West Hertfordshire Hospitals NHS
NHS Trust

53/13

WEST HERTFORDSHIRE HOSPITALS NHS TRUST

TRUST BOARD

Minutes of the Part 1 Trust Board Meeting held on 25 July 2013
Medical Education Centre
Watford General Hospital

Chair: Mahdi Hasan (MH)

Present:
Sarah Connor (SC), Non Executive Director
Phil Townsend (PT), Non Executive Director
Chris Green (CG), Non Executive Director
Robin Douglas (RD), Non Executive Director
Katherine Charter (KC), Non Executive Director
Samantha Jones SJ), Chief Executive
Bernie Bluhm (BB), Interim Chief Operating Officer
Patrick Butterworth (PB), Director of Finance
Dr Mike Van Der Watt (MVDW), Medical Director
Jackie Ardley (JA), Interim Chief Nurse
Mark Vaughan (MV), Director of Workforce
Paul Jenkins (PJ), Director of Performance and Partnerships
Louise Gaffney (LG), Director of Strategy and Infrastructure
Antony Tiernan (AT), Director of Corporate Affairs & Communications
Mark Jarvis, Interim Trust Secretary

Apologies:

In attendance: Mr and Mrs Jamieson, Patients

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MEETING MINUTES

	Action	Who	When
1.	**Chairman's Introduction**		
1.1	MH welcomed everyone to the meeting. In particular he welcomed JA, BB, PB and AT to their first Board meeting. Ann Lloyd from the Good Governance Institute was welcomed as an observer.		
2.	**Patient's Story**		
2.1	MH welcomed Mr and Mrs Jamieson to the meeting and thanked them for agreeing to share their experiences of the hospital with the Board		
2.2	Mr and Mrs Jamieson described their experiences to the Board and highlighted the following points: • There was a need to improve communication with patients and relatives and between different departments; • More consultants needed to be on duty over the weekend in order that decision can be taken; • Staff needed to be more aware of how they speak to patients and relatives in order not to upset them; • There was a lack of information about car parking concessions; • There were delays in medication being made available at the point of discharge; • There were times when privacy on the wards was limited; Mr and Mrs Jamieson stressed that the overall care provided was excellent and that their expectations had been exceeded.		
2.3	Members of the Board thanked Mr and Mrs Jamieson for describing their experiences. SJ apologised for the poor aspects of the care described and advised Mr and Mrs Jamieson that many things were happening across the Trust to ensure that services were improved in the areas they had highlighted. It was agreed that Mr and Mrs Jamieson would be invited to come back into the Trust to see some of these changes. SJ said that discharge processes were being reviewed in order to determine where the delays were so that changes could be made. SC felt that the comments made by Mr and Mrs Jamieson in	Jackie Ardley	Within 3 months

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	Action	Who	When
	respect of communication difficulties confirmed the issues that had previously been highlighted in the patient survey results. KC was concerned about the delays in the discharge processes highlighted by Mr and Mrs Jamieson as this gave a poor final impression to patients as they left the hospital. MVDW confirmed that there were consultants on duty during the weekends however acknowledged that more needed to be done to ensure that they introduced themselves properly to patients when they saw them in order to provide patients with the confidence that there were senior doctors looking after them at weekends.	Dr Mike Van Der Watt	Immediate
2.3	MH thanked Mr and Mrs Jamieson for their candid and constructive feedback. He felt that it was important for the Board to get direct feedback and confirmed that patients' stories would be a routine item for Board meetings.		
3.	**Apologies for absence**		
3.1	There were no apologies for absence.		
4.	**Declarations of Interest**		
4.1	MH advised that he had added a further interest as a consultant to Schlumberger Business Consulting		
5.	**Minutes of the Last Meeting**		
5.1	SC clarified that under item in respect of item 10.1 (National Staff Survey Action Plan) she wanted to ensure that the action plan focussed on responding to the cause of concerns raised by staff rather than the symptoms. MV agreed that this would be the focus.		
5.2	PT asked if decisions reached by the Board could be explicitly drawn out within the minutes. This was agreed.	Mark Jarvis	Ongoing
6.	**Matters Arising**		
6.1	In response to the request made by Healthwatch to be able to ask questions during the course of individual items rather than at the end of the meeting MH advised the meeting that having considered this and taken advice he would be continuing with the current arrangements. He explained that technically the Board was holding its meeting in public, rather than it being a public meeting. He stressed that participation of Healthwatch and the wider public was important.		

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	Action	Who	When
	However, given the challenges facing the Board as it entered a period of development and ensuring that it remained focussed on its responsibility for seeking assurance and maintaining accountability MH felt that the status quo should be maintained.		
6.2	It was noted that the emergency care action plan and the inpatient action plan items had been deferred until the September Board meeting in order to allow BB and JA respectively time to review current plans and make any changes they considered necessary.	Jackie Ardley and Bernie Bluhm	September meeting
6.3	MV confirmed that mandatory training requirements applied to all Non Executive Directors (NEDs). It was agreed that the current status of NED mandatory training would be confirmed and arrangements made to ensure that all were up to date.	Mark Vaughan	End July
6.4	It was noted that the readmissions audit was now referenced in the performance.. It was also noted that further feedback was still to be received from the Clinical Commissioning Group (CCG).		
6.5	MVDW advised the Board that the Board Assurance Framework was currently being reviewed and would be presented to the September meeting.	Dr Mike Van Der Watt	September meeting
6.6	LG confirmed that the recommendations from the transport and car parking listening exercise would be implemented from 1 August.		
6.7	SJ highlighted that a lot of the issues that had been deferred were also being picked up as part of the transformation plan arising from the risk summits. During a general discussion it was agreed that it was appropriate to take the necessary amount of time to ensure that items presented to the Board were fully developed. It was thought that this approach would prevent items having to return to the Board for further discussion and would be a measure of overall performance.		
7.	**Chief Executive's Report**		
7.1	SJ had nothing additional to report that was not already covered by the agenda.		
8.	**Transformation Plan**		
8.1	SJ presented an overview of the work being undertaken on the transformation plan that has		

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	Action	Who	When
	arisen as a result of the recent risk summits. She stressed that the priority was to ensure that issues of quality, safety and putting the patient first were the primary focus. SJ advised the Board that a Transformation subcommittee had been formed which would be chaired by PT. This subcommittee would provide assurance to the Board that actions were being taken in line with the plan. Membership included Healthwatch, the Patients Panel, the CCG and staff side.		
8.2	SJ said that although a plan would be brought back to the Board in September for ratification, there may be actions that need to be taken before this can happen. If this were the case SJ confirmed that agreement would be sought from Board members. She confirmed that the plan would detail individual project leads and timescales and that the framework used in the Keogh reviews would help with the overall presentation of the plan.		
8.3	SJ emphasised that staff are doing good jobs and that the implementation of the plan would support them in doing things better. She said that the Trust had been commended for its openness and transparency by the CCG.		
8.4	During discussion the following points were made: • It was good that there would be one overarching plan bringing everything together; • Focus must be given to the totality of the organisation and not just the issues in the plan otherwise there was a risk of things not being joined up; • The plan needed to be able to be adapted to any important changes that happened.		
8.5	MH thanked SJ for her presentation and PT for agreeing to chair the subcommittee. He acknowledged that the subcommittee needed time to develop the plan and bring it back to the Board. However, he stressed that everything that is being done must remain completely focussed on improving patient care.		
8.6	The Board noted the presentation and the proposal to bring the plan back to the September meeting.	Samantha Jones	September meeting
9.	**Infection Prevention and Control Performance**		

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	Action	Who	When
	Report and Action Plan		
9.1	JA advised the Board that future reports would be improved. She highlighted that, as requested by the Board, the percentage of staff trained was now shown in the report. JA confirmed that future reports would provide a commentary and analysis of the key issues.	Jackie Ardley	September meeting
9.2	JA reported that meetings had taken place with Medirest regarding the cleaning schedules and that the infection prevention and control policy would be signed off on 29 July> She confirmed that additional sinks were being fitted in the isolation bays.		
9.3	MH sought assurance that the requirement to achieve an aggregrate 80% in respect of training was the right level and that the levels of training below the headline figures (ie training essential to safely do a particular job) were acceptable. JA confirmed that this was being reviewed.	Jackie Ardley	
9.3	The Board noted the report.		
10.	**Nursing Establishment Review (Adult Inpatients)**		
10.1	JA presented the updated position with regard to the nursing establishment review. She confirmed that meetings were taking place with all of the ward sisters in order to sign off their establishments and staffing budgets and to identify any training and development needs they might have. She said that 58 whole time equivalent trained nurses and 38 health care assistants had been recruited since May. JA confirmed that recruitment to date included experienced staff as well as newly qualified staff and that more staff than in the original plan would be recruited.		
10.2	CG expressed his support for the actions that had been taken although sought assurance that all of the consequences of the decisions taken had been thought through, especially in relation to costs. PB said that there was a clear understanding of the costs and other pressures associated with the decisions. Further savings were being looked at in order to offset the costs so that the improvements in nursing numbers could be implemented without impacting on patient safety elsewhere. SJ said that there was still some work to be done to finalise the financial implications because of the underlying vacancy		

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	position in addition to the planned additional recruitment.		
10.3	The Board noted the progress being made.		
11.	**Serious Incident Review Summary**		
11.1	MVDW summarised the key issues in the report. He advised the Board that the rise in reported incidents was as a result of changes to the reporting requirements in respect of pressure ulcers and Clostridium Difficle cases. He said that as a result of a review of the reported Never Events in 2012/13 one had been changed to a Serious Incident which meant that there was one Never Event for 2012/13 (rather than two).		
11.2	RD sought clarification as to whether there was a link between the number of falls reported and the number of severe harm cases. It was confirmed that the number of falls reported was recognised as an indicator of the quality of care provided. JA said that more work was needed to drill down on each incident to understand the causes of each fall and then to assess the findings alongside other information on staffing and complaints in order to get a rounded perspective on the potential reasons. SJ said that the creation of ward scorecards would give a much more rounded position of the ward environment in the future.		
11.3	KC raised a concern that, both in terms of the Serious Incident and the infection prevention and control report, it was evident that, despite policies being in place, people were not always following them. She sought assurance that there were systems in place to randomly check that policies were being followed. JA acknowledged that more spot check audits were needed and agreed to discuss this with the Matrons and bring a report back to the Board giving the assurance that was being sought.	Jackie Ardley	November meeting
11.4	The Board noted the report.		
12.	**Mortality & Morbidity Review**		
11.1	MVDW reported that there had been three meetings of the mortality review group. He said that at the second meeting it was identified that the national guidelines on the care and treatment of patients with a fractured neck of femur were not being followed appropriately. He advised the Board that as a result of these findings immediate		

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	action had been taken with respect to anaesthetics, orthopaedics and post operative care.		
11.2	MVDW advised the Board that there had been a reduction in the Summary Hospital Level Mortality Indicator score for the Trust in the latest data issued. This was set against a rise in the previous five quarters. He said that the risk adjusted mortality index predictions were lower than expected. He highlighted that there were some coding issues that these were being addressed. Consultants were now required to verify the coding given to all patients that die.		
12.3	MVDW advised the Board that individual scorecards were being developed for each specialty which would provide an overview of how each specialty was performing in relation to published benchmarks. This work would be led by a new Associate Medical Director once appointed. RD wondered whether there were areas of practice where staff were unclear of what was expected of them. MVDW said that the scorecards would help with clarifying this where it was unclear. KC said that having heard the patient's story earlier in the meeting she had gained assurance that cardiology was working well. She sought clarification on how the Board could receive the same level of assurance in respect of all specialties. SJ stressed the importance of the scorecard development work and the fact that the framework used for the Keogh reviews would be used within the Trust to provide a rounded picture. She said that this work would be completed by September. It was agreed that that the outcomes would be presented to the Board once they had been fully analysed.	Dr Mike Van Der Watt	November meeting
12.4	The Board noted the report.		
13.	**Process And Procedure For Ensuring Registration And Review Of Registerable Activities With The Care Quality Commission**		
13.1	The Board noted the report and were reassured that systems were now in place to prevent registration issues being missed in the future. The Board noted that the Trust had now received confirmation from the Care Quality Commission that it was registered for the management of the supply of blood and blood related products and		

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	the assessment or medical treatment for people detained under the Mental Health Act 1983.		
14.	**Safeguarding Annual Report**		
14.1	JA introduced the report. She highlighted that further work was being undertaken to define exactly who needed to receive training. She advised the Board that, at this time, she could not assure the Board that all relevant staff had received the required training. It was agreed that a further report would be presented to the Board on safeguarding training in September. The Board noted the remainder of the report.	Jackie Ardley	September meeting
15.	**Quality Account**		
15.1	The Board agreed the Quality Account. It was noted that the priorities within the Account would be aligned to those in the Transformation Plan	Jackie Ardley	End August
16.	**National Staff Survey Action Plan**		
16.1	MV advised the Board that he had revised the plan to reflect comments received at the May meeting. He said that the fully costed organisational development plan would be presented to the Board in September. MV confirmed that resources to implement the plan would need to be identified although some would come from transformation monies. RD emphasised the importance of ensuring that staff were fully engaged with the plan as their experiences and perceptions would be essential. He said that the workforce committee would look at this aspect in particular.	Mark Vaughan Mark Vaughan	September meeting September Workforce Committee
17.	**Integrated Performance Report**		
17.1	PJ highlighted the following areas from within the report: • Although the Trust was achieving the 18 week referral to treatment target overall there were individual specialties where this was not being achieved. Action plans were being put in place to ensure delivery in these specialties; • Remedial action was being taken in order to improve ambulance handover performance; • The contract with the CCG was over performing by 9% compared to last year;		
17.2	KC sought clarification as to whether the increased activity and consequent additional		

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	income was positive for the Trust. It was highlighted that the rise in referrals above plan impacted on the Trust's ability to meet the 18 week and other activity related targets. SJ also highlighted the wider impact on the health economy of increases in activity as it was important for the Trust to work collaboratively with other parts of the health and social care system.		
17.3	CG asked for assurance that action was being taken to improve the complaint response times. JA said that all outstanding complaints would be cleared by 1 August and that changes in the process were being implemented in order to ensure improvements in the time taken to respond to a complaint. It was agreed that a report would be made to the September Board meeting on the improvements made.	Jackie Ardley	September meeting
17.3	The Board noted the report.		
18.	**Finance Report**		
18.1	PB highlighted three areas of challenge for the Trust financially. These were activity mix, cost pressures and liquidity. He said that the activity mix challenge related to the increase in emergencies and reducing number of elective cases. The Trust only received 30% of the costs for emergency work above the agreed activity levels. However full costs were incurred. He reported that the current savings programme was showing a total of £12.5m identified as savings although £3m of this was considered to be high risk. He was able to confirm that approximately 95% of current savings were recurrent. In respect of liquidity PB advised the Board that there was close working in place with the NHS Trust Development Agency (TDA) in order to ensure that the Trust had an appropriate cash balance. He reported that £3.6m had been agreed from the central distress fund for backlog maintenance and that further discussions were on going with regard to further allocations.		
18.2	CG raised concern about the robustness of the plan for achieving the required level of savings and sought clarification as to what other options were being considered in order to ensure delivery of the agreed savings. PB said that it was important not to do anything that destabilised clinical services and therefore opportunities within the non clinical areas were being considered		

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	further. SJ said that there would be discussions with the TDA in late August regarding the delivery of the agreed plan. She confirmed that the TDA had been very supportive of the Trust. MH emphasised the importance of being honest with the TDA about any challenges that might mean we are unable to achieve the agreed plan and what might, therefore, need to be carried forward into next year. MH also emphasised that the current year plan must be placed in context of the subsequent two years to demonstrate how the Trust is planning to return to a balanced position.		
18.3	The Board noted the report.		
19.	**Corporate Governance Structure**		
19.1	AT advised the Board that work on the subordinate meeting structure would be presented to the September meeting. He said that a review of structures from other trusts was being done in order to support the proposals being worked on for the Trust.	Antony Tiernan	September meeting
19.2	The Board noted the report.		
20.	**Board Sub Committee Minutes**		
20.1	Following discussion it was agreed that draft minutes would be presented to the Board when approved minutes were not available. Subcommittee chairs agreed to ensure that their reports clearly indicated where minutes were draft. The minutes presented were noted.	Subcommittee Chairs	Ongoing
21.	**Healthwatch Questions**		
21.1	Healthwatch thanked the Trust for its openness and transparency in respect of the issues being faced by the Trust and confirmed that they were happy to be involved in working with the Trust on the transformation plan.		
21.2	The following points were raised by Healthwatch: • Concerns about the discharge process for some patients • Late referral of cancer patients to tertiary centres • Current position on the vascular developments SJ acknowledged that there were still problems with the discharge processes and that work was being undertaken to look at what currently happens and what needs to change. MVDW	Dr Mike Van	

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	Action	Who	When
	agreed to look in to the individual cancer cases. SJ reported that a paper would be coming to the Board later in the year in relation to the vascular service.	Der Watt Bernie Bluhm	 November Board
22.	**Questions From The Public**		
22.1	There were no questions from the public.		
23.	**Date of Next Meeting**		
23.1	The next meeting of the Trust Board will be on 26 September at 9.30 in Watford General Hospital		

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