



## TRUST BOARD

### Minutes of a meeting held at Devon House, Heartlands Hospital

at 12.30 p.m. on Tuesday 3<sup>rd</sup> February 2009

**PRESENT:**

Mr C Wilkinson ( <i>Chairman</i> )	Prof C Ham
Mr D Bucknall	Mr R Harris
Ms M Coalter	Dr H Rayner
Mr I Cunliffe	Mr R Samuda
Ms A East	Mr A Stokes
Mr M Goldman	Mrs M Sunderland
Ms N Hafeez	Dr S Woolley

**IN ATTENDANCE:**

- Mrs B Fenton
- Dr I Gupta
- Mrs C Lea
- Ms L Jennings (Minutes)

Action

**09.12 1. APOLOGIES**

Apologies received from Paul Hensel.

**09.13 2. DECLARATIONS OF INTEREST**

The Board were asked to note the Register of Directors Interests previously circulated. It was agreed that the Register was a correct record for the current financial year.

**09.14 3. MINUTES OF THE PREVIOUS MEETINGS**

The Minutes of the meeting held on 6<sup>th</sup> January 2009 were accepted as a correct record after the following amendments: section 5.1 to read "Prof Ham asked the Board to consider Governor involvement" instead of Mr Harris.

**09.15 4. MATTERS ARISING**

**4.1 A&E Target Q3 & Q4 (MG)**

Mr Goldman had written to Monitor advising that the Trust may miss the Q4 and year end targets and had sent them a detailed analysis of the measures taken to improve the pressures and an ongoing action plan.

**4.2 Organ Donation Committee – Councillor Ian Lewin will sit on this Committee as a representative of the Governors**

Mrs Lea confirmed that Ian Lewin had agreed to represent the Governors.

**4.3 Comparable data on ambulance trends (BF)**

Ms Fenton had been unable to attend the Chief Executive's meeting and had not been able to request the data. However, a paragraph would be drafted requesting such information, to be included in a letter from the Chairman in anticipation of his meeting with the WMAS's Chairman in March.

BF

#### 4.4 MORI Staff Survey (MC)

Ms Coalter confirmed that the Trust had been in the top 100. A communication on the survey results had been sent out with January payslips and an action plan had been agreed by the Executive Directors.

### 09.16 5. CHAIRMAN'S REPORT

#### 5.1 Board Agenda

The Chairman reported that Mrs Lea, Mrs Fenton and Dr Woolley had been working on the structure of the Board Agenda. This was to ensure that the Agenda was strategically focused and related more closely to the Strategic Risk Register. This month's agenda had been re structured in the new proposed format to illustrate how it would impact on the Trust delivering its business plan. The report template demonstrated the new report format and would include which strategic risk the item was aligned to and what KPIs were in place to monitor it. Mr Goldman added that the KPIs that were already presented in the visual form of the performance wheel would be included on the back page fold out, thus keeping the Board informed of overall performance.

A discussion took place around where the Finance Report should be placed on the Agenda. However, it was agreed to follow the priorities as set out by the Business Plan.

The CEO Forward Look would include information on the external context. Mr Goldman added that this was part of a continually evolving situation as the NHS decided its future and what it needed to do to achieve its objectives. Mr Goldman had confidence in his colleagues to keep him aware of priorities, which would determine the focus of the Agenda on relevant developments.

#### 5.2 Chairman's Decision on Purchase of Scanner

The Chairman informed the Board that the Trust had had an opportunity to buy a technically advanced scanner which purchased within a certain timeframe would also receive a considerable discount. After careful consideration, the Chairman had authorised the purchase of the scanner on the Board's behalf and asked for the Board's endorsement of that decision.

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The Board approved the expenditure.

#### Chairman's Visits

Copies of the briefings and follow up reports for the Chairman's visits undertaken during December 2008 had been circulated to Board members prior to the meeting.

Car parking was a continual grievance. Ms Coalter had stepped forward to conduct another negotiation with staff with the aim of reducing the amount of people coming to work by car. There was a Work shop scheduled for March and the Trade Unions were supportive of this initiative.

Mixed Sex Wards was an issue that would be cause for concern. Currently, the Trust did well against the Department of Health's measure, however this was under review by the Secretary of State. Mr Goldman directed that before Mr Paul Sabbath had a tour of mixed sex wards with the Chairman, it would be important to find out exactly where the Secretary of State's concerns lie and for

Ms Sunderland to provide a brief on mixed wards to address those concerns.

### **Monitor Visit**

Mr Goldman confirmed that the Monitor visit went well and that he had received a letter subsequent to the visit stating that they would be interested to find out more about the Trust's consultancy work and its work on Patient Safety.

MS

## **09.17 6. INFECTION CONTROL**

Mr Wilkinson welcomed Dr Gupta to the meeting.

**MRSA** - Dr Gupta informed the Board that there had been 7 cases of MRSA bacteraemia in December, comparable to high month in June. There were 2 post 48 hours at Heartlands and 5 pre-48 hours cases. This was above the monthly trajectory of 5. Overall performance remains green with to date trajectory of 32 cases against a target of 41.

Key findings from RCA investigation of 2 post 48 hour cases:

- Source of infection for one patient was skin and soft tissue.
- Second patient died the day the blood culture was taken; cause of death was probably chest (likely source of MRSA) and urinary tract infection
- This above RCA demonstrated a breach in policy; however this did not contribute to the MRSA bacteraemia.

Common point for both MRSA bacteraemias was that they were admission screen negative and were on their respective wards for a long period of time. A proposal has been made to screen long stay patients at regular intervals. This would be considered by the MRSA Screening Group.

An action to come out of the review was that as both cases were long term patients, consideration was now being given to screening on a monthly basis.

Five pre-48 hour cases were from South PCT, BEN PCT, Solihull Care Trust (2) and South Staffordshire PCT.

The Trust had not been informed of the MRSA trajectory for 2009/10 yet. Mr Goldman confirmed that the Trust had the scope for 18 more cases and still be within trajectory for this year. It was necessary to focus on pre 48 hours. Mr Goldman drew the Board's attention to the fact that Solihull was almost MRSA free.

**C.Diff** – There were 7 post 48 hour at heartlands, 11 post 48 hour cases at Good Hope and 2 post 48 hours at Solihull. This was well below trajectory and the Trust continued to see a decline in numbers. The Trust had been asked to revise data in terms of missing details, since the definition had been revised. It had previously said 48 hours from time of admission, but this was going to be reviewed. The outcome of this was awaited. The trajectory for pre 48 hour had been changed by 4, to 47 as opposed to 52. A revised trajectory had been submitted for the next 3 years. Next year's trajectory would be 39, currently at 32.

For year 2010 and 2011, the Trust's trajectory would fall to 31 cases per month. It was noted that there did not appear to be a seasonal variation in C.Diff. Figures for January were not available at the time of the meeting, however, the Trust was well on course to achieve its trajectory.

Ward G17 had had 3 post 48 hour cases of C.Diff in December, the ward had commenced regular audits and had achieved 3 passes in 3 consecutive weeks.

Dr Gupta was asked to obtain comparative data from other Trusts for benchmarking purposes as it was thought that it would be helpful to measure the Trust's improvement against other Trusts.

Dr IG

**Letter from Chief Nursing Officer and Director of General of Finance and Performance and Operations Gateway Reference 11123 "MRSA Screening Operational guidance 2" for elective patients.**

The Trust had received 2 letters, one distributed in July, which required all patients to be screened. This was followed by another letter setting out the exact requirements. A screening plan was being developed which was due to be signed off by Mr Goldman by the end of March. The Trust would then be monitored against these targets and 100% compliance was required. This had triggered a GAP analysis because screening was currently on high risk only patients. The gaps had been identified and 100% screening had now been implemented. It was planned to set up MRSA clinics across all sites.

Mr Goldman pointed out that the cost of screening had gone up by £800k for screening in 12 months (£75k per person), this was a recurring cost and it would continue to rise.

**Norovirus Outbreaks**

Heartlands - 6 bay closures and 1 ward closure  
Good Hope - 4 bay closures and 1 ward closure  
Solihull - 4 bay closures and 2 ward closures.

There had been 4 wards closed in December 2008 due to outbreaks of diarrhoea and vomiting (wards BHH2, GHH12, S19 and S20A). Norovirus had been confirmed on all wards. All outbreaks had been managed as per the Trust's diarrhoea and vomiting policy.

**Influenza Activity December 2008**

2 bays had been closed and a flu alert issued as well. The Trusts had found that only 20% of staff were immunised and so in mid December had launched a campaign to ensure more and more staff took vaccination. Uptake had been increased to 30% within 10 days. Another initiative had been to immunise elderly patients who had missed immunisation from their GPs.

Dr Rayner confirmed that next year vaccination on wards would commence earlier. The plan was to start awareness in May ready for September and October. It was acknowledged that there was some resistance among staff and an education programme would be implemented.

**Neonatal Unit Serratia marcescens Outbreak**

The follow up outbreak meetings had identified that 11 outbreaks were of the strain and 2 of a different strain. The unit was now clear as there had not been any more cases since the end of December. At present there were 5 babies who were still infected, they had been placed together and would be kept together until there were discharged.

A RCA meeting had been planned for later in the month which would examine the spread of the infection. It was possible that one baby had come in with it from another hospital. In Heartlands and Good Hope the infection had been spread from one baby to another and so processes had been put in place to prevent that happening again. Laundry issues had been addressed and

monitored and there was a new senior nurse manager in the unit. Ms Sunderland assured the Board that this was at the top of her agenda.

#### **09.18 7. CARE QUALITY COMMISSION – (SW)**

Ms Woolley confirmed that at the Assessment the previous week, the Trust had achieved level 2 compliance, giving strong assurances that the Trust had good robust processes in place. Ms Woolley drew the Board's attention to a table at back which highlighted areas for improvement. Ms Woolley assured the Board that there was nothing untoward listed there.

A discussion took place from which the following points were clarified:

- Monitor usually focused on Finance and should now defer issues of care and quality to Care Quality Commission.
- Criterion 1d – training and supervision measures, the Trust were now compliant as a result of the work done by Ms Coalter and Dr Woolley. The standard measured whether the Trust had the correct processes in place by means of a training data base and were tracked through a needs analysis.
- From April 2010 the CQC would be given executive powers to prosecute similar to the Health and Safety Executive. Thus infection control would be a key area.
- The CQC would rely a great deal more on data feed and analytical capacity than the HCC did. They were currently in a transition year.
- CQC had brought together Social, Mental and HCC but would have to create a new methodology to work across all these areas.
- Next year's rating for the Trust would be based on this year's performance.

The Board agreed that the Trust should be signed off as CQC compliant.

SW

#### **09.19 8.0 CHIEF EXECUTIVE'S REPORT**

##### **8.1 Performance Report (MG)**

Mr Goldman drew the Board's attention to the fact that A&E was now in a position where it would not be possible for it to meet the end of year target. Although disappointing, it illustrated that the Board had made a good judgement in advising Monitor of that possibility in advance.

Mr Goldman confirmed that he would talk to the DMs at their next meeting to emphasize the need for continued effort in striving were being made for the Trust for a good position in the last 6 to 8 weeks, which could enable the Board to predict 98% for next year.

Mr Samuda asked for an update on Choose and Book. Mr Cunliffe confirmed that the Trust was on target for June/July to achieve direct bookings from GP surgery. In the meantime, the Trust was working hard to ensure 18 week time frame targets were met.

##### **Points arising from Trust Scorecard:**

Ambulances were now taking Thrombolysis cases straight to Coronary Care at Heartlands and not Good Hope, resulting in a green score.

Cleaning standards would remain red until early next year. This was not measuring cleanliness but measuring how many cleans were made. The Trust should achieve the target by June/July 2009.

The Stroke Audit score had changed from N/A to 0 out of 2 but it should have remained as N/A as the audit had not been carried out yet. Mr Goldman to liaise with performance team to change back to N//A. MG

LOS data collection needed to be reviewed and the target redefined. Ms Fenton to redefine target for April 2009. BF

Employer of Choice, Ms Coalter confirmed that there were new indicators and that she would set targets. MC

### **8.2 Executive Committee Minutes (MG)**

The Executive Committee Minutes had been circulated with the papers for the meeting.

### **8.3 Medical Records Workshop Review**

Mr Goldman confirmed that he revisited the workshop recently with Mr Sellars, who had provided an update and that Mr Laverick was confident that the Trust was implementing all the points that arose out of the previous Board debate at December 2008's meeting.

## **09.20 9.0 SCHOOLS ACADEMY (LD)**

Mr Goldman confirmed that Ms Dunn, Mr Stokes and himself and had visited an RSA academy in Tipton, which had been arranged by Mr Harris. It had proved very interesting, and was well on its way to being an academy.

Mr Goldman to invite Ms Dunn to a future meeting to update the Board. MG

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The expression of interest would be forwarded to Department of Education, and there was a rigid process to approve that expression of interest. The Trust had an extremely experienced consultant, who had also been involved with Tipton's application. When the expression of interest had been agreed, a feasibility study would then be undertaken. When all parties had signed up to that it would become a legally binding document. MG

There would be a consultation period of 13/14 weeks. The Trust would appoint the majority of the governors, although some would be publicly elected. The Chair of Governors would appoint the Head, in the event of the present Head not staying and then the Head would appoint the staff, existing staff would be given a transfer of undertaking (TUPE). If any major changes were to be implemented on the way the school was structured that would affect working conditions, a further consultation period would be necessary.

Ms Lea to arrange a half day with colleagues from Warwick regarding measures of success. CL

## **09.21 10.0 FINANCE REPORT**

Mr Stokes confirmed that he had made changes to the presentation of his data, which included an Executive summary and KPIs.

### **Finance Executive Summary and Key Performance Indicators**

In December there had been a drop in income to a surplus of £0.2m. On the quarterly forecast, the surplus was down to £23.9m from £26.8m. There had been a high number of vacancies since August, which had dropped dramatically,

however the premise that this would reflect a significant reduction on Bank, Agency and Locums had not happened and was affecting the bottom line. In addition the length of spell had not reduced and at certain points during the year had become worse, despite significant investment in services.

Mr Stokes drew the Board's attention to the Waterfall Diagram, which showed a CIP shortfall of £3.1m. The bad debt provision was just below £6m.

**Operational Budget position**

There was a need to control expenditure on bank and agency. This was being tracked on monthly basis. 4,234 operations had been cancelled with resulting loss of income of £10m. This year's winter had cost the Trust £2m more than last year.

**Suggested Improvements:**

The IT system would be tailored to enable effective rostering of doctors which would lessen the impact of leave and training. This would ensure that staff were deployed in an efficient way with leave properly controlled. Data analysis improvements would assist in this and would also help with the impact of the working time directive.

Internal efficiency was crucial to not only reduce expenditure but in the longer term increase the margin. It was agreed that it would be beneficial for the Board to look at the markets and contextual frameworks and it would be valid to have discussions on a quarterly basis to see movement in trends. As service line reporting became more embedded, it would be possible to pick out particular area to look at in depth. It was agreed that the Waterfall diagram summarised, in an easy to understand way, the differences between actual and forecast and the reasons for it.

AS

**09.22 11.0 COMPANY SECRETARY'S REPORT (CL)**

Ms Lea recommended that an additional Non Executive Director be appointed to the Nominations Committee, to make up a quorum when the Deputy Chair or Chair had a conflict of interest in the subject matter. It was agreed that Mr Richard Samuda be appointed and that he attend a meeting regarding the re appointment of Anna East and Paul Hensel later in the year. The minutes of the Finance Committee, Audit Committee and Donated Funds were noted.

**09.23 12.0 ANY OTHER BUSINESS**

Mr Harris asked if there would be an opportunity at the Board Away Day to review budget and the intentions for 2009. Mr Stokes confirmed that draft budget would be brought to the March Board meeting.

AS

**9.24 13.0 DATE OF NEXT MEETING**

Tuesday 3 March 2009

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**Chairman**