West Hertfordshire Hospitals NHS
NHS Trust

151/07

Trust Board
Minutes of Meeting
Thursday 7th June 2007
Council Chamber
Dacorum Borough Council

Present

Board of Directors

Thom Hanahoe	Chairman
Robin Douglas	Non Executive Director
Colin Gordon	Non Executive Director
Mahdi Hasan	Non Executive Director
Katherine Charter	Non Executive Director
David Law	Chief Executive
Graham Ramsay	Medical Director
Stephen Day	Director of Finance
Gary Etheridge	Chief Nurse
Nick Evans	Director of Business Development

Board Members – Non Voting

Sarah Shaw	Director of Planning
Sarah Childerstone	Director of Workforce
Alfa Saadu	Deputy Medical Director

Officers In Attendance

Sue Fay	Associate Director of Communications
Mark Jarvis	Trust Secretary

		Action:
126/07	**Chairman's Opening Remarks:** The Chairman welcomed people to the meeting and specifically welcomed Stephen Day, the new Finance Director to his first meeting.	
127/07	**Apologies** There were no apologies	
128/07	**Minutes of the Previous Meeting** The minutes of previous meeting were approved and signed subject to the inclusion in the attendance list of Katherine Charter, Sarah Shaw and Sarah Childerstone.	
129/07	**Matters arising from the Minutes** There were no matters arising.	
130/07	**Chief Executive's Report** **In-patient Survey.** DL reported that the Trust had received the results of the national in-patient survey. He said that they were	

	disappointing, with little improvement having been made on the previous year. He said that the report highlighted that patients had concerns about communication, length of waiting times, the hospital environment, privacy and dignity and arrangements for leaving hospital. DL said that GE was take the lead in ensuring that there was a robust action plan that had commitment within the Divisions and that would be monitored through the various performance management processes already in place within the Trust. Members of the Board commented that it was important to focus on the key issues that would make a difference to patients, especially cleanliness of bathrooms and toilets, tidy ward areas, single sex accommodation and issues of privacy and dignity. There was a concern that trying to respond to all the issues raised would create too many priorities with the risk of limited improvements being achieved. It was felt that the right balance needed to be struck in relation to investment in training and processes needed to be in place to ensure that the way current and new services were de-signed provided the opportunity to embed best practice in order to improve the overall patient experience. It was agreed that a further report and action plan would be presented to the next meeting. **Campus Planning Permission Consultation Launch Meeting.** DL reported that the meeting at Portcullis House had gone well. He said that the consultation lasted for three weeks, and that it was hoped to have a decision by the end of July. He said that the partner organisations had been highly commended on the campus approach. **Judicial Review.** DL reported that there would be a hearing on 8 June to determine whether the request by the claimants for an adjournment would be granted. **Acute Services Review.** DL reported that the ASR consultation would be launched on 12 June. He said that for West Hertfordshire the elements being consulted on were the permanent location of the elective treatment service and the location of aspects of the paediatric services. He said that the consultation would last three months. MS emphasised that it would be important for the health system to be clear what services will be available on each site. TH stressed that despite media coverage to the contrary Hemel Hempstead Hospital would play a part in the provision of health care in west Hertfordshire **Celebrating Success.** DL reported on the Celebrating Success event that had been held recently which had given the nursing workforce the opportunity to highlight the key issues in nursing and the actions and projects being taken forward to address them. He said that it was encouraging to see so many good things in place across the Trust. He highlighted that key presentations had also been made by the Deputy Chief Nurse from the Department of Health and the Department of Health's national nursing lead on elderly care. DL thanked GE and all the nursing staff for their hard work and dedication and for a successful event.	GE

	It w agreed that the presentations would be put onto the Trust web site	GE
131/07	**Annual Accounts** SD reported that the Auditors had now completed their work on the accounts. He said that there were no adverse comments and that there would be no change to the previously reported deficit of £11.4m. He highlighted the key aspects of the accounts and concluded by confirming that the East of England SHA had confirmed that the only debt now repayable by the Trust would be the current £11.4m. MS thanked SD and the finance team for ensuring that the process had gone smoothly given the issues of concern raised during the financial year in respect of the finance department. He said that the accounts and other year end documents needed to be signed off by end of June and that the Audit Committee was due to meet on 20 June to give consideration to all of the 2006/07 items. With respect to the signing of the accounts, TH sought the Board's approval to delegate to the Chairman of the Audit Committee to advise the Chief Executive and Director of Finance following consideration of the Audit Committee at its 20 June meeting. CG raised concern about using delegated powers to approve the accounts. It was pointed out that because of the timing of the audit this year it would be too late to have them approved by the Board at its July meeting. It was agreed that consideration would be given to having a special Board meeting next year to approve the accounts once the timetable was known The Board approved the delegation.	MJ
132/07	**Finance Report** SD introduced the report and highlighted the following: • There was a £94k overspend at the end of Month 1 • Spend was £237k more than income at the end of Month 1 • £2M of additional cost pressures had been identified. £1.2M as a result of a budget setting error in relation to paediatric services. The remainder was made up of reduced SLA levels for non Hertfordshire PCTs, a depreciation miscalculation and adjustment to the level set aside for Agenda for Change settlements in the light of the higher than anticipated levels of successful appeals • There was an indication that requests for bank staff were increasing • Whilst non pay spend was still under control there was a risk of some slippage • There were major concerns about the lack of robustness with some of the turnaround schemes • The Trust would benefit from lower than anticipated insurance premiums KC sought clarity as to which month's figures would provide a strong indication as to whether the Trust would achieve its year end position. DL said that month two would give a firmer indication in respect of maintenance of the run rate position and that month three would provide a strong indication of the year end forecast across the broader financial parameters.	

	Concerns were raised about the rise in agency and locum spend now that responsibility for approval had been returned to the divisions. DL confirmed that if the system did not maintain the same results as at the end of 2006/07 action would be taken to change the delegated authority. SC highlighted a particular problem as a consequence of the difficulties being encountered with the new MTAS scheme for junior doctors as many of them were having to attend interviews which required agency staff to fill gaps on rotas. RD raised concern that it was difficult to determine the extent of the pressure that the Trust had to face during the year and therefore to what extend the month 1 position was recoverable. TH expressed his disappointment with the month 1 position and said that any slippage on the turnaround plan now added further, increased pressure on the Trust to deliver more savings later in the year. He felt that delivery of the agreed budget outturn was already looking to be very difficult. SD reminded the Board that a number of the planned savings were not due to deliver until the latter part of the year but he was mindful of the need to push beyond the savings levels in order to ensure delivery of the year end position. KC was concerned about the lack of progress on the procurement savings at month 1. DL confirmed that in order to deliver the full anticipated procurement savings some cultural and behavioural issues would have to be addressed. He said that he anticipated a clearer picture on the procurement savings over the next few months and that if current schemes were unlikely to deliver the anticipated savings additional schemes would have to be identified. In response to a question from MH, it was agreed that SD would provide information showing the breakdown in pay between clinical and non clinical staff. The Board noted the report	
133/07	**Performance Report** NE introduced the report. He highlighted the following: • There had been a disappointing start to the year in relation to MRSA given the target of 17. The Trust was reporting 3 bacteraemias in April. It was anticipated that the Department of Health Inspection Team would be undertaking a further visit • In relation to C.diff there had been some reduction as a result of the isolation regime • No significant changes had occurred in the risk items listed in the report • In relation to information governance the current tool kit did not allow for national comparative data to be provided. This should change following the revised tool kit due to be released in June • The fourth quarter freeze date for coded data was June. Overall improvement had been seen with the data capture although work was still required to improve the depth of coding. An audit of the coding undertaken by Junior Doctors at ward level had indicated that this was satisfactory but that room for improvement remained • Complaint compliance was still below target	

	• A&E performance was still below 98%. Performance was compromised because of difficulties in getting junior medical cover for weekends, changes in the rules for non UK residence staff, significant number of vacant posts not being filled on a permanent basis, difficulties with the availability of beds and difficulties with the reduced through put in intermediate care settings • Outpatient 11 week targets had been achieved and action was being taken to deliver the 5 week target • The level of hospital cancellations was unacceptably high. Action was being looked at to reduce the figure although this was in part a consequence of giving people appointment dates significantly in advance of the 6 week requirement on consultant staff to notify of annual leave • GU services were now achieving between 72 and 73% • The Choose and Book percentage had flattened to around 25-30%. The SHA was coming under pressure to improve its overall performance against this target • With the exception of two endoscopy patients the Trust had achieved the 13 week wait at the end of March for diagnostic services • As a consequence of changes in the data recording for Audiology Services the Trust was now showing a significant number of patients in breach of the standard. An assessment had been undertaken of the cost of addressing the backlog which was currently between £700-800k. The Trust was working with the SHA on the associated issues as this was part of a national problem • Targets for inpatient and day case work were being sustained • One breach of the 14-day cancer target had occurred in March with a provisional breach in April. Formal investigations were being undertaken • Following agreement with the Department of Health an upgrade to the PAS system would enable the Trust to capture data against the 18-week target. Action was now necessary to focus on the service delivery issues • New information on the care environment and amenities would be presented from next month's report. MH raised concern about the fragility of the site infrastructures and suggested that these needed urgent attention. NE said that there were a number of infrastructure issues on the risk register however they were often only looked at from a single perspective, rather than taking an holistic approach to the associated risks. SS commented that the risk register was being used proactively to determine capital spend in order to address some of the primary infrastructure concerns. The Board noted the report.	
134/07	**Annual Plan** DL introduced the report. He said that it had been required to be submitted to the SHA at the end May and that given the timing the Finance and Performance Committee had recommended Chairman's action in approving it in order to meet the deadline. He said that the Plan was both reflective of last year's position and forward looking, giving a clear statement of the Trust's future strategy together with an overview of the anticipated challenges.	

	DL highlighted that the Plan reaffirmed the Trust's position that any surplus land that remained following service reconfiguration would be disposed of and that the SHA had indicated that the Plan needed to demonstrate that the Trust had a strong and stable financial position before the SHA would agree the Watford business case. KC sought clarification on whether the details on the budget in the Plan were based on forecast and if so what degree of confidence was there that it robust. NE said that the budget was based on the plans we currently knew about rather than forecasting what might happen into the future. The Board ratified the action taken by the Chairman to approve the Plan.	
135/07	**Business Plan** NE introduced the paper. He said that the plan aimed to pull together the key strands of work on which the Trust will focus over the next year. He confirmed that action was being taken to establish a progress monitoring framework which would provide be reported to the Board periodically. The Board noted the Plan.	
136/07	**Essence of Care** GE introduced the paper and the presentation given by Jane Ellis and Christine Morgan (copy attached). He emphasised that they key areas of focus had been on improving those things that mattered most to patients, e.g. privacy and dignity. He reported to the Board that Debra Sturdy, the Department of Health's lead nurse on Care of the Elderly had agreed to become a member of the Trust's Essence of Care working group. Following the presentation Board members sought clarification on the following points: • What interpretation the Patients Panel would put on the work being undertaken and progress being reported • Why there were such differences between the Trust's own survey results compared to the outcomes of the national in-patient survey work • How the Trust compared to others in taking forward the Essence of Care framework GE said that the comments and inputs from the Patients Panel had been encouraging and the work focussed on many of the issues that were of concern to Panel members. He acknowledged the differences in the outcomes of local surveys and the national survey. He felt that there were a number of reasons for this including the sampling techniques used and the fact that the local sampling is "real time" with patients on the ward. He said that he was currently looking at refining the methodology used in the Trust for undertaking this kind of survey work. GE said that the work in the Trust in driving forward the Essence of Care benchmarking was recognised nationally as one of the "gold standard" approach to this area of work. The Board noted the report and presentation and thanked	

	colleagues for the work that they were doing.	
137/07	**Safeguarding Children** GE introduced the report. He said that it provided the Board with an update on progress in relation to the Safeguarding Children's action plan. The Board noted the report.	
138/02	**Capital Plan 2007/08** SS introduced the report. She said that the proposed programme was indicative and that as individual schemes were identified and agreed firmer plans would be developed. She emphasised that the first priority would be to address the significant risks identified through the risk register that required a capital solution together with improvements in the overall patient environments. It was generally agreed that the emphasis within the plan was correct. MS stated that it would not be acceptable to spend capital on items that should be attributable to revenue spend. The Board approved the indicative programme.	
139/07	**Finance & Performance Committee** TH confirmed that all relevant items had been covered during the meeting.	
140/07	**Emergency Business** There were no items of emergency business.	
141/07	**Questions from the Public** **Service Reconfiguration.** A comment was made that the Trust wa not being honest about the level of service that would remain at Hemel Hempstead in relation to emergency services as there would be no back up to support this service. It was also commented that in the light of the likely change to the future of the Hatfield development services at Watford would not be able to cope with the additional demand that would be placed upon it. A further comment was made in respect to the potential land sales at Hemel Hempstead and the detrimental impact this would have on any future developments on the site Concern was raised about the reduction in the availability of service locally and the impact that this would have on the time taken to access appropriate care. GR re-emphasised the point that Hemel Hempstead would continue to provide services that would be suitable for the majority of cases that currently use the A&E department although he stated that it would not be configured in the same way as the current service. He said that there was considerable evidence of the effectiveness of centralising the more specialist services, with improved clinical outcomes for patients. DL said that planning for the new hospital at Watford would take account of any changes that were agreed with regard to the future of Hatfield.	

	DL re-stated that Hemel Hempstead Hospital would continue to provide a significant level of service following reconfiguration but that any surplus land would be considered for disposal in line with national policy. **Judicial Review.** Comment was made that it was shameful of the Trust to oppose the application that the claimants had made to protect their costs. **Essence Of Care.** A comment was made that patients opinions of the Trust would be coloured if the discharge planning was poor. Clarity was also sought on whether the benchmarking was undertaken in the out-patient environments and A&E departments. DL acknowledged that good discharge planning was fundamental to the overall patient experience and that it was essential to get this element right. GR said that the benchmarking was undertaken in both out-patients and A&E departments but in a modified form. **Independent Treatment Centre.** Clarification was sought on whether the ISTC had now been stopped. TH confirmed that this was the case and that there were options set out in the Acute Services Review on the potential future location of an NHS elective care centre in West Hertfordshire. **MRSA.** Clarification was sought on whether the Trust routinely screens elective patients for MRSA. GR confirmed that this was done. **Communication with the public.** Clarification was sought on whether the Trust communicated effectively with users and carers when decisions about services were being made. DL said that although there was always more that could be done, a recent assessment by the External Auditors had scored the Trust highly on the arrangements in place for communicating with stakeholders.	
142/07	**Date of Next Meeting** The date of the next meeting was confirmed as 5th July 2007.	