



## TRUST BOARD

### Minutes of a meeting held at Board Room, Devon House Birmingham Heartlands Hospital at 12.30 p.m. on Tuesday 2<sup>nd</sup> December 2008

**PRESENT:**

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

**IN ATTENDANCE:**

- Mr J Sellars (Item 7.6)
- Dr I Gupta (Item 6 only)
- Dr S Gossain (Item 6 only)
- Ms C Lea
- Ms L Jennings (Minute Taker)

Action

The Chairman welcomed Mandie Sunderland, Director of Patient Care, to the Trust. The Chairman then thanked everyone for an early arrival at 12.30 p.m. in order to have a tour of the Medical Records building as part of item (7.6) "Medical Records Workshop Buildings Review" and asked the Board if they were happy for this item to be dealt with first for continuity, the Board agreed. Mr J Sellars remained in the meeting for this item, which has been minuted under item 7.6 of the Chief Executive's Report. It was noted that Prof C Ham had not been able to attend at the earlier time and anything discussed prior to his arrival could be relayed to him, if he so wished, on his arrival at 1.30 p.m.

**08.150 1. APOLOGIES**

Apologies were received from Mr H Rayner, Ms B Fenton and Ms L Dunn.

**08.151 2. DECLARATIONS OF INTEREST**

The Board were asked to note the Register of Directors' Interests previously circulated.

**08.152 3. MINUTES OF THE PREVIOUS MEETING**

The Minutes of the meeting held on 4<sup>th</sup> November 2008 were held as a correct record after the following amendments had been made: Page 2, bottom paragraph should read "Ms Coalter agreed to review job plans and present her findings to the Board in March 2009". Page 4, (i) amend Patient Safety Review to Patient Safety Strategy; (ii) amend second from bottom paragraph to read "Ms Woolley confirmed that she had approached Prof Vincent about working together to define these indicators ....."

**08.153 4. MATTERS ARISING**

Mr Stokes confirmed that he would present his report on tariffs at the Executive Team Away Day scheduled for 23<sup>rd</sup> December 2008, following receipt of the 2009/10 tariff,

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which would then come back to the Board in the New Year. Professor Ham asked for an update on the Academic Science Centres and an update on the external Board Review. With respect to the former, Mr Goldman confirmed that the Trust was engaged in a bid with Birmingham University. Mr Wilkinson confirmed that he was meeting with the author of the Board Review report later in the month and that it would be on the Board Agenda in January, and if necessary it could form part of the Board Away Day in February

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#### 08.154 5. CHAIRMAN'S REPORT

Copies of the briefings and follow up reports for the Chairman's visits undertaken during October had been circulated to Board members prior to the meeting. Discussions took place around the following issues:

*Wide Range of Waiting Times* - Mr Cunliffe confirmed that much of this was due to a change in national targets and that measures had been put in place to rectify the situation. *Night visits* - there had been a significant increase in the number of people attending A&E between 9.00 p.m. and 11.00 p.m. Measures were in the process of being put in place to address the impact of this. *Commercial Director* - working on an agreement with the local authority, with a view to developing a medic park. *A&E* – this department was under enormous pressure and this would be discussed under the Chief Executive's report. Mr Wilkinson said that there was a willingness from the staff to move to 7 day working and a plan was in place in Acute Medicine and A&E to progress this. *CPU* - Mr J Sellars was in the process of drawing up a contract to move to a menu driven service for patients to ensure choice for all.

#### 08.155 6. INFECTION PREVENTION AND CONTROL REPORT (DR I GUPTA)

Mr Wilkinson welcomed Dr Gupta and Dr Gossain to the meeting. Dr Gossain presented the infection control report.

*MRSA* -To the end of October there had been 25 cases against a trajectory of 32. There had been no cases in November to this point. Mr Goldman commended that achievement. There had been 3 cases at Birmingham Heartlands Hospital in October, two post 48 hour and one pre 48 hour. One post 48 hour was on Ward 3, and the source of the infection was the kidney dialysis line. . This case had led to a renal review, with special attention being paid to sampling. All findings of the review had now been put into practice. The second post 48 hour case occurred on Ward 28. The patient had been admitted with an extensive scabies (skin) infection. MRSA was a skin contaminant despite appropriate treatment. This was an unavoidable contaminant due to extensive skin disease. The RCA demonstrated poor documentation of line care. This had been followed up and addressed. . The key findings and recommendations centred around 4 areas of focus: further training and audit of use of peripheral lines; further training in use of blood culture packs and aseptic non-touch technique and audit, and improvement of compliance of MRSA screening on all admissions; and additional training to reduce any inappropriate catheter use and improve urinary and catheter care.

Mr Wilkinson invited questions on MRSA. Mr Harris asked for clarification on whether screening was selective. Dr Gossain confirmed that it was not selective. The Department of Health had issued a directive that all electives should be screened by the end of March but without defining which electives. Thus the Trust had taken the decision not to screen Day Patients as they were a lower risk. Subsequently, the Department of Health had issued a more detailed directive saying that all day patients had to be screened. Mr Cunliffe confirmed that all electives had been screened for a long time and now the Trust was also screening all admissions, including those that came through A&E. A discussion then took place regarding the impact the Trust's success in the reduction of MRSA, would have on next year's target. It was acknowledged that the targets would be harder and so breaches of targets more of a risk, however, patient care would benefit.

Mr Bucknall enquired about the relationship between built environment and infection control. It was confirmed that it was one factor of many, particularly around ease of cleaning. However, use of Quinoline was another factor, which would impact on Gastro Wards. Dr Gossain confirmed that antibiotic use was monitored across the Trust and that measures were being put in place to address that problem, there was also a plan to decant patients to the modular ward at Good Hope to enable essential refurbishment work, which would make cleaning easier.

*C.Diff* - The Trust remained well below target for cases of C.Diff infections. The cumulative total for post 48 hours was 247 against a target of 357 cases – April to October 2008. The Trust's total post 48 hour cases for October was 21 cases which was lower than September, which had 27 cases. The breakdown by site for October was: BHH 13 post 48 hour cases; GHH 6 post 48 hour cases; and SOL 2 post 48 hour cases demonstrating a reduction on all 3 sites. Wards with increased episodes, i.e., 2 or more in a month were still being identified. 4 wards had been identified in October, which was lower than previously and investigative findings had shown it was not always a matter of cross infection and but due to actual increased incidents on that ward.

*Root Cause Analysis* - C.Diff was being treated on suspicion rather than waiting for a positive test. Patients with C.Diff had had early referral to dieticians to receive supplements. Lastly, one of the findings was that C.Diff had been incorrectly registered on some death certificates. As a result additional guidelines had been written for junior doctors on completing death certificates.

*Death Certification* - There was a current review of data collection of information about C.Diff, MRSA and other healthcare infections from death certificates to ensure that accurate information could be provided for future Trust Board meetings.. Dr Keogh's team was currently working to ensure that this situation was rectified. Mr Bucknall asked if there were any obligations to clear with the coroner how cause of death was recorded. Dr Gossain confirmed that guidance had been issued in 2007 and that it was being followed. An additional safeguard was that Junior Doctors had now been directed to consult with senior colleagues before entering MRSA or C.Diff on a death certificate.

*Norovirus cases* - In October there had been 4 ward closures, 2 of which were due to Norovirus. Dr Gossain confirmed that the outbreaks were managed well and in line with policy. There had been a couple of ward closures in November but none as at the date of this meeting. However, Norovirus was known to be in the community, particularly schools. A discussion took place around measures which could be taken to reduce the risk of Norovirus being brought into the hospital by visitors. It was confirmed that care was being taken to isolate patients being admitted from anywhere that was a known source; there was a monthly Norovirus steering group meeting; visitors were being reminded regularly about the dangers of visiting when they had been exposed to the virus; work was being done with the Communications Department to reiterate the message in different ways; there were posters throughout the hospital and outside wards; local media often ran campaigns highlighting outbreaks.

The Board agreed that reasonable steps were being taken to minimise risk.

Dr Gossain then drew the Board's attention to the fact that there had been an increase, late September/early October in eye infections in cataract surgery at Good Hope and Solihull. An investigation had been started immediately and the findings revealed that there were a variety of different organisms involved. A series of early interventions were made, firstly eye surgery was suspended for a week in October and environmental cleaning was carried out in theatres and practices were reviewed and improved. New audit procedures had also been introduced. A series of incident

meetings had been held last month and there had not been any re infection since surgery recommenced and the remedial measures implemented. The situation was being closely monitored. Mr Cunliffe confirmed such outbreaks were very unusual.

*Infection Control Annual Programme* - Dr Gossain confirmed that this was on track in all but 2 areas: commencement of the urinary catheter high impact intervention, which would commence in December 08 and the collection of training record data for NHSLA, however, measures were in place and the situation was improving.

*Inspection by HCC* - Report still awaited.

Dr Gossain announced that it was her last Trust Board and that Dr Gupta would be taking over from her. Mr Wilkinson asked that the Board's sincere thanks be recorded for the superb work that Dr Gossain had done for the Trust and patients, in partnership with her colleagues. Given the success in the reduction of infection, the Board agreed to review Infection Control Board reporting at the end of the financial year, once the targets for next year had been received.

## **08.156 7. CHIEF EXECUTIVE'S REPORT**

### **7.1 Performance Report**

Mr Goldman directed the Board to page 2 of Appendix 1 of his report which clearly showed that the Trust had improved in many areas.

Mr Goldman drew the Board's attention to the issue of A&E and a letter he had received from Monitor, enclosing Quarter 2 results. The Trust had received a Financial Risk Rating of 5 and had achieved Green for Governance and Mandatory services. However, the letter highlighted the Trust's declared Q2 breach of the A&E 98%, 4 hour wait target. A paper was also circulated, which had been produced by Ms Kath Kelly, Director of Operations, Medicine, which showed that it was more likely that the Trust would breach than achieve the target for Quarter 3. The Trust still forecast that it would hit the target of 98% by the year-end, however the risk of failure now stood at a 4 (the likelihood) and a 3 (for consequence) carrying a total risk score of 12. The YTD figure was currently 98.02%. Mr Goldman confirmed that the internal response to the situation had been excellent and all measures that could be taken had been taken but that activity had been much higher than had been expected at the time the annual plan had been agreed by the Board..

Mr Goldman recommended to the Board that Monitor be formally advised of the prediction to fail Q3 and that there was a high likelihood of failing the yearend target. A discussion followed and Ms East questioned whether the Trust had been adequately cautious in its self certification rating. Mr Goldman and Mr Stokes confirmed that there was very little tolerance with the 98% target. In the past 97.58 would have been rounded up and so the Trust would have made the target. The reason for the failure to meet the target was because the amount of activity which was being experienced far exceeded the amount that the Trust had been led to believe they would experience at the time the self certification of the annual plan was made.

The Board agreed with Mr Goldman's recommendation. Mr Goldman confirmed he would state the Trust's position in such a way that would demonstrate that the Trust was committed to achieving the yearend target but would highlight the risk the Trust was currently facing. Mr Stokes confirmed that the Trust's Commissioners were looking at what could be done to help reduce the demand currently being experienced. Mr Goldman confirmed that BEN PCT had been extremely supportive and had spot purchased nursing home beds as one measure to help alleviate the situation. The Board were informed that this was a regional and national problem.

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### **7.2 Executive Directors Minutes**

The Board were asked to note that the previous agreement to put the Operations

Committee Minutes within the Board papers had been replaced by the Executive Directors' Committee Minutes. Mr Goldman confirmed that he would continue to highlight relevant items to the Board. The Committee structure had been reviewed 3 years ago but if the Board Review recommended that the whole Committee structure be reviewed again, it would be.

### **7.3 HEFT Academy Update**

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

### **7.4 Schools Academy**

Mr Goldman presented Ms Dunn's report. It was intended that Academies were to be set up as publically funded independent schools. The independent status would allow them the flexibility to be innovative and creative. They were expected to be set up as companies limited by guarantee with charitable status. The Trust's Board Members would have limited liability up to £10 each in the event of financial difficulty. The Trust's current proposal included: HEFT Board Member (Chair), 4 employees from HEFT, 2 representatives from Warwick University, the School's Principal (in an ex-officio capacity), local authority representative, an elected parent representative, teacher governor (appointed), staff governor (appointed), a community representative. This Body would be accountable to the Secretary of State. Mr Stokes confirmed that the cost to the Trust was now £0.5m as opposed to the £2m originally muted. A discussion took place about control and it was agreed that HEFT would need a strong presence on the Board to avoid potential loss of control and any threat to the reputation of HEFT. Ms East confirmed that she had been a Governor on a school Board and that the culture was that the Principal and Finance Director had a high degree of control.

The Board agreed to this in principle provided the following checks and balances were in place: confirmation was provided on what measures would be put in place to protect the Trust's reputation. The Board agreed to invite an existing sponsor to come and talk to the Board, as there was already a similar Schools Academy set up in Manchester. Warwick University would assist with the appointment of the Principal. The Board sought additional clarification of the legal position of Governors when in post and what the Trust's legal responsibilities would be as a sponsor.

It was agreed that it would be helpful to seek out a Chairman and Governor, who have been operating in such a capacity who could advise on key issues. Mr R Harris to advise.

### **7.5 Private Patient Update**

Mr Goldman presented this previously circulated report regarding entering into an agreement with Consultants regarding private patients.

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The Board agreed that this proposal should continue and Mr Stokes agreed to bring the next stage of the proposal to the Board in the New Year.

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### **7.6 Medical Records Workshop Buildings Review (MG)**

The Board had previously been taken on a tour of the buildings internally and externally and then returned to the Board Room to discuss the item. Mr Goldman outlined the history to this issue, which had involved a structural survey and approval at Board in April 2005 to demolish the existing building. Alternative means to manage the risk had then been put in place and the building had not been demolished.. Recently another structural survey report had been carried out and although there had been no demonstrable deterioration, the Trust's interest in risk management had increased.

Consequently, Dr Woolley's team had carried out a full risk assessment and a full structural report received. As a result of this work, risk mitigation measures had been put into place, and the risk was now scored as an amber risk.

Dr Woolley confirmed to the Board that she was reasonably reassured that the Trust was managing the risks as well as they reasonably could but it was important for the Board to agree that the Trust's mitigation plans were adequate. Mr Sellars assured the Board that the situation would be reviewed formally in three months time, in addition Mr Laverick's team were carrying out daily reviews and Mr Sellars' team also met once a week to review the situation. Extremely robust monitoring procedures were in place and a plan was in place for the building to be put out of use by May 2009.

A discussion took place which resulted in the following assurances given to concerns raised: the structural engineer was aware that it was a Health and Safety issue, had also had full access to the brief and had signed off the way the Trust was managing the problem; there had not been any complaints from staff about their working environment; Mr Sellars would ensure that something more robust than yellow tape would be used to cordon off unsafe areas; and the 3 month formal review was arbitrary and at Mr Sellar's request for his own reassurance and did not indicate a high level of risk. Mr Bucknall registered his concern about the asbestos being disturbed in the Joinery shop, which he thought should be left alone and in a stable state.

Mr Goldman outlined the risks of immediately closing the building, namely, all records to be stored at Recall, which would create the risk of not being able to manage patients adequately because of delay in retrieving notes; finding another suitable building which would take longer than 3 months because of the specialism of building required, thus creating a higher risk score. . The Board agreed that the risks involved in taking the alternative measure of evacuating and finding somewhere to store the records prior to May 2009, were higher in terms of patient confidentiality and financial risk. Therefore the Board agreed to accept the findings of the risk assessment and the mitigating action taken.

Mr Goldman also asked Mr Sellars to look at an alternative working environment for the staff in the workshops. JS

A discussion then ensued regarding the electronic storage and scanning of medical records for which a business case was already being worked up. The Trust hoped to roll out the technology in the next 12/18 months. It was important to achieve the commitment of staff to ensure that they had confidence in the system. Mr Goldman confirmed that events with Consultants had been organised to allay some of their concerns. The integrity of the system would be the biggest risk factor and so measures would be put in place to ensure the right system was purchased. It was agreed that in order to speed up the process to acquire the necessary technology to enable this to happen the Board authorised Mr Goldman and Mr Stokes to award the tender up to a maximum of £1m. A full business case should follow in due course. MG/  
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## **08.157 8. FINANCE REPORT**

Mr Stokes presented the Finance Report, drawing specific attention to the operational budgets which were overspent by £3.2m for period ended 31<sup>st</sup> October 2008/9. There had been one issue in November regarding payment from a PCT, which had been resolved. The Trust was continuing discussions with Birmingham City Council regarding the purchase of 7 acre site on Belchers lane, and a short term lease had been proposed in the interim.

Mr Stokes asked for the Board's approval on the closure of a £30m overdraft facility, which would save the Trust £75k a year. Mr Stokes received questions from the Board and confirmed that the OD facility would not be needed in the next 12 months and that the overdraft facilities would have to be renegotiated after that period in any event. It

would mean dropping to a risk rating to 4, which was still very respectable and on balance Mr Stokes thought it was worth the drop for the saving of £75k, which would be invested in government backed safe institutions. The Board agreed to the proposal. AS

Mr Stokes asked for approval for closure of 3 Good Hope Bank Accounts which were not being used. This was also approved by the Board. AS

Mr Stokes confirmed that there had been a revised set of Finance Committee Terms of Reference to comply with NHSLA format and contents. These were approved by the Board. The IFRS submission would involve the submission of a revised Balance sheet, with 2 PFIs being added which should add about £4m to the Trust's assets. The Board agreed that the IFRS submission for Monitor could be signed off by the Audit Committee. CL/RS

*Forward Look*

The budget setting process for 2009/10 had commenced. Changes had been made to MFF, emergency threshold, N12s and outpatients. An initial assessment showed a £2m potential loss to the Trust. Following guidance from Treasury and taking into account dropped interest rates, the Trust was due to lose £12m each year, staggered over 10 years. In terms of 10 year strategy this would equate to a loss of £120m but this was in line with other organisations. The Executive Directors had arranged an Away Day on 23 December to consider how the Trust would respond to the situation. This would then be taken to Executive Directors in January and brought back to the Trust Board in February. AS

Mr Stokes confirmed that he and Ms Coalter had managed to negotiate a very good deal on some accommodation for the HR department as a result of the economic climate, and the return on VAT was being maximised.

*Front Entrance*

Mr Stokes advised the Board that when the front entrance had been built a loan had been taken out by the company (BHE Heartlands) that built it. . The front entrance leasehold was security for the loan in the original Project Agreement. This loan had been paid off due to ownership changes by BHE Heartlands.

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Mr Stokes to keep the Board updated on any progress in this matter. AS

Mr Stokes reassured the Board that the economic climate would not affect the new build at Good Hope or Outpatients at Birmingham Heartlands.

**08.158 9. COMPANY SECRETARY'S REPORT**

Ms Lea had previously circulated the Finance Committee Minutes and confirmed that she would bring the new Executive Directors Committee Terms of Reference on the next Board Agenda. CL

**10. ANY OTHER BUSINESS**

**08.159** Ms Coalter confirmed that HR had won National Award for Integration around the Merger. Also Heartlands was in the Healthcare Journal's Top 100 employers. The Board congratulated Ms Coalter and her Department on their good work.

**08.160 11. DATE OF NEXT MEETING**

Tuesday 6<sup>th</sup> January 2009

..... Chairman