TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital at 12.30p.m. on Tuesday 1ST February 2011

PRESENT:	Mr Clive Wilkinson	Chair
	Ms M Coalter	Lord P Hunt
	Mrs A East	Dr M Newbold
	Mr R Harris	Dr S Smith
	Ms N Hafeez	Mr A Stokes
	Mr P Hensel	Dr S Woolley
IN ATTENDANCE:	Ms L Dunn	
	Ms S Foster on behalf of Ms Sunderland	
	Mrs A Hudson (Minutes)	

		Action
11.49	**1. APOLOGIES** Ms M Sunderland, Ms C Lea	
11.50	**2. DECLARATIONS OF INTEREST** The declarations of interest were accepted by the Board.	
11.51	**3. MINUTES** 11.10 First line to be deleted and 3rd paragraph should read: 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. 11.48 3rd paragraph should read "... 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". Subject to above amendments, the Minutes were agreed as a correct record.	
11.51	**4. MATTERS ARISING** None noted.	
11.52	**5. CHAIRMAN'S REPORT** The Chairman advised that there was no update to the Board this month.	

	6. STRATEGY AND PLANNING	
11.53	**FORWARD LOOK (MN)** Dr Newbold updated the Board on regional and national new. The new Medical Director Dr Aresh Anwar commences on the 1st March, 2011. It has been confirmed that PCTs will effectively be clustering from 1 April 2011. As part of the handover document the PCTs have suggested setting up an Appreciative Enquiry at Good Hope Hospital and Dr Newbold has agreed. It is expected that the West Midlands will have five clusters and each cluster will have its own CEO. The current PCT Non Executive Directors are remaining to carry out statutory arrangement. The Chairman asked what was the role of the PCTs and who would monitor quality and delivery, Mr Stokes advised that there was uncertainty around this at the present time. The National Commissioning Board will exist in a shadow role with effect from October 2011 but at the present time its role is undecided. *Service Provision* The Trust will continue to negotiate contracts for 2011/12 with the PCTs using the current contacts. *Emergency Planning* The country continues to be on a high state of emergency in order to ensure that the emergency services are prepared an exercise planned for the near future. *Pay Increments* Discussions around local pay increments are underway however a national pay increment has yet to be agreed. Lord Hunt enquired as to what the timelines are expected to be for finalising the agreement and it was thought that this would be at least three months. At the present time individual trusts are free to decide on the percentage awarded, but it is felt that the Unions will not agree until the national guidelines are agreed. Mr Stokes advised that a delay in deciding the pay increment will not affect the preparation of budgets.	
	7. PERFORMANCE	
11.54	**8. Performance Balanced Scorecard – National and Local Targets (AS)** Mr Stokes presented the above report and advised that it had been a difficult month overall. Items of note were: **PCT Contract** *A&E 4 hour target* The Trust achieved a target of 92% in month and therefore failed the monthly target of 95%. In order to achieve 95% for the year end, the Trust needed to ensure that there were no more than 42 breaches per day. Mr Stokes advised that the Executive Directors are monitoring the A&E target and it was high on their agendas to ensure that the Trust achieved 95% at the year end. All three sites have a stronger site presence including operational, nursing and emergency presences.	

	Dr Smith updated the meeting on the actions which have been put in place to improve the A&E 4 hour target: • Staff and Consultants are working above and beyond their job contracts. • New systems are in place to manage potential discharges over the weekend period and follow up systems are in place to ensure that predetermined discharges are happening. • Elderly Care Consultants are undertaking a complete change in working practices in a bid to stop admissions at Good Hope and Heartlands; they are now working in the Emergency Department, assessing patients as they arrive in a bid to stop admissions. This new working practice has seen a deflection rate in admission of 50%. This new way of working is not in place at Solihull. Dr Smith wished to thank all staff and it was due to all these combined efforts that the Trust has made improvements in the 4 hour A&E target. He added that the Trust is currently in a better position than this time last year due to these emergency measures and the Trust is currently achieving the A&E 4 hour target of 95% due to these additional measures. He also pointed out that these emergency measures are not funded and would need to be stood down at point in the future. An evaluation meeting is planned to look at any additional funding requirements and long term plans. The Chairman asked if the A&E Dashboard reports broken down by site could be reinstated into the Trust Board papers. Mr Stokes to bring back to the next meeting. *Cancelled Operations.* The 100% target for December has been missed this was due to emergency pressures on the day as well as cancellations caused by the extreme weather conditions seen in the West Midlands in December. *MRSA Emergency Screening* The target for the end of Q3 is 100% and at this point becomes part of the Monitor compliance framework. The Trust's outturn position for Nov-10 was 80.21%, a marginal reduction against the Oct-10 position of 80.26%. The Trust is currently being monitored through PCT Clinical Quality Review Group (CQRG) as it is subject to a Performance Notice from the PCT. *Maternity Contacts* This has been missed for both BEN and Solihull for December. The Trust will need to present an action plan mid February and a report will be bought back to a future meeting. Mr Stokes advised that there is a full Performance Committee planned for February and all targets will be looked at by Group. *DNA's* Mr Stokes advised that these were high in December due patients being unable to get to hospital because of the snow and wintry conditions. As a consequence	AS

	18 week targets will need to be managed in order that the Trust achieves this target. **Update on the one plan** The One Plan was taken as read. The Chairman emphasised that the Trust needed to ensure that the one plan was effective and that the Trust was delivering the actions set out in the plan.	
	BUSINESS PLAN 09/10 PRIORITIES	
	We Provide the Highest Quality Patient Care	
11.55	**9. Quarterly Infection Control Report** Dr Itisha Gupta, Director of Infection Prevention and Control joined the meeting to presented the quarterly infection control report and this was taken as read. Items for note were: • To date the Trust has successfully prevented the outbreak of noro virus. • MRSA screening remains problematic due to continuing Laboratory database and performance interface problems. • MRSA Bacteraemia (post 48 hour). Quarter 3: there were 2 cases in November and December, 1 case in September with a total of 7 cases against the trajectory limit of 10 cases. • C Difficile infections. The Trust exceeded the CDiff post 48 hours stretch trajectory in December, however it is still within the total number of cases since April 2010. With a total number of 120 cases against trajectory of 138 until end Quarter 3. Dr Gupta circulated a letter which had been received from NHS West Midlands setting out the Trust's HCAI objectives for 2011/12. • MRSA - new rate of 1.66 cases per 100,000 bed days which equates to a reduction of 20%. If the Trust does not achieve this reduction it will attract a financial penalty. Monitor will intervene at a ceiling of 6 cases over plan but it expected that local challenge would be made. • CDiff - new rate of 3.33 cases per 100,000 bed days which equates to a reduction of 30%. Mr Stokes advised that planning would be required to hit the target reduction and that potentially the Trust could be fined £15million for missing targets and that clarity on when financial penalties commence was required.	
11.56	**10. Update on Organ Donation Committee** Dr Smith presented the above paper which was taken as read on behalf of Dr Vijay Suresh who was unable to attend due to clinic commitments. The Chairman formally thanked Dr Vijay Suresh for all his hard work and commitment and welcomed Dr Julian Hull who has taken over as the new Clinical Lead of Organ Donation.	
	We are the local provider of choice	
11.57	**Medicines Management** Dr Woolley asked that this paper be deferred to the next meeting as it not as yet	

	been presented to Governance and Risk Committee. Upon presentation to the next meeting the paper should include a financial update. A representative from medicine management is to be available to present the paper.	SW
11.58	**Update on Corporate Business Plan (SH)** Mr Stokes presented the update on the Corporate Business Plan which was taken as read. No comments were received.	
	We Are Financially Secure	
11.59	**11. Monthly Finance Report (AS)** Mr Stokes presented the above paper and confirmed that there had been a £427k surplus in December 2010, £7.6m surplus year to date. In order to achieve Quarter 3 Monitor Forecast, the Trust had utilised £1m non-recurrent measures of drugs VAT efficiency and depreciation. There was an over performance of £20.1m year to date. Income over performance was the lowest this financial year, emergencies increased whilst outpatients reduced c.£1m. The Trust expects to recover out-patients income lost in the final quarter. The Operational budget was overspent by £884k in December, which equates to £11.7m year to date. CIP delivery slightly increased in December to £9.5m, year to date, £2.5m shortfall against plans. Pay costs remain high particular Medical pay which are linked to extra flex wards and flow. Further work is needed to improve CIP delivery and implementation of rectification. Work on 2011/12 contracting is underway with the key areas of negotiation being readmission thresholds, Nurse lead Clinics, Emergency Short stay prices and risk sharing. The Board were asked to agree the following: • Consolidation of the provision of dynamic mattresses across the Trust to a sole supply contract that reduces costs and improves quality for patients. ***Agreed.*** • New contract for the provision of Sacral Nerve Stimulation Implantable Devices over the next 3-5 years by Medtronic. The Trust does not currently hold a contract for sacral nerve stimulation implantable devices. The proposed contract will provide continuity in terms of training and education and a fixed contract price along with offers throughout the year. ***Agreed.***	
11.60	**CIP Delivery Governance Structure** Dr Smith updated the Board on the CIP Delivery Governance Structure for 2011/12. All Groups and speciality/directorates annual business plans are to include delivery of CIP and financial responsibilities. Regular reviews will be established to challenge financial and positions and CIPs. Dr Woolley raised her concerns that as part of her safety walkabout programme there had been a number of examples where cost improvements were not always being made in the right place. Her concern was that the necessary significant budgetary and financial reductions and constraints would drive cost cutting behaviours which would adversely impact on service quality and safety. The Board recognised the that there is a natural tension between these two agendas and going forwards we	

	need to find a way to manage these in a more integrated way so that we deliver both cost saving and maintain quality and safety. Mandy Coalter added that safety and quality objectives need to form an integral part of people's appraisals. Adrian Stokes explained that he had invited Dr Woolley to CIP meetings to provide challenge on quality and safety. The Executive Teams will be signing off the plans in order to offer assurance to the Board that the process has been followed and that safety issues and financial issues have been agreed. Non Executive Directors specifically interested in the detail of this work were invited to take part in these meetings.	**NEDs**
	GENERAL BUSINESS	
11.187	**13. COMPANY SECRETARY'S REPORT** The Company Secretary's report was received. The minutes of the Finance Committee, Executive Directors Committee and Governance & Risk were included for the Boards information and these were duly noted. Ms Dunn tabled a Workflow requisition for approval by the Board. The order was for Medical Imaging Contract to undertake the whole administration service provided by Medical Imaging UK Ltd to the BBC DRSSIC for retinal screening and was for £504581.44. The requisition has been approved and signed off by the Finance Director and is within budget. ***Agreed***. The Chairman and Trust Board wished to formally thank Dr Smith, for stepping in and undertaking the role of Acting Medical Director at short notice and for his commitment and support through the very challenging winter period.	
11.188	**AOB** Mr Stokes advised the Board that the Trust had been undertaking the tender process for the Internal Audit Services for the Trust. Following presentations and interviews, Mr Stokes requested the Boards agreement to award the contract to KPMG. ***The Board supported the recommendations***.	
11.189	**14. DATE OF NEXT MEETING** Tuesday 1st March 1pm, the Boardroom, Devon House, Birmingham Heartlands Hospital.	

Chairman