



## TRUST BOARD

### Minutes of a meeting held at Devon House, Heartlands Hospital at 4pm on Tuesday 27<sup>th</sup> May 2008

**PRESENT:**

Mr C Wilkinson ( <i>Chairman</i> )	Ms N Hafeez
Mr D Bucknall	Mr R Harris
Ms M Coalter	Mr P Hensel
Ms A East	Mr R Samuda
Mr M Goldman	Mr A Stokes
Professor C Ham	Dr S Woolley

**IN ATTENDANCE:** Mrs D Robinson (Minutes)

**08.67 1. APOLOGIES**

Action

Apologies were received from Mrs Fay Baillie, Dr Ian Cunliffe, Mrs Beccy Fenton and Dr Hugh Rayner

**08.68 2. MONITOR ANNUAL PLAN 2008-2011**

Mr Stokes explained to the Board that the purpose of the meeting was to approve the Monitor Annual Plan 2008-2011. The Plan comprised an Executive Summary, the detailed Plan for submission to Monitor and Board statements for approval and signature. The Board statements required the Trust to self-certify by ticking the boxes under the headings of Clinical Quality, Service Performance, Risk Management, Compliance with Terms of Authorisation and Board Role Structure and Capacity.

Mr Stokes commented that the areas the Board might wish to discuss were those relating to Service Performance which would cover the area of MRSA infection and the Healthcare Commission Core Standards, particularly that of 11c relating to Mandatory Training.

The Chairman asked the Board if they had any concerns on the narrative in the statements from the Chairman and the Chief Executive Officer. Mr Goldman stated that in paragraph 2 of his statement the word 'entirely' in the first sentence should be removed and replaced with the word 'increasingly'. The third sentence should read: The aim is to improve health and wellbeing etc.

Subject to those alterations he felt his statement was an accurate summary.

Mrs Robinson informed the meeting that she had emailed the Finance Department regarding some inaccuracies on page 17 of the Report regarding the Governors' Consultative Council members.

Mr Bucknall wished to point out that his name had been spelt incorrectly.

In response to a question as to whether risk safety initiative should be mentioned more comprehensively in the Report, Mr Stokes replied that this Report to Monitor was mainly financial concerning the forecast on numbers and the aim was to keep it brief and to the point and ensure that in the final analysis the Board could self-certify the statements for compliance.

In response to a question regarding the referral times for cancer treatment stated under Service Performance on page 12, Mr Stokes explained that the difference between the referral times of 31 and 62 days referred to two different situations. One was referral from diagnosis to treatment and the other related to referral to treatment.

#### *MRSA*

Mr Goldman went on to say that the Trust has performed at its best in respect of MRSA infection during the 4<sup>th</sup> Quarter of last year when it achieved 16 against a target of 14.5. In April of this year there were 5 MRSA cases, 4 of which were pre-48 hour and in May to date there had been 3, of which 1 is pre-48 hour. This gives a total so far of 8. Pro-rata 8.26 is needed to meet trajectories so at the moment the Trust is .26 ahead of target.

There has been a suggested split for the monthly target to 5 per month for the first half of the year and 4 per month for the second half of the year. The Trust would prefer to suggest 5 and 4 alternating by month which gives the Trust a better chance of meeting target. If this was the case with 5 and 4 for April and May there would be target score of 9 so the Trust would, on today's figures, still be within target with a score of 8.

This change is subject to negotiation with the SHA as to whether they would accept a split of 5 and 4 on alternate months.

Regarding the recent inspection by the Department of Health. Mr Goldman stated that the Department had not come up with any major issues and that an action plan to cover those points raised would be presented to the Trust Board at the meeting next Tuesday 3<sup>rd</sup> June. Mr Goldman went on to state that the action plan supports what the Trust is already doing and it is hoped that a full screening programme would be in place in June 2008. He went on to remind the Board that they had signed off against the Healthcare Commission Core Standards last month that the relevant systems and processes were in place to support these standards.

#### *C'Diff*

Mr Goldman went on to explain that pre-48 hour C'Diff is subscribed to community acquired infection. There were 53 cases against a target of 51 last month and the forecast targets are 51 per month in 2008, 49 per month in 2009 and 39 per month in 2010. Seasonal peaks with this infection occurred due to the Norovirus.

It was noted that the improvement in the January/February figures onwards could be due to the rebuilding of the infection control procedures from October last year but the improvement is very marginal and this could also be due to a seasonal change.

The Chairman stated to the meeting that the infection control procedures are showing results with the numbers of infections of C'Difficile and MRSA reducing and although the Department of Health visit had raised some issues these were not of a major significance. An action plan to cover those issues raised would be discussed at the Trust Board meeting on 3<sup>rd</sup> June. The last quarter of last year showed infection rates reducing and for January and February of this year the Trust showed two months on trajectory. The emphasis was on an increased effort on zero tolerance of infection, not an emphasis on simply meeting targets.

Mr Goldman responded by saying that he agreed with the view that there should be no infection at all but the purpose of today's meeting was to sign off against meeting agreed targets.

In response to a question as to whether the Trust had a level of aspiration to achieve a performance which was better than target, Mr Goldman replied that the Trust should set itself higher targets following the Department of Health visit but there was a need to avoid making the Trust an organisation of failure by putting it in a position where it could never satisfy its own aims. The achievement in meeting national targets is quite considerable. It was noted that the issue of patient safety does not have a national target as yet so if the Trust is focussing on this as it is, this would move the Trust towards the world class status it is aspiring to and also meet the concept of having aspirational aims.

The Chairman stated the aims that we have may be aspirational now but in a year or two these will be necessary and we will have to meet them in due course. However the issue today was whether or not the Trust could sign off against the statements in the Annual Plan, taking into account the issues of MRSA and C'Difficile.

Dr Woolley informed the meeting that she recognised that the Trust had had to state it was non-compliant with the HCC Core Standard C11b on Mandatory Training and discussion had taken place as to how to ensure Monitor were aware of this. Mr Stokes responded by saying that it would be appropriate for the Trust to say that they realised that Quarter 4 was short on target but the Trust would hope to meet it later in the year. However the Trust realises that at this point it is non-compliant.

Mr Harris raised a number of issues. On page 13 under the heading 'Other Risk Management Processes' a statement was made "Issues and concerns raised by External Audit and external assessment groups (including reports for NHS Litigation Authority assessments) have been addressed and resolved." He asked whether this was in fact the case. Mr Samuda responded by saying that there were still some issues outstanding on the payroll which were being addressed and the final Annual Report & Accounts had yet to be signed off with the External Auditors. Apart from those issues all systems and procedures were in place.

On page 12 under the heading 'Clinical Quality' Mr Harris asked if the Board was satisfied that to the best of its knowledge, and using its own processes

supported by the Healthcare Commission Metrics, that the Trust will keep in place effective arrangements for monitoring and continually improving the quality of healthcare provided to its patients. Was the Board happy that that was indeed the case? Dr Woolley replied that yes, the Board was happy that that was the case and that the Governance & Risk Committee met regularly to oversee clinical quality.

On page 13 regarding Compliance With Terms of the Authorisation “The Board has considered all likely future risks to compliance with the authorisation” has this been the case? The Chairman responded by saying that these are reviewed throughout the year against the risk registers with all business units. Dr Woolley concurred.

On page 13 under Board Roles, Structures and Capacity “The selection process and training programmes in place to ensure that the Non-Executive Directors have appropriate experience and skills” Mr Harris asked what precisely did comprise this training. The Chairman explained that the process for selection of Non-Executive Directors in conjunction with the induction programme which involved setting and holding meetings throughout the year with the Executive Directors, plus assessing what individual training each Non-Executive Director may need, comprised the training process for the Board.

Mr Harris further raised a question regarding Strategic Overview on page 6 of the Report “2008 marks the beginning of a 10 year strategy of major investment to develop our 3 main sites, Heartlands Hospital, Good Hope Hospital and Solihull Hospital, whilst continuing to focus on developing new business and establishing new profitable income streams.” Mr Harris asked are other income streams reflected in the forecast or are they simply aspirational? Mr Stokes replied other income streams are included in the forecast and this did include the management consultancy work but not anything relating to Medipark. By and large the major part of other income streams was the activity of the PCTs.

Mr Harris raised a question on page 7 that the table had not been shown for 2008-2009. Mr Stokes responded by saying Monitor had only asked for information where there were changes in activities and these tables showed the drop-off in activities duly reported.

Mr Harris asked, regarding Financial Projections on page 23 of the Report, was this the only time they came to the Board? Mr Stokes responded by saying that these were part of the 10 year strategy and had been covered thoroughly in that presentation and they also came to the Finance Committee who met on a monthly basis and who went through these projections in great detail. The Trust Board would have an abridged version.

Mr Harris raised a question regarding Operating Resources Required to Deliver Service Development, Item 2.3 on page 8 of the Report. He asked if the detailed cost savings programme was being managed and vetted by the Finance Committee. The Chairman replied that yes, it was, in considerable detail. The Efficiency Investment Group went through the figures in detail.

Mr Harris asked, regarding Item 3.2 Governance Risk on page 10 of the Report, the proposed Governance Risk rating is Green but it was Amber last year. What had changed to make the risk rating Green? Mr Goldman responded that this was due to the reduction in MRSA.

Mr Harris went on to say that he felt the text relating to clinical quality in Table 1 on page was rather weak in comparison to the text on page 12 under the heading Clinical Quality. The Chairman responded that the wording could be strengthened for more emphasis.

Mr Harris asked in respect of page 27 Item 7 Supporting Schedules, Schedule 2, why were there large changes in the figures for General Surgery, General Medicine, Paediatrics and General Pathology? Mr Stokes responded by saying the management service risks means we do not stop providing a service because it is not profitable. The currency of contracting had changed. It was measured in requests and was now measured in tests. General Surgery showed a difference because of a change in methodology, also in General Pathology. These changes of growth or decline in activity were as a result of a different way of accounting.

It was agreed that the Board should sign off the Monitor Annual Plan 2008-2011 as presented to the Board and the Chairman and Chief Executive Officer duly signed the relevant statements.

**08.69 3. ANY OTHER BUSINESS**

There being no other business, the meeting was closed.

**08.70 4. DATE OF NEXT MEETING**

Tuesday 3<sup>rd</sup> June 2008

.....  
**Chairman**

.....  
**Date**