the Trust had received a good review from the CQC, which was encouraging regarding the outstanding condition regarding Appraisals.

11.11 11. Monthly Update on Norovirus (MS)

There were no virus outbreaks for the month of November.

11.12 12. Bi-Monthly Update on Patient Experience (LD)

Ms Dunn presented the above report which had been debated at the Governance and Risk Committee, Ms Dunn drew the Board's attention to the summary and highlights. The main area for the Board to consider was the results on the Maternity survey, one being national and the other one carried out by the Trust and aimed specifically at those

whose care had been moved from Solihull to Birmingham Heartlands. The results were the ramifications of what the service had undergone. The results had been shared with the team and action plans had been drawn up to address the concerns.

Lord Hunt asked if Ms Dunn thought there were some underlying issues around culture and communications that may be more substantive, Ms Dunn thought that may be the case and the situation was being supported by the work being carried out by Dr Woolley and Dr Allen. The new management structure was proving effective and the Trust was starting to see positive feedback. It was a hugely busy service which had undergone rapid change.

Lord Hunt expressed his concern about a patient not being able to make their own toast and was given assurance that those sorts of issues had been addressed as had other issues as a direct result of patient feedback.

Mr Harris was concerned about the low expectation patients had before having their care and Ms Dunn offered assurance that much work had been done to ensure good communication, for example, DVDs had been made for each site to give patients prior to their admission. Ms Dunn highlighted that unlike many areas in the hospital the Trust could plan to some degree with maternity patients. A lot of work had been carried out by Dr Woolley and Dr Allen with huge input from senior clinicians and midwives.

Ms Dunn to report on progress in June 2011.

LD

Dr Smith offered reassurance that training was not the issue.

The Chairman emphasised the need for programmes of culture change. Ms Coalter said this was covered at Trust Induction and would consider adding a case history to reiterate point.

MC

11.13 13. Update on Consultants Job Plans

Dr Smith updated the Board on Consultant Job Plans. Currently Consultant Job Plans were down to Clinical Directors and there was considerable variation. The Job Plan policy had been finalised in March 2010 and had been signed off by the GMC. In house Job Plan software was in the process of being developed to record progress, at minimal cost. The Clinical Directors were required to put all the Job Plans on to the system. This happened annually as part of the appraisal process, the aim was to have them all on by the end of the year.

It was agreed that Job Plans had to be focused on the needs of the organisation and that pay progression and participation in Clinical Excellence Awards would also be linked to this. The Appraisal also needed to be linked to the Job Plan and Business Plan. Ms Coalter confirmed that she had put this forward to the GMC.

MC

The Chairman requested Dr Smith to report back at the March Trust Board confirming Group Medical Director accountability for the Clinical Directors implementing the above.

SS

11.14 14. Single Equality Scheme

Ms Sunderland informed the Board that this now included the revisions required under the Equality Act and was being brought for endorsement by the Board. This was a legal obligation and the legislation had been updated last year particularly around age. The Trust had to be able to demonstrate that it was not discriminating against any one for

anything, patients or staff. Once the Board had endorsed it, it would be uploaded on to the Internet. The Board endorsed the scheme.

We Are The Local Provider of Choice

11.15 15. Heads of Terms for Transferring Community Services (SH)

Mr Hackwell confirmed that a special Board meeting had been arranged for the end of January to discuss this item in detail and in the meantime he asked for the Board's agreement to the Heads of Terms which were not binding. The legally binding document would be brought to the March 2011 Board.

Mr Jeremy Roper, of Beachcroft Wansbroughs, the Trust's Solicitors, attended the meeting for this item. Mr Roper informed the Board that the Heads of Terms were very similar in each of the 60 projects around the country. The interim guidance regarding assets was that PCTs would retain premises but as the PCTs were going to be disbanded, a solution was still needed to be found. Guidance was expected from the NHS within the next two to three weeks and all risks and benefits would be included in the Business Case.

Mr Harris asked for reassurance that litigation responsibility would not be transferred to the Trust, particularly if Solihull Care Trust ceased to exist. Mr Hackwell confirmed that there would be another Body that would take over all the issues but absolute clarity was still being sought.

A discussion took place around competition, funding and other general points. Mr Hackwell assured the Board that all the points would be addressed in the Business Plan.

The Board approved the Heads of Terms, on the understanding, that no final decision could be made until the Board had received the full Business Plan and was assured regarding the balance of risks.

We Are The Local Employer of Choice

11.46 16. HR Quarterly Update

Ms Coalter drew the Board's attention to the Executive Summary, a 'Pulse Survey' had been carried out at the end of November and an improvement on morale could be seen. The National Staff Survey had closed in November 2010 and the full results would be available in Spring, when an assessment could be made on how the organisation compared with other trusts. This would be fed back to the Board.

MC

The Trust was starting to see an improvement in the gaps in Workforce Planning, particularly theatre nursing and theatre doctors. Midwifery was still an issue, however, there were 10 vacancies and nine new staff were due to start in March 2011. Assistant Practitioner posts would also be considered and a proposal would be taken to February Executive Directors. The Trust has already recruited 35 midwife support workers.

Ms Coalter confirmed that the Trust was planning to put together a Rewards Package a year earlier than had been requested.

11.47 17. NHS Employers Incremental Freeze Proposal

Ms Coalter confirmed she had been asked for this paper at the extra Board meeting in December. She explained that the proposal, which had had Trade Union input, had come out just before Christmas and was out for consultation nationally. If it was approved, it would allow for local negotiation. Ms Coalter was liaising with other trust's

to ascertain their stance and Unions were also being consulted. Ms Coalter emphasised the importance of Union buy-in to this issue.

A discussion took place around the advantages and disadvantages of Gateways. Ms Coalter agreed to give the Chairman the relevant HR minutes, which covered the subject of Gateways.

We Are Financially Secure

11.48 18. Monthly Finance Report (AS)

Mr Gould presented this item on behalf of Mr Stokes.

Mr Gould confirmed that there had been a £885k surplus in November 2010, £7.2m year to date. There was an over performance of £18.6m year to date and the Operational budget was overspent by £2.0m in November, £10.9m year to date. CIP delivery had slightly increased in November to £8.2m year to date, with a shortfall of £2.2m against plans. Pay costs remained high, particularly Medical pay.

The Board received reassurance that the Trust was now taking a three year look and recognised the importance of delivering the governance structure for the monitoring of CIPS now that these had been confirmed. This would be taken to Executive Directors and then Trust Board.

AS/JG

GENERAL BUSINESS

10.201 14. COMPANY SECRETARY'S REPORT

The minutes of the Finance Committee had been included for the Board's information.

10.202 15. DATE OF NEXT MEETING

Tuesday 1st February 2011

Ms Jenni Ord thanked the Board for allowing her to attend and said it was good to see good see debate and challenge. She was also pleased to see the work being done on patient satisfaction and the opportunity it provided to make linkages between patient satisfaction and the HR framework.

Chairman