



TRUST BOARD

Minutes of a meeting held at Board Room, Devon House Birmingham Heartlands Hospital at 1pm on Tuesday 4th November 2008

PRESENT:

Mr C Wilkinson (<i>Chairman</i>)	Mr C Ham
Ms F Baillie	Mr R Harris
Ms M Coalter	Mr P Hensel
Mr I Cunliffe	Mr R Samuda
Ms A East	Mr A Stokes
Ms B Fenton	Ms S Woolley
Mr M Goldman	
Ms N Hafeez	

IN ATTENDANCE:

- Dr I Gupta (Item 5 only)
- Ms D Tomlinson (Item 5 only)
- Mr J Step (Observer)
- Ms A Keogh
- Ms C Lea
- Ms L Jennings (Minute Taker)

Action

08.137 1. APOLOGIES

Apologies were received from Mr H Rayner and Mr D Bucknall.

08.138 2. DECLARATIONS OF INTEREST

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

08.139 3. MINUTES OF THE PREVIOUS MEETING

Minutes of the meetings held on Monday 28th July 2008 and Tuesday 7th October 2008 were agreed as being a correct record.

08.140 4. MATTERS ARISING

It was agreed that matters arising would be dealt with under the main agenda.

08.141 5. CHAIRMAN'S REPORT

Copies of the briefings and follow up reports for the Chairman's visits undertaken during September had been circulated to Board members prior to the meeting.

AHSC Science Centres - The issues of quality and safety were fundamental to all departments and Mr Wilkinson understood that the Trust had been developing relationships with local universities. Mr Goldman confirmed that there were plans to have 5 or 6 centres in the UK that would be recognised as AHSC Science Centres. It was thought likely that a coalition would be built around Birmingham and Warwick with University Hospital Birmingham, UHCAW, the former

Walsgrave hospital and HEFT. Mr Goldman was very supportive of HEFT being part of the Consortium, which if it came to fruition would be involved in areas such as Medicine and Critical Care, pressure on beds, management of patient's allocation of wards, and discharge prescription writing.

ITC - Mr Goldman commented on the huge progress made in ITC over the last few years. Morale was now high with the staff appreciative of the Board's support. Mr Goldman had recently attended a demonstration of the Trust's systems by Neil Scott and was extremely impressed with the profound effect this could have on the running of the Trust. Mr Goldman, Ms Coalter and Mr Laverick were currently working on an action plan based on the findings of KPMG's recent audit report. Mr Goldman reported that he and Mr Laverick were currently undertaking a project to ensure that Consultants maximised the benefit of the IT systems in relation to patient care. Electronic prescribing was an area that was in the process of being developed.

Junior Doctors – Professor Ham identified that there appeared to be a recurrent theme about concern over Junior Doctors. The issues included the Deanery's failure to fill vacancies causing both a shortage and increase in cost due to agency use, the inexperience and lower skill base of junior doctors and the implications for patient safety.

Ms Coalter put forward simulation training as an important resource in assisting to address this issue. Mr Goldman suggested that Junior Doctors were no more of a risk now than previously and that the Board was in a much better position to manage the risk. The Simulation Centre was a very effective tool in assisting with this. Mr Goldman confirmed that he had had a very productive meeting last Friday with UHB, University of Birmingham and Centre for Defensive Medicine, with a view to creating a regional and possibly national centre on the Good Hope site, which would go a considerable way to reducing risk. The other key area where risk could be mitigated was to ensure effective handovers were put in place.

Mr Goldman confirmed that the Board would revisit job planning and the possibility of having Consultants working longer hours and specifically working weekends on a regular basis. This process had already been started on the AMU.

Mr Wilkinson asked if the job plan would look at the actual time physicians spent actually delivering care to patients, as he believed it to be only about 60% of time. Mr Goldman and Mr Cunliffe confirmed that this was the accepted ratio against CPD, training and administrative tasks required of the job. However, this together with the issue of on call would be included in the review of job planning.

Junior doctors were also being put through a much more detailed and improved induction process. HR was already looking at utilising more in house training while recognising the need to balance this with working hour requirements.

Mr Goldman suggested in order for the Board to have a measured debate about staffing, Ms Coalter and Mr Stokes prepare a series of alternative scenarios together with respective cost consequences to start the process of looking at different models. Mr Goldman confirmed that discussions had already taken place with UHB about the HSA grade that had been created to plug gaps in the Deanery posts.

Ms Coalter agreed to review job plans and present her findings to the Board in March 2009. The report should also include staffing levels, junior doctor training

and their skill level etc; how doctors were deployed, how much time was spent on training and how much time trainees spent on their own and procedures regarding on call.

MC

5.1 Mr B J Galloway (Deceased), Coroner's letter

Mr Wilkinson highlighted the Coroner's letter to Monitor, however, many of the issues raised in the letter regarding Mr Galloway would be covered in Ms Woolley's Patient Safety Strategy report.

Mr Goldman confirmed that he had discussed the case with the Coroner and the Coroner was quite clear that the onus was on Monitor to respond. The Coroner's Inquest findings were that although neglect had been a contributory factor death had been from natural causes. Mr Wilkinson thought the Trust should be prepared in the event of a review. Ms Woolley confirmed that all actions mentioned in the letter were already in place and being monitored.

5.2 Review of Coroners' Court Cases

Mr Wilkinson suggested that the Board should review all such letters over the past two years to see if there was any pattern.

MG/SW

Mr Goldman agreed to arrange such a review.

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

Dr Gossain presented the monthly update on infection control.

MRSA - To the end of Quarter 2 there had been 22 cases of MRSA against a trajectory of 27. There had been 3 cases of MRSA bacteraemia in September: two pre-48 hour and one post-48 hour case. Key findings from the RCA investigation of the post-48 hour case (on ward G12) were that MRSA was identified at the RCA as being a contaminant (false-positive). Locum medical staff had not received training/assessment in aseptic technique; they commenced with the Trust after induction days held in August. This training had now been provided for them and packs had been prepared, containing infection control policy information for locum staff when they commenced work in the Trust.

C.Diff - There had been a total of 47 cases of C.Diff infection detected in September, of which 27 were post-48 hour cases attributable to the Trust. This was below trajectory and was lower than previous months. Dr Gossain confirmed that remedial actions had been implemented following the incident meeting. At Good Hope, ward G17 had had several episodes of increased incidence of C.Diff in recent months. Environmental issues were noted by the Department of Health improvement team at their visit in July. A review meeting with ward medical and nursing leads, Medical Director and DIPC on 17th October had recommended further actions required to reduce infections on this ward. ICOG would be closely monitoring progress. There had been no cases of C.diff infection at Solihull his month.

Glycopeptide-Resistant Enterococcus (GRE) - There had been a small outbreak of 2 cases of Glycopeptide-resistant enterococcus (GRE), on the ICU at Good Hope Hospital. Control measures were agreed at an incident meeting and following implementation, no further cases had been identified

Acinetobacter Baumannii - There had been no further inpatients identified with multi-resistant *Acinetobacter Baumannii*.

Norovirus - The first outbreak of Norovirus for the new season had occurred earlier than expected in September at Solihull site. Plans made by the Norovirus Steering Group had been immediately implemented. During October there was also an outbreak of Norovirus at the Birmingham Heartlands Hospital site. Two wards had been locked down.

HCC Unannounced Visit - There had been an unannounced visit by HCC to determine the Trust's compliance with the Hygiene Code on 30th September to 1st October 2008. Verbal feedback had been provided and a draft report was expected soon. The inspectors congratulated the Trust on being informative and on the culture of openness. They also noted the very high standard of cleanliness throughout the Trust.

Mr Goldman reported that with the reduction in MRSA cases the Trust should be taken off Monitor reporting. Ms Lea informed the Board that the Trust had a new Relationship Manager at Monitor and that it was her intention to make contact with them to discuss the matter.

Mr Harris mentioned that he had read reports in the press (BBC website) that up to 1 in 5 tests could be wrong. Dr Gossain confirmed that no tests were 100%, and that HEFT's kits were 95% sensitive which benchmarked comparatively with other Trusts. Patients were treated holistically and so there was not a total reliance on the tests, if a patient showed symptoms, despite having a negative test result, they would be treated appropriately.

Mr Harris enquired if GRE and MRAB could be life threatening. Dr Gossain confirmed that for the very vulnerable groups they could be.

08.143 7. PATIENT SAFETY STRATEGY (SW)

Mr Wilkinson welcomed Ms Ann Keogh to the meeting who had joined Ms Woolley for this item.

The Patient Safety Strategy had been circulated with the Board papers. Ms Woolley presented her strategy, highlighting the background and essence of its philosophy. Ms Woolley reported that her strategy was based on the "Simmelweiss effect" whereby ideas were dismissed without reflection and experimentation. The purpose of the strategy was to overcome the 'Simmelweiss effect' by ensuring that it reached everybody in the organisation, encouraging everyone to open their minds and to consider the reasons behind procedures.

Ms Woolley then described the characteristics of a High Reliability Organisation, which all high risk organisations needed to be. The patient safety tool was designed to work on a micro and macro level. For example on handovers at ward level and also within the business planning processes. Ms Woolley confirmed that this had already been discussed and approved at Executive Directors' Committee. Mr Wilkinson commended Ms Woolley on the strategy as being very well presented and this was echoed generally.

Prof Ham asked if there were some measurement indicators that the Board could use. Ms Woolley confirmed that she had approached Prof Vincent about working together to define these indicators, which would ensure that progress could be effectively tracked.

Ms East asked how the national agenda impacted on the strategy.

Ms Woolley confirmed that HEFT already met the list of standards from MPSA and invited Ms Keogh to talk about the National Patient Safety Campaign, as she had been closely involved with it. It had been set up 18 months ago in response to a government review that had been critical of the NHS and had developed standards and measurements using NICE guidelines. Ms Keogh said that their findings would be captured by HEFT but not used for benchmarking.

Ms Woolley reported that all specialities would have clinical indicators by 2010.

Mr Wilkinson asked how examining past cases would be incorporated into the strategy. Ms Woolley confirmed that there would be a set of measures for each speciality that would be monitored, recorded and brought to the Board.

Mr Goldman raised the point that there would be times when treating patients in the safest possible way would mean a risk assessment being made in someone's head, particularly if the patient's survival necessitated very quick action. Thus rather than asking 'is it safe', the question to ask would be 'is the organisation unsafe?' and the Executive Directors had spent a considerable amount of time in the last year asking that question. Mr Goldman's conclusion was that the organisation was not unsafe.

Mr Goldman confirmed that the Board was now in a position to progress its knowledge and understanding of risk so that it could be managed continuously, in real time, and that Ms Woolley's proposal was a compellingly good one, in its dynamism, as it was a tool people could use to judge a particular situation, at a particular time and in the context of where they were in that moment, when they were with the patient, which would be quite different from one day to another day.

Prof Ham asked if the Trust's progress could be benchmarked against itself over time as well as comparative benchmarking against other organisations. Mr Goldman pointed out that the majority of adverse incidents were based around control of infection, medication errors and "one offs", therefore it was possible to put together a set of indicators that covered about 75% of problems with a measurement built in for unusual individual cases. Improvement monitoring against the Trust's own performance and other organisations over the next 10 years would then be possible, which he hoped would give confidence to the Board.

Mr Samuda questioned whether 10 years was too long a time frame. Mr Goldman agreed that the Executive Directors would reflect on Mr Samuda's question and then bring Strategy back to Board with a timescale of actions and targets.

MG/SW

Mr Harris commended Ms Woolley on the unusual way the strategy was presented, in a way that would make people challenge themselves. Mr Harris would be interested to see how the culture change progressed throughout the organisation.

The Board adopted the Patient Safety Strategy as a strategy and measurement tool.

08.144 8. CHIEF EXECUTIVE'S REPORT

8.1 Performance Report

The report set out a summary of performance for the Trust for the first six months 2008/09. Although red indicators had increased from 4 in August to 8 in September, this was due in part to targets and/or data becoming available for the

first time this year and many of them would be dealt with by the Operations committee.

Mr Goldman drew attention to an amber indicator on hospital standardised mortality rate (HSMR), a ratio of 84.5% had been achieved, which was quite extraordinary, as when HEFT inherited Good Hope Hospital, the HSMR at the time was 120%. The rate had been dropping on all sites and that should give confidence to the Board that patient safety was being addressed. Mr Samuda asked that in terms of presentation could the figures on page 3 track each other across. Mr Goldman said that he would arrange for that to happen.

MG

8.2 Operations Committee Minutes

The Board noted the minutes of the Operations Committee held on 17th October 2008. Mr Goldman informed the Board that to streamline business and with the agreement of both Committees, that the Executive Directors and Operations Committee had been merged. A revised terms of reference would be submitted to the Board for approval. Mr Goldman confirmed that the electronic staff rostering system proposal had received support in principle.

MG

Mr Goldman confirmed that the expansion of Obstetrics and Gynaecology workforce had been approved outside of the Committee due to the time constraints and was as a consequence of this year's HCC review. The Board approved the business case for an additional post in Obstetrics and Gynaecology.

8.3 Update on Winter Pressures

Mr Goldman presented the update on Winter Pressures 4-hour recovery in Dr Rayner's absence. Mr Goldman directed the Board to the last page of the report which showed the data that Dr Rayner and Mr Goldman were reviewing on a weekly basis. The Trust was currently meeting its target of 98%. However key issue was about having the right patient in the right bed at the right time, which was about safety.

Mr Goldman then directed the Board to page 4, to look at this year's position against last year's position in relation to 4 hours wait, illustrated in Table 1. Table 2 demonstrated the 'likely case prediction' was that the Trust would be fractionally outside its target for quarter 3 performance but would recover for quarter 4 and achieve a good year end position. If the Trust did meet the quarter 4 position, it would meet the HCC requirements and also come back in line with Monitor. Mr Goldman confirmed that he would have a clearer indication of the position for the Board meeting in January because of a number of important steps which had been planned for November/December.

Ms East asked how targets were set in the planning process. Ms Fenton confirmed that the starting place was from where the Trust was on the 3 sites, then a calculation was made to take into account the impact of the actions put in place to reduce the breach and then this was extrapolated to the end of the year. Mr Wilkinson confirmed that there had been progression made on delayed transfers and that a meeting between Mr Goldman, himself and Sue Anderson and Peter Hay from Birmingham City Council would be arranged for November/December 2008.

Ms Fenton confirmed that delayed transfers had been in the 60s and 70s for the last 5 weeks but was currently 40, which was the national average of delayed discharges. The reduction had been the result of improved communication with the Health Authorities, as well as good care homes and home packages.

8.4 HR Committee Report

The Board considered the report that had been previously circulated.

Recruitment - Ms Coalter confirmed that HR was in the process of developing new and different strategies in the area of recruitment. HR had recently conducted a very successful Job Shop Open day, where 257 people had signed up to say that they wanted to work here. In light of that success plans to open job shop at Solihull and Good Hope Hospital, were being considered, as it was a very positive thing to do in the local community.

Sickness and Wellbeing - Sickness and Wellbeing was being monitored through the HR Committee. Looking at the impact on operations of both short and long term sickness. Long term sickness cases had been reduced by 100 by formal action alone.

Staff survey - Ms Coalter confirmed that the Staff Survey closed last week, with a 34% response rate against 31% last year. HR would consider ways to encourage more staff to complete the survey.

Mandatory training/OLM - 131 members of staff attended this course against a target of 135, plans were in place to ensure multi-disciplinary take up.

Policies - Ms Coalter confirmed that she was on schedule to complete the merger of HEFT and GHH policies by the end of Dec 2008.

Diversity - Report submitted by the Employment Steering Group which identified progress made in relation to staff support networks, employment and equal opportunity provisions. Key areas of focus for the ESG would be disability and representation of BME staff in senior posts.

8.5 Annual Health Check Performance Report 2007/08

Mr Goldman confirmed that the report was for information and that all items had previously been communicated to the Board and confirmed that Mr Laverick would be producing a report on merging Medical Records and IT, which would go to Executive Directors Committee and then to the Board.

MG/AL

8.6 School Academy Progress Report

The project had already gained Board approval. Mr Stokes requested that a further progress report be brought back to the January Trust Board including a restatement of the case for being involved along with analysis of the possible risks and resource requirements. Mr Goldman confirmed that he and Mr Stokes had a very good meeting with Vice Chancellor of the University of Warwick and had been encouraged that they would receive maximum support.

AS

It was agreed that this project was good for economic rejuvenation, health education, a chance for the Trust to put something back into the community and a plan to help break the cycle of deprivation in the area.

8.7 Mid Year Business Plan Review

The Medical Records Business Case was with Mr Goldman for consideration.

8.8 HEFT Consulting

Mr Goldman confirmed that HEFT had won the contract with the East Midlands SHA to provide a Foundation Trust diagnostic for 8 aspirant trusts. The work provided an opportunity for staff development. The team would be led by executive directors of the Trust assisted by other trust staff.

08.145 9. BI-MONTHLY TRANSFORMATION PROGRESS REPORT (BF)

Ms Fenton presented her previously circulated report, which was based in Toyota's model – LEAN. The goal was to transform to a "True North" vision and have delighted patients, happy and motivated staff and value for money. The Trust Board was asked to note the progress with embedding the Strategy and progress with the individual projects. It was also asked to note the recommendation in Chapter 4, page 17 to review the Trust's current suite of KPIs and design a new appropriate set of True North KPIs, which would be reviewed annually and reported back to the Board as part of the Annual Transformation Report.

Mr Harris asked if there were any obstacles to rolling out the project. Ms Fenton confirmed that although change in itself tended to be difficult to roll-out, as a result of the way it had been communicated, staff were buying into the concept and the fact that it would provide value for money. The approach had been a collaborative one to get people on board rather than dictatorial.

Ms Coalter said that it had been running alongside the leadership academy and had helped to overcome the obstacles that could arise from the resistance, sometimes encountered, by middle management, which would make it easier to get the rest of the organisation on board.

It was agreed by the Board that progress would be reviewed every 4 months and then reviewed again to see if that the time scale was appropriate. Ms Fenton agreed to produce bar charts showing the progress of the 13 projects, and show what had been done and what had been achieved.

08.146 10. FINANCE REPORT

Mr Stokes reported to the Board that the Trust's operational budgets were £2.4m in deficit, as at September 2008. However, a number of measures had been taken to improve that. In addition a CIP Away Day had been planned to look at next year's savings. Ms Fenton had already made reference to the savings the Trust would get out of the Transformation programme. Furthermore, at the last Finance Committee it was agreed that Mr Goldman would meet with the 2 Medical Directors on a quarterly basis to facilitate an in depth review of the financial position.

The high level performance had continued in September and the forecast was that the surplus would be approximately £20m at the end of the year because of the over activity performance. As in previous months there were no specific issues raised by any of the PCTs in relation to the over performance. Mr Stokes also highlighted that there was clearly work required around pay controls, and he was pleased to see some recruitment coming through but that had not yet manifested itself in reduction of temporary staffing. The forecast for the year still showed a net surplus of £26.8m and that would make the Trust one of the best performing Trusts in the NHS.

The other issue to consider was that the DoH had not yet agreed tariff and it seemed likely that this would be delayed again so the Trust would not know its income for the next year. There was still a possibility that the whole infrastructure around tariffs would change. When the tariff has been received, Mr Stokes would review the Trust's 10 year strategy.

Mr Goldman confirmed that the Trust had supplied the FT network with details of its investment plan and explained to them that the investment plan had been shared with the Trust's members, governors, scrutiny committees and local MPs.

08.147 11. COMPANY SECRETARY'S REPORT (CL)

Ms Lea confirmed that she was happy to take any questions on her report. Ms Lea then drew the Board's attention to an amendment to Financial Statements for Charitable Funds to reflect the state of the stock market. Ms Lea confirmed that this had been discussed at Audit Committee. Mr Samuda recommended the Board approved the change subject to wording confirmation from PWC.

The Board noted all of the draft Minutes, approved the Risk Management Strategy and approved the annual Financial Statements for the Charitable Funds and Letter of Representation

08.148 11. ANY OTHER BUSINESS

Mr Goldman asked the Board to look at the patient feedback tool, which had been passed round. It received positive feedback from the Board.

08.149 12. DATE OF NEXT MEETING

Tuesday 2nd December 2008

2009 Dates:

Tuesday 6 th January	Tuesday 3 rd February	Tuesday 3 rd March
Tuesday 7 th April	Tuesday 5 th May	Tuesday 2 nd June
Tuesday 7 th July	Tuesday 4 th August	Tuesday 1 st
September		
Tuesday 6 th October	Tuesday 3 rd November	Tuesday 1 st
December		

Tuesday 5th January 2010

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Chairman