

**TRUST BOARD**  
**Minutes of a Meeting held in Public**

**Thursday 3<sup>rd</sup> November 2005, 9:00am**  
**Vernon Edward Suite, YMCA House, Watford**

**PART 1**

**Present:**

Robin Douglas	(Acting) Chairman
Ailsa Bernard	Non-Executive Director
Said Namdarkhan	Non-Executive Director
Martin Saunders	Non-Executive Director
Jane Wright	Non-Executive Director
David Law	Chief Executive
Rob Allan	Director of Human Resources
Howard Borkett-Jones	Medical Director
Carolyn Hughes	Director of Finance
Sarah Shaw	Director of Capital Planning
Nick Evans	Director of Service Redesign
Sarah Hill	Associate Medical Director

**In Attendance:**

Ian Hammond	Interim Company Secretary
Sue Fay	Associate Director of Communications
Karen Johnson	Minutes

		<b>Board Action</b>
<b>87/05</b>	<b>Stroke Services in West Hertfordshire</b>  Dr David Collas and Dr Rafaat Farag gave a presentation to the Trust Board and Public on Stroke Services in West Hertfordshire Hospitals NHS Trust.	
	<b>Board Business:</b>	
<b>88/05</b>	<b>Apologies</b>  Apologies were accepted from Gary Etheridge, Simon Colbert , Sue Catnach, Alfa SaAdu, Adam Young and Paul Cussons.	
<b>89/05</b>	<b>Minutes of the last meeting held on 28<sup>th</sup> July 2005:</b>  The minutes of the last meeting were accepted as an accurate record of the meeting.	
<b>90/05</b>	<b>Matters Arising From The Minutes</b>  1. Sarah Shaw confirmed that she had now received confirmation from the East of England Development Agency (EDDA) that they will fund 50% of the outline	

	<p>planning costs.</p> <ol style="list-style-type: none"> <li>2. Nick Evans confirmed that the Standards for Better Health had been sent in October and a follow up would take place in March/April 2006.</li> <li>3. Sarah Shaw announced that the Project Board had now commissioned the Design Team Consultants ~ Avanti would now lead the team.</li> </ol>	
<b>91/05</b>	<p><b>Chairman's Announcements</b></p> <ol style="list-style-type: none"> <li>1. Robin Douglas announced that Professor Thomas Hanahoe had now been appointed as the new Chairman for West Hertfordshire Hospitals NHS Trust, who had a considerable amount of experience; he wished him well in his new post. He will take up post on 1<sup>st</sup> December 2005.</li> </ol> <p>Zena Bullmore expressed a vote of thanks to Robin Douglas for all his work over the past months.</p>	
	<b>Strategic Issues:</b>	
<b>92/05</b>	<p><b>Chief Executives Report:</b></p> <p>David Law presented his report expressing his intention to focus the Trust on two key aspects: The current state of play within the Organisation and Changes in the Organisation.</p> <p>The Trust was seeing much higher activity than agreed with the PCT Commissioners, especially in the areas of A&amp;E and Outpatients. This was placing an enormous pressure on the Organisation and he was currently in discussions with the PCTs to address these issues. Diagnostic services were seeing a heavy demand from GP referrals which, again, was to be addressed both within the Organisation and with PCTs.</p> <p>Bed capacity had been reduced but patients being treated were more acutely ill. The Trust was looking to modify the Organisation to cope with these changes. Beds had been closed on the assumption that, wherever clinically appropriate, the recovery of patients should no longer take place in hospital but elsewhere within a range of Intermediate Care settings. The Trust was still adjusting its staffing levels to ensure the right level of staffing to ensure delivery of both the 13 week and 6 month standard targets.</p> <p>Agenda For Change had proved to cause some disquiet with some staff. Staff had been assured that consistent criteria had been applied in line with National Policy. The Board welcomed the appeals procedure to demonstrate that it continued to be a transparent process for all affected staff .</p> <p>Finance continued to be difficult , partly because the Trust runs on</p>	

	<p>a high cost base. This did not detract from the fact that there was a clear need to do more to deal with the financial challenges</p> <p>Although there was clear evidence of good practice being exhibited and the majority of staff and departments were getting on with the task in hand it would be very difficult to sustain the current position. This needed to be addressed as ultimately it did not create the best environment for staff or patients.</p> <p>Further on the Financial front, the Trust was working with PricewaterhouseCoopers (PwC) and the Strategic Health Authority were supporting the Trust with this work. The end of the financial year was a struggle but the Trust needed to maintain stability and have a clear programme for financial recovery, although this would be challenging to deliver.</p> <p>Changes were being made in the Organisation to progress delivery and site focus teams had now been established on both the Hemel Hempstead Hospital and Watford General Hospital sites. Management of Theatres had been addressed and the new theatre manager had made great moves forward to develop clinical engagement in management processes.</p> <p>A staff conference was to take place the following week to further engage a cross section of randomly selected staff in moving the Trust forward. Engagement of the Community on a wide range of issues and areas was continually taking place.</p> <p>The Organisation was under pressure but there continued to be a growing need to transform the Organisation in the way it delivered its services.</p>	
93/05	<p><b>Investing in Your Health (liYH) – Surgicentre Update:</b></p> <p>Sarah Shaw informed the Board that there had been 5 bids received for the Surgicentre, which would provide services for day cases and short stay elective cases in a range of surgical specialties. After an intense evaluation process a preferred bidder had been selected. The details were currently with the Minister for approval and she anticipated that an announcement would be made in Mid-November.</p> <p>Sarah Shaw confirmed that the likely provider of clinical support services would be the Trust and detailed discussions around this continued to take place.</p> <p>Sarah Shaw reported that a feasibility study for interim measures was still underway and clearer proposals will be reported when finalised.</p>	
	<b>Performance Monitoring:</b>	
94/05	<b>Performance Report</b>	

Nick Evans reported that the full Performance Report had been considered at the Finance and Performance Committee the previous week. The main points were.

- A&E had been successful in sustaining the 4 hour waiting time target at 98% throughout September but October had seen a fall-off from this target. Bed pressures had been observed due to the autumn season bringing a larger number of fractures and elective admissions had continued to be high. The continuing high activity levels had reiterated the necessity to actively work with the PCTs around improved discharges and the care system for patients.
- Inpatient and daycase targets continued to be on target for a maximum 6 month wait by the end of December but the system had struggled significantly during the past few weeks. Similar considerations applied to the 13 week Outpatient wait target. The necessity to keep an eye on performance against targets remained a key priority.
- Cancer targets had shown 2 breaches had occurred in the urgent referral 2 week target. This had proved to be due to an administrative error. Steps had been taken to address this but it remained a complex system.

Both 31 and 62 days targets showed that there was 100% compliance with this target for the month.

- Choose and Book had shown progress towards the 100% target for partial booking for outpatients. Problems continued with the electronically booked appointments but this had been a technical problem nationally
- MRSA had shown a reduced number, although the Trust continued to be above target for the year. The last 3 weeks had shown no cases reported.
- Agenda for Change was continuing to be assessed. To date 2,725 staff had been assessed against a target of 3,687. The process needs to be completed before the end of November to reach target and staff had been working considerable hours to achieve this.
- Diagnostic services was seeing a steady progress towards the 26 wait target

Zena Bullmore asked why medical secretaries and clerical workers had received, under the Agenda for Change process, a cut in pay and leave. Rob Allan assured her that this was totally untrue. All pay remained protected and no member of staff had received less pay. The process was a national one that came in

	<p>two phases. The first phase saw the matching of the jobs by a panel against nationally set parameters and the second phase was a review. The HR Department had gone to great lengths to explain the process thoroughly to all staff to ensure that they understood the process and to understand, that against initial hopes, this was not a pay award but a pay restructuring. He admitted that the process was destabilising for the staff but the Trust had estimated to be mid table across the country.</p> <p>Mr Alderton asked if the A&amp;E four hour wait figure would be affected by the wet weather. Nick Evans reported that the Trust was working hard with outside partners to prepare for the winter months. The expectation was that the Trust will recover its position whilst the demand for services fluctuates. Robin Douglas said that the agreed service levels with the PCTs be re-visited in line with the new working practices and demands on services. David Law added that work was being undertaken with the PCTs in order that patients who present themselves at A&amp;E could be managed in a different way and weekly meetings were taking place to address these.</p> <p>Said Namdarkhan asked if a simple form of communication be sent out to staff giving them information on Agenda for Change. Sue Fay assured him that this had been done together with many drop-in and formal training sessions offered by HR to all staff on a continual basis.</p> <p>Betty Harris asked if the growing number of population in West Herts had meant that the Trust was not able to get paid for larger number of patients seen. Nick Evans assured her that under Payment by Results the Trust received payment for each patient episode.</p> <p>The Report was noted by the Board</p>	Noted
95/05	<p><b>Finance Report for the Year to 30<sup>th</sup> September 2005</b></p> <p>Carolyn Hughes reported that at the end of September the Trust had budgeted for a cumulative deficit of £10.02m but the actual deficit incurred was £13.153m, a negative variance of £3.133m. The target deficit for the year, agreed with the Strategic Health Authority remained £19.3m.</p> <p>Recent work with PricewaterhouseCoopers (PwC) was aimed at achieving a Turnaround Plan to return to and sustain financial balance in the agreed time-frame. Martin Saunders expressed his dismay at the financial situation across Bedfordshire and Hertfordshire and believed that Hertfordshire had been considerably underfunded for a long period of time. He asked if pressure could be put upon the Government to open up more resources for the area.</p> <p>The report was noted.</p>	Noted

96/05	<p><b>Clinical Governance</b></p> <p>Howard Borkett-Jones delivered the report on Clinical Governance as Dr Adam Young had been unable to attend.</p> <p>He reported that the Standards for Better Health draft document had been submitted.</p> <p>Against complaint standards, informal complaints were now showing that 90% of these were being resolved by PALs. Formal complaints had shown a deterioration in the timescale to resolve these.</p> <p>Bacteraemia, especially <i>Clostridium difficile</i>, across the country had shown an increase and the Trust continued to reinforce the messages on infection control.</p> <p>R&amp;D programme had reached real milestones with Burns and Plastics winning a Gold Medal Award and would be working with the newly inaugurated Beds and Herts Medical School to further strengthen research projects.</p> <p>The report was noted.</p>	Noted
<b>Governance ~ Reports from Board Sub-Committees</b>		
97/05	<p><b>Finance and Performance Committee ~ 24<sup>th</sup> October 2005</b></p> <p>Noted</p>	Noted
98/05	<p><b>Non Executive Director Commitments:</b></p> <p>Ian Hammond presented a paper on the Commitments of the Non Executive Directors. He reported that this was being done because of the mounting pressures on the Non Executives and the need to make best use of their skills and experience within the principles of their appointment. In terms of scrutiny there was a particular need to have Non-Executive oversight on the two new committees on Information Governance, and on Human Resources. A framework on how best to use Non Executive time had been suggested.</p> <p>The Board accepted this reported and thanked Ian Hammond for an exceptional report.</p>	Noted
<b>Any Other Business;</b>		
99/05	<p><b>Trust Board Meetings for 2005/06:</b></p> <p>The next Public Trust Board meeting would take place on <b>26th January in the Terrace Meeting Room, Watford General Hospital.</b></p> <p>The decision to not take the Public Board meetings out onto outside venues for 2006 was taken because it had not enhanced the attendance of larger numbers of the public and also because of the cost to the Trust.</p>	
100/05	<b>Questions from the Public:</b>	

	<ul style="list-style-type: none"><li>• Zena Bullmore asked if the Trust would like to make a comment on the recent death of a child in the Children's A&amp;E Department. David Law said that the case was undergoing a joint review with West Hertfordshire Hospitals NHS Trust and Hertfordshire Partnership Trust, who manage the Children's A&amp;E Department at Watford. No comment could be made with the exception of offering sincerest condolences to the family involved in this tragic and sad case.</li><li>• Mr Alderton asked what was being done across the board to cut costs. Carolyn Hughes reiterated that the Turnaround Plan was being produced with the involvement of all departments. The ultimate aim will be to change the way the Trust operates and will mean changes throughout the organisation. This would be a whole Trust process. It is anticipated that a full report will be given to the Strategic Health Authority by the end of November.</li></ul>	
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