



TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital

at 1.30pm on Tuesday 5th August 2008

PRESENT: Mr C Wilkinson (*Chairman*) Mr R Harris
Mr D Bucknall Mr R Samuda
Ms M Coalter Mr A Stokes
Ms A East Dr S Woolley
Mr M Goldman

IN ATTENDANCE: Mrs B Fenton
Ms Z Chughtai
Mrs L Dunn (*Item 9.2 only*)
Mr S Emslie
Mrs M Pittaway (*Minutes*)
Ms D Tomlinson (*Item 8 only*)
Mr C Van Duyne

Action

The Board were invited to go to the East Wing of Devon House to enable Mrs Fenton's team to present an Action Plan Overview "Preparing for Winter" as part of the Transformation Agenda.

The Board were informed that lessons had been learnt from last winter's bed shortages, compounded by the severity of the Norovirus outbreak. Plans and processes for the control of infection outbreaks during the coming winter included:

- A winter logistics plan
- Test plans and "lock down"
- Risk assessment
- Contingency
- Ward policy compliance

Staffing resources would be a key issue and recruitment plans were in place for new staff posts at Good Hope Hospital. The Board were shown flow charts detailing plans to reduce the number of patients admitted to the 'wrong' beds when they first came into hospital. Some patients were being moved to several wards before finally being allocated a bed in the ward most appropriate for their treatment. Mrs Fenton informed the Board that a detailed analysis was being undertaken to establish:

- The number of bed moves per patient
- The number of patients coming through A&E

- The number of deaths per number of people coming through the Trust

Each of the above would be measured on an SPC Chart.

The Board were informed that 50% of beds within the Trust were occupied by non-complex patients. Discharge targets would be set and further analysis undertaken of patient groupings i.e. the number of patients being discharged to home, residential/nursing home or interim care in the community.

The Chairman thanked Mrs Fenton for the presentation and the work undertaken by her team to date.

08.99 1. APOLOGIES

Apologies were received from Mrs Fay Baillie, Dr Ian Cunliffe, Dr Hugh Rayner, Dr Savita Gossain, Ms Najma Hafeez, Professor Chris Ham, Mr Paul Hensel and Mrs Claire Lea

The Chairman introduced Mr Stuart Emslie to the meeting. Mr Emslie introduced his assistant, Mr Chris Van Duyn, an intern student from Indiana University who was assisting him in a review of the Board's Effectiveness. Mr Emslie's findings would be presented to the Board in the Autumn.

08.100 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.

08.101 3. MINUTES OF THE PREVIOUS MEETING

Minutes of the meeting held on Tuesday 1st July 2008 were agreed as being a correct record.

08.102 4. MATTERS ARISING

Healthcare Commission Report

The report from the Health Commission was still awaited.

There were no other matters arising.

08.103 5. CHAIRMAN'S REPORT

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

08.104 6. TRANSFORMATION STRATEGY: BASELINE ASSESSMENT

Mrs Fenton presented a baseline assessment of the proposed transformation measures to the Board under the following headings: Patients, Staff, Waste and Length of Stay. The Board were informed that the next steps were:

1. Further work to check the reasonableness of some of the estimates to ensure the Trust had an accurate baseline
2. Further work on getting benchmarks to the rest of the NHS (the Trust may have to subcontract a piece of work in order to do this)
3. Incorporate relevant measures into transformation projects and develop further measures where appropriate
4. Reporting against measures would be in line with specific projects plus a bi-annual review of all measures

After some discussion on the tables contained within the report, it was agreed that it would be helpful to include a column headed 'Vision' to enable the Trust to measure the distance it was from its goals at present, and to be able to measure the reduction of this distance over time.

The Chairman stated that the Trust would be obtaining further information on the NHS upper quartile bench-marking and would be giving further consideration to setting its own targets.

08.105 7. SITE DEVELOPMENT STRATEGY

Mr Stokes presented an update on the Site Development Strategy. A programme reporting structure had been set up and a number of meetings had been held in order to establish the infrastructure and reporting schedules.

Following agreement by the Governors, the Trust had commissioned Deloitte to undertake a baseline assessment of the Trust's readiness to commence its building programme. Their report contained three key points:

- The Trust should develop a Project Execution Plan (PEP) with a 90-day timescale to allow the programme of work to commence on a formal basis
- Recruitment of the Programme Office should be the next fundamental step
- Documentation and processes developed to date largely reflected good practice

The Board were informed that interviews would be held during the following week for the appointment of a Programme Director, on a secondment basis, who would be responsible for setting up a permanent programme office by end of the calendar year. The Project Executive Plan would be presented to the Board by the end of the calendar year. An overview of the 90 day plan was shown in Appendix 1 of the report.

Mr Bucknall stated that the Trust must ensure that on completion of the project measures were in place to establish beyond doubt that it was cheaper to run than the existing one.

The Board agreed that branding would play a significant part in the success of the project.

08.106 8. REPORT FROM THE DIRECTOR OF INFECTION PREVENTION & CONTROL

Ms Diane Tomlinson presented the report on behalf of Dr Savita Gossain. The Board's attention was drawn to the monthly report for July 2008 and the Infection Control Annual Report 2007/08.

MRSA

The Board were informed that there had been a reduction in MRSA in July. During quarter 1 there were a total of 15 MRSA bacteraemias (the annual target trajectory for quarter 1 was 14 cases). Root cause analysis investigations were required for all MRSA bacteraemias and were completed by the Trust in infections arising 48 hours after admission, and the relevant PCT for those cases arising within 48 hours of admission. Root Cause Analysis investigations had been completed by the Trust for all 8 post-48 hour

infections. In May, the Trust had commenced joint RCA investigations with PCT partners for pre-48 hour cases.

C'Diff

During May 2008 root cause analysis began for patient deaths where C'Diff may have been a contributory factor. To date, a total of 16 returns had been received and the key findings from these reports were:

- Treatment should be started if C'Diff infection is strongly suspected, particularly if the patient has had previous infection. This did not always happen.
- Documentation of when patients moved into side rooms required improvement
- Staff awareness of, and compliance with, antibiotic prescribing guidelines required improvement
- Citing C'Diff on the death certificate was not always justified

The Board were further informed that regular feedback of RCA results to the newly formed group of Lead Consultants (for infection control) was being introduced in order to ensure that lessons could be learnt from RCAs and that action plans were completed.

Norovirus Planning 2008/09

The Board were informed that a review of the 2007/08 Norovirus outbreaks had been completed on 12th June and, following this, reports with planning recommendations for 2008/09 had been presented to the Operations Committee and the Infection Control Executive Committee at their July meetings. The review noted that HEFT was significantly more severely affected by Norovirus than neighbouring Trusts based on data from the local Health Protection Unit. A number of contributory factors to the large number of ward closures during 2007/08 had been identified and the review made a number of recommendations for 2008/09:

- To improve containment procedures
- To devise ward contingency plans for outbreaks
- To devise a communications plan
- Other issues had been identified for consideration

Ms Tomlinson advised the Board that the Trust was awaiting an inspection from the Healthcare Commission which was expected to take place during October

The Chairman stated that there had been a recent follow-up visit to Infection Control by the Department of Health. Mr Goldman confirmed that he had been in attendance and that the DoH had been satisfied that the Trust were able to demonstrate continuous improvement based upon an action plan that had been put in place following their earlier visit. Written feedback was still awaited.

The Board agreed the Infection Control Annual Report 2007/08 and Programme.

08.107 9. CHIEF EXECUTIVE'S REPORT

9.1 Preparing for Winter 2008/09

It was agreed that this had already been dealt with by the presentation given to

the Board by Mrs Fenton at the start of the meeting.

9.2 Patients' Survey

Mrs Dunn joined the meeting in order to present her report to the Board. The Patients Survey Report 2007 relating to Heart of England NHS Foundation Trust, and produced by the Healthcare Commission, had previously been circulated to the Board (Enclosure 10). Mrs Dunn tabled a paper: 2007 NHS Inpatient Survey – West Midlands SHA detailing comparisons between Strategic Health Authorities throughout the UK. The Trust was ranked in the lower quartile of the Health Commission's Survey Report 2007. Mr Goldman informed the meeting that the data that had been used was 18 months old, i.e. it had been collected in 2006, prior to the merger with Good Hope Hospital, and that when it was next assessed the Trust's new data should show that significant improvements had been made during the interim period

NHS Choice Website

The Board were informed that the NHS Choice website had been launched in June 2007 and had had 1.09 million unique visitors during the month of February (2008) alone. The website aimed to help individuals to make informed decisions relating to health and lifestyle issues. The site encouraged members of the public to compare the clinical quality of hospitals offering the most common treatments and to post their views (these were monitored by the NHS Choice team to ensure appropriateness).

The Board were advised that planned local and national publicity to encourage Patient Choice was expected to direct NHS users to the website where patient satisfaction would be measured quantitatively, using 5 specific key questions:

- How clean was this hospital?
- Were you helped to control your pain properly?
- How well did the medical staff work together?
- Did you have confidence in the staff treating you?
- Did the medical staff know your medical history?

Average response scores to these 5 questions for each site were recorded as ranging from poor to acceptable with Heartlands hospital scoring 'poor to acceptable' in each category whilst both Solihull and Good Hope Hospital scored 'acceptable to good'.

Mrs Dunn's report recommended that in order to be ranked 'world class' the Trust should be striving to benchmark against other leading healthcare organisations. Seeking out those organisations that scored in the 'green' best performing 20% of trusts would enable the organisation to share best practice and develop new, more effective ways of increasing patient satisfaction. The Board were further informed that a review into each specific area was being undertaken to make beneficial changes to drive improvement including:

- Patients feeling that they were given the right information
- Time admitted to the ward (actual versus perception)
- Hand washing visibility
- Opportunity to talk to a doctor
- Waiting at discharge

These were to be measured via additional in-house survey work and changes would be tracked through the relevant operational boards.

Mr Harris stated that the Report highlighted a number of issues relating to

communication between doctors, nurses and patients. The Chairman advised the Board that Mrs Fenton's team would be looking further at these issues and would report back to a future Board in October 2008.

BF

Mrs Dunn left the meeting at this point.

9.3 Performance Report

Mrs Fenton presented the report which set out a summary of month three's performance for the Trust in line with the 2008/09 scorecard. Although MRSA was once again red in month and year to date the performance for C'Diff remained green for both month and year to date targets. New targets for staff, growth and learning were still being finalised and these would be fully reported next month.

BF

9.4 Operations Committee

Mrs Fenton presented the July report from the Operations Committee. The Board were asked to formally endorse 2 business cases:

1. Good Hope Ward 7/12 Investment Case
2. Good Hope Hospital Emergency Department Investment Case

The Board endorsed the two business cases set out in the report and confirmed agreement to the additional expenditure.

Mr Stokes stated that he would bring back to the September Board meeting a Benefits Realisation Plan for A&E to include the rigorous process within the organisation that delivered benefits and details of the way that it was intended to present progress reports to future Board meetings. Mr Stokes further advised the Board that he would address the accounting implications of the investment, both for the current financial year and on-going, and that these would be presented to the next Board meeting in September.

AS

The Chairman left the meeting this point and Ms Anna East took the Chair for the remainder of the meeting

9.5 Enclosure 8 of the Chief Executive's Report

Mr Goldman updated the Board on the following items contained within his report:

Radiotherapy Facilities

Mr Goldman informed the meeting that a decision was still awaited on where the unit would be sited.

Hollier Simulation Centre

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

Boots Store, Solihull

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

Medipark

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Private Patients

Mr Goldman informed the Board that the Trust now had in place signed agreements with BUPA and PPP for the provision of private patient services. This should enable a more efficient process to managing the income from these patients, since previously each patient episode had to receive special approval from the insurer.

08.108 10. FINANCE REPORT

Mr Stokes presented his report. The Board were advised that although at 30th June 2008/09 the Trust's financial position against operational budgets was overspent by £0.6m, month two had shown improvement and there were no concerns. The Board were advised that there had been some reduction in expenditure on temporary locums. The Board were further informed that a letter had been received from BEN PCT stating how they viewed the Trust's performance and no areas of concern had been raised. Mr Stokes advised the Board that after further consideration of the 2008/09 contract, a detailed analysis would be prepared and brought to the October Board meeting.

AS

Mr Stokes informed the Board that an integrated 10 year Business Plan would be presented to the September Board meeting reflecting prioritised site strategy and revenue investment.

AS

08.109 11. COMPANY SECRETARY'S REPORT

Meeting of the Board's Remuneration Committee

The report set out the decisions of the Committee held on 11th June 2008 in relation to the post of Chief Executive of HEFT Consulting, a new Non-Voting Board role within the executive management structure of the Trust.

The Postholder would report to the Chief Executive and be responsible for the Trust's internal transformation programme and HEFT Management Consultancy business. The Committee had taken into account in their deliberations a report commissioned from the Hay Group which advised the Trust on the proposed remuneration arrangements for the new role of Chief Executive of HEFT Consulting.

The Committee had agreed to the proposals as set out and had further agreed that Mr Adrian Stokes should remain in the post of Director of Finance and for this to become a voting position on the Board. This would require Mr Stokes to be formally interviewed by the Remuneration Committee which would be arranged by Mrs Lea. The interview would be conducted by the Chairman, the Vice-Chair and the Chief Executive. The Board confirmed these decisions.

CL

Job Descriptions for the Chairman and Chief Executive

Job descriptions for both roles had previously been circulated to Board members for consideration and both the Chairman and the Chief Executive had agreed their content. Dr Woolley stated that the Chief Executive's job description should include a more generic section on safety management. It was agreed that Dr Woolley would meet with Mrs Lea, the Company Secretary, to discuss this further and that the proposed revisions would be brought to September's Board meeting.

SW/CL

The Board noted the content of the following Minutes of meetings

Finance Committee Meeting of 28th July 2008

Donated Funds Committee Meeting of 23rd June 2008

Mr Goldman asked what exactly was the remit of the Donated Funds

Committee i.e. was it to manage donated funds or to play an active part in raising those funds? Mrs Lea would be asked to respond directly to Mr Goldman on this point.

CL

08.110 12. ANY OTHER BUSINESS

Operations Report

In relation to page 5 of the Operations Report (Enclosure 12) Mr Harris asked for further clarification on the paragraph headed 'Management Development'.

Mr Goldman replied that an assessment was being undertaken of the existing Clinical Directorates in terms of the leadership, management and business skills, of Clinical Directors and the level of support that was available to them. This would highlight any further training and development requirements. Ms Coalter stated that there was a need to strengthen performance management and accountability and that Theresa Nelson in HR was in the process of preparing a detailed report.

Register of Directors and Register of Directors' Interests

Mr Bucknall stated that his name and Interests had been omitted from the Register. Mrs Lea would be asked to correct this omission by inserting the appropriate information.

CL

08.111 13. DATE OF NEXT MEETING

Tuesday 2nd September 2008

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Chairman