



TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital

At 1.30pm on Tuesday 6th November 2007

PRESENT:	Mr C Wilkinson (<i>Chairman</i>)	Ms N Hafeez
	Mrs F Baillie	Professor C Ham
	Mr I Cunliffe	Prof J Perry
	Mrs M Coalter	Dr H Rayner
	Ms A East	Mr R Samuda
	Mrs B Fenton	Dr S Woolley
	Mr M Goldman	
IN ATTENDANCE:	Mrs L Dunn	Mr A Stokes
	Mr S Hackwell	Mrs M Pittaway (Minutes)
	Mrs C Lea	

The Chairman welcomed Professor Chris Ham to his first Trust Board meeting as a Non-Executive Director.

The Chairman thanked Mr Alaba Okuyiga in his absence for having completed a four term as Non-Executive Director of the Trust, in particular for his work particular on HR and Finance Committees, wishing him every success in the future.

PRESENTATION – QUALITY AS A BUSINESS STRATEGY

The Board received a presentation from Mrs B Fenton on Quality as a Business Strategy. The presentation was circulated in hard copy format to the Board and outlined the new Corporate Vision developed at recent Board and Executive Away Days. Mr Goldman and Mrs Fenton had also visited Jonkopind in Sweden recently, attending the High Performing Healthcare Organisations Learning Set, in order to view their healthcare system with a view to learning from them.

In order to fulfil the Vision “to be the most exciting and influential healthcare business worldwide” the Trust would need to achieve step changes in order to overtake others who were continuously improving.

“The Diamond Diagram” represented the Trust’s mission to drive up quality by transforming 7 areas. There was some discussion on the statements in the diagram in relation to what was achievable in such a complex organisation and it was felt that some rewording might be appropriate. For example: ‘Safety is our priority for redesign to create a culture that achieves zero defects’ could be reworded to read ‘Safety is our priority for redesign to create a culture that aspires to achieve zero defects’.

With regard to the final statement 'Efficient use of resources (staff & £)' it was felt that there was a need to consider whether outcomes equated to efficient use of resources and that 'value for patients' might also be included in this statement.

Mr Wilkinson thanked Mrs Fenton for a very well presented and clearly set out strategy document and the Board agreed that further work should be carried out to ensure its implementation.

1. APOLOGIES

Action

Apologies were received from Mr P Hensel and Mr A Okuyiga.

2. MINUTES OF THE PREVIOUS MEETING

The Minutes of 27th September 2007 were agreed.

3. MATTERS ARISING

3.1 Birmingham City Council

Mr Goldman reported that a response from Birmingham City Council was still awaited, following his letter to Sue Anderson. The Chairman and Mr Goldman would now meet to determine the way forward on the outstanding debt.

CW/MG

3.2 PACS

Mr Goldman informed the Board that a business case was still proceeding.

MG

3.3 Early Warning System for Paediatric Patients

Mr Cunliffe advised the Board of a new early warning system that had been piloted in Toronto and that it was hoped to run this system from January 2008. In the meantime the MEWS (Medical Early Warning System) was being implemented for paediatric patients.

3.4 Ongoing discussions with Boots (Hoggs)

The Board were advised that this item would be addressed later in the meeting by Mr Hackwell.

3.5 Progress Report on Breast Surgery Practice

Mr Cunliffe advised the Board that the review was under way and awaiting a start date.

4. CHAIRMAN'S REPORT

Copies of the briefings and follow up reports for the Chairman's visits undertaken in September 2007 had been circulated to Board members prior to the meeting. There were no questions raised.

5. CHIEF EXECUTIVE'S REPORT

5.1 Primary Care Review

Mr Goldman informed the meeting that a draft document had been discussed at a Board Away Day in June and that a final version had been presented to the Executive Team. There were no major changes.

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5.4 Executive Directors Committee

(a) Performance Report

Mrs Fenton updated and advised the meeting that the Trust was doing well against its KPI's for Access and Finance. Areas for improvement lay within Quality and Staffing. Since last month improvements had been seen in Choose & Book answered calls (96.3%) and C'Diff rates. In the year to date the Trust had achieved green for 39 of its key indicators, amber for 1 and red for 6. C'Diff rates had moved into amber for the first time this year, and since Sunday 4th November had further improved, moving to green.

Waiting Times

The number of people waiting more than 18 weeks was falling and by the end of the year 85% of people admitted for an elective procedure should have waited less than 18 weeks. Work was ongoing in order to meet the targets on emergency readmissions.

Sickness Levels

Action had been taken in order to achieve a reduction in sickness, which had risen during August, and included the revision and launch of a new sickness policy, new monthly traffic light sickness reports to Directorate Managers and a review of all long term sickness cases. HCA sickness had continued to be the biggest area and it had been agreed at the ED's Committee that HR would undertake an analysis of costs to convert HCAs (untrained nurses) into trained nurses and establish what the equivalent savings would be on reduced sickness, bank and agency costs. The ED's Committee would review this analysis next month.

MRSA

The Board were informed of the need to eliminate the 'not known' category in the statistics for MRSA in order to be clear about the cause of the infection and advised that there had been an increase at Good Hope over the last month. Work was being undertaken on data, including root cause analysis with information was being input into an on-line business intelligence system in addition to the MRSA Radar Action Plan. "Deep Clean" was also being implemented and this would take approximately one year across the Trust.

The Chairman had visited R & D recently and advised the Board of a silver coating that had been identified and that when applied appeared to have reduced MRSA levels. Comparisons had also been undertaken between BHH and Solihull Hospitals. Research was being undertaken to identify breaches of

policy (i.e. how many times people washed their hands). It had also been established that a longer stay in hospital resulted in an increased risk of contacting MRSA.

Healthcare commission's Annual Healthcheck Standards

At the end of September (Q2) the Trust had reviewed itself against the Healthcare Commission's Annual Healthcheck scorecard (Appendix 6 – previously circulated) which included a forecast to the year end. The ED's Committee had agreed the action required in order to deliver the current forecast and this was on track.

Conclusion

The Board were advised by Mrs Fenton that the forecast for the year end with respect to the performance wheel should be green for all targets with the exception of MRSA, Emergency readmissions and Sickness which were forecast to be red, and Choose & Book answered calls was forecast to be amber. The year end forecast assumed that the Trust achieved the targets for C'Diff, 18 weeks and smoking in pregnancy.

5.5 Combined Key Risks

Dr Woolley advised the Board that there were no new incidents to report this month and that the new red risk related to non-compliance with Speech and Language Therapies recommendations. Hugh Rayner and Fay Baillie would be working with Dr Woolley's team to ensure that an action plan was in place. Healthcare Governance would be liaising with Procurement on the external review of patient safety. The HCC would be asked for their input. The Patient Safety Plan was being worked up and would be brought back to the Board in due course.

SW/HR
FB

5.6 Annual Healthcheck

Mr Goldman advised the Board of the results of the Healthcare Commission's Review that had taken place using historical Good Hope data. Various issues that had been drawn to the Trust's attention had already been dealt following the merger in April.

5.7 Operations Report

There were no decisions to be taken by the Board but the Board noted three areas of resource implications:

- £32,000 pay and £85,000 non pay to manage increased membership following the merger
- The cost per month for the running of Infection Control Cohort Ward at a maximum of £150,000
- Appointment of a Consultant Physician in Elderly Medicine and Ortho-rehabilitation and team £298,000 to improve patient care

5.8 HR Update

The Board noted the HR update, in particular the increased levels of sickness during August, the revised Sickness Absence Policy and Corporate Induction Policy, the pilot to revise manual handling training and the streamlining of the recruitment process.

The Hospital 2009 (Workforce Planning) Board had received an update on Modernising Medical Careers and the Tooke Review.

The Chairman advised the Board that Alan Johnson had indicated the Government's intention to implement this review, following consultation.

5.9 Integration Board Update

The Board had not yet had sight of the work on integration at Heartlands, Good Hope and Solihull. Mr Goldman, who chaired the Integration Board, was now able to inform the meeting that integration should be completed by July 2008.

5.10 Insurance Arrangements

Dr Woolley advised the Board that an insurance review had identified that the Trust had a comprehensive portfolio, but highlighted a gap around insurance cover should the Trust have a major incident. This was with regard to assets and facilities. Should the Trust suffer major fire damage, for example, the NHSLA would only provide cover to a maximum of £2m. The Trust was in a strong financial position and in order to protect its assets the Board agreed the financial resource implications of additional premiums to achieve the required level of insurance cover.

6. BOARD COMMITTEE MINUTES & REPORTS

6.1 Minutes of the Finance Committee of 24th September

The Minutes of the Finance Committee held on 24th September 2007 were noted by the Board.

6.2 Finance Report

Mr Stokes advised the Board that the financial position was secure at month 6 and that the Trust was on plan for 2007/08.

6.3 Minutes of the Donated Funds Committee of 24th September 2007

The Board were advised that the Hollier Trust Fund would shortly need to draw cash, approximately £1.2m, within 18 months. Mr Stokes confirmed that the Committee should have no difficulty in drawing down these funds when they were required.

The Board were also advised that the Schrodgers Portfolio would be considered at the next meeting.

6.4 Audit Committee Minutes

The Trust was in the process of going out to tender for internal audit services and the Board were advised that it was planned to implement the new service from 1st April 2008.

A question was raised concerning agreement of the Trust's accounts between 1st April 2007 and 7th April 2007, the date of the merger with Good Hope. The Board

were advised by Mr Stokes that PwC had been told by Monitor that this was an issue for the Department of Health, who in turn had said that it was an issue for Monitor. In any event the Trust might have to produce accounts for this 7 day period.

6.5 Nominations Committee

The Chairman advised the Board that interviews for the Non-Executive Director vacancy would be held on Monday 12th November 2007 in order to seek a replacement for Alaba Okuyiga who would be standing down as a Non-Executive Director on 30th November 2007. Two candidates would be attending for interview. Should an appointment not be made, there were two other candidates that the Committee would invite for interview.

7. COMPANY SECRETARY'S REPORT

Declaration of Interests

Mrs Lea's report informed the Board that the annual review of the register of Directors' interests had been completed at the end of September 2007 and presented a revised register to the Board for information. In future Mrs Lea requested that the Register was submitted to each Board meeting as a standing item with any changes being declared recorded in the minutes. This would enable the Board to be aware of any potential conflicts that might arise from the matters under discussion. In accordance with best practice, the Register of Interests which was a public document would also be published in the Trust's Annual Report & Accounts.

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8. ANY OTHER BUSINESS

1. Visitors to Patients

A question was raised in relation to the increased risk of infection being passed on to patients from visitors, particularly the more vulnerable patients and whether the Trust was proposing to implement any changes i.e. the number of visitors allowed per patient. The Board was advised that a campaign was currently under way to raise the awareness of both patients and visitors. Future plans included a Visitors Charter on the website which would outline what the Trust expected from visitors in terms of numbers, behaviour, etc. A final draft of the proposals was being prepared after consultation on all 3 sites. This would be circulated to Executive Directors and presented to a future Board.

FB

2. Initial Hospital Services

CW/MG

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3. Non-executive Directors

The Chairman advised the meeting that following the departure of Mr Alaba Okuyiga at the end of November, he had invited Mrs Najma Hafeez to sit on Finance Committee and Donated Funds Committee.

9. DATES OF FUTURE MEETINGS

Tuesday 4th December 2007

Tuesday 8th January 2008

Tuesday 5th February 2008

Tuesday 4th March 2008

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Chairman