



## TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital

at 1.30pm on Tuesday 4<sup>th</sup> March 2008

<b>PRESENT:</b>	Mr C Wilkinson ( <i>Chairman</i> )	Mr M Goldman
	Mrs F Baillie	Professor C Ham
	Mr D Bucknall	Prof J Perry
	Ms M Coalter	Dr H Rayner
	Mr I Cunliffe	Mr R Samuda
	Ms A East	Dr S Woolley
	Mrs B Fenton	
<b>IN ATTENDANCE:</b>	Mr S Jarvis	Mrs D Robinson
	Mrs M Pittaway (Minutes)	Mr A Stokes

The Chairman informed the meeting that Professor John Perry, who had been appointed to the Board as a Non-Executive Director on 16<sup>th</sup> December 1997, would be stepping down on 31<sup>st</sup> March 2008 and that this would be his last attendance at Trust Board. He thanked Professor Perry on behalf of the Trust for his valuable contribution during his time in office. This had included membership of a number of sub-committees and serving as Vice-Chair to the Board.

Action

### 08.27 1. APOLOGIES

Apologies were received from Mrs L Dunn, Ms Najma Hafeez and Mr Paul Hensel.

### 08.28 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.

### 08.29 3. MINUTES OF THE PREVIOUS MEETING

The Minutes of the meeting held on Tuesday 5<sup>th</sup> February 2008 were agreed apart from:

Page 3, 4.8: Stephen Jarvis should be amended to read Simon Jarvis. Subject to this amendment the Minutes were agreed as a correct record.

MP

**08.30 4. MATTERS ARISING**

**4.1 Birmingham City Council**

The Chairman informed the meeting that he had left a message for Mr Paul Tilsley requesting a meeting. To date he had not received a response and would follow this up.

CW

The Chairman advised the meeting that he had spoken to Sue Anderson and that Adrian Stokes would now be dealing with her office. Mr Stokes confirmed that he had a telephone call scheduled for the following week to follow up outstanding issues.

AS

**4.2 Capital Investment Programme**

This item had been dealt with at the Extraordinary Board Meeting held at Good Hope Hospital on 26<sup>th</sup> February 2008.

CW

**4.3 Corporate Strategy Paper**

Plans for a wider dissemination were already in place and this would be undertaken by Mrs Dunn's department during March.

LD

**4.4 Healthcare Commission Review**

The Report was still awaited.

FB

**4.5 Patient Satisfaction Scorecard**

This would be dealt with under Agenda Item 9.4.

**4.6 Board Assessment**

The Chairman advised the Board that he had written to Mr Stuart Emslie with a view to his undertaking this work on behalf of the Board and Mr Emslie had now confirmed that he was willing to do so. The Chairman would request the appropriate staff to contact Mr Emslie in order to draw up a contract for the work to be undertaken.

CW

**4.7 Infection Control Committee**

The Chairman informed the meeting that he had asked Anna East to sit on the Infection Control Committee and confirmed that she had agreed to do this.

AE

**4.8 FTFF**

The Chairman informed the meeting that he had indicated the Trust's support to the FTFF for a Working Party to be set up. He would bring their report would be brought back to a future Board meeting for consideration.

CW

**08.31 5. CHAIRMAN'S REPORT**

Copies of the briefings and follow up reports for the Chairman's visits undertaken in January 2008 had been circulated to Board members prior to the meeting. Questions or comments were invited. There were no questions.

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

**08.32 6. CHAIRMAN'S COMMUNICATION**

The Board were asked to consider a letter addressed to the Chairman, dated 14<sup>th</sup> February 2008, from W. Moyes at Monitor concerning Effective Governance

in NHS Foundation Trusts. Copies had previously been circulated. Particular consideration should be given to Item 4 under the Summary of Findings: Self-certification diverging from Foundation Trusts' risk registers. Mrs Fenton advised the Board that action was now in place in order to reduce the risk. It was agreed that Mr Goldman and colleagues should draft an appropriate response to this letter and that a copy would be brought to the next Board meeting on 1<sup>st</sup> April 2008.

MG

## **08.33 7. NURSING STRATEGY**

Mrs Baillie presented the HEFT Nursing Strategy 2008-2012 to the Board. The nursing vision would be to create a standard for nursing that the public recognised as the best and asked for by name. The influential nursing strategy, 'EMBRACE' encompassed a standard of nursing that included personalisation and a more holistic approach. The Board were shown a brief video.

The model had 3 core elements:

1. Patient focussed care
2. Leadership and Innovation
3. Communications

The EMBRACE model and standard would be owned and led by the Nursing Faculty Associate Director and the Faculty's aim would be to develop the model, eventually fulfilling the three purposes of Teaching, Research and Consultancy. Mrs Baillie informed the Board that it would take approximately 5 years to achieve the cultural shift required and that initially a group of 75 volunteers from the Moving Nursing Forward event would pioneer this work.

Mrs Baillie advised the Board that the video was currently being used as part of the recruitment material and that, together with Mrs Dunn, she was collecting stories of best practice and the positive experiences of patients.

The Board were further informed that the Chief Nursing Officer for England would be visiting the Trust in June as part of the 60<sup>th</sup> anniversary of the NHS.

The Nursing Strategy Road Map set out the development strategy until 2012. Mrs Baillie informed the Board that early in 2009 the Trust might be in a position to start doing some external work with the aim of eventually being invited to speak at international conferences to inform them why nursing at HEFT was different from that in the rest of the UK and how it provided a world class service.

Questions were invited.

The Chairman asked how nurse graduates would link into the new strategy since if the Trust could not build its own school of nursing it would need to have some input in the recruitment of nursing students. It was agreed it would be better if, in due course, the Trust were able to be involved earlier on in the recruitment process. Mrs Baillie confirmed that the recruitment of nurses would include testing for EMBRACE personality types and aptitudes.

The Board were further informed that a number of schools sent pupils to the Trust on work experience placement. Due to legislation, however, they were rarely able to undertake work experience on wards and placements were often in portering, stores or back-office areas. Mr Goldman advised the Board that HEFT was in the process of reviewing the schools programme as it was felt that it

would benefit from being better co-ordinated but that legislation would continue to preclude young people from certain areas.

The Chairman thanked Mrs Baillie for her presentation and the high standards set out in the document. It was agreed that the Board would receive a progress report in September 2008 and twice yearly update reports thereafter.

FB

## **08.34 8. PATIENT VISITORS POLICY**

Mrs Baillie presented the new Patients Visitors Policy & Charter to Board, copies of which had previously been circulated. Key points were as follows:

- The Visiting Policy would apply to all general hospital sites and areas
- The Maternity Units had a universal policy for all 3 sites
- The Visiting Policy revised individual ward based rules and gave set rules
- A Visitors Charter had been developed to support visitors and staff supporting patient care

The Board were informed that Mr Jarvis and Mrs Baillie would be starting an education campaign with nurses and that it was planned to introduce the changes from 1<sup>st</sup> April 2008. Mrs Baillie confirmed that details would be on the Website and hard copies distributed to Wards.

SJ/  
FB

The Board were asked to approve the Visitors Policy & Charter. This was approved.

## **08.35 9. CHIEF EXECUTIVE'S REPORT**

### **9.1 Academy Schools Programme Report**

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

### **9.2 PACS Implementation Plan**

Mr Goldman informed the meeting that the PACs should 'go live' on 7<sup>th</sup> July 2008. Whilst early years training would be provided for Post-Graduate Doctors in partnership with the Deanery over at the Good Hope site, the Trust would continue to work on the business case to build a larger Simulation Centre.

### **9.3 Performance Monitoring**

Mrs Fenton presented an update to the Board. At the end of January 2008 there had been five red and five amber indicators on the performance wheel. This reflected an improvement on December 2007, when there had been six red and seven amber indicators. The improvements were in A&E and Diagnostic and GUM access times.

Mrs Fenton advised the Board that the Infection Control Executive (ICEC) met on a monthly basis and that they would update Trust Board on actions being taken in addressing the infection control issues.

Mrs Coalter advised the Board that sickness controls were now in place and that sickness levels had been reduced in January to 6.4%. Her team had been asked to look at the year to date figures as this might indicate further improvement. The new policy on sickness absence had been launched and positive feedback had been received. Managers had been invited to attend training sessions on the implementation of the new policy.

A question was raised concerning the input of the Occupational Health Department into long-term sickness absence. Mrs Coalter responded that the Trust had recently commissioned an external audit of the Occupational Health Department and that a draft of the report was expected by the end of the current week. This would be formally reported to HR Committee next month.

The Board were advised that the forecast for the year end with respect to the performance wheel would be green for all targets with the exception of the following:

- MRSA – red
- Sickness – red
- Choose & Book answered calls – amber (based on maintaining the green position in month to the year end)
- Smoking in Pregnancy – red
- NHS information – red (awaiting guidance from HCC)
- Emergency readmissions – amber

#### **9.4 Operations Committee**

The Board were asked to note the following business cases:

##### *Medical Staffing Review*

A review of the level of medical staffing required to run the emergency work-load at Good Hope Hospital, looking at the volume of emergency care on this site.

##### *Cohort Ward*

The Cohort Ward (Ward 9) for C'Diff that had been opened on the BHH site in July 2007 to become permanent.

##### *Patient Satisfaction Promoter Score card*

The aim was for the Trust to receive a Promoter Score Card from every Inpatient and Outpatient. The process had been developed following an initial test and feedback from staff and patients (Attachment 1 of the report) and Mr Jarvis advised the meeting that a trial would be undertaken for 3 months in specified areas on all three sites. For those patients whose first language was not English or for those who were unable to complete the PS cards, help would be provided by the PPI team, volunteers or the patient's families/carers.

The results would indicate 'Promoter' patients (scoring either 9 or 10) who were satisfied and most likely to recommend the hospital to others. Those scoring 7 or 8 would indicate some dissatisfaction and that those patients were generally unenthusiastic and not particularly motivated to offer a referral either positive or negative. Patients scoring from 0-6 would be classed as 'Detractors', generally dissatisfied customers, quite possibly seeking alternatives and assumed to be unafraid, perhaps even eager, to share their experience with others.

A simple mathematical formula would be used to summarise scores taking the percentage of patients who would be Promoters and subtracting from the percentage of patients who were Detractors (neutral customers would be assigned a value of zero and left out of the equation). The result would be the Promoter Score.

In response to a question Mr Jarvis informed the Board that if the promoter score fell below 6, patients would be invited to add their name and address in order that the Communications Department could contact them with a view to discussing their response in more detail. Ward 'champions' were being sought to

take ownership of the promoter score card in order to further develop it at Ward level.

Following the trial period, a report would be produced for the Operations Committee in September 2008.

LD

#### **9.5 HCC Visit and follow up**

The Board had been informed at an earlier meeting of the visit that had taken place in December 2007. The Trust had not received a post-visit improvement notice and the report from the Healthcare Commission was awaited.

The visit had focussed upon four out of the eleven duties which made up the Hygiene Code and initial feedback from the assessment had identified that improvements would be required in three of the areas inspected. The Board were informed by Dr Woolley that the implications of these findings were being considered and might impact upon the Trust's declaration against Core Standards C4a: The Hygiene Code and C11b: Mandatory Training. Dr Woolley advised the Board that her team, together with the Executive team, were working with the Healthcare Commission in order to obtain as much clarity as possible prior to the signing off of the Annual Healthcare Check which would be brought to the Board later in the year.

Dr Woolley further informed the Board that all Trusts would be inspected for the Code of Hygiene next year.

#### **9.6 ICEC**

The Board were informed that the first report from the Infection Control Executive Committee (ICEC), produced in accordance with Monitor's request for monthly monitoring of the Trust's MRSA position, had been presented in a new format.

Mr Goldman advised the Board that this item should be taken in conjunction with Item 9.8 and Enclosure 15: Letter from W. Moyes dated 20<sup>th</sup> February 2008 re MRSA performance. Mr Goldman informed the Board that although the Trust was the 4<sup>th</sup> worst performing in the West Midlands, it had performed better than Hereford, UHB and North Staffordshire. Nineteen hospitals reported MRSA and 5 out of 19 Trusts were ahead of trajectories, which had been based on hospital data from 2003/04. If the 2003/04 trajectories had been high, it would be significantly easier to remain on trajectory than if they had been low and two years ago HEFT had achieved a 30% improvement which had resulted in them being the most improved hospital Trust for MRSA in the UK. This year the Trust had achieved an improvement in MRSA which had equalled the average improvement of 18% across the UK.

Mr Goldman confirmed that due to the improvement on last year's out-turn, the Trust had not been requested to attend a further meeting with Monitor. MRSA was a top priority and the Trust would continue to reinforce its existing policies on Infection Control.

Mr Goldman would prepare and submit a formal response on behalf of the Board to the letter of 20<sup>th</sup> February 2008.

MG

#### **9.7 Healthcare Commission Report**

The report from the Healthcare Commission was still awaited.

#### **9.8 Letter from W. Moyes re: MRSA**

This had been dealt with under 9.6.

### **9.9 Integration Programme Board**

Mr Goldman informed the Board that there were no major issues to bring to their attention.

### **9.10 HR Report**

Ms Coalter asked the Board to note in particular the work of the temporary 'Jobs Unit' through the merger with Good Hope and their successes. The team had supported over 600 employees and reduced actual redundancies from projection of nearly 50 to just 3 to date. From the end of March the work of the Jobs Unit would be absorbed into the Resourcing Team.

The Chairman asked Ms Coalter to pass on the Board's congratulations to the Jobs Unit for their efforts and achievements.

## **08.36 10. FINANCE REPORT**

Mr Stokes reported to the Board that there were no concerns and that the Trust's financial position remained secure. Work would be on-going over the next 3-4 months in order to progress the Trust's 10 year Strategic Review and Site Strategy following the Extraordinary Board meeting held at Good Hope Hospital on 26<sup>th</sup> February 2008.

Mr Stokes advised the meeting that the Trust were awaiting advice from Auditors on restating the Good Hope Hospital opening balance sheet which might impact on the forecast position for 2007/08 presented in the Executive Summary of the report.

#### *Internal Audit Tender*

Mr Stokes advised the Board that 3 organisations had been shortlisted and had attended on 27<sup>th</sup> February 2008 in order to make presentations to the appointments panel. Subject to ratification, the panel recommended that the Coventry & Warwick Audit Services/Deloittes joint application should be appointed.

#### *Commercial Partnership Proposal*

A copy of the Proposal had previously been circulated to the Board.

At the end of October 2006 Board approval had been given for the Trust to join the newly formed Healthcare Purchasing Consortium which was made up of the three former organisations within the Region. It was deemed prudent that because of the likely levels of competition from DHL, who took over the management of Logistics for the NHS, that Heart of England would join HPC for a full service until 31<sup>st</sup> March 2008 and then review the options. DHL and HPC had both offered the Trust the opportunity to develop a deeper and more integrated partnership and these had been analysed in the paper presented to the Board for consideration.

Mr Stokes asked the Board to consider the two models set out on Page 8 of the Partnership Proposal:

HPC Investor Model  
DHS Partnership Model

The Board's attention was drawn to the analysis options set out in the Report.

In light of the guaranteed returns of rebates, potential additional savings that could be generated through improved logistics and the regulation of DHS by the NHS Business Services Authority offering full transparency and value for money the Board were asked to agree to the recommendation that the Trust should partner DHL for the full range of consumables.

The paper further recommended that HEFT should continue to be a full and supportive member of HPC on a non-investor basis.

The Chairman asked the Board to agree to proceed with the above recommendations.

The Board agreed to proceed in accordance with the recommendations.

AS

*PWC: Letter of Engagement*

The Chairman was requested to sign the Letter of Engagement on behalf of the Board for the External Auditors, Pricewaterhouse Coopers. This had been considered at a previous Board meeting. The Chairman signed the Letter of Engagement on behalf of the Board.

**08.37 11. REPORT ON PATIENT SAFETY BOARD AWAY DAY**

The Trust Board Patient Safety Away Day had taken place on Friday 1<sup>st</sup> February 2008 and copies of the programme and presentation slides had previously been circulated.

Dr Woolley informed the Board that DNV were due to submit their report on Patient Safety in May for the formal review. It was agreed that Dr Woolley should prepare an appropriate narrative on the Away Day, including a summary of the major points that had arisen from the discussions that had taken place and the next steps.

SW

**08.38 12. COMPANY SECRETARY'S REPORT**

The Company Secretary's report had previously been circulated.

*Monitor: Quarterly Returns*

The Board were asked to note that a meeting of Trust Board Committee had taken place on 28<sup>th</sup> January 2008 and that the Committee had approved the Quarter 3 Return to Monitor. The Minutes of this meeting had been circulated to the Board.

**08.39 13. BOARD COMMITTEE MINUTES**

**13.1 Minutes of Finance Committee: 28<sup>th</sup> January 2008**

There were no issues raised.

**13.2 Minutes of the Governance & Risk Committee: 5<sup>th</sup> February 2008**

There were no issues raised but the Board were asked to note that changes had been made to improve the Trust's strategic risk management approach enabling the Trust Board to focus on key priorities for 2007/08. The detailed Assurance Framework would be presented and discussed at the Governance & Risk Committee on a quarterly basis to review the management of these strategic risks, listed below, and risk scores:

1. Corporate Strategy

2. Infection Control
3. Organisational Integration
4. Savings Delivery
5. Marketing Approach
6. Key Executive Posts (removed)
7. Patient and Customer Focus

The Board were asked to note the focus on patient safety and the work that was being undertaken in this area.

**13.3 Minutes of the Donated Funds Committee: 28<sup>th</sup> January 2008**

There were no issues raised.

**13.4 Minutes of Trust Board Committee: 28<sup>th</sup> January 2008**

This item had been dealt with under Item 12: Company Secretary's Report.

**08.40 14. ANY OTHER BUSINESS**

*Governor Elections*

Mr Jarvis informed the meeting that the ballot would close on 20<sup>th</sup> March 2008 and that the results would be known on 25<sup>th</sup> March 2008.

Professor Ham said that he had received two voting papers for the current Governor Elections: one addressed to him at his home and a similar one addressed to him at his place of work. Mr Jarvis said that he would look into this.

SJ

**08.41 15. DATE OF NEXT MEETING**

Tuesday 1<sup>st</sup> April 2008.

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**Chairman**