



TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital

at 1.30pm on Tuesday 1ST July 2008

PRESENT:

Mr C Wilkinson (<i>Chairman</i>)	Ms N Hafeez (<i>Item 7 – Item 8.4</i>)
Mrs F Baillie	Mr R Harris
Mr D Bucknall (<i>until Item 8.4</i>)	Mr P Hensel
Ms M Coalter	Dr H Rayner
Dr I Cunliffe	Mr R Samuda
Ms A East	Mr A Stokes
Mr M Goldman	Dr S Woolley

IN ATTENDANCE:

Mr M Boulton	<i>DNV (Item 8.1 only)</i>
Mrs B Fenton	
Dr S Gossain	<i>(Item 7 only)</i>
Mrs C Lea	
Mrs M Pittaway (Minutes)	
Mr J Step	

Action

08.86 1. APOLOGIES

Apologies were received from Mrs Lisa Dunn and Professor Chris Ham.

The Chairman introduced John Step, who was in attendance as an observer on behalf of Mr Stuart Emslie. Mr Emslie had been invited by the Board to conduct a review on the Board's Effectiveness with a view to presenting his findings in the Autumn.

08.87 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.

08.88 3. MINUTES OF THE PREVIOUS MEETINGS

Minutes of the meeting held on Tuesday 27th May 2008:

These were agreed as being a correct record.

Minutes of the meeting held on 3rd June 2008:

These were agreed apart from:

Page 2, the fourth line should be amended to read:

A report on Health & Safety would be brought to the Governance & Risk

Committee.

Page 2, 4.4, should be amended to read:
Update on plans to achieve NHSLA Risk Management Standards

Subject to these amendments the Minutes were agreed to be a correct record.

Minutes of the meeting held on Wednesday 11th June 2008:

These were agreed as being a correct record.

08.89 4. MATTERS ARISING

4.1 Birmingham City Council

The Chairman advised the Board that negotiations were on-going concerning outstanding issues with Birmingham City Council, including the car park. Mr Stokes confirmed that he was still awaiting a response.

4.2 CNST Level 2

Dr Woolley advised the meeting that the Governance & Risk Committee had been updated on this.

4.3 Report from the Healthcare Commission

The Report from the Healthcare Commission had not been received to date.

4.4 Radiotherapy Services Feasibility Assessment

Ms Coalter informed the Board that meetings had taken place between representatives of the Trust and UHB and further meetings were planned. The Chairman advised the Board that a number of Consultants he had spoken to on his weekly departmental visits were clearly anxious to move this forward.

4.5 Academy School Sponsorship

The Chairman informed the Board that, together with Mr Goldman, Mrs Dunn and Mr Stokes, he had recently met with Lord Adonis. Mr Goldman then informed the Board that the next step would be to set up a meeting with School Governors, after which a report would be presented for further consideration at a future Board.

MG/
AS/
LD

4.6 Presentation of the Business Plan to Staff

Mrs Fenton and Mrs Dunn would co-ordinate a series of presentations for staff on the Business Plan. Copies of the Business Plan had already been sent out to Trust Governors.

BF/
LD

08.90 5. CHAIRMAN'S REPORT

5.1 Chairman's Visits

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. There were no questions or comments.

08.91 6. TRANSFORMATION STRATEGY

Mrs Fenton presented the Draft Transformation Strategy to the Board and informed the Board that The Quality as a Business Strategy, approved by the Board in December 2007, had re-defined the Trust's focus and number one priority:

Quality = (Patient Outcomes and Satisfaction plus Staff Satisfaction) divided by Costs

Mrs Fenton drew the Board's attention to the diagrams on pages 6 and 7 of the presentation and informed the meeting that, just like the geographical "true north", in order to achieve the Trust's Vision of Quality it must align all of its activities across the organisation to focus on achieving the ideal position.

The Board were informed that successful transformation would require the organisation to change the way it thought and behaved. This would enable the Trust to have a deeper understanding of the problems, redesign its processes and deploy effective change. The right balance of culture change (thinking and behaviour) and technical change (systems and tools) would transform activities and lead the Trust towards its goal of "true north".

Mrs Fenton drew the Board's attention to page 10-12 of the Report, setting out examples of existing ways of problem solving within the NHS, together with recommendations for change.

The Board were further informed that LEAN - the term given to a system originally developed by Toyota over 50 years ago and subsequently adopted by various commercial and some public sector organisations - would be a practical way of improving processes. It could be applied across all activities and was aimed at delighting customers and maximising value by removing waste and error. It was widely used in healthcare to tackle quality, morale and productivity in an integrated way.

Mrs Fenton informed the Board that it was important to get the balance right between technical and cultural changes and that lessons learnt to date from the implementation of LEAN included:

- Align projects with true north
- Define quality and measures
- Deeply understand problem state before jumping to solution and actions
- Right balance of technical v cultural is key
- Gemba (go and see and involve front line staff)

The Board's attention was then drawn to Chapter 3 of the Report, setting out the Transformation priorities for 2008/09.

The goals for 2008/09 would be:

- Delighted Patients (Clinical redesign programme)
- Happy & Motivated Staff (OD & IT Programme)
- Value for Money (EIG Programme)

Mr Stokes advised the Board that following meetings with some of the directors it seemed likely that there would be a requirement for an investment of more than £2m during the first year of the Trust's 10 year investment strategy. Business cases for projects would be produced. These would be kept simple, aspirational and remain focussed on key issues.

Ms East confirmed the importance of these priorities and that all other projects should be reviewed in the light of achieving these priorities. New projects/ideas should not be allowed to distract the Trust from its goal. Mrs Fenton informed the meeting that the Executive Directors Committee would lead the Transformation Programme, reporting to Trust Board.

The Board agreed the targets that had been presented to them in the Report. It was further agreed that a baseline assessment of the transformation measures would be presented to the Board in August and that Transformation Progress Reports would be made to the Board each month, commencing in September.

In response to a question on how the proposals would be implemented, Mr Goldman responded that a team was already in place and that staff were already enthusiastic about improving patient care and working lives. The transformation strategy would build on that platform of support.

BF

08.92 7. REPORT FROM THE DIRECTOR OF INFECTION PREVENTION AND CONTROL

Dr Gossain was invited into the meeting in order to present her monthly report to the Board and to provide them with an update to the end of June.

MRSA

Dr Gossain advised the Board that the total number of MRSA cases to end June had risen to 8 against a target of 9. RCA's had been completed on 6 of these so far and one had been caused by contaminants. Mr Goldman informed the Board that he would be interviewing the consultant concerned with regard to this. The Board were further informed that there had been some improvement in the figures overall for MRSA, however, the Trust had not yet hit its quarterly trajectory.

The Board were advised that there was a need for staff education on compliance with MRSA procedures to be highlighted and the electronic handover system was being modified to include simple alerts about screening protocols to help address this need. It was agreed that a monthly report should be produced and circulated to wards in order to better communicate this message.

HR/
SG

Dr Gossain informed the Board that MRSA screening of emergency admissions had begun during the previous week and that in other organisations this practice had been seen to considerably reduce MRSA bacteraemia. The Department of Health would be visiting the Trust again later in the year and would be looking for evidence of change.

Norovirus

Dr Gossain advised the Board that she had recently attended a multidisciplinary review of Norovirus outbreaks over the winter of 2007-08 and that there were lessons to be learnt from the last outbreak. Recommendations for areas of improvement and changes in practice for 2008-09 would be submitted to the ICEC and the July Operations Committee. A report would be brought to the August meeting of Trust Board.

SG

C'Diff

The Board were informed that the number of infections had decreased at all sites during May 2008 and was below trajectory.

A question was raised concerning death rates due to infection following the Review of Clostridium difficile deaths and death certification as requested by the Regional Directors of Public Health: January to March 2008 (page 4 of Enclosure 5 of the Infection Control Report). The Board were informed that it was extremely difficult to determine whether infection was the cause of death. However, following discussion of the findings of the above Review by the ICEC the advice given to doctors completing death certificates had been amended to

ensure that where a healthcare associated infection occurred during a patient's admission, the junior doctor must discuss the case with the Consultant prior to completion of the death certificate.

Legionella Control

In response to a question concerning the risk of Legionella, the Board were informed that the Legionella Working Group continued to meet quarterly and that Legionella Control centred on the following areas:

- Risk Assessment
- Temperature Monitoring
- Silver and Copper Ion Treatment
- Flushing Policy
- Legionella Incidents in the Trust
- Responsibilities for control in non-HEFT premises

Having completed her report, Dr Gossain left the meeting at this point.

08.93 8. CHIEF EXECUTIVE'S REPORT

Mr Goldman circulated copies of two documents that he had received for the Board's information in connection with the Darzi Review:

1. An email received from The NHS Confederation: NHS Next Stage Review – High Quality Care for All: Published Monday 30th June 2008)
2. NHS60:themoth (Issue 10): A monthly update from the NHS Leadership Team

Dr Woolley confirmed that much of the content in Lord Darzi's report, which had just been published, mirrored the Trust's priorities since the merger with Good Hope Hospital last year and its future aspirations by way of implementation of the Transformation Agenda.

8.1 Patient Safety Review

Mr Boulton from DNV was invited into the meeting in order to present the final report; copies of the Executive Summary and the Main Report having been previously been circulated to the Board.

Mr Boulton drew the Board's attention to page 12 of the Main Report. Figure 13 showed HEFT's performance against each element of the best practice framework and a target range which had been developed based upon similar frameworks used by leading organisations in other safety critical industries.

The Trust had been shown to be performing in the 50%-60% range i.e. was achieving 50% to 60% of the patient safety best practice indicators. "Emergency Planning", "Leadership" and "Roles and Responsibilities" were the highest performing areas. "High Reliability Organisation" indicators had been assessed at the lowest level.

Mr Boulton further informed the Board that the framework had been developed explicitly for the review so it was therefore not possible to benchmark HEFT's performance against other acute Trusts. However it was the judgment of the assessment team, based on their experience and their past patient safety work for other NHS organisations, that HEFT was performing at a level typical of many NHS acute Trusts in England.

Dr Woolley advised the Board that the Trust should set its own targets, performance measures and framework in order to aim to move into the 70%-80% zone in terms of safety. There was also a need to focus on changing and improving the safety culture within the Trust and to become more pro-active in this area. The Board agreed that Dr Woolley should bring proposals in order to achieve this to the October Board meeting. These should take the form of a programme linked in with the Transformation Programme and proposed timescale for implementation.

The Chairman thanked DNV for the work that had been undertaken and Mr Boulton left the meeting at this point.

8.2 Performance Report

Mr Goldman informed the meeting that with the exception of MRSA, which had been covered under Item 7, there were no further exceptions to which the Board's attention should be drawn. The Board accepted the report.

8.3 Operations Committee

Mrs Fenton presented the report to the Board and drew the meeting's attention to the following:

Funding for C'Diff Cohort Ward

The Cohort Ward had been opened a year ago and the data collected during this period had shown strong correlation with a reduction in C'Diff rates. The Board agreed that this Ward should remain open.

It was noted that it was not possible to open a dedicated ward at Good Hope Hospital at the present time since there was no spare capacity. There was, however, provision to build a new isolation facility on the Good Hope site contained within the 10 year strategic plan.

Ms Hafeez left the meeting at this point.

Mr Harris queried whether it was possible to have a fast-track procedure for consultant appointments when required. Mr Stokes confirmed that a business case has to be clearly demonstrated prior to approval, however, the Trust was looking at ways of speeding up the decision-making process and it was currently undergoing the 'LEAN' process.

Director of ICT

The meeting were informed that Mr Laverick, the Director of ICT, would present a full update to the September Board meeting. It was further agreed that Trust Board would commence at the earlier time of 1pm and that in order to facilitate this Mr Samuda would ensure that Audit Committee was concluded by 12.30pm on that day.

Director of HR & OD

Ms Coalter informed the Board that sickness absence figures had fallen across the Trust.

The Board accepted the following in relation to Junior Doctors, and in particular in relation to the introduction of the directives on working time:

- The progress of junior doctor recruitment for August 2008
- The revised induction arrangements for junior doctors
- Work to address the future medical workforce and receive further update
- Approve European Working Time Directive plans and projected costs

Mr Bucknall left the meeting at this point.

8.4 HR Update

Ms Coalter presented the Board with an update from the June meeting of the HR Committee.

People KPIs

The Board were advised that the revised KPIs now included information on sickness, turnover, temporary staffing and recruitment data.

The National Staff Survey 2008

The Board were informed that the survey had targeted 800 staff at the Trust, of which there were 300 respondents, amongst the lowest 20% of acute Trusts. However, the timing of the National Survey had coincided with the Local Survey (which had been completed by 300 staff) and in addition there had been little active marketing of the National Survey.

Ms Coalter advised the meeting that the Trust would be undertaking another Staff Survey in October 2008 and that Lisa Dunn would bring the results of the Patient's Survey that had recently been undertaken to a future Board meeting

LD

Incremental Progression

A question was raised concerning the delivery of the Agenda for Change policy in this area. Ms Coalter confirmed that the policy is now in place but managers were not currently withholding incremental progression. They were being trained to manage performance and the new appraisal system would be rolled out Trustwide. Withholding such progression required a clear audit trail of performance management.

8.5 Commercial Director's Report

Mr Goldman informed the Board that a plan of the Trust's proposals for the HEFT Academy would be presented by the Business Unit to the Board in the Autumn.

MG/
SH

Medipark

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

MG

8.6 WORKING TOGETHER FOR HEALTH

Dr Rayner outlined the background to the proposals contained in Working Together for Health: 2008/09 and Beyond (updated 29th May 2008), copies of which had previously been circulated.

The Board were advised that key to the success of the programme would be a shared knowledge and understanding of how the whole health and social care system operated. This would require all parties to be conversant with methodologies and measurement techniques for whole systems and for initial effort to be focussed on the appropriate performance and outcome measures that would be adopted by the Board.

The Chairman drew the meeting's attention to Appendix A of the report, which detailed the proposed structure of the Board. He further informed the meeting that Professor Chris Ham had been approached with a view to taking on the role of Chairman of the Working Together for Health Board and he had indicated his willingness to do this.

The Board approved this appointment.

08.94 9. GOVERNANCE REPORT

Dr Woolley presented the Governance Report and drew the Board's attention to the Risk Summary. The Board were asked to note the reduced risk profile against all risks. Dr Woolley advised the meeting that prioritisation scores for risk and a detailed framework on how to move forward would be presented to the Board in the Autumn.

SW

Ms East commented that risks that had been carried forward were discussed at Audit Committee. Dr Woolley stated that these would be dealt with by way of a report to the Board to enable them to look at how the Board's agenda was tailored towards the risk profile of the organisation.

SW

Dr Woolley informed the Board of one new Serious Untoward Incident: DTX55131 (Feb 08) where there was a delay in resuscitating a new-born baby at Good Hope Hospital. An investigation was on-going.

08.95 10. FINANCE DIRECTOR'S REPORT

Mr Stoke presented the Finance Report. The Board's attention was drawn to the strategic issues summarised in the report and in particular to the following:

- The Trust's operational budgets were £0.8m in deficit as at May 2008.
- £1.5m of CIP had been achieved year to date against a target of £2.0m with the Business Unit forecasting a shortfall of £4.6m at this time.
- Pay was overspent against operational budget by £1.5m due to medical and nursing locum and agency usage. Pay remained a key pressure this year.
- The Trust had over-performed against LDP contracts by 5.3% for the period April to May 2008.
- The year to date over performance was £3.8m which consisted of an over performance in Elective, Daycases, Outpatients and Non-Elective patient classes.

The Board also accepted that the Trust had £30m on deposit with the Royal Bank of Scotland on a one month deposit interest rate of 5.46%.

Car Parking Lease Agreement: Yardley Green Site

The Board agreed that Mr Stokes be given delegated authority to sign the Car Parking Lease agreement for the Yardley Green Site on its behalf.

AS

It was further agreed that the business case for meeting HEFT's car-park requirements in the longer term for Heartlands would be presented to Trust Board at the September meeting.

AS

08.96 11. COMPANY SECRETARY'S REPORT

Mrs Lea presented her report to the Board.

Use of Seal

Since reporting to the Trust Board in May 2008 there had been no use of the Seal.

Board Minutes

The Board noted the contents of the following Minutes of Meetings:

Finance Committee: 27th May 2008

Governance & Risk Committee: 2008

Audit Committee: 11th June 2008

08.97 12. ANY OTHER BUSINESS

There was no other business.

08.98 13. DATE OF NEXT MEETING

Tuesday 5th August 2008

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Chairman