



TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital

at 1.30pm on Tuesday 3rd June 2008

PRESENT:

Mr C Wilkinson (<i>Chairman</i>)	Mr R Harris
Ms M Coalter	Mr P Hensel
Dr I Cunliffe	Dr H Rayner
Ms A East	Mr R Samuda
Mrs B Fenton	Dr S Woolley
Professor C Ham	

IN ATTENDANCE:

Mr M Boulton	<i>DNV (Item 7.1 only)</i>
Ms J Carthy	<i>DNV (Item 7.1 only)</i>
Dr S Gossain	
Mrs M Pittaway (Minutes)	
Mr A Stokes	

Action

08.70 1. APOLOGIES

Apologies were received from Mrs Fay Baillie, Mr David Bucknall, Mr Mark Goldman and Ms Najma Hafeez.

08.71 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.

08.72 3. MINUTES OF THE PREVIOUS MEETINGS

The Minutes of the meeting held on Monday 28th April 2008 were agreed apart from:

Page 7. the last sentence of the third paragraph be amended to read:
Adrian Stokes confirmed that some comments had been made in the Monitor Quarter 4 Report regarding the site improvement.

The Minutes of the meeting held on Tuesday 6th May 2008 were agreed apart from:

Page 6, the first sentence should be amended to read:
A report on Health & Safety would be brought to the Governance & Risk Committee.

Page 7, 6.3 Report from the Infection Control Executive Committee (ICEC):
The word 'projectory' in the penultimate line be changed to 'trajectory'

Page 9, the first sentence of the third paragraph from the bottom of the page be amended to read:

A: Patient fall in the NHS is considered to be one of the most frequently occurring.

Page 16, 6.16 Voluntary Services, the penultimate paragraph under this item be amended to read:

Mr Bucknall and Mrs Dunn agreed to meet outside the meeting to progress funding further.

Page 19, the second bullet point be amended to read:

Patient safety walk-arounds have been implemented and take the form of talking to wards/departments around safety issues rather than a formal audit process.

Page 19, final bullet point, the first line to be amended to read:

A review of the complaints management system is being undertaken ...

Subject to the above amendments the Minutes of 28th April and 6th May 2008 were agreed to be a correct record.

08.73 4. MATTERS ARISING

4.1 Birmingham City Council

The Chairman will meet with Mr Stokes to discuss further the progress the progress that has been made between the Local Authority and the Trust. An update will be brought to the July Board meeting.

CW

4.2 Chest Clinic Services

Mr Hackwell was still investigating the viability of moving some or all of the Chest Clinic services into the Solihull branch of Boots the Chemists.

4.3 Improvement Notice System for Infection Control

Mrs Fenton informed the Board that this initiative was being led by HR and Dr Woolley. Improvement Notices had been served on two Ward Managers to date and action plans successfully implemented which had resulted in both Wards now being designated 'Green'.

4.4 Update on plans to achieve NHSLA Risk Management Standards

Dr Woolley informed the Board that this had been discussed at the Governance & Risk Committee meeting held on 2nd June 2008 and that she would bring an update to the July Board.

SW

4.5 Report from the Healthcare Commission

Dr Woolley informed the Board that the Report from the Healthcare Commission was still awaited.

SW

4.6 Radiotherapy Services Feasibility Assessment

Mrs Fenton informed the Board that some progress had been made and that an update would be brought to the July Board. Simon Hackwell had met with the Health Authority and a Memorandum of Agreement prepared for a case to be taken forward for Solihull Hospital.

MG/
SH

4.7 External Review of Patient Safety

This was still ongoing and would be brought back to the Board in due course.

SW

4.8 Board Assessment

The Chairman advised the meeting that he had written to Stuart Emslie confirming the terms and conditions under which he would be conducting a review and was awaiting his response in order to finalise a start date.

CW

4.9 Academy School Sponsorship

Mr Stokes advised the Board that a meeting with Lord Adonis to discuss the Academy School Sponsorship would be held shortly.

LD/
MG/
AS

08.74 5. CHAIRMAN'S REPORT

5.1 Chairman's Visits

Copies of the briefings and follow up reports for the Chairman's visits undertaken during April 2008 had been circulated to Board members prior to the meeting. Questions or comments were invited.

Q In the report on the visit to Pharmacy the implementation for electronic prescribing was stated as being 'by end 2010'. Why is the timescale so long?

A Implementation should be in place by 2009. However it would be necessary to recruit further staff to meet this target date.

Q Three reports alluded to concerns about cleaning and compliance with infection control procedures on wards. What is being done about this?

A Staff have been advised that anyone going onto a ward not conforming to standards should be open to challenge and, if appropriate, concerns should be escalated to a more senior level. HR agreed this was the formal view and Ms Coalter further informed the Board that formal action had been taken against a small number of persistent poor observers of the infection control policy.

Q In the report on Elderly Care it appeared to be easier for discharge packages to be in place for patients living in the Solihull area. Why was this?

A Care packages have, historically, always been easier to arrange from Solihull Hospital due to the structure of the Solihull Care Trust.

Q In the report on Elderly Care, it was stated that there were difficulties in covering workloads due to the reduction in Junior Doctors hours under the Working Time Directives and a lack of incentives for other professionals such as nurses and pharmacists to undertake training which would enable them to take on some of these tasks. What are we doing about this?

A Ms Coalter said that she was surprised to see these comments in the report. HR had introduced a Working Time Rota prior to Christmas which had resulted in less staff on wards during the day due to the shift to night-time working. Ms Coalter confirmed that HR were giving further consideration to this in order to ensure the best use of staff resources.

08.75 6. REPORT FROM THE DIRECTOR OF INFECTION PREVENTION AND CONTROL

Dr Gossain presented her first report to the Board following the Department of Health's recommendation that the Board should receive a report from the Director of Infection Prevention and Control on a monthly basis (copies of Dr

Gossain's report had previously been circulated to the Board).

MRSA

Dr Gossain advised the Board that the data presented in her report related to April 2008. There had been 5 MRSA bacteraemia cases (the target being 4.5 cases) of which 4 were pre 48 hour cases and 1 post 48 hours. The post 48 hour case related to a patient in the Elderly Care Ward 9 at Good Hope Hospital and the focus of infection had been identified during investigation as a skin contaminant. Of the pre 48 hour cases, Dr Gossain informed the Board that one patient had recently returned from abroad and the Trust was still awaiting the root cause analysis on the other 3 from the PCTs. The Board were informed that the provisional figure for MRSA bacteraemia cases in May was 3.

Questions were invited.

Q The DoH report stated that 3 wards achieved less than 50% compliance (Wards 9 & 10 at Good Hope and A&E Majors at Heartlands). What are we doing about this?

A The Trust has an overall approach but the problem areas highlighted are being treated with more rigour.

Q What progress has been made on Root Cause Analysis?

A It is not always clear that there is only one cause i.e. it is sometimes only possible to establish the most likely cause since the patient may have more than one possible root of infection. Therefore in such cases this is recorded as 'most likely cause' on the RCA.

Q How is our relationship developing with the PCTs, i.e. what are we doing together to make sure that we work in a more effective way?

A The relationship is improving all the time and the Trust is represented at a joint operational group with the PCTs Infection Control Teams. The next step forward is acknowledging that the pre 48 hours cases are a joint issue and the Trust is now undertaking RCA for this. The Trust has also brought forward the MRSA screening for emergency admissions which should see a reduction of colonisation in patients coming into the Trust's hospitals and reduce the risk of patients developing bacteraemia and taking it out into the community.

Q When a patient is screened and found to be positive, do we isolate them?

A Due to over 100% bed occupancy it is not possible to isolate everyone but by beginning decolonisation earlier there should be a reduction in the transmission of infection.

Q Could we build another Isolation Ward – has this been considered?

A This is not currently under consideration.

C'Diff

Dr Gossain informed the Board that following an increase in the number of C'Diff infections in Quarter 4 of 2007/08, cases had decreased on all 3 hospital sites during April 2008 and were lower than in April 2007. The increase during Q4 of 2007-08 was felt to be due to:

- Concurrent Norovirus outbreaks at all 3 hospitals resulting in increased testing and ascertainment of cases – some patients had dual positive results
- Inability to isolate/cohort cases during the Norovirus outbreaks
- Several wards with increased incidence and outbreaks in February/March and where, following intervention, cases were now decreasing

- Seasonal rise had previously been seen in Q4 with antibiotic treatment of winter infections

Questions were invited.

Q What can the Board do differently to support and reinforce the work of Infection Control?

A The Board should give its full support to the on-going initiatives of the Infection Control Team to tackle this problem and the recommendations made to reduce MRSA, C'Diff and other infections.

Q What constitutes Board support?

A The Board should not under-estimate the sponsorship and endorsement that it already provides, and it is sending out a strong message to people.

Q Should the Board formally recognise those areas that have significant improvement?

A Internal communications are important and a letter of recognition could be sent by the Chairman on behalf of the Board. Recommendations should be sent to the Company Secretary in the first instance.

Q Will the effect of last winter's Norovirus be a winter priority this year?

A There will be an Outbreak Review Meeting next week to look at what happened last winter and what could be done better in an attempt to lessen the impact.

It was agreed that future Infection Control reports to the Board should encompass a report from both Dr Gossain and the Infection Control Executive Committee (ICEC).

Feedback Report from the Department of Health

Mrs Fenton drew the Board's attention to the Control of Infection Action Plan in response to the Department of Health's Improvement Team Visit in May and their Feedback Report. Key areas for action were:

1. Ward Audits
2. Antibiotic Prescribing
3. Emergency Screening
4. Blood Cultures
5. Clinical Practice Issues
6. Environmental Issues
7. Managing Infection Outbreaks & Capacity
8. Reporting

Copies of the DoH Feedback Report and the Trust's Action Plan had previously been circulated to Board members and questions were invited.

Q Do the 8 items above, listed for action, refer to things that the Trust were not doing previously?

A No. These were additional to what was already being done or actions that the Trust could consider doing in a different way.

Q Does this not imply that the Trust is not as focussed as it should be?

A The Trust were already implementing more than the recommendations contained in the report from the DoH. The DoH said in their report, however, that the Trust needed to focus more and to speed up the pace of improvements.

Q What about accountability on individual wards?

A Accountability on wards is being picked up by the ward audit approach.

Q Did the DoH offer any advice on ways to improve efficiency?

A The DoH said that when there was a problem area identified the Trust should carry out weekly or, if necessary, daily ward audits. The Trust has accelerated emergency screening to commence from the middle of this month.

Q How is the Trust informing people of the recommendations from the DoH on compliance measures?

A Ward 19 at BHH had piloted an Information Notice Board and this would now be rolled out to all wards as a standard in order to publicise results, including MRSA data etc. Board members were invited to go to Ward 19 in order to view the Notice Board following the meeting.

Q What about incentives for staff on improving Infection Control?

A Fay Baillie was working on this with Head Nurses. It was suggested that Board members could be invited to present awards to staff. This was agreed. FB

Q Page 17 of the Feedback Report refers to an overall compliance of 64% on Hand Hygiene results which differed from the results of the Trust's recent internal audit which came out at 90%. Why was there a difference?

A The Trust was using a different form of measurement – the Lewisham Tool. However, the Trust will use the MPSA Tool in future, in line with national recommendations.

08.76 7. CHIEF EXECUTIVE'S REPORT

7.1 Key Findings on Patient Safety

Jane Carthy and Mark Boulton from DNV were invited to join the meeting at this point.

Mr Carthy and Ms Boulton gave the Board a brief verbal outline of the progress that had been made in the preparation of their report. The Board were informed that because of the timing of the review on Patient Safety and the number of visits to the Trust that it had proved necessary for DNV to undertake to enable them to conduct the requisite interviews, the final report was not yet to hand but would be presented in full by DNV at the 1st July meeting of the Board. DNV
/SW

7.2 Corporate Business Plan

Mrs Fenton and Mr Stokes presented the Corporate Business Plan 2008/09, copies of which had previously been sent to the Board. Papers were tabled summarising the Corporate Priorities and the HEFT Strategy Road Map for 2008/09.

The Board were informed that the Corporate Objectives had now been re-ordered so as to better reflect the Trust's priorities:

1. We provide the highest quality patient care
2. We are the local employer of choice
3. We are the local provider of choice
4. We continually learn and innovate
5. We grow the business for our own and the region's prosperity
6. We are financially secure

The Board were further informed that progress in delivering the Corporate Business Plan would be monitored monthly (and in some cases weekly) through

the Trust's Integrated Performance Management Framework as depicted on page 20 of the Plan. Monitoring at each level would be based on the Trust's integrated scorecard and KPI's. SPC, Pareto, Root Cause Analysis and RADAR action plans would be used to support performance analysis and corrective action where needed.

There would be a more formal review of the entire Business Plan twice a year. This would happen across all levels of the organisation and would result in a mid-year report to the Board in October/November and an Annual Report in May. The Road Map would be brought to the Board on a quarterly basis.

Questions were invited.

Q With regard to staffing levels, how do we measure headcount efficiency, ensuring we are using our resources effectively?

A Ms Coalter responded that the Trust would be able to predict more accurately what staff are needed, and where, through the expansion of HR KPI's this year.

Q Are we recruiting fewer people in relation to the number of staff that are leaving the Trust?

A A number of factors have to be taken into account: historical turnover, sickness rate, maternity cover etc. hence the need for some flexibility. The final figures will go to the Operations Committee in July. In addition, the turnover rate includes people who move within the organisation and those on fixed term contracts.

Q Is it correct to say that the Trust has to first put right certain issues i.e. Infection Control, Payroll etc. whilst other 'wishes' are what the Trust is aspiring to do in order to enhance the organisation?

A Yes. The operational plans have to be up and running but the formational plans are different. Both operational and formational plans are shown, but not separately distinguished, on the Road Map.

Q How will the risk side be reported?

A The reporting side will be reactive; the cultural side will be pro-active. The Operations Committee report on the Trust's priorities. Strategic risks from the Business Plan need to be linked in to this.

The Chairman stated that this winter the Trust needed to have sufficient staff in place to meet seasonal demands and should aim to fill vacancies within the notice period when staff left.

Q Does the Trust have the capacity to handle all of the projects and if not, is there prioritisation?

A There are too many targets, but these are almost all national targets and the Trust is expected to deliver a massive agenda. The plans are broken down across a number of Executive Directors in terms of their leads on individual portfolios and also the Operations Directors so they should be manageable across the areas overall.

The Chairman said that the Board was being asked to agree the Road Map and the Corporate Priorities for 2008/09 and for the Trust to now move forward on these. The Board agreed.

Transformation Programme

A summary of the Transformation Programme was included in the Corporate

Business Plan 2008/09. Mrs Fenton informed the Board that a separate Transformation Strategy would be produced and presented to the Trust Board in July.

Questions were invited.

Q With regard to the Clinical Process Redesign, is there something that could be done to reduce the number of patients who come in to the hospital in the first place, i.e. should we be talking to the PCTs about this?

A We will pick this up and follow up on it.

Q Are we going to keep our bed occupancy as high as at present?

A There has to be a balance of quality with bed capacity, i.e. if we reduce bed occupancy quality would increase but so would costs.

The Board were informed that last winter money was wasted on agency nursing and sickness and there was therefore a need for more data provision. The Chairman said that the Board was being asked to support the proposals outlined above, with the addition of IT. The Board agreed.

The Board were informed that the Business Plan would be communicated on a Trust-wide basis. Medical Illustration would produce a summary brochure of the Plan, to be distributed to all staff across the Trust and in addition the Communications Director, Lisa Dunn, would co-ordinate a series of presentations events for staff. Mrs Fenton would liaise with Mrs Dunn on this.

Q Is this the normal timescale for producing the Business Plan or should the Trust be aiming to produce it earlier in future years?

A The timescale is in line with the National Operating Framework received from the Department of Health and is therefore outside the Trust's control.

BF/
LD

7.3 Performance Report

Mrs Fenton presented her report (copies of which had previously been circulated to the Board). The report on Infection Control had previously been presented by Dr Gossain under Item 6 and so was therefore not included in the Performance Report.

Ms Coalter tabled a paper on Sickness Absence Management. Actions for 2007/08 were:

- New streamlined policy
- Training for Managers
- Targeted HR support and case tracker
- Management accountability
- Management information

A case study of sickness absence in Elderly Care had been undertaken and an action plan put in place which had resulted in a big reduction in levels of absenteeism from over 10% to around 3.5%. The actions had been manager led with targeted HR support. HR were hoping to reduce sickness absence on a Trust-wide basis by 0.5% this year. The methods used to successfully reduce sickness levels in Elderly Care would be presented to the Executive Directors for them to determine how they should be shared with colleagues and rolled out across the Trust.

Ms Coalter outlined the Trust-wide position on absenteeism and the actions planned to manage sickness absence which included:

- Short term: policy and Bank restrictions
- Long term: case management
- Data & IT: speed of management information
- Occupational Health (Internal): redesign processes
- Occupational Health (External): business plan
- Brand & Visibility: employee website

The timescales for implementation were:

June

- Scope work streams
- Allocate resources
- Begin to address short-term absence – including Bank work restrictions

July

- Case management of top 100 long-term cases

October-December

- Review impact

7.4 Operations Committee

Mrs Fenton informed the meeting that the report was provided for information and that there were no decisions to be made by the Board.

Questions were invited. There were no questions.

7.5 Department of Health Letter: Overseas Visitors Report

Mr Stokes drew the Board's attention to a letter dated 14th May 2008 (copies of which had previously been circulated to the Board) from the Department of Health headed 'Information Commissioner Decision Notice: Overseas Visitors Report'.

The letter related to a request that the Trust had received from the DoH to share data for a piece of work that had been completed in 2005, looking at implementation of changes to the NHS (Charges to Overseas Visitors) Regulations 1989. In response to a request by an applicant for the identities of the 12 NHS Trusts who had submitted data to the DoH to be disclosed, and the DoH's refusal on the grounds that the participants had been promised confidentiality, the Information Commissioner had subsequently found in favour of the applicant. The DoH had been requested to disclose this information by 20th May 2008 and having decided that an appeal was unlikely to succeed had informed the Trust that the information would be issued to the applicant on 19th May 2008.

Mr Stokes informed the Board that the Trust had not been approached directly by either the applicant or by the media and there were no concerns.

08.77 8. FINANCE DIRECTOR'S REPORT

Mr Stokes presented the report (copies of which had previously been circulated) and advised the Board of the following strategic issues:

- The Trust's 2008/09 plan was £23.5m surplus
- Further work on programme management of the 10 Year Strategy was underway with a baseline assessment of the Trust's capital programming capability

- Capacity in the year, particularly throughout the winter period, would be challenging with bed model plans being prepared
- The threatened national fiscal rule was likely to lead to tightened public expenditure from 2009/10 onwards
- Interest receivable rates remaining high despite volatility of money markets

The Board were asked to note the position in relation to CIP in month one. Questions were invited. There were no questions.

08.78 9. DHL LETTER OF AGREEMENT

Mr Stokes presented a copy of the Draft Letter of Agreement between the Trust and the NHS Supply Chain for the period 1st April 2008 – 31st March 2013, copies of which had previously been circulated.

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

The Board were asked to approve the Letter of Agreement. The Board agreed.

08.79 10. COMPANY SECRETARY'S REPORT

The contents of the report were noted.

Minutes of the Finance Committee 28th April 2008

The Minutes were noted.

Minutes of the Audit Committee 6th May 2008

Mr Samuda informed the Board that there were still outstanding payroll issues but said that he expected to receive an update on these by the end of the day. Evidence was being sought that the salary transition that occurred as part of the Agenda for Change had been managed well.

08.80 11. ANY OTHER BUSINESS

There was no other business.

08.81 12. DATE OF NEXT MEETINGS

Wednesday 11th June 2008 – Approval of the Annual Report and Accounts 07/08
Tuesday 1st July 2008

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Chairman