



TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital

At 1.30pm on Tuesday 5th February 2008

PRESENT:	Mr C Wilkinson (<i>Chairman</i>)	Mr M Goldman
	Mrs F Baillie	Ms N Hafeez
	Mr D Bucknall	Professor C Ham
	Ms M Coalter	Prof J Perry
	Mr I Cunliffe	Dr H Rayner
	Ms A East	Mr R Samuda
	Mrs B Fenton	Dr S Woolley
IN ATTENDANCE:	Mr M Boulton (DNV)	Mrs D Robinson
	Ms Jane Carthy (DNV)	Mr A Stokes
	Mrs L Dunn	Dr M Wake
	Ms D Homa (Finnamores)	
	Mrs M Pittaway (Minutes)	

The Chairman welcomed Jane Carthy and Mark Boulton from DNV to the meeting who were in attendance as observers.

Action

08.12 1. APOLOGIES

Apologies were received from Mr Paul Hensel.

08.13 2. DECLARATIONS OF INTEREST

The Board noted the Register of Directors interests previously circulated. It was agreed that the Register was a correct record for the current financial year.

08.14 3. MINUTES OF THE PREVIOUS MEETING

The Minutes of the meeting held on 8th January 2008 were agreed as a correct record.

08.15 4. MATTERS ARISING

4.1 Birmingham City Council

The Chairman informed the meeting that he had contacted Paul Tilsley at Birmingham City Council by telephone on two occasions concerning parking at Good Hope Hospital and arrangements for the Medipark bus interchange. Cllr Tilsley said that he would come back to the Chairman with a response in due

CW

course.

The Chairman advised the meeting that he had also spoken to Sue Anderson concerning central services. They would be revising the current grant system and were conducting a review of this with a view to targeting future investments. Sue Anderson had informed the Chairman that she could not confirm that Good Hope Hospital had withdrawn but did confirm that there were no monies in this year's budget and therefore the debt was not applicable. The Chairman said that he had requested Sue Anderson to pursue the outstanding issues and her response was still awaited.

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4.2 Medipark Application

Mr Goldman informed the meeting that this had now been submitted.

4.3 Care UK

Mr Goldman advised the meeting that the PCT were still in the process of discussions and would come back to the Trust in due course.

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4.4 Working for Health

Mr Goldman reported to the Board that he had had a meeting with the CEO of the PCT earlier that day, together with Dr Rayner and Mr Stokes, to further consider the Working for Health arrangements and to agree the strategy. Further joint Board meetings would be set up to propose a more formal Governance arrangement to move this initiative forward into the mainstream over the next 3-5 years.

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4.5 Enhanced payments to Staff

The Chairman advised the Board that he had met with Mr Stokes and that he would be meeting with Mr Samuda. A report would be prepared for the Audit Committee in March.

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4.6 Capital Investment Programme

The Chairman informed the meeting that an additional meeting of the Trust Board should be held before the end of February to focus on Site Strategy and Estates Planning for the next 10 years. After discussion it was agreed that the meeting would be at Good Hope Hospital in the Partnership Learning Centre on Tuesday 26th February at 4pm. Board members would be invited to arrive at 3pm for a site tour prior to the meeting.

DR

4.7 Nursing Standards

This was an item on the Agenda.

4.8 Corporate Strategy

This was an item on the Agenda.

The Board were also informed that the paper presented by Mrs Fenton earlier in the year had been further expanded by Simon Jarvis in Mrs Dunn's department with a view to wider dissemination. The Board were further informed that the Annual Business Plan would be brought to the Board in May or June 2008. The Trust's corporate strategy would be linked to the site strategy.

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4.9 Maternal Deaths

Mrs Baillie updated the Board on the Healthcare Commission's response to the increase in maternal deaths. The Healthcare Commission had asked for an external review but it was felt that there was no cause for concern and this view was shared by the external reviewer. A request had been received for a formal review to be undertaken.

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4.10 Patient Visitors Policy

The Chairman requested that the formal policy be brought to the Board meeting in March. This was agreed.

08.16 5. CHAIRMAN'S REPORT

Copies of the briefings and follow up reports for the Chairman's visits undertaken in November and December 2007 had been circulated to Board members prior to the meeting. Questions and comments were invited. There were no questions, however it was noted that although some improvements had now been made in Medical Records, further work was still required.

08.17 6. CHIEF EXECUTIVE'S REPORT

6.1 Radiotherapy Feasibility Report

Deborah Homa from Finnamores gave the Board a presentation on the Radiotherapy Services Feasibility Assessment.

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6.2 MR Ablation Clinic

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It was agreed not to proceed further with this proposal.

6.3 Performance Monitoring

Mrs Fenton presented an update on Quarter 3. There were 3 red targets, consistent with the previous month, and 7 amber. The amber targets had increased due to emergency pressures but the Trust was now back on line and forecast to hit all year end targets apart from MRSA and sickness. Choose & Book answered calls were now on target. The A & E Monitor 4 week rolling average was red but this was due to the methodology used by Monitor in calculating the performance. The Trust was forecast to hit the 98% target for the full year period 1st April 2007 – 31st March 2008.

The 3 major issues were: Demand, Capacity and People. In particular, the length of time spent in hospital was a major issue at Good Hope site due to the high number of elderly patients in North Birmingham resulting in longer stays in hospital and delays in discharge following referral to Social Services.

Dr Rayner circulated a supplementary paper comparing consultant workloads at Heartlands and Solihull with Good Hope Hospital. The data had been obtained from Dr Foster Intelligence (2004/05) and showed that consultants at Good Hope had had a larger number of patients assigned to them, which had resulted in fewer consultant visits per patient and delayed referrals and discharges at that

time.

The Chairman informed the Board that an analysis would be undertaken of the recent unprecedented high levels of diarrhoea and vomiting/sickness with a view to assessing recruitment needs prior to next winter although it was hoped that this year's sickness levels would continue to reduce.

6.4 Combined Key Risks

Dr Woolley advised the Board that the monthly Key Risks Report had been developed for Trust Board but that the Governance & Risk Committee had been set up as a sub-committee and were now meeting more frequently. It was proposed that the Governance & Risk Committee should take over the monitoring of key and operational risks, reporting quarterly to Trust Board and provide the context of overall incident reporting.

G&R
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The Board were asked to agree to the receipt of quarterly reports from the Governance & Risk Committee, subject to exceptional incidents being reported to the Board as and when they occurred. This was agreed.

Dr Woolley drew the Board's attention to a new incident reported in Attachment 1 to the report relating to a delay in recognising that a patient had deteriorated. The incident was being investigated.

Ref OC20 Maternity Unit security on Labour Ward

The meeting were informed that the window replacement programme had now been completed and the windows secured.

Medical Records

The Board were advised that medical records should be on track by the end of the financial year and that the effectiveness of policies on case note tracking, which was a compliance issue, would be monitored by Mrs Fenton through the Operations Committee.

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Attachment 2: Trends

Dr Woolley informed the meeting that there were no changes in trends and that Dr Ann Keogh was working with the operational areas on actions required as a result of SUIs previously identified.

Attachment 3: recommendations Arising from Investigations

Dr Woolley confirmed that progress was on track.

Attachment 4: Risk Summary

Dr Woolley informed the Board that a detailed update would be brought to Trust Board in March.

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Professor Ham informed the Board of the Healthcare Commission's report (published the previous day) which related to discussions held at the Trust Board's Away Day on 1st February. Dr Woolley agreed to include this as an Agenda item at the next Governance & Risk Committee meeting.

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6.5 Operations Committee

The Operations Committee had received the outline of the Nursing Strategy 2008-2012 and Mrs Baillie advised the Board that the Nursing Strategy would be presented to the March Trust Board meeting.

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6.6 Information Governance Report

A review of person-identifiable data had been completed in December 2007 and no data transfers had to be suspended as a result of this review. However the NHS Strategic Tracing Service had suspended its batch tracing service nationally until batch tracing users encrypted their files. The next phase of the review was due to be completed by 15th February 2008 and would inform the Information Governance Toolkit scores which must be submitted to NHS Connecting for Health by 31st March 2008.

Dr Woolley informed the meeting that the Department of Health (David Nicholson) had issued a set of instructions to all Trusts. There was a need to audit bulk transfers of personal identifiable data. Where data relating to more than 51 records was going out, an audit trail would be required and transfers must be secure. Attachment 2 of the report detailed the response.

The system would be implemented whereby no information would be sent other than in accordance with the guidance issued to Trusts.

Dr Woolley informed the Board of two other issues:

- 1) Early last year a van that transported paper laboratory reports to GP surgeries had been stolen. The Trust ensured that where possible information was transferred electronically but some GPs still requested the reports in hard copy format. Following the theft recommendations had been made to further tighten security and all GPs and patients concerned had been informed. Pathology results referred only to patients by their name and hospital number.
- 2) Good Hope Hospital's shared record arrangements included medical records being sent out to the PCT's and to clinics. At this time the Trust were not aware of any issues in terms of the way this information was transferred.

Earlier in the month the Trust had been requested to self-certify to Monitor and to issue a declaration if it believed itself to be compliant with DoH requirements. Dr Woolley stated that she believed the Trust could declare compliance but recommended that Monitor be informed of the two issues identified above.

It was agreed that when making the declaration to Monitor they should be advised of these two issues and further informed that whereas in the past the Trust transported notes to clinics, this practice would be discontinued from a specified date.

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Mr Goldman advised the Board that Andy Laverick had been asked to look into the consequences to the organisation of putting in place measures to prevent down-loading of information without encryption or using personal lap-tops.

6.7 Update on Decontamination Project

Mr Goldman updated the meeting on a decontamination issue affecting the Yardley Green site. City & Sandwell Hospital were undergoing a change of practice and there was more confidence in the Trust's decontamination unit than in the new centre at Kings Norton, although Kings Norton was a new centre and used by other members of the consortia of which HEFT was also a member.

6.8 Payroll

Mrs Coalter updated the Board on the problems that had been inherited following the merger with Good Hope Hospital. There was now a backlog of 300 cases, although this was a relatively small number in relation to the Trust workforce, but understandably significant to those staff affected. The issues were being centrally managed at the highest level and short term measures were now in place, including extra telephone staff to deal with queries and daily reviews of the situation.

08.18 7. FINANCE REPORT

Mr Stokes reported to the Board that there were no concerns. The long-term financial strategy would be considered at the Board meeting now scheduled to take place at Good Hope Hospital on 26th February 2008. Activity levels for next year were under internal discussion for a four week period following a communication received from the PCTs at the end of the previous week and this should be signed off by 28th February 2008.

Internal Audit Services

Mr Stokes confirmed that the Trust were looking at the implications of IFRS and were going out to tender for Internal Audit Services.

Financial Forecast

Mr Stokes advised the Board that PwC would carry out an interim audit but that the Trustwide position was the same as in previous months and there had been no change to cash in the bank from last month. All Monitor targets appear to have been exceeded despite a slightly higher level of capital spend planned for the last quarter. This was in part due to the PCTs who paid more money to the Trust at the start of the year and less towards year end.

08.18 8. 2008/09 MODEL CONTRACT IMPLICATIONS

Mr Stokes informed the Board that the Trust had signed a 3 year legally binding contract on 1st April 2007. The new model contract for organisations had to be signed by the end of this month to become effective for 1st April 2008.

The recommendation was for HEFT to move towards the new model contract which contained benefits for patients but that the Trust should continue with the existing contract for the present time whilst considering the implications of the new proposals.

Questions were invited:

Q Why not continue with the existing contract for the full term?

A It is anticipated that on 1st April 2008 the PCT will give the Trust a one year period of notice to change to the new contract from 1st April 2009. It has a right to do this under the terms of the existing contract.

The Board were asked to:

- Note the intention of the Trust's host commissioners to serve 12 months notice on the Trust's current contract on 1st April 2008
- Approve the use of the 2007/08 contract for agreeing financial and activity values with Commissioners by 28th February 2008
- Approve the process for agreeing the content of the new model contract
- Approve the proposal to retrospectively implement the new model contract to 1st April 2008 when its content is agreed

Mr Goldman asked the Board to agree to Mr Stokes proposal to enter into contract discussions with the PCTs with the aim of protecting and producing a better outcome for patients under a new contract. The Board agreed that Mr Goldman and Mr Stokes should take this forward.

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08.19 9. COMPANY SECRETARY'S REPORT

Mrs Robinson presented her report to the Board.

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08.20 10. BOARD COMMITTEE MINUTES

10.1 Minutes of Finance Committee – 21st December 2007

There were no issues raised.

10.2 Minutes of Audit Committee – 8th January 2008

The Board were informed that there was one matter to be brought to their attention. Mr Samuda informed the meeting that bids had been received for the Internal Audit Tender and that three had been shortlisted. Interviews would be held later in February.

10.3 Minutes of the Remuneration Committee – 21st December 2007

There were no issues raised.

08.21 11. ANY OTHER BUSINESS

Review of Self-Certification Process

The Board were informed that a letter to Monitor had been prepared for signature by Mr Goldman as Chief Executive Officer. Copies of the Final Draft Report were circulated. The meeting were informed that the wording of the report had been changed, as discussed and agreed at the Board meeting held on 8th January 2008. The Board agreed these amendments and to the signing off of the letter to Monitor.

Birmingham Chest Clinic

Mr Bucknall stated that as a new Non-Executive Director it appeared to him that the Birmingham Chest Clinic had a lower profile than that of the other 3 sites. The Chairman advised Mr Bucknall that he had a visit to the Chest Clinic scheduled to take place in March. Non-Executive Directors were routinely circulated with details of forthcoming visits to all 4 sites and invited to attend if they were able to do so. Mrs Dunn further also advised Mr Bucknall that she would arrange for him to have an induction meeting with the Communications team so that he could see what was being done in order to raise the profile of the Trust as a whole.

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08.22 12. DATE OF NEXT MEETING

Tuesday 26th February 2008: 10 Year Finance & Site Strategy

This meeting will be held at Good Hope Hospital and commence at 3pm with a site tour, followed by the meeting in the Partnership Centre at 4pm.

Tuesday 4th March 2009

..... Chairman