



TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital

At 1.30pm on Tuesday 8TH January 2008

PRESENT:	Mr C Wilkinson (<i>Chairman</i>)	Ms N Hafeez
	Mrs F Baillie	Professor C Ham
	Mr D Bucknall	Mr P Hensel
	Ms M Coalter	Prof J Perry
	Mr I Cunliffe	Dr H Rayner
	Ms A East	Mr R Samuda
	Mr M Goldman	Dr S Woolley
	IN ATTENDANCE:	Ms L Bubb (Item 6 only)
Mrs L Dunn		Mrs M Pittaway (Minutes)
Mrs C Lea		

The Chairman welcomed Mr David Bucknall to his first Trust Board meeting as a Non-Executive Director.

Action

08.01 1. APOLOGIES

Apologies were received from Mrs Beccy Fenton.

The meeting moved to Item 6 of the Agenda at this stage in order to receive a presentation from Deloitte on their draft Report

08.02 6. INDEPENDENT REVIEW OF THE TRUST'S SELF-CERTIFICATION

Lucy Bubb attended from Deloitte in order to present a draft Report Board agreement and approval prior to submission to Monitor.

At the end of 2007 Monitor had identified HEFT as one of 11 Foundation Trusts which may not have achieved one or more of the following criteria:

- Did not achieve required MRSA year-on-year reduction in 2006-07
- Did not declare a risk of a breach of MRSA trajectory at annual plan 2007-08;
- Declared a likely breach of MRSA trajectory for 2007-08 in Q1 and Q2 2007-08; and
- Had an MRSA trajectory for 2008-08 of 13 cases or above

Based on the above criteria, Monitor had requested that the Trust commission an independent review to assess the self-certification process, the submission of the quarterly returns and the information flow to the Board. Deloitte were commissioned by the Trust to provide this independent review.

Copies of the draft report had previously been circulated to the Board and questions/comments were invited.

Key Findings

The report stated that during 2007/08 the Board had been clear that the risk of breaching the MRSA target had increased and had certified the governance risk as 'Amber', reflecting the current levels of performance. However the extent of the challenge from Board members may have been even more effective if more detailed information had been available to them.

Ms Bubb was asked to clarify this point and stated that information should have been made available to the Board on the split between hospital acquired and community acquired infections since this information may have resulted in a more effective challenge from Board members. This recommendation, based on work that they had previously carried out for other clients, was considered by Deloitte to be best practice.

This view was challenged by the Board as it was not clear that the split between HAI and CAI would have added anything further to the Board discussion at the time. In the light of this discussion the Board thought that the findings of the report were ambiguous and should be clarified. Ms Bubb and Mrs Lea were requested to revise the wording to reflect that the Board had given sufficient challenge to the data presented and that its conclusion on the annual plan for 07/08 was reasonable.

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Mrs Dunn left the meeting in order to obtain further information and on her return was able to advise the Board as follows on MRSA Bacteraemias:

- All MRSA cases were reported to the Trust on a weekly basis
- All cases were reported monthly, split between community acquired (up to 48 hours of entering hospital) and hospital acquired infection
- The figures received by the Trust Board were the total figures for MRSA and included CAI
- The Department of Health received reports of everything, with community acquired counting in the Trust's figure, the key difference being that community acquired MRSA bacteraemias were investigated by the PCT whilst hospital acquired bacteraemias were investigated by the Trust.

Recommendations

Ms Bubb directed the Board to the recommendations in the Action Plan on pages 17 & 18 of the Report and advised the meeting that a number of these had already been discussed with Mr Goldman in terms of future Trust Board Minutes, Feedback Mechanisms and Committee Structure and were in the process of implementation. Implementation was also taking place with regard to integration of the Good Hope and HEFT infection control policies.

Ms Bubb advised the Board that Mr Goldman and Mrs Lea would provide Management Responses to the Recommendations to be included in the Final Report which would be submitted in its entirety to the Regulator, including the Action Plan, in the next day or two.

MG/
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The Chairman thanked Ms Bubb for her attendance and presentation to the Board and she left the meeting at this point.

08.03 2. DECLARATIONS OF INTEREST

The Board noted the Register of Directors Interests previously circulated. There were no further Declarations of Interest to be noted.

08.04 3. MINUTES OF THE PREVIOUS MEETING

The Minutes of 4th December 2007 were agreed.

08.05 4. MATTERS ARISING

4.1 Birmingham City Council

The Chairman, Mr Goldman and Mr Stokes had each written letters to Sue Anderson but reported that to date there had still been no response. The Chairman and Mr Goldman would arrange a top level meeting with Birmingham City Council in order to discuss both this and a number of other outstanding issues.

CW/
MG

4.2 Medipark Application

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SH/
MG

4.3 Academy Update

Mrs Dunn advised the Board that a meeting was scheduled to take place and that an update would be brought to the February Board.

LD

4.4 PACS

Mrs Dunn informed the Board that the contract had now been signed.

The Board were further advised that talks relative to the Care UK Contract with West Midlands Diagnostic Services were still under way and the Trust was involved in discussions with the PCT.

MG

4.5 External Review of Patient Safety

Dr Woolley updated the Board and advised them that the tender had now been completed and Det Norske Veritas Risk Management had been appointed to undertake the review. The company would be making a presentation at the Trust Board Away Day on Patient Safety on 1st February 2008.

4.6 Patient Visitors Policy

Mrs Baillie advised the Board that the proposals had now received approval from the PPI and JNC and would be brought to the February Board.

FB

4.7 Recruitment of Cleaners

The Board were advised that interviews would be taking place during week commencing 14th January 2008.

4.8 Management Consultancy Project

The Board were advised that a meeting of the Remuneration Committee was being arranged to consider this matter.

CW/
CL

4.9 Enhanced Payments Internal Audit

The Board were advised that Mr Samuda and the Chairman would be meeting with Mrs Fenton and Mr Stokes to discuss draft proposals for enhanced payments to staff in more detail.

CW

4.10 Board to Board Workshop

Mr Goldman advised the Board that proposals for this would be brought to the March Board Meeting.

MG

08.05 5. CHAIRMAN'S REPORT

5.1 Chairman's Visits

Copies of the briefings and follow up reports for the Chairman's visits undertaken in November 2007 had been circulated to Board members prior to the meeting and questions invited. There were no questions.

5.2 Report on Self-Assessment of Board Effectiveness

The report had previously been circulated and the Board was asked to approve the following recommendations:

1. That in future an external facilitator is appointed to examine information and information flows, sub-committee structures and to attend some Board and sub-committee meetings to give their assessment of Board performance. The facilitator to be a senior academic who was experienced and knowledgeable in corporate governance issues in public service.

CW

This recommendation was approved by the Board, subject to the exclusion of a review of the sub-committee structure.

2. The Chairman would continue to meet with all Board members on an annual basis to have similar discussions.

This recommendation was approved by the Board.

08.07 7. CHIEF EXECUTIVE'S REPORT

7.1 Performance Monitoring

Mr Goldman presented this item in Mrs Fenton's absence and directed the Board to the Pinwheel Diagram in her report. There had been some adverse movements since last month relating to:

- A&E 4 week rolling average had become red (previously green) due to the high number of breaches in November
- Post operative mortality rates were now amber year to date due to breaching this target in October and November
- Local outpatient waits just missed its target in a month of 100% by being at 99.7% however this target would be back on track in January 2008

Bed Capacity

The Board were referred by Mr Goldman to the Action Plans for all three sites contained in the Report. Dr Rayner advised the Board that Social Care had some capacity but that that BEN PCT, the community care provider, currently had no intermediate care available.

Mr Goldman stated that there had been a 17% increase in A & E attendance by

the West Midlands Ambulance Service. Professor Ham asked whether a top level meeting should be arranged with the SHA to try to address the situation. Mr Goldman responded by informing the Board that the SHA had a performance monitoring role and that the Trust was continuing to work with all those involved.

The key issues were:

- 1) the high levels of A & E attendances
- 2) normal winter pressures
- 3) the prolonged Xmas holidays which impacted on staffing in A & E
- 4) the Norovirus outbreak which was the works outbreak since 2002
- 5) discharge delays caused by the slow transfer to community care and the Norovirus affecting patients who would otherwise have been fit to discharge

The Chairman asked whether a meeting could be set up to look at the option of transferring patients into the Primary Care Sector. Ms Coalter confirmed that this was already being undertaken by Dr Rayner. In addition a new ward round system had recently been introduced. Ward rounds would in future be carried out earlier in the day enabling patient discharges to be effected in a timelier manner.

The impact on A & E 4 hour waits was now reducing and the Executive Team were confident that the yearend target of 98% was achievable if the current reductions were maintained.

Elective Surgery

The Board were referred to A17 (18 weeks - % of admitted patients seen within 18 weeks) of the report. The Trust was on target against its internal profiles to deliver this national target by the 31st March 2008 and Mr Goldman drew the Board's attention to the comprehensive report (Appendix 3) comparing the Trust's position to the West Midlands and nationally which would reassure the Board that all matters were in hand and progressing well to deliver this target as planned.

Mr Cunliffe informed the meeting that despite some concerns around trauma orthopaedics management he was confident that the Trust that it would meet the local target of a maximum of 11 weeks on the waiting list for elective surgery.

HR

Ms Coalter informed the Board that a combined approach to sickness management was being developed for HR and Occupational Health systems. The report to the Board contained sickness data for October 2007. There had been a slight increase in November and sickness was higher across all sites than at the same time last year. The winter period was traditionally the time of maximum short-term sickness. There had been improvements, however, in long-term sickness with a return to work of 72 employees in October and 66 in November 2007 in addition to some terminations of employment.

Ms Coalter advised the Board that the timeliness of management information was presenting a challenge and was currently two months in arrears. Business intelligence was being used and an audit of Occupational Health was due to begin this month.

MRSA

Mr Goldman drew the Board's attention to the data analysis in the report which showed an overall improvement. He advised the Board that any cases of MRSA

due to failure in Trust policy would result in a 1 to 1 meeting with the consultant responsible. The Board were informed that one such meeting had been already set up. This related to a patient who had contracted MRSA at Good Hope Hospital in December 2007.

The Board were asked to note Item 7 (Control of Infection Reporting Structures) of the MRSA Executive Report. Mr Goldman informed the Board that reports from Infection Control were currently produced twice yearly but that in future he would bring monthly reports from Dr Savita Gossain to the Board in order to keep them fully updated on performance issues.

The Chairman and Mr Goldman had discussed the nomination of a Non-Executive Director to sit on the Infection Control Committee in order that they might inform the Board at meetings. The Chairman would take this forward.

CW

Mr Samuda asked why the Board's policies on infection control were not yet fully integrated across all sites. The Board were informed that as the merger with Good Hope had not taken place until 8th April 2007, the Trust were still in the process of policy integration. The Infection Control policies were scheduled to be integrated by the end of January 2008.

Ways of encouraging staff to comply with Trust policy on Infection Control were discussed. It was felt that Staff Recognition Awards were one way and Mrs Baillie stated that following a hand-washing audit letters of thanks had been written to staff who had done particularly well. In future consideration might also be given to rewarding the most improved Directorate or Ward.

C'Diff

Mr Goldman advised the Board that numbers of C'Diff had fallen.

Junior Doctors

The Board were informed junior doctors who joined HEFT now received both corporate and local induction and that measures were being taken to bring them more fully into the Trust. The Board were also advised that the new short-sleeved uniforms would be worn from March 2008.

Smoking during pregnancy

The Board were informed that an action plan was now in place.

7.2 Combined Key Risks

Dr Woolley advised the Board that there were no serious incidents to report.

Ann Keogh would continue to work with the Medical and Surgical Boards and the Nursing Directorate to move forward the key issues identified in Attachment 2 including documentation in medical records and escalation of critical conditions of patients. NICE guidelines had been introduced in July 2007 in relation to problems in recognising a critically ill patient and these were being implemented Trust wide. At this stage no concerns had been identified.

7.3 Operations Committee

Mr Stokes, who was present at the last meeting of the Operations Committee, informed the Board of the decisions that had been taken.

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7.4 Information Governance & Transfers of Data

Mr Goldman informed the Board that, following recent concerns about public sector data, and in particular the security of information being transferred between locations and organisations, David Nicholson, NHS Chief Executive, had written to all NHS Chief Executives restating the key responsibilities and accountabilities for securing effective information governance.

In response to this Mr Goldman advised the Board that he had initiated an assurance exercise which would focus on the following areas:

- Systems and procedures
- Controls on the movement of person identifiable data
- Adequate information security expertise
- The holding of encrypted person identifiable data on portable media
- The secure processes for the bulk transfer of person identifiable data where required for direct patient care
- Security policies for laptops, CD's, pen drives etc
- Data protection incident reporting and risk assessment processes

A full report would be made to the Board in February 2008.

MG

7.5 HR

Ms Coalter reported that there had been fewer problems with Payroll in December 2007. Despite a backlog of queries on expenses, pension queries, overtime, and nurse bank payments, the pay award (including back pay) had been paid in November.

Electronic Vacancy Approval System (EVAS)

Ms Coalter informed the Board that the introduction of EVAS, replacing the previous paper system, had reduced the time taken for vacancies to be approved from weeks to days.

08.08 8. FINANCE REPORT

The financial position was secure as at month 8 and on plan for 2007/08 with a surplus of £17.7m. However Mr Stokes advised the Board that the cash balance would dip between now and the end of March 2008 and should close around £60m due to clawback by the PCT's of over payments as capital expenditure kicked in.

Foundation Trust Financing Facility

The Chairman had asked Mr Stokes to bring to the Board his comments on a proposal he had received as a member of the Foundation Trust Financing Facility. The FTFF had requested members to seek their Board's support for grouping cash balances to be paid by members into an NHS 'Bank' for NHS investment in order to achieve the most favourable returns. In the first instance the FTFF was seeking support to set up a Working Party. Mr Stokes recommended that the Board should give support to the setting up of a Working Party.

The Board agreed that the Chairman would indicate the Trust's support to the FTFF for a Working Party to be set up and that their Report would be brought back to a future Board meeting for further consideration.

CW

10 Year Financial and Site Strategy

It was proposed to hold an additional Board meeting in February 2008 in order to consider and agree the Trust's 10 Year Financial and Site Strategy. The Board

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agreed that the Chairman and Mrs Lea would look for a suitable date in February and advise Board members.

08.09 9. COMPANY SECRETARY'S REPORT

Use of Seal

The Seal had been used on two occasions:

- i. Lease relating to Phase II Foundation Project for the provision of energy management services at Heartlands Hospital
- ii. Deed of Easement & release of Easement affecting Registered Title between Birmingham & Solihull Mental Health NHS & HEFT

Monitor – Quarterly Returns

The Board were asked to approve the arrangements set out in Mrs Lea's report for the Quarterly Returns to Monitor for 2008.

The Board approved these arrangements.

Remuneration Committee

A meeting had taken place on 21st December 2007 and the Committee had:

- i. Accepted the recommendation to terminate the employment of Dame Jill Ellison
- ii. Approved the pay award of 2.5% for Executive Directors for 2007/08
- iii. Endorsed the new appraisal system
- iv. Approved the management consultancy game plan subject to further work on the structure of the model

Appointment of Non-Executive Director

The Board were asked to note the appointment of David Bucknall with effect from 1st January 2008.

08.10 10. ANY OTHER BUSINESS

There was no other business.

08.11 11. DATE OF NEXT MEETING

Tuesday 5th February 2008

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Chairman