



TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital at 1.00pm on Tuesday 10TH August 2010

PRESENT:

Mr Clive Wilkinson
Mr D Bucknall
Ms M Coalter
Mrs A East
Mr R Harris
Mr P Hensel

Mr P Hensel
Dr M Newbold
Mr R Samuda
Mr A Stokes
Ms M Sunderland
Dr S Woolley

IN ATTENDANCE:

Dr M Wake
Dr P Allen
Ms LDunn
Ms C McDonald (Minutes)

Action

10.117 1. APOLOGIES

Ian Cunliffe, Beccy Fenton, Ellen Ryabov

Mr Wilkinson formally welcomed Dr Newbold to the Trust

10.118 2. DECLARATIONS OF INTEREST

The declarations of interest were accepted by the Board.

10.119 3. MINUTES

The minutes of the meeting held on 6 July 2010 were signed as a correct record by the Chairman.

10.120 4. MATTERS ARISING

Monthly SUI alert system for SUI
Covered under Item 11

10.121 5. CHAIRMAN'S REPORT

A letter (circulated with Board Papers) has been received from Monitor confirming that the Trust is no longer in breach of its Terms of Authorisation.

For information the Chairman highlighted to the Board that a Clinician had pleaded guilty under the Cremations Act.

STRATEGY AND PLANNING

10.122 6. FORWARD LOOK

+ White Paper – Equity and Excellence

Dr Newbold opened by saying that the general view on the White Paper is that it is a paper of principles which offers huge opportunities. The way of measuring excellence will be moved to that of clinical satisfaction and all measures will be put out into the public domain as soon as possible. The paper strongly supports the building of local relationships with GPs and there will be new measures of governance. Dr Newbold said that the priorities for the Trust are:

1. Operation imperatives
2. Safety issues
3. Staff morale
4. Strategic imperative – Solihull community services were currently out for tender. The Trust was interested in creating an integrated care system for Solihull.

Dr Newbold said that there will be a programme of communication over the next few months with a period of discussion and dialogue with staff. He stressed that there would be a policy of zero tolerance on patient safety and quality of service.

The Chairman confirmed the Board's agreement to enter discussions regarding the new model.

10.123 + Update on Monitor/CQC

Letter from Monitor dated 3 August states that the Trust is no longer in serious breach of its Terms of Authorisation. The Chairman stressed the need to sustain 95% for Quarter 2. The Chairman and Dr Newbold will be meeting Monitor on a date to be agreed.

10.124 + Update on Pediatric Review

Dr Allen confirmed that the work programme is on track focusing on the most urgent recommendations from the review, the main priority being safety issues and the need for compliance with the National Service Framework. Dr Allen said that there is a need for a fundamental culture change.

The Chairman requested that a written report monthly or bi-monthly be submitted to the Board. He stressed the need to provide capital to improve conditions/space and the need to proceed quickly. An architect was drawing up plans, and once that had been completed, capital resource would have to be made available. There may be a need to consider capping the number of births.

A meeting has been held between the consultants and the nursing staff and there is an on-going agenda for regular meetings.

Dr Woolley confirmed that, as part of the long term action plan, the Royal College of Paediatrics and Child Health has been invited back to review progress on making improvements. The Chairman stressed the need for the changes to be implemented quickly and said the review body will be invited to attend a

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future Board meeting to report.

7. CORPORATE BUSINESS PLAN

10.125 **Work force Plans:** Mr Stokes said that the initial future workforce plans do not reflect the level of financial challenge ahead and are being assessed and challenged. Ms Coalter reported that the Trust had to submit 5 year workforce plan to the PCT by July, but that this has been difficult due to the lack of clarity on future direction for the Trust and Health economy. Financial plans have been submitted and there will be a need to reduce the workforce but this will be reliant on how the organisation is working. Ms Coalter said that a lack of belief that change will happen will affect people's view of planning for staff reductions. Ms Coalter said that she would take a 'lessons learnt' paper to the EDs meeting on 17 August.

MC

Data Quality: The data quality audit is almost complete and the Data Quality Plan will be reviewed following confirmation of the audits recommendations. This will be monitored by the Data Quality Board.

Simulation Centre: The Chairman asked that if the Simulation Centre remained at the size it was with no further revenue available to expand, could it be used by groups outside of the SHA? Mr Stokes said this could possibly provide a good marketing opportunity.

Patient Safety Strategy: The Chairman noted that some of the work relating to the patient safety strategy is amber. Dr Woolley said that communication, medicine management and CQC indicators are on track. The Hospital at Night was taken over by Dr Stedman and Dr Woolley in September last year and, whilst we had made good progress, more work than was originally anticipated was required to get the Trust in a position to go fully live with the Trust-wide programme. Revised plans are now in place. The Chairman asked Dr Woolley to provide him with an update in preparation for his night visits.

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Dr Woolley reported that, again, some good progress has been made in terms of the Think Glucose programme of work. This included implementation of the new insulin infusion packs/guidance, hypo-boxes and glucose monitoring charts. The programme is showing as amber because the complexity of the work required across all sites. Further work is required across all sites. This is a national campaign owned by Dr Stedman. The national audit has shown that 1 in 5 patients have diabetes. A business case is being prepared for strengthening the diabetes nursing teams. Dr Woolley will report to the Board in January.

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10.126 8. DISASTER RECOVERY OF CRITICAL INFORMATION

In December 2009 an internal audit review of Disaster Recovery Planning highlighted a number of weaknesses in the planning mechanism across the Trust. The report was presented to the Executive Directors' Committee in January 2010. Andy Laverick was appointed executive lead to oversee the work required to meet the recommendations of the report. Policies are being redrafted and Andy Laverick will produce a formal report when this is complete. The next of the process will be what do whilst systems are being recovered.

Mr Hensel reported that plans are progressing well, but it will need to be tested. Dr Woolley highlighted that there may be a need for additional Trust Insurance and she was currently reviewing this.

The Board was asked to note progress and to approve the timetable for the Disaster Recovery Plan.

PERFORMANCE

10.127 9. Performance Balanced Scorecard – National and Local Targets

Dr Allen reported that there was continued progress but that not all targets are being met. Dr Allen drew particular attention to the Cancer 2 week target, the 62 day target, national screening and appointment slots.

In relation to appointment slots the Chairman stressed the need for clinical time to be spent on the most urgent and the need to look at the use of follow up appointments whilst keeping the balance between patient's wishes and availability.

Other key issues:

- PROMS – Working hard on post treatment questionnaires currently achieving 62% against an 80% target.
- Internal Nurse bank – 76% which is slightly down on YTD target. Tracking daily to ensure there are sufficient staff on the wards.
- Appraisals – 2300 staff have completed their appraisal, the target was to have 4000 completed by the end of September. Ms Coalter is providing information on a weekly basis to keep the focus on this as it is critical for achieving objectives.
- Nursing Metrics – Month by month improvements, only two red rated wards across the Trust, which should go to green very soon.
- MRSA Screening – Focusing on emergency screening, there is a high degree of monitoring to ensure we meet the target.

10.128 10. A&E 98%, 4 hour access target monthly update (MW)

Dr Wake confirmed the following numbers against target:

- July - 96.65%
- Quarter - 96.72%
- YTD – 98%.

One Plan Action Plan: Dr Wake reported that the acute side is making progress against target, but there is a concern regarding the use of the estimated date of discharge, which is not fully understood or utilised. Whilst overall, there is some progress against the One Plan, the monthly figure continues to be off target and needs to be closely monitored.

Dr Wake said length of stay is moving in the right direction but we still have waiting over 4 hours in A&E and in some cases waiting over 8 hours. We are still some way from the original target of the 'One Plan' and winter planning has started. There has been an increase in early day/weekend discharges, Dr Wake stated that the Board needs to take a view on whether we continue with this

strategy or look at additional capacity. The Chairman expressed his concern and said that Board wants to do everything it can to support what measures are needed to meet the target but also said that he is not in favour of opening more space.

Dr Newbold stated that, at this stage, the Board cannot be assured that we can meet the target and need to understand why we are off target. Progress was being made and One Plan gave cause for optimism and could change hearts and minds if the right processes were in place.

BUSINESS PLAN 09/10 PRIORITIES

We Provide The Highest Quality Patient Care

10.129 11. Monthly Update on Triggered Risk Summit

Dr Woolley explained that we are on track to meet the deadlines set out in the risk summit action plan and registration requirements.

With reference to the responsive review, CQC are still developing their compliance assessment methodology. The Trust has have requested 2 issues to be removed, but they are currently still making their assessment and have requested further information to help them make their decision. The Assessor plans to be in a position to make a decision towards the end of August and the report will be sent to the Trust for us to undertake a factual accuracy check

10.130 12. In-patient Survey Results – Patient Experience Report (LD)

Ms Dunn informed the Board that the report circulated is part of a larger report on the Adult In-patient Survey to be presented to the September Board meeting. Comparisons show what questions we are being monitored on. There is an active action plan against each question and the survey provides ward specific, real time tangible data providing a more rounded view of patient's perception of their treatment.

Wards will be surveyed monthly and patients weekly. High level, key issues will be monitored and there will be an action plan and monitoring in each division. Where necessary a 'hit squad' will be put in to help staff deal with the issues arising.

10.131 13. Nursing Staff Resourcing Update

Ms Sunderland advised the Board that her report provides an update on the current position of Nursing and Midwifery staffing and the work streams in place that aim to work towards the CQC compliance date of March 2011.

Ms Sunderland reported that recruitment remains ongoing with turnover slightly lower than expected. E-rostering is being rolled out, with consultation across the Trust on the new rostering policy as there are some historic working practices that need to be addressed.

The Trust has asked the CQC to lift the condition on staff registration. CQC visited twice in June and the feedback was positive. The Trust now understands that the restriction will be lifted. Ms Sunderland advised the Board that the Trust is making good progress on staffing issues. Dr Newbold asked if the nurses on the wards would say that staffing levels are satisfactory. Ms Sunderland

responded that generally she believed they would. The Trust has used a nationally recognised staffing tool and that any staff shortages would be around short term problems such as unexpected sick leave. Recruitment remains ongoing with many new starters due in August and September.

10.132 14. Medicine Management/Pharmacy Review

Dr Wake presented the Medicines Management Review report and Trust Action Plan.

The Chairman asked the Board if, having read the report, they had any issues. He also asked if all the recommendations have been accepted. Dr Wake responded that the majority of recommendations had been accepted however, the recommendation relating to decentralisation would be tested, not accepted. He said that he was working with Gloria Cooke, Dr Woolley and Dr Keogh on the service improvement programme.

A number of families (whose relatives experienced serious untoward incidents associated with medication errors) were asked to participate in the review and a meeting is being held with the reviewers, Trust staff and the families to feedback the outcome of the review.

We Are The Local Employer of Choice

10.133 15. Strategic Workforce Challenges including Leadership Survey Results

Ms Coalter advised the Board that the Trust faces major strategic workforce and financial challenges over the next 3-5 years and these challenges will have significant implications for organisational development and workforce planning. The workforce challenges can be split into 4 key themes:

1. Leadership, culture and staff engagement.
2. Workforce planning.
3. Workforce development.
4. Pay, productivity and performance.

Ms Coalter said that she would propose to update the Board quarterly in order for them to have sufficient time to reflect on and debate the issues in each of the reports. The Chairman agreed that workforce planning is the most difficult issue facing the NHS at the current time.

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Mr Samuda asked what is being done in regard to talent management and advised the Board of a 9 Box appraisal system which can be used for fast tracking talented people. The Chairman said that he would like to see more thinking on the subject and suggested that Mr Samuda should be involved given his experience in other organisations. Ms Coalter said that a pilot talent process was done 18 months ago around succession plans for executive posts using the 9 box system and this had flagged up skills gaps which were then addressed with the Group restructure. This talent process now needs to be reviewed and refined and Ms Coalter would welcome Mr Samuda's input.

10.134 16. The Culture of Engagement and Responsibility Plan

The Plan was signed off by the Board in April 2010 and was created due to the

decline in staff morale and engagement in 2009. The report Ms Coalter circulated updates on progress against the plan which focuses on 4 key areas:

- Leadership
- Performance
- Recognition
- Engagement

Nearby leadership receives positive feedback from staff but 'distant' leadership is poorly rated. Ms Coalter advised that an Executive back to the floor programme has commenced and that feedback has been extremely positive. Ms Coalter said that this was open to the Non Executive Directors if they would like to participate.

Ms Coalter reported that the recent Staff Festival had been very successful with 2000 people attending and had been fully sponsored. Further events are being considered as it is felt that more social activities would be an excellent way to motivate and engage staff.

17. Work and Wellbeing Progress Report

10.135

Ms Coalter reported that the new Health and Wellbeing for Work Strategy was endorsed by at the Executive Directors meeting on 23 July. The recent National Review of Health and Wellbeing in the NHS found that the NHS does not manage staff wellbeing well and that there would be significant cost savings if it did. Sickness absence is currently costing the Trust a significant amount of money. The new strategy sets out how to manage this.

Central to this is Occupational Health, the Work and Wellbeing Service will be re-launching across all sites in September, this will inform staff of what is available to them. Following the Board's approval of this report the Work and Wellbeing Team will work in partnership with all stakeholders to deliver the action plan.

We Are Financially Secure

Monthly Finance Report

10.136

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

- June delivered a £1.9m surplus in month, that generated a Quarter1 surplus of £1.5m which was £0.4m higher than the Monitor Plan.
- The key issues remained as per the previous month:
 - Medical staffing overspends at £2m ytd, these are generated for a range of reasons, e.g., maternity cover, annual leave cover and premium cost cover of vacancies. This issue is to be managed by the Finance Committee
 - CIP delivery – a combination of this year's slow start and some unresolved previous years CIP (predominantly Group 5)
 - Largely offset with a high degree of over performance against LDP – £6.8m at end of Q1.
- At the current run rate (assuming all factors remain consistent), the Trust

would outturn at £8m surplus after allowing for a £6m non collection of full year over performance.

- The position is heavily reliant on over performance income and to achieve the Monitor target of £10.8m will require further in roads on the CIP programme and reduction in Medical Staffing variance.

Mr Stokes commented that a full year forecast would be brought to the Finance Committee.

Mr Stokes also took the Board through some further strategic issues, including:

- Key issues surrounding the new White Paper document and in particular the increased risk of tariff volatility.
- Confirmation that the efficiency target should remain at 15%.
- Recognition that capital prioritisation for the efficiency target would be an issue brought to the Board alongside the Outpatient/Ambulatory Care Centre business case.

Mr Bucknall confirmed that he and Mr Stokes had been discussing the need to get an external validation of the VFM surrounding such a large investment. Mr Stokes agreed to follow up:

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- That the PCT's were considering the relaxation of the 18 week target. Mr Stokes agreed to bring back a fuller discussion once the PCT have made clear their intentions.
- The three year CIP timetable was accepted by the Board.

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The Chairman advised the Board that there will be a Board Away Day in early Autumn and said that everyone will need to bring radical solutions to the table in order for a plan to be devised to allow us to deliver against a challenging agenda.

Mr Stokes reported that the Quarter 1 accounts return had been sent to Monitor and he will be speaking to them on 11 August.

GENERAL BUSINESS

10.137 19. COMPANY SECRETARY'S REPORT

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

10.138 20. DATE OF NEXT MEETING

Tuesday 7th September 2010

Chairman