



TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital at 1.00pm on Tuesday 6th July 2010

PRESENT:

Mr Clive Wilkinson	
Ms M Coalter	Ms E Ryabov
Mr I Cunliffe	Mr R Samuda
Mrs A East	Mr A Stokes
Mr M Goldman	Dr S Woolley
Mr R Harris	
Mr P Hensel	

IN ATTENDANCE: Claire Lea, Company Secretary
Misra Budhoo, Group Medical Director

Action

10.101 1. APOLOGIES

Mr D Bucknall, Ms B Fenton, Ms M Sunderland, Ms N Hafeez

10.102 2. DECLARATIONS OF INTEREST

The declarations of interest were accepted by the Board.

Mr Wilkinson took the opportunity to thank Mr Goldman for his work and outstanding service commitment to the Trust Board over the last 17 years as this was his last Trust Board meeting.

10.103 3. MINUTES

The minutes of the meeting held on 1 June 2010 were amended for accuracy and signed as a correct record by the Chairman.

10.104 4. MATTERS ARISING

Maternity Services Insurance Liability - Concern had been expressed over ensuring the midwives had the appropriate training for a MLU. The issue had been finding MLUs with sufficient capacity to carry out the work experience. Pim Allen and the midwifery team were confident that they had received sufficient high quality training. Mr Goldman would follow this up to see if opportunities at other organisations had been made available.

MG

Monitoring nursing care - Metrics News had been distributed to all non-executive directors and Anna East had been to see the system. The Nursing Metrics were included in the Board Performance Report.

10.105 5. CHAIRMAN'S REPORT

The Trust had now formally received Prof Chris Ham's resignation following his appointment as CEO to the Kings Fund. Mr Wilkinson asked for the thanks of the Trust Board to be on record for his service to the Board as a non-executive director and to the Consultative Council as a Governor.

The Trust had been awarded the contract for the Digital Diabetic Retinopathy Screening Programme and the Board passed on their congratulations to the team. The key learning from this success was about backing those medical staff that have the energy and commitment to take forward new ideas and succession planning for senior medics.

STRATEGY AND PLANNING

10.106 6. FORWARD LOOK

+ Update on Monitor

Recent contact from Monitor gave a clear outline as to the action regarding the breach. A paper would be going to the Monitor Board to review the changes to targets resulting from the Addendum to the Operating Framework. The recommendation was that those who were currently held in the breach would be de-escalated. Each individual trust would then be reviewed at a Monitor pre-Board meeting on 19th July following which a recommendation would go to the Monitor Trust Board on 24th July.

The Trust Board would be required to declare whether it was confident that it would deliver against the new target of 95%. If the Trust could not do this then the breach of terms would not be lifted. The Board needed to discuss the risk of non-delivery of 95% target which would be in place until 2011 after which median waits would then be the target. Ms Ryabov outlined the current position declared to Monitor

The agreed milestones in January 2010 had been to deliver A&E 4 hr 98%, reduce LOS and reduce bed occupancy. The latest A&E performance was 96.9% and in June 2010 the 4-hr 98% target had been reduced to 95%. Performance had not improved as planned due to the increase in emergency admissions (Trustwide 1%, BHH 7% GHH 2%), increasing elderly patient numbers (11% of admissions are over 75) and reduced bed capacity of 10%.

The improved LOS had compensated for the reduction in beds (from 9.03 days in June 2009 to 8.53 days in June 2010) and there had been increased turnover in AMU with a 19% increase in discharges.

The Board had to consider its options if the Trust were to continue with LOS improvement and the implementation of the "One-Plan" and "Right Patient-Right Bed". One option would be to increase bed numbers to meet the additional demand of the elderly patient numbers and the single sex wards requirement. This would have a direct impact on the planned year end surplus of £10M. An extra 125 beds would have provided an average bed reduction of 139 in June 2010. This would enable the flow of patients but at risk of lengthening LOS.

The Board challenged whether practice was changing and it was the view of Ellen Ryabov, Ian Cunliffe and Misra Budhoo that it was but there was still further ground to take. The choice was whether to stick with the One Plan or to add in additional capacity. There was no track record for the Trust in creating capacity in order to improve the patient flow. The Board needed to be aware of the difficulty being faced by staff in keeping up the pressure in the face of the increasing level of admissions.

Mr Samuda suggested declaring not achieving 95% to keep the pressure on the organization but it was unlikely that this would provide the right incentive for staff. The LOS results were worth celebrating and it would be good to congratulate staff on their hard work. The individual cases of poor practice were not the general rule. The One Plan says reduce LOS and see the benefit. Ms Coalter confirmed that piling on the pressure didn't provide more motivation. It was important to continue to face the reality but also to reward and celebrate good practice. Results from the leadership survey would be brought back to the next Board meeting and it raised the question of clear objectives and expectations.

MC

Mr Goldman suggested that the Trust usually lost 1% performance over the winter period so since current performance was at 96.9% this could fall to 95.9% by the year end. There was therefore sufficient assurance for the Board to declare compliance with the 95% target but it was imperative to continue with the One Plan as it was about providing a better quality service for patients.

+ Paediatric review update

Mr Cunliffe talked through the previously circulated paper, and highlighted the actions being taken by the various project groups. A Governors Group had also been formed to add to the development of the work. The authors of the report would return in November to review progress. They would be invited to attend the December Trust Board to give their feedback.

IC/CL

+ Addendum to the Operating Framework

Mr Goldman reassured the Board that the Trust would adhere to the new targets set out in the Addendum. He highlighted, in particular, the moratorium on reconfiguration proposals and the new test criteria for consultation in the light of maternity services at Solihull. The GPs and patients would now have the most say in any consultation on changes to maternity services which would mean the planned consultation by the PCTs on maternity services would be affected and could be delayed further.

PERFORMANCE

10.107 Performance Balanced Scorecard – National and Local Targets (ER)

Ms Ryabov presented her previously circulated paper. Ms Ryabov drew particular attention to the exception reports in relation to red performance indicators for the Monitor Compliance Framework, CQC national priorities, CQC existing commitments and the PCT Contract Indicators.

Mr Stokes highlighted that the PCTs have not yet been mandated to revise the amended national targets in the contract and further clarity was awaited as to whether the contracts would be adjusted. If the contracts were not adjusted then

negotiations would result with regard to any financial penalties. Mr Stokes agreed to bring a paper to a future Trust Board meeting to provide further clarity on this issue.

AS

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

This had been covered by the discussions under item 6.

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

10.109 9. Annual Report – Infection Control

Di Tomlinson outlined the Trust's ability to achieve the screening target which is on target for elective screening. For emergency screening the target was 100% for Foundation Trusts. The Trust was realistically aiming for a result in excess of 90% as some people refuse screening. Non Foundation Trusts have a target of 85%. A proposal needed to be brought to ICEC as to how to record the refusal to screening.

DT

Deaths from C-diff infections were also a matter of concern for the Board. Di Tomlinson outlined the investigations that were being carried out to review C-Diff patients. This would assist in reviewing cases where C-Diff was the major factor in their care as opposed to other significant medical issues. Mr Stokes recommended that the Trust benchmark its performance in this area against other Trusts in the area.

DT

The report presented the Infection Prevention and Control Annual Report 2009-10, the annual programme of work 2010-11, data on MRSA bacteraemias and Clostridium difficile infections for April and May 2010 and other infection prevention and control performance issues. The Board considered and accepted the Infection Control Report.

10.110 10. In-patient survey results

This paper contained the results purely from the National Survey and was also included within the Patient Experience Report in the Governance and Risk Committee Update. The item would be considered at the August Board meeting when Lisa Dunn would be in attendance. Roger Stedman was requested to bring a review of the GP Survey results to a future board meeting.

CL/LD/
RS

10.111 11. Update from Governance and Risk Committee

The Safety Situation Report

The executive Summary set out the risk register, SUIs, Coroner's and Ombudsman cases and regulatory matters. The Board would receive a revised strategic risk register for 2010/11 at the August Board meeting after consideration at the Executive Committee.

CL

Quarterly meetings had been established to review quality and safety issues between the Trust, Monitor and the CQC. Any concerns arising from that will result in the involvement of the PCT partners.

The final draft of the Medicines Management Review had been circulated for

review. It would be considered by the July Executive Committee and brought back to the August Board meeting.

SW

The other issue to highlight was the complaints performance. The situation was being managed by Governance and Risk Committee and if there was no further improvement a full report would be brought back to the Board. This Committee had also identified a number of concerns around Trauma and Orthopaedics e.g. NOF cases, data quality and so an internal review of governance and safety issues within T&O had been commissioned by the Committee.

Safety Metrics

Mortality and infection rates continued on a downward trend across the Trust. The nursing metrics would be added to the safety metrics to add in the patient experience. The MEWS score demonstrated that the 30 minute reviews of MEWS scores were not happening regularly enough. The senior nursing team were addressing this and ensuring implementation of 30 minutes checks where clinically appropriate. The scorecard also needed to become more sophisticated as some patients whose treatment would not be escalated did not require a 30 minute review. Mr Goldman suggested that there were forms of technology that would help address the need to recheck the MEWS score every 30 minutes. It was agreed that this would be built into the plan to improve patient quality in this area.

Patient Safety Walkabout Update

The update was considered and accepted by the Trust Board. Dr Woolley extended an open invitation to all board members to join any of the patient safety walkrounds for the following year. Mr Samuda highlighted the 60% of TTOs delay dispensation and/or discharge. This needed to improve to assist with the discharge process and Mrs Ryabov confirmed that work was being undertaken with the senior consultants in this area.

Safety Strategy

Dr Woolley outlined the progress that had been made. One area that still needed to be developed related to safety metrics for high risk specialities. One particular highlight was the progress made on embedding the ward safety briefing trial on Ward 21. This was now being trialled on ward 24 (BHH) and 14 (GHH).

Health and Safety Annual Report

The Board considered and accepted the Annual Report.

Annual Report for Supervision of Midwifery

The Board considered and accepted the Annual Report on the basis that the financial implications for achieving the 1:28 midwife to birth ratio were clarified.

Quality Accounts

The Quality Accounts require a mechanism for the ongoing monitoring of the quality objectives and the Trust's Governors are integral to the process. The Board accepted the report.

10.112 12. HR Committee Update

Ms Coalter wanted to raise three key issues –

Mandatory training – this was now underway and would include the Virtual Intimated Teaching and Learning (VITAL) project which the Trust was engaged with along with a number of other NHS Trusts. This would be supported and resourced by Faculty of Education and Training.

Changes to CRB checks – this was now on hold due to governmental delay.

Gateway progression – 35% of staff had not progressed through the gateway and the HR Committee was now ensuring that the correct support and management was in place to manage this group of staff. They would only be allowed to progress if their competencies were on track. Mr Wilkinson raised the issue as to whether staff should be allowed to progress through gateways where the Trust does not yet require those skills in the role that member of staff fills. Mrs East asked for a review with a granular approach to the data and a clear timeframe. Ms Coalter agreed to bring back a report to the December Board meeting.

MC

We Are Financially Secure

10.113 13. Monthly Finance Report

Mr Stokes set out the following as key aspects of his report:

- £0.1m loss in May 2010, £0.4m year to date.
- Overperformance of £1.2m in May against internal plan, £2.3m year to date.
- Operational budget overspent by £1.0m in May, £2.7m year to date.
- CIP delivery increased in May to £1.6m year to date, £0.5m shortfall against plans.
- Medical pay costs need to reduce.

The current CIP plans relied on a reduction in LOS and as the current financial position remained heavily dependent on over performance income Mr Stokes informed the Board that there needed to be greater progress on reducing expenditure. There needed to be earlier delivery of CIP rather than waiting until the financial year end. The clear message of the efficiencies that needed to be found had to be communicated to all of staff. The impact on headcount could not be avoided and directorates needed to plan their workforces for the next five years on a reducing headcount.

10.114 14. Charitable Funds Annual Report and Accounts 2009/10

The report and accounts had been considered by the Audit Committee earlier that day and there had been a very positive clean audit. The income being generated more than adequately covered the levels of expenditure. The investment policy was to continue to invest in income producing products to ensure that the income of the funds remained stable. A review of the investment managers had been considered by the Donated Funds Committee and it had been agreed that it was not necessary to pay for an external review of the

investment managers. The Committee had met regularly with the investment managers regularly to monitor their investment performance.

The Trust Board accepted the annual report and accounts subject to the correction of list of directors shown for the year under review.

The Board approved the Letter of Representation.

GENERAL BUSINESS

10.115 15. COMPANY SECRETARY'S REPORT

The Company Secretary's report and the attached sub-committee minutes were noted.

The Board gave permission to go out to tender for the cleaning specification for housekeeping, ward hostess and portering services at Birmingham Heartlands Hospital.

The Board approved the purchase requisition for the storage and retrieval of medical records with Recall.

10.116 16. DATE OF NEXT MEETING

Tuesday 3rd August 2010

Chairman