

West Hertfordshire Hospitals

NHS Trust

TRUST BOARD Minutes of Meeting held in Public

Terrace Meeting Room, Watford General Hospital
09.30 Thursday 1 July 2004

PART 1

Present:	Rosie Sanderson	Chairwoman
	Ailsa Bernard	Non-Executive Director
	Robin Douglas	Non-Executive Director
	Said Namdarkhan	Non-Executive Director
	Martin Saunders	Non-Executive Director
	Jane Wright	Non-Executive Director
	David Law	Interim Chief Executive
	Rob Allan	Director of Human Resources
	Howard Borkett-Jones	Medical Director
	Nigel Coomber	Director of Operations
	Vincent Doherty	Interim Finance Director
	Gary Etheridge	Director of Nursing, Midwifery & Quality
	Louise Gaffney	Acting Director of Service Planning
	Paul Cussons	Divisional Director – Surgery & Anaesthesia
	Sarah Hill	Associate Medical Director
	Alfa Sa'adu	Deputy Medical Director
	Edie Glatter	Patient Forum Representative
In Attendance:	Angela Lacey-Smith	Corporate Affairs Manager

		Board Action
	OPENING REMARKS The Chairwoman welcomed Edie Glatter, Patient Forum representative, and introduced the new Trust Board members - Louise Gaffney, Acting Director of Planning; Dr Sarah Hill, Associate Medical Director; Dr Alfa Sa'adu, Deputy Medical Director; and Mr Paul Cussons, Divisional Director for Surgery & Anaesthesia.	
55/04	APOLOGIES Martin Saunders, NED; Dr Sue Catnach, Acting Divisional Director for Acute Medicine Care.	
56/04	MINUTES OF MEETING HELD 29 APRIL 2004 The Minutes were agreed as a correct record.	Noted

57/04	<p>MATTERS ARISING</p> <p>Page 1: Page 8: <i>Information on spare beds.</i> Such information was not available.</p> <p>Page 2: Item 4: Stroke Unit Opening: Communications Department were requested to investigate ways of improving communication links,</p> <p>Page 2: A Stroke Unit would be in place at HHGH in September 2004.</p> <p>Page 4: Ambulance Turnaround: Ambulance turnaround performance had improved considerably. It was agreed that as this did not form part of the Trust's targets, data would not be included in performance figures provided.</p> <p>Page 5: Bullet Pt 5: A project board was working on the Hanover Unit proposal. The ward would be fully opened in September.</p> <p>Page 6: Budget income data for West Herts would be broken down in future Finance reports.</p> <p>Page 8: Names would be assigned to titles as shown in the chart provided once the final appointment had been made, and information brought to the public Trust Board.</p>	<p>MP</p> <p>Noted</p> <p>Noted</p> <p>VD</p> <p>SH</p>
58/04	<p>CHAIRWOMAN'S ANNOUNCEMENTS</p> <p>The Chairwoman's announcements included information on:</p> <ul style="list-style-type: none"> - Achievement of A&E Targets - Your Clinical Voice - The New Cardiac Catheterisation laboratory - CHKS top 40 Hospital Award - IOSH Certificates and presentations - New Appointments to the Trust - Employee of the Month awards for April and May 2004 	
	<p>BUSINESS & OPERATIONS</p>	
59/04	<p>Activity & Performance Report</p> <p>The following points were noted:</p> <ul style="list-style-type: none"> • At the end of 2003-04 the Trust achieved a number of significant targets, including inpatient and outpatient waiting targets, the 2-week cancer standard for urgent GP referrals, and booking. • These standards had been maintained in the first 2 months of 2004-05. • The Trust continued its improved performance with the A&E 4-hour total wait, where an average of 95% was achieved in May. • The Trust had to cancel 75 routine operations during May, which represented 2.4% of elective admissions, compared to the national target of 1% or less. • A large proportion of these were due to the transfer of beds from Surgery to Medicine, and the associated reduction in theatre lists. • 3 lists had been reinstated and the remainder were to be instated shortly. • Overall waiting times for surgery and urology had not increased, despite the transfer of beds; those patients cancelled as a result of the transfer were readmitted within one month. 	

	<p>It was recognised that the current level of cancelled operations was not acceptable but that current bed occupancy rates meant that some cancellations were inevitable. Work was underway with PCT colleagues to reduce delayed discharges and therefore occupancy levels. Other action planned included:</p> <ul style="list-style-type: none"> • The opening of additional beds on Hanover Ward • Establishment of a Surgical Admissions Lounge at Watford • Greater utilisation of SACH surgical capacity, with some theatre lists/activity to be transferred from WGH in particular. • Greater focus on 'whole system' discharge planning. <p>Comparative data was requested against national standards.</p> <p>Explanation was provided on bed occupancy rates, which had been extremely high at 100% on occasions, and also on Outpatient waiting times where it was noted that at the end of May there were 750 patients waiting in excess of 13 weeks.</p> <p>Discussion took place regarding presentation and format of data provided which would be discussed in detail at the next Board Briefing meeting on 8 July 2004.</p> <p>The Trust Board noted the contents of the Monthly Patient Access Report on Performance and Activity.</p>	<p>LG</p> <p>Note</p> <p>Noted</p>
59b/04	<p>Performance on Star Rating Indicators - 'Traffic Light' Monitoring Report 2004/05</p> <p>Data provided was discussed in detail. The following points were noted:</p> <ul style="list-style-type: none"> • Star ratings would be based on a set of 2003-04 indicators • The performance thresholds had yet to be announced, and traffic light colours were therefore only indicative. • Of the key indicators, the Trust performed worse than England's average for A&E 4 hour wait and cancer 2-week waits. Performance on both of these was now much improved. • In capacity and capability the Trust appeared to be below average in terms of consultant appraisal, and recording of ethnicity, but these figures could be incorrect. • As the specialist stroke unit had only opened late 2003, the low percentage of stroke patients treated in a specialist unit was to be expected, but should show a major improvement for 2004-05. • Although the Trust performed well in terms of referral to treatment wait for breast cancer, it was slightly below average for diagnosis to treatment waits. <p>Action Points:</p> <ul style="list-style-type: none"> • Consultant Appraisals: Howard Borkett-Jones agreed to investigate the discrepancy in the data as shown, and to suggest ways of monitoring progress on this throughout the year, with the aim of achieving 100% compliance by March 2005. 	<p>HB-J</p>

	<ul style="list-style-type: none"> • Data quality: Coding for Ethnicity: As a result of the recently introduced new coding system, some old coding had yet to be translated, which once recoded would be circa 50%, an improvement on the 35% figure submitted. Improvements in coding rates for patients are to be addressed. This was currently being addressed. Revalidation was to take place next month on the workforce component. • Child Protection: A local action plan to achieve targets had been circulated and the named nurse had trained 400 staff. Gary Etheridge was requested to investigate the reason for the low score. • Deaths following surgical procedures: emergency readmissions: Concerns were raised that lack of data could affect star ratings. Howard Borkett-Jones was requested to investigate why such data had not been included in data submitted. • Stroke Care: It was anticipated that with the measures being implemented, this would result in a significant improvement. • Infection control: Howard Borkett-Jones was requested to investigate the discrepancy in data as shown. • Thrombolysis: The Chairwoman requested that congratulations be extended to all involved for the excellent achievement. • Winning Ways: This was to be identified as part of Infection Control in future. • One month to diagnosis/Breast Cancer: It was noted that this related to surgical treatment. Nigel Coomber had requested a specific report in relation to consultant absence which had led to the deterioration in performance, and where cover arrangements needed to be reviewed to prevent reoccurrence.. This was an area where the Trust had yet to meet national averages and where improvements were required but which it was anticipated centralisation of services would enable this. The report would also cover 2-month waits for breast cancer. <p>Performance reports would be provided to the Trust Board on a monthly basis and would be reviewed at each Public Board meeting, where a detailed analysis would be provided on progress.</p> <p>The Trust Board noted the Performance on Star Rating Indicators report.</p>	RA/GE GE HB-J HB-J Note LG/HBJ NC Note Noted
59c/04	CHKS Award: WHHT was assessed as being in the top 40 Hospitals by CHKS. It was noted that the indicators used were different from those used for star ratings.	Note
60/04	Emergency Care Nigel Coomber provided summary on documentation provided. <ul style="list-style-type: none"> • The Trust had performed exceptionally well in June and was now in the top 20 nationally. • Over 97% of patients were treated and admitted or discharged within 4 hours. • As a result of additional resources and more robust management of emergency patient flows, marked improvements in performance had been achieved. <p>Attention would now be concentrated on:</p>	

	<ul style="list-style-type: none"> Reducing the number of delayed transfer of care Increasing the Trust's overall bed capacity (e.g. opening Hanover Ward and further shift of elective work to St Albans) Recruiting permanently to the newly established medical staff posts Resolving concerns around the reduced surgical capacity, particularly at Watford. <p>A full report would be provided in response to the two recent breaches of the 12 hour trolley wait standard.</p> <p>Edie Glatter commented that wards were now much cleaner, and there had been noticeable improvement over the past 2-3 months.</p> <p>The Trust Board noted the Emergency Care paper.</p>	Noted
61/04	<p>HR Quarterly Report</p> <p>Rob Allan provided summary to report.</p> <ul style="list-style-type: none"> Labour turnover, particularly nursing continued to decline. Sickness rates were static at 5% and did not differ widely from other Trusts. <p>The Trust Board noted the HR quarterly Report.</p>	Noted
62/04	<p>Finance and Capital</p> <p>Vince Doherty provided summary to paper:</p> <ul style="list-style-type: none"> The Trust's revenue budget for the year was £241M. There was an opening budgeted deficit of £3.3m comprising shortfall on consultant's contract of £1.4M and other unfunded cost pressures. This was after setting a target of £4.5M of cost improvements for the year. In order to balance the budget the Trust in conjunction with the West Herts PCT's was producing a Financial Recovery Plan for the Quadrant. At the end of May the Trust was £1.2M overspent, of which £550K was attributable to the opening budget deficit and £428K to non-achievement of savings plans. The overspending Divisions had been asked to produce immediate action plans to bring their budgets back into line. The Trust had not yet been notified of its CRL for the year. This was expected at the end of June. The Capital Programme forecast expenditure for the year was £14m of which £715K had been spent so far. The Trust had £6.3M net cash available at the end of May. The Trust's notified External Financing Limit (EFL) has not yet been advised. <p>An investigation was underway to ascertain the marked increase in SCBU activity, the results of which were not yet available.</p> <p>The Trust Board noted the Finance & Capital paper.</p>	Noted

63/04	<p>2003/04 Annual Accounts and Director's Statement</p> <ul style="list-style-type: none"> The un-audited Trust Accounts for 2003/04 had been reviewed by Audit Committee members. Copies of this and the un-audited Charitable Funds accounts for 2003/04 had been sent to the Charitable Funds Committee members for review. Both sets of accounts were currently being audited and the Audit Commission would present the audited accounts, together with their findings, to a special Audit Committee on 21 July. The Board was requested to approve the un-audited accounts, and to delegate authority to the Chairman of the Audit Committee to approve the audited accounts on behalf of the Board at the special Audit Committee. <p>The Trust Board agreed the procedure as described.</p>	Noted
64/04	<p>'Coming Home' Project</p> <p>Lesley Lopez, Patient & Public Involvement Manager, provided summary.</p> <ul style="list-style-type: none"> The report & Executive Summary detailed work carried out over the last nine months in respect of the 'Coming Home' project, which used real life experiences to improve hospital discharge on the Watford General Hospital site (with a view to rolling this project out across the whole of Beds & Herts). This was a joint project by the Trust, Watford & Three Rivers PCT, Carers in Hertfordshire & Adult Care Services using the 'Imagine.....' process developed by the New Economics Foundation (NEF) The Trust was working collaboratively with WHHT Acute & Watford & Three Rivers PCT PPI Forums, Watford General Hospital Social Work Teams & Discharge Co-ordinators, Voluntary Organisations and the Modernisation Agency together with a wide range of the public from all local communities A considerable amount of work was underway following the initial day event that highlighted three main areas of work: <ul style="list-style-type: none"> Patient information Checklist for Patients & Carers Training for Carers <p>A further report was requested for the December 2004 Trust Board to include Performance Indicators, to enable progress of this project to be monitored.</p> <p>The Trust Board noted the report.</p>	<p>LL</p> <p>Noted</p>
65/04	<p>Children's Services Discussion Phase – June 2004</p> <p>Louise Gaffney provided summary regarding Children's Services in West Hertfordshire.</p> <ul style="list-style-type: none"> Local health organisations in West Hertfordshire were currently involved in a discussion phase which would run until 7 July about the future configuration of children's services, in line with decisions made in Investing in Your Health. 	

	<ul style="list-style-type: none"> A joint response would be formulated after the end of the Discussion Phase and would be provided to the Trust Board between 7 July and 20 September; <p>The Trust board noted the contents of the report.</p>	Noted
	GOVERNANCE	
66/04	<p>Risk Management</p> <p>Gary Etheridge provided summary.</p> <ul style="list-style-type: none"> The Trust had now achieved RPST Level 1 and an action plan had been developed to take the Trust to Level 2. CNST Level 1 for Maternity would be taking place in November 2004. The Trust had achieved high scores against the 3 core standards within Controls Assurance (Finance 99%; Governance 99%; and Risk 94%). The Trust's draft Complaints Policy and Procedure was ratified at the Trust Risk Committee on 1.4.04. The Trust had submitted its Statement on Internal Control for 2003/04 on 14.5.04, and this would be published in the Annual Report and Accounts. Clear Risk Policies had now been formulated, where the review process needed to be revisited. Datix was now in place but this needed to be managed properly. <p>A paper would be brought to the Trust Board identifying the Top 10 key risks to the organisation, which would be explored in more detail.</p> <p>The Trust Risk /Annual Report would also be brought to the Risk Management Sub-Committee together with a Risk Strategy developed by Risk leads.</p> <p>The Trust Board noted the report and also the Risk Management Committee Minutes dated 1 April 2004.</p>	<p>GE</p> <p>GE</p> <p>Noted</p>
67/04	<p>CHI Action Plan Report</p> <p>Howard Borkett-Jones provided summary to documentation, which summarised the Trust's response to date to the CHI report produced following the CHI monitoring visit in 2002.</p> <p>An extensive action plan had been produced which had been monitored through a series of widely based CHI action days, the details of which indicated that the large majority of the actions identified as being necessary were now completed. The remaining actions related to sustained programmes of work which would continue.</p> <p>The Trust Board agreed that this would action plan would be signed off as completed.</p>	Noted
68/04	<p>Clinical Governance Report</p> <p>Howard Borkett-Jones provided summary to report provided which itemised the performance of a range of clinical governance indicators within the Trust, and detailed actions underway to monitor trends more closely.</p>	

	<p>The report included:</p> <ul style="list-style-type: none"> • Management Issues – CG Development Plan 2004/05 • Monitoring – Controls Assurance Governance Standard, where 96% had been achieved against the minimum requirement of 75%. • Complaints where the overall response rate to complaints was c.60% against the national target of 70%. Options were being pursued to improve this response. Issues around incorrect blood labelling were being addressed. <p>It was recognised that despite an increase in numbers of incidents being reported, there was still under-reporting.</p> <p>The Trust Board noted the Report for Q4 2003/04.</p>	Noted
69/04	<p>Controls Assurance: Governance Standard – Corporate Governance Strategy</p> <p>David Law advised that the document related to the Governance Standard on controls Assurance of which the key principles were:</p> <ul style="list-style-type: none"> - accountability - process - capability <p>and revolved around how the Trust monitored and reviewed what it did, communication, consultation and some degree of independent assurance. The paper described West Herts' approach to monitoring and reporting. This was welcomed as part of the Controls Assurance framework.</p> <p>The Trust Board ratified the Corporate Governance Strategy.</p>	Noted
70/04 71/04 72/04	<p>MINUTES FOR NOTING</p> <p>The following minutes were noted:</p> <p>Audit Committee 6 February 2004</p> <p>Charitable Funds Committee 6 February 2004</p> <p>Supply Board 17 December 2003</p>	Noted Noted Noted
73/04	<p>ANY OTHER BUSINESS - None</p> <p>NHS confederation conference:</p> <p>The Chairwoman circulated papers relating to 10 key issues for organisations to address, which she requested Board members read.</p>	
74/04	<p>DATE OF NEXT TRUST BOARD MEETINGS</p> <p>0930 Thursday 2 December 2004 Lynda Jackson Centre, Mount Vernon Hospital</p>	

75/04	<p>QUESTIONS FROM THE PUBLIC</p> <p>Joan Walker, Northwood Residents' Association: requested an update on Mount Vernon Services, notably Radiotherapy waits, progress towards accommodation for Burns & Plastics and transfer of MIU to Hillingdon.</p> <p><i>David Law responded:</i></p> <ul style="list-style-type: none"> - <i>Radiotherapy Waits: A significant amount of work to reduce these which had reflected in substantial reductions in radiotherapy treatment. Breast was down to 11 weeks as a result of additional activity being made available and extended work hours. For the remainder there was a 4-6 weeks wait.</i> - <i>Burns & Plastics Accommodation: A resolution would not be made for this winter and it was recognised this would pose difficulties. The Trust was working with both Hillingdon and the SHA on the proposal to move inpatient services to Watford. The Trust was also looking to retaining day-case activity and out-patients at Mount Vernon. Hillingdon were working through this case, and it was hoped to have this implemented by September 2005, at which time it was hoped to relocate Plastics & Burns to Watford. A consultative process needed to take place in NW London.</i> - <i>MIU; It was thought this would transfer in Autumn 2004 but further discussion was required with staff and Hillingdon which would take place in the next few weeks. The Trust was required legally to go through the consultation process before transfer could be effected.</i> <p>Betty Harris requested information on the following:</p> <ul style="list-style-type: none"> - Letters to patients on waiting lists – was any data available on responses made? - It was thought that the opening of the Catheterisation Laboratory had been reported in the Express, - Clarification on treatment of St Albans elderly patients to be treated at the proposed Surgicentre, Hemel. <p><i>Nigel Coomber responded:</i></p> <ul style="list-style-type: none"> - <i>It was nationally recognised best practice to write to patients on waiting lists to ensure they still wished to be on the list. This had been in place for at least 2 years. Data suggested that around 15-20% would request to be deleted from the list, or could not be contacted. In all cases the GP was informed.</i> - <i>The Trust did not receive copies of the free Express paper.</i> - <i>Surgicentre: SACH was not a surgi-centre in the same way as proposed for Hemel. When Hemel became a Surgicentre, it would take all patients, which SACH did not.</i> 	
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The meeting closed at approximately 1.00 pm at which time members of the public and press left.