TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital

at 1.00 pm on Tuesday 6th January 2009

PRESENT:	Mr C Wilkinson *(Chairman)*	Mr R Harris
	Ms M Coalter	Mr P Hensel
	Mr I Cunliffe	Dr H Rayner
	Ms A East	Mr R Samuda
	Mr M Goldman	Mrs M Sunderland
	Dr N Hafeez (partial)	Dr S Woolley
IN ATTENDANCE:	Mrs B Fenton	
	Dr I Gupta	*For item 6 only*
	Mr J Gould	
	Mrs C Lea	
	Ms L Jennings (Minutes)	

The Chairman welcomed Paul Waring who carried out the Mandatory NHSLA Fire Safety Training, which was required by all Board members. Action

09.01 1. APOLOGIES

Apologies were received from Mr Adrian Stokes, Mr Jonathan Gould was present as a representative and Mr David Bucknall. Mrs Najma Hafeez had sent apologies that she would be late.

09.02 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.

09.03 3. MINUTES OF THE PREVIOUS MEETINGS

The Minutes of the meeting held on 2nd December were accepted as a correct record.

09.04 4. MATTERS ARISING

A&E Target Mr Goldman confirmed that he had not yet received a response to his letter to Monitor regarding A&E potentially missing the 98% target. The subject would be dealt with fully in the Chief Executive's report.
Purchase of Front Entrance Mr Gould confirmed that negotiations were still in progress regarding this issue.

Audit Committee to sign revised set of Finance Committee ToR Ms C Lea confirmed she would remove this item, as it was listed in error. CL

Mr Goldman confirmed that the Trust had now received definitive measures regarding MRSA screening. It had been confirmed that full screening would be required by 2011. Ms Sunderland to cascade out to ensure all areas met the requirements. MS

09.05 5. CHAIRMAN'S REPORT

The Chairman confirmed that the Reports following visits would now be in a standard format, as there would be predominantly one note taker.

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

Mrs N Hafeez arrived at the meeting.

5.1 Organ Donation Committee (HR/CL)
Dr Rayner informed the Board that a Champion had been appointed and that the Trust was well ahead in commencing with this important issue. The Champion's role was of both an external and internal nature. Richard Harris had agreed to Chair the Committee to give a Board profile to the Committee's work. Prof Ham asked the Board to consider Governor involvement. It was agreed that this would be a positive step. Ms Lea agreed to raise this at the Governors' Consultative Committee and then progress through the formal process of setting up a Committee. CL

5.2 Board Effectiveness Review (CL)
Ms C Lea distributed the Board Effectiveness Review for consideration prior to discussion at the Board's Away Day scheduled for 12th February 2009.

09.06 6. INFECTION CONTROL
Mr Wilkinson welcomed Dr Gupta to the meeting.

MRSA - Dr Gupta was pleased to inform the Board that there had been no cases of MRSA in November for the first time in 7 years. By the end of November there had been 25 cases against a trajectory of 36, which was a significant reduction from same time last year. There had been 7 cases in December which was still below trajectory year to date, however, it was 3 over trajectory for December, 5 were pre 48 hours and 2 were post 48 hours.

C.Diff - Dr Gupta informed the Board that the Trust had seen a downward trend month on month. For the month of November there had been a total of 22 post 48 hours, which broke down to 9 at Heartlands, 11 at Good Hope and 2 at Solihull. This marked a significant reduction from last year, particularly at Heartlands.

Letter from Chief Nursing Officer - Dr Gupta confirmed that the letter had been sent to Acute Trusts, as although the national baseline for C.Diff infections in 2007/08 was correct, the local targets in 2007/08 for individual organisations had not given an accurate picture. This work had already been carried out by the HEFT Infection Control Information Analyst and Monitor had advised no change to any trajectories or reports until further guidance/information was

received.

Norovirus Outbreaks - In November, 2 wards had been closed due to Norovirus, at Heartlands and Solihull respectively. Local community contacts provided a list of local outbreaks of Norovirus, to ensure immediate action could be taken by the Trust.

Eye infections - Nothing further to report.

Inspection by the Healthcare Commission – October 2008 – The Trust had received the final report. There had been one main recommendation, which related to steam cleaning and staff wearing face masks. This was a minor issue which had been addressed and the rest of the report was very positive.

Care Quality Commission - The new Care Quality Commission (CQC) had been established to regulate the quality of health and social care. It would be introduced from April 2009 and the Trust had to register in relation to HCAI. The draft Hygiene Code was due in late January 2009 and required a statement of compliance and the extent of the compliance with each of the 9 high level criteria. The compliance statement would need Board sign off and would be brought to the February 2009 Board meeting. SW

Neonatal unit outbreak from Serratia infection – Seven babies at Heartlands and three babies at Good Hope hospital had been infected or colonised with Serratia marcescens in November. One baby had died with the infection, however, no Coroner's case would be required. The Heartlands unit had been closed to new admissions while control measures had been put in place. The unit had reopened on 6 January 2009 with a separate room for those babies who were still carrying the infection. Outbreak meetings had been held and an action plan put in place. To date no common source had been identified and active surveillance was continuing. It was possible that the infection may have come from a transfer admission to the unit. A further update would be brought to the February Trust Board. IG

09.07 7. CHIEF EXECUTIVE'S REPORT

7.1 Performance Report

Mr Goldman reported that A&E was still experiencing difficulties meeting the 98%, 4 hour wait target. He set out the reasons for this and informed that Board of what the Trust was likely to achieve in the 4th quarter and year to date. He was confident that the Executive Directors were doing everything they could to alleviate the situation. The Emergency Pressures document was set in the context of the West Midlands and the wider NHS for which it had been a difficult year. Ms Fenton highlighted that the ambulance issues in the first 3 weeks of December had been a major problem and Dr Rayner confirmed that the average admissions for the month of December had increased by 12% for Heartlands and 15% for Good Hope. The only regional Acute Trusts that were meeting the target on a rolling 4 weeks basis were George Eliot Hospital NHS Trust and the Royal Wolverhampton NHS Trust. Nationally only 27.5% had achieved 98% or above in the 4 weeks leading up to 14 December 2008.

Mr Goldman alerted the Board, that despite alleviatory measures having been put in place, it was unlikely that the Trust would meet the yearend target. He assured the Board that the Trust had done everything it could and had striven so hard that the Trust was actually drawing additional business to the Trust. Ms Fenton agreed to request a copy of the comparable data on ambulance trends at the next Chief Executives meeting. The cold weather had seen an increase in BF

heart attacks and strokes in the elderly, as well as increase in flu.
A discussion took place around whether the increased numbers and not hitting 98% target on 4 hour wait impacted adversely on patient safety. Mr Goldman reassured the Board that the 98% breach was a technical one as the Trust was most unlikely to be off target by more than 1% and although the 4 hour wait was desirable, there was no evidence to show it impacted on patient safety. However, there was room for improvement in terms of collaboration with the ambulance service. At the moment the Trust had to manage the intersite transfer of patients itself and there was no longer the option of calling a category 4 (which stopped ambulances delivering). Dr Rayner added that the 4 hour wait was a good measure of whether the hospital was coping or not. However Good Hope had improved controls in place and though pressed, staff were very committed.

Primary care had been very supportive. The Assertive Case Manager had been walking the wards with nursing staff to try and increase discharges. The new bed bureau on the north side was working a little less effectively due to GPs phoning ambulances instead of the bed bureau. The main source of the problem was lack of beds, as opposed to any generic problem. Dr Rayner reported that keeping Acute Medicine, A&E and Cardiology separate had been a good model to work with.

A discussion took place about the advantages and disadvantages of increasing capacity and on balance it was agreed that the benefits outweighed the problems. Dr Rayner reassured the Board that the Trust was only admitting patients who should be in hospital and that the problem of patients being in hospital inappropriately lay with discharge and not admission, flow was the issue and it was being worked on. Ms Fenton confirmed that from the recent Transformation meeting it was evident that extra capacity had helped some of the flow problem. The Chairman summed up by reiterating that a lot had been learned from the systems put in place at Heartlands and Solihull and that collaboration with Social Services had improved. An effective flow system was being developed and the systems in place at Heartlands and Solihull could be extended to Good Hope. Mr Goldman pointed out that HEFT was running A&E at 3 sites and so could not be fairly compared to a site only dealing with one A&E facility and that they could still receive a score of Excellent from HCC, as Trusts were rated against each other. The Board agreed that Mr Goldman should advise Monitor that the Trust may come in just below 98% for Quarter 4 and year end. Mr Goldman agreed to formulate an analysis of the measures taken to improve the pressures which would be included in the communication to Monitor. MG

7.2 Executive Committee Minutes
The Board noted the minutes of the meeting held 16 December 2009.

7.3 Review of Coroners' Court Cases
Dr Woolley explained that this review followed changes to Rule 43 and that the issues that came out of the investigations were entirely consistent with the Trust's untoward incident investigations. Action had been taken by all relevant directorates as result of issues raised by the Coroner. The responsibility to respond to the Coroner was the Trust's but the changes meant that they were now being referred via Monitor. The incidents had already been picked up at the Governance & Risk Committee as there was a cross over with SUI reporting. There was no clear trend demonstrated in the review. The format of the report presented to Governance & Risk Committee was being redesigned to be more informative. The board confirmed that it was satisfied with the action taken by

the Trust in response to changes to Rule 43.

7.4 Risk Register & Mapping the Board Agenda
At the September Trust Board, the Director of Healthcare Governance and Company Secretary agreed to review the relationship between the Trust's strategic risks and the Trust Board Agenda to establish how well the Trust Board was kept informed of its strategic risks and achievement of its corporate objectives. Dr Woolley and Mrs Lea's recommendations had been the following:

- A quarterly review by Executive Directors at ED Committee of the strategic risks focusing on delivery of "Further actions required" in the Assurance Framework.

- Those risks to be fed up to the Trust Board by means of an exception report highlighting risks not on target or where action was not mitigating the risk.

- In addition the Governance & Risk Committee would review on a quarterly basis by setting out progress made "on target" and "not on target" on the further actions required for all risks.

The Board Effectiveness review would also help. The effectiveness of the action plan would be monitored by the Governance and Risk Committee and if they were falling behind, they would be brought to the Board, which would also receive the exception reports. This would ensure that clear information was brought to the Board and that the Board focused on the appropriate issues. It was agreed that risks should be widened to include business risks, e.g. was the Trust keeping up with its competitors as well as monitoring operational risks.

Mr Goldman, Mrs Lea, Dr Woolley and Ms Fenton agreed to review the structure of the Board Agenda and present their findings to the Board Away Day in February. MG/CL/ SW/BF

7.5 Staff Survey Results
Ms Coalter confirmed that MORI had been chosen to carry out this survey as they produce a large amount of benchmarking data. The Trust had compared well with other organisations and was in the top 100. Ms Coalter would confirm with MORI how many Trusts had been surveyed. MC

Over all the employee engagement score was 70%, of the 30% who were not engaged, only 9% were actively unengaged, those 9% would be managed through the performance management system and measures would be put in place to positively convert the undecided. Engagement Index Scores showed variances between both sites and units.

With regards to Strategic Priorities; communication, change and leadership, particularly at Good Hope, were crucial. Ms Coalter highlighted that leadership meant different things to different people. Front line staff said they meant managers, ward managers and matrons and there had been good feedback regarding visibility of directors but there was scope to increase the visibility of middle managers.

Key factors
The organisation had been through a very significant period of change and communication and leadership were especially critical as a result of this change. Ensuring that there was clear, regular feedback on the survey results and

actions taken as a result was very important, both from director level and directorate level.
The high scores at the Chest Clinic, showed that the staff were very engaged. Ms Coalter reported that there was a wealth of evidence that smaller organisations had higher commitment, staff were less likely to take sick leave as they could see the impact on their colleagues and patients. The Chest Clinic operated like a small organisation. By creating team work and a feeling of groups in a large organisation, the same commitment could be achieved. Thus the Ward Manager's role was critical in achieving the small organisation feel while at the same time maintaining awareness of the bigger picture. The next stage was to develop a Trust wide action plan and directorate action plans. It was everyone's responsibility to do one for their respective area and to ensure that it was being implemented. One indicator of the effectiveness of action plans would be seen through changes to sickness and turnover rates by directorate.

Mr Goldman agreed to reflect on the best way to keep Board updated on actions taken as a result of staff survey and their effectiveness and feedback to the Board. MG

7.6 Child Protection Systems
The HCC was currently implementing new standards for NHS organisations and the Trust was registered to take part in this review which would be conducted over the next 3 months. Mr Cunliffe confirmed that reports from the JAR review had been studied and used as an aid to address any weaknesses identified in the Trust by drawing up a GAP analysis. A need for staff training had been identified and implementation was underway.

It was agreed that safeguarding adults was a relatively new but huge issue and that the Trust would need to review how the process was managed and ensure that training and access to adequate advice was available. The HCC would be scrutinizing evidence that the Trust had put the right measures in place. Mr Cunliffe confirmed that training was in process for key staff. Mr Cunliffe to produce a business case for additional trainer in safeguarding, to take to Executive Directors Committee. IC

7.7 HR Committee Report
Ms Coalter presented her previously circulated report, drawing the Board's particular attention to the LEAN review, which was being piloted in a few directorates, which aimed to reduce the length of time in the recruitment of doctors. Sickness absence had decreased by nearly 2% from November 07 to November 08 due to a number of initiatives including Occupational Health, the Staff Wellbeing and Employee Assist programmes. Ms Sunderland confirmed that an education programme to encourage staff to receive the flu jab was due to start.

7.8 Medipark update

THIS MINUTE IS RESERVED UNDER SECTION 43 OF THE FREEDOM OF INFORMATION ACT 2000

7.9 Academic Health Science Centre
Discussions were on going with a deadline of 19th January 2009 although Warwick had now withdrawn from the bidding process. The Academy Agreement was still in place and would not be averted because of this AHSC bid. If the AHSC bid was successful then the Academy position would be

redundant, if the AHSC bid was not successful, the Trust's profile would have benefited from being involved.

09.08 8. FINANCE REPORT

Mr Gould presented the previously circulated Finance Report, drawing the Board's attention to the following issues:

Strategic Issues - At the end of November there had been an over spend of £3.8m against operational budgets. The forecast surplus of £26.8m, reflected the expectation of overspend against operational budgets and an expectation of under spend against reserves, due to the under spend on NICE drugs.

Mr Gould confirmed that there was a cross site Development Board Committee, which met monthly to progress the initial work and 10 year development plan.

Going Forward -The tariff had been published following a road test and the £85m cash balance was being held in key accounts to maximise the return. The tariff would result in quite a large drop in the amount of cash going forward at end of year and the PBC payments were reflected in this. The drop was steeper at year end as the capital plan had accelerated and the Trust had collaborated with its suppliers in prompt payment to assist them in the management of their year end.

Trauma and Orthopaedics had had to outsource to the private sector to cope with the over performance. However, the Trust now had an additional in house theatre. The Trust usually managed to breakeven on over performance that was out sourced, however, when it was accommodated in house, the financial benefits were better. Mr Cunliffe informed the Board that the Trust had one of the few Orthopaedic units in the region that had met the 18 week target. £4.6m had been lost due to bed capacity. The Board agreed that it made good sense to keep Orthopaedics in house and to benefit from the good profit margin it offered. A discussion took place around causes of overspends and under spends and the following points arose:

Cancelled operations and its relationship with over performance - Mr Cunliffe confirmed that cancelled operations were not due to over performance but more to patients not being fit on the day and that the 18 week target would still be achieved by rescheduling.

NICE Drugs – under spend - At the beginning of the year a forecasting decision was made on the estimated spend for the year on NICE drugs and the Trust had spent less than that forecast.

Over performance/under spend relationship - the relationship between over performance and overspend would be dependent on the amount of agency staff brought in. Ms Fenton highlighted that in terms of Bank and Agency, controls were tight and that if the over spend was to cover vacancies, it was legitimate to ensure quality and safety.

Mr Goldman, Ms Fenton and Mr Stokes would meet and consider how to present the finance data in a more meaningful way. Ms Fenton highlighted the need for including necessary Agency and Bank costs within ward budgets to ensure wards could be manned adequately to maintain quality. Mr Goldman said it was also crucial that ward staff were aware of the change to practice in terms of approving business cases for new staff to fill vacancies to ensure wards remained safe. MG/BF/ AS

09.09 9.0 COMPANY SECRETARY'S REPORT

Use of seal - The Board approved the use of the seal as shown in the report.

Establishment of Board Committee 2009 - It is a requirement of the Trust's Authorisation from Monitor that the Board should approve a quarterly Return and send it to Monitor by no later than the last day of the month following the end of the relevant quarter. This timeframe was strictly applied by Monitor. During 2009 additional returns in respect of the IFRS timetable would also be required.

Since the monthly Board Meeting did not coincide with Monitor's timetable and to address similar issues in the past the Board had appointed a standing committee for the purpose of approving the quarterly Return. This procedure had also applied to periodic Returns to the Healthcare Commission. The draft Return would sent to all Board members on about day 23 of the next following month such that any comments/concerns could be relayed either to the Company Secretary or a Committee member within the following 2/3 days. The Committee would then be convened in order to discuss and approve the appropriate submission to Monitor.

The Committee would comprise two Non-Executive Directors and two Executive Directors. Normally this would be the Chair and the Deputy Chair, together with the Chief Executive and Chief Finance Officer, but any member can ask another Non-Executive Director/Executive Director to stand in if they are not able to participate in the meeting.

The Board approved these arrangements for 2009.

Meeting of the Board's Remuneration Committee - A meeting of the Remuneration Committee had taken place on 4 November 2008 and its decisions were ratified by the Board.

Terms of Reference – Executive Directors Committee - Ms Lea and Ms Woolley had updated the Terms of Reference to reflect the merger with Operations Committee. Mr Goldman confirmed there had been no changes to its level of authority. Business cases in excess of £100k would remain with Executive Directors Committee and over £250k would come to the Board. The Board agreed the Terms of Reference.

09.10 10.0 ANY OTHER BUSINESS

Bill Moyes, Chief Executive and Stephen Hay of Monitor would be visiting the Trust on 23 January 2009.

09.11 11.0 DATE OF NEXT MEETING – 3rd February 2009

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Chairman