

TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital

on 26 June 2007

PRESENT:

Mr C Wilkinson	<i>(Chairman)</i>	Mr A Okuyiga
Ms M Coalter		Prof J Perry
Mrs A East		Dr H Rayner
Mrs B Fenton		Mr R Samuda
Mr M Goldman		Dr S Woolley
Ms N Hafeez		
Mr P Hensel		

IN ATTENDANCE:

Mrs L Dunn	Mr A Stokes
Mrs C Lea	

1. APOLOGIES

Action

Apologies were received from Mrs F Baillie, Mr I Cunliffe and Dame Jill Ellison.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 29 May 2007 were amended to correct the titles of Ms Coalter and Mrs Fenton. The minutes were then approved as a correct record and signed by the Chairman.

The minutes of the meeting held on 6 June 2007 were approved as a correct record and signed by the Chairman.

3. MATTERS ARISING

The discussions with the Department of Health on PACS were still ongoing.

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

4. CHIEF EXECUTIVE'S REPORT

Before taking the Board through the papers which had been previously circulated, Mr Goldman updated the meeting on the outcome of the Health and Safety Executive case currently being pursued against the Trust. The charges against the Trust were that the Trust had had no policy on bed maintenance and that

nurse handover procedures had not been followed. The Trust had pleaded guilty on both charges and the matter had been referred to the Crown Court for consideration of a larger fine. At this point the HSE were claiming costs of £36,000 and the case had been set at the Crown Court for 13 July 2007.

The Board considered the monthly performance report and KPIs for month 2. All national targets were being achieved with the exception of MRSA and C. diff. The improvement in performance targets in month included sickness, emergency readmission rates, mortality, day case rates and thrombolysis rates.

The Trust noted that with regard to MRSA bacteraemia action had been focussed around adherence to policies and procedures. Root cause analysis undertaken on the MRSA bacteraemia this year had identified the following themes:

- Documentation not done
- Swabs not taken
- Screening not carried out
- Delayed in decolonisation
- Policy/protocol not followed

MRSA bacteraemia continued to be monitored on a weekly basis and was alerted to all of the executive directors for action to be taken where appropriate.

With respect to C. diff the Trust needed to achieve an 18.75% reduction on the January to December 2006 outturn. This would mean a reduction in a full year of 892 cases and the achievement of a monthly average of 74 cases. Currently, for the first 2 months of this year the Trust has, on average, seen 114 C. diff cases and therefore a reduction of 40 cases per month is required. In order to achieve this reduction attention will be focussed on the three main variables which affect C. diff levels. These are; the antibiotic policy, hand washing and isolation facilities. With regard to the antibiotic policy a change had been agreed whereby only specialist registrars or above could now prescribe antibiotics and a letter to this effect had been circulated to all relevant staff. With regard to hand washing the executive directors' committee had agreed to the introduction of hand washing wardens and the concept will be pursued by Mr Goldman and Dr S Gossain. With respect to isolation facilities, a cohort ward was due to open on the Heartlands site on 2 July and on the Good Hope site in later July. Plans were being produced as a priority for the reconfiguration of ward facilities to enable the provision of a dedicated isolation ward on both the Heartlands and Good Hope sites as soon as possible.

4.1 Combined Key Risk Report

There had been no new SUIs this month. The two ongoing SUIs related to a prescribing issue and to a child protection incident respectively. Investigations were underway and both were subject to a Coroner's Inquest.

There had been one new red complaint which was currently being investigated. This concerned a patient who was nil by mouth and yet had been fed and then aspirated, arrested and died. This would also be subject to a Coroner's Inquest. There was further discussion around the training

required for staff to help them to be clear with patients and families about the risks involved when they took decisions which went against the medical advice that had been received.

Two serious risks had been added to the key risk report. These were Blood Safety and Quality Regulations and Tissue Viability.

A detailed assurance framework would be presented to the Trust Board in August and HR would report back on the traceability record for each unit of blood which was now required under the new regulations. Dr Woolley pointed out that the achievement of CNST Level 3 would provide clear assurance to the Board that policies were being embedded and implemented within the organisation. The achievement of CNST Level 3 therefore needed to be a priority for the Trust and was to be delivered by 2010. In the meantime the responsibility for embedding policies and procedures needed to be cascaded through the Clinical Directors. The Board was assured that any incidents would be considered by Clinical Audit which would then feed through to the Safety Committee and then through to the Governance and Risk Committee.

4.2 Intelligent Board

The Board had received a demonstration of the new interactive performance reporting system which would be available to the Trust from August.

4.3 Nursing

The Board noted that some changes to nurse staffing at Good Hope had been agreed with money being moved as required from bank to directorate budgets as the changes took place.

4.4 Quality Initiatives

The Board noted the funding of the posts of Muslim chaplain and bereavement officer.

4.5 Site Strategy

Proposals for Solihull and Good Hope sites based on the needs inherent in the recently published service strategies had been aired for comment with the executive directors. The same high level approach would be considered for the Heartlands Site. A full paper would be brought to the Board in autumn 2007 and the Board noted that in the mean time immediate action in areas of urgent need or demolitions which had previously been agreed were now taking place.

4.6 Operations Committee Report

The meeting noted the report from the Operations Committee held on 15 June 2007. Ms Coalter then updated the Board on progress with the implementation of Modernising Medical Careers and confirmed that 95% of the posts would be filled by this process. There had been problems in some

areas, for example anaesthetics, obstetrics and gynaecology and paediatrics. However 100 junior doctors had registered to stay on at the Trust who had not been successful at getting training posts through the MMC. The Deanery had now confirmed that if the Trust was willing to work with the Deanery through these placements and that they were genuine placements then they would meet the training costs involved in filling these places.

4.7 Commercial Development

A number of commercial projects which were currently being considered by the Commercial Development Committee which was chaired by Mr Goldman were noted by the Board.

5. BOARD COMMITTEE MINUTES/REPORTS

5.1 Finance Committee minutes

The minutes of the Finance Committee of 21 May 2007 were noted by the Board.

5.2 Finance Report

Mr Stokes outlined the Trust's financial position at the end of month 2. The Trust had under spent against its operational budgets by £125k YTD. This was due to an over recovery of interest receivable of £269k YTD. The Board noted that 99.3% of commissioning plans had been agreed for 2007/08. The Finance Committee had also recommended approval to the changes to the bank mandate. This included removing several members of staff who were leaving and increasing the number of signatories who were based at Good Hope. Upon receipt of this recommendation the Trust Board were happy to approve the changes to the bank mandate.

The Board also noted that the final 2007/08 schemes had been confirmed by CGP.

5.3 Audit Committee minutes – 29 May 2007 and 6 June 2007

The minutes were noted by the Board.

6. COMPANY SECRETARY'S REPORT

The Board was asked to consider altering the timing of the Board meetings with effect from November. This would enable better quality control by the Company Secretary on the papers being distributed, offer more reading time for Board members and reduce the distribution costs. This proposal was accepted by the Trust Board and the dates to the Board meetings to the end of the financial year were agreed as follows:

31 July 2007

28 August 2007

25 September 2007
6 November 2007
4 December 2007
8 January 2008
5 February 2008
4 March 2008

7. ANY OTHER BUSINESS

There was no other business.

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Chairman