

**Trust Board
Minutes of Meeting
Thursday 5th July 2007
Council Chamber
Hertsmere 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 Childerstone	Director of Workforce
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Officers In Attendance

Mark Jarvis	Trust Secretary
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		Action:
149/07	Chairman's Opening Remarks: The Chairman welcomed people to the meeting. TH announced that MS had resigned from the Board with effect from 1 July. TH congratulated SW on her recent marriage and wished Sue Fay well now that she was on maternity leave.	
150/07	Apologies Apologies were received from Sarah Wiles and Alfa Sa'adu	
151/07	Minutes of the Previous Meeting The minutes of previous meeting were approved and signed subject to the inclusion in the attendance list of Martin Saunders.	

152/07	Matters arising from the Minutes There were no matters arising.	
153/07	Chief Executive's Report 153/07(i) Assurance Framework. DL reminded the Board of the importance of the Assurance Framework as it described the key objectives of the Trust, identified the key strategic risks and the controls in place to mitigate them. TH suggested that it would be useful if the framework identified the actions being taken to mitigate any risks and the lead Director/manager. MH raised concern that it was difficult to get an holistic understanding of how the Trust was dealing with risk and whether in fact there was an holistic approach. GR invited MH to work with him and other colleagues to help improve the management of risks. In response to a question from RD it was confirmed that the full risk register would be placed onto the Patient Services web site. Judicial Review. DL reported the outcome of the Judicial Review, advising the Board that Mr Justice Walker had found in favour of the Trust. He said that the claimants were refused leave to appeal although they had the opportunity to ask the Court of Appeal to consider an appeal. DL confirmed that the current restrictions on not implementing changes that were irreversible remained in place until 23 July. TH said that he was delighted with the outcome, which allowed the Trust to move forward and implement changes that would provide significant benefits to patient care. Health Care Commission Visit. DL reported that the Health Care Commission had visited the Trust in order to review elements of the Standards For Better Health declaration. The final report from the HCC was awaited which would be reported to the Board once received. Gateway Review. DL reported that the Office of Government and Commerce had visited the Trust to review the processes in place to manage the planning and implementation of the Delivering a Healthy Future business case for the Watford site. He said that it had been a very positive visit with only one recommendation relating to the need for additional project resources. MRSA Improvement Team. DL reported that the MRSA improvement Team from the Department of Health had visited the Trust to follow-up their previous visit six months earlier. They had been satisfied that significant improvements had been made on taking forward the action plan and consequently did not intend to visit the Trust again	GR GR/MH GE DL

	<p>as part of the current round of inspections.</p> <p>DL advised the Board of the measures being put in place to ensure compliance with Trust policy on hand hygiene. He said that disciplinary action would be taken against staff who failed to comply and that continued non-compliance would lead to dismissal.</p>	
154/07	<p>Annual Accounts and Year End Reports</p> <p>SD introduced the paper and summarised the key points. He confirmed that actions were in hand to respond to all the comments made by the external auditors.</p> <p>The Board noted the report.</p>	
155/07	<p>Month 2 Financial Report</p> <p>SD introduced the report. He summarised the main points as follows:</p> <ul style="list-style-type: none"> • The Trust was in deficit of £1.5m at the end of month 2 • £3.4m of the savings plan remained unidentified • Income was showing a shortfall of £0.7m • Overall pay costs were £0.4m better than budget • Non pay was overspent by £1.2m • Of the £16.2m savings required this year £6.4m were rated red, £1.8m as amber and £8.0m green <p>DL said that the figures were disappointing and that a number of measures had been taken to recover the position. He advised that Board that changes would be made to the nursing establishments following the SHA's workforce diagnostic work that had been recently re-evaluated and confirmed by independent consultants working with the Trust. He said that the analysis indicated that 160 posts could be lost without any detrimental impact on service delivery or quality. He said that GE was leading on the implementation of these changes. DL also advised the Board that Divisions had been instructed to restrict their spending levels to those achieved at quarter four of 2006/07 and that all approvals to recruit would be signed by him. Detailed analysis was being undertaken on differing lengths of stay amongst consultants and it was expected that actions taken as a result would increase overall efficiency across the Trust.</p> <p>TH expressed his concern about the overall position, which was shared by other Board members. He felt that the actions being taken were substantial and needed to be effective. He said that improved financial efficiency would lead to improved clinical efficiency. MH stressed the importance of ensuring that the appropriate links were being made in relation to the actions being taken and the risk scoring against the deliverability of the savings targets in</p>	

	<p>order to ensure that there was a clear understanding of the levers that should be used to effect change.</p> <p>RD raised concern about the potential conflict of sustaining the drive for improved performance at the same time as trying to give people space to be innovative in relation to future service delivery. In response SC said that the Executive team placed considerable emphasis on enabling people to innovate, especially at the ward level. In practice this meant empowering ward sisters and building effective clinical teams.</p> <p>KC sought clarification on the position of reserves. SD confirmed that the pay inflation monies that were sitting in reserves had now been moved into pay budgets.</p> <p>The Board noted the report.</p>	
156/07	<p>Performance Report</p> <p>NE introduced the report and summarised the following:</p> <ul style="list-style-type: none"> • Health and Safety had been added to the strategic risks • More detail was now being provided on the actions being taken to mitigate risks • All of the clinical and cost improvement indicators had improved over the previous month • In respect of Information Governance the Trust had assessed itself as non compliant in respect of the NHS Statement of Compliance which meant that action was being taken to ensure the achievement of level 2 in order to receive/continue to have access to N3 network and/or NHS Connecting for Health digital services • The number of contacted staff had continued to reduce • A further drop in the complaints performance • A&E were continuing to struggle to achieve the 98% target mainly as a result of on going bed pressures and poorer than expected response times from some of the clinical teams. Actions were in hand to effect improvements • A number of breaches of the 20 week in-patient and day case target had been reported to the PCT. These breaches are not reportable to the SHA • Software modification to enable the PAS system to provide robust 18 week waiting times information was being tested • Action was being taken to reduce the level of follow-up out patient appointments in view of the high level of follow-ups for which no funding is being provided <p>GE advised the Board that work was being undertaken to produce a public health strategy. SC commented that sickness absence data was now being produced weekly</p>	

	<p>rather than monthly.</p> <p>DL said that there were a number of key performance indicators that were unacceptable and that he had established a weekly review of sickness, infection control and access performance. He also said that performance against the complaints response target was being reviewed in order to deliver improved performance.</p> <p>The Board noted the report.</p>	
157/07	<p>Health and Safety Executive Report and Action Plan</p> <p>DL set out the background to the report, reminding the Board of the report produced following the 2003 inspection and the consequent actions. He said that during the recent inspection the Health and Safety Executive had acknowledged the progress made since 2006 but had made a significant number of recommendations and had issued 8 Improvement Notices. He advised the Board that a full action plan and monitoring and review process was in place and that resources had been increased to ensure delivery of the plan.</p> <p>During discussion MH commented that the HSE would want to see that the Board was being proactive in ensuring that issues were being tackled and resolved and that the Board was setting the culture of the organisation in respect of health and safety issues. It was agreed that the Board would receive regular reports on progress with the implementation of the action plan.</p> <p>The Board noted the report.</p>	SC
158/07	<p>Infection Control</p> <p>GR introduced the paper. He summarised current performance and the actions being taken to further reduce levels of bacteraemias and levels of CDiff infection. He emphasised that one of the key controls was a zero tolerance approach to hand hygiene.</p> <p>Whilst the Board acknowledged the actions being taken there was some disappointment that it was taking longer than expected to achieve positive results. It was felt that more needed to be done to provide patients and visitors with the confidence to challenge staff if they felt that they were not washing their hands. It was also suggested that random questionnaires should be undertaken which included questions on hand washing.</p> <p>The Board approved the introduction of the zero tolerance approach and noted the report.</p>	

159/07	<p>Standards for Better Health</p> <p>GE introduced the report. He said that the Health Care Commission had commented positively on the monitoring and reporting processes being adopted within the Trust. He also said that following agreement with the Chairman, Non Executive Directors had been linked to specific standards and would be able to work with the lead Executives on satisfying themselves of compliance with the standards. He said that he would be meeting with Non Executive Directors to discuss their role fully.</p> <p>The Board noted the report.</p>	GE
160/07	<p>In-Patient Survey</p> <p>GE introduced the report. He said that the survey results had been disappointing and that there were key themes that had emerged which the action plan was focussed on addressing. RD said that it was important to ensure that improvements were made to the patient experience and wondered whether the Trust should be seeking advice from other organisations on how to improve this aspect of service. KC commented that in other organisations customer satisfaction was a key organisational priority and the Trust needed to adopt a similar approach.</p> <p>The Board noted the report and the action plan.</p>	
161/07	<p>Finance & Performance Committee</p> <p>TH confirmed that all relevant items had been covered during the meeting.</p>	
162/07	<p>Audit Committee</p> <p>DL reported that the Committee had discussed the reports from external and internal audit and counter fraud on work undertaken in 2006/07 and agreed the work programmes for 2007/08. He said in future years the audit programmes would be focussed on areas that will help the Trust achieve Foundation Trust status.</p> <p>The Board noted the report.</p>	
163/07	<p>Assurance Committee</p> <p>RD reported that the Committee had had a major discussion on risk management and the role that the whole organisation needed to play in ensuring appropriate compliance.</p>	
164/07	<p>Use of the Trust Seal</p> <p>MJ advised the Board that a revised paper had been circulated to members listing a second document to be sealed.</p>	

	<p>The Board approved the use of the seal for the documents listed in the revised paper.</p>	
165/07	<p>Emergency Business</p> <p>Articles of Association – Procurement Hub. MJ advised the Board that minor changes were being proposed to the Articles of Association previously agreed by the Board in September 2006, subject to the Board agreement. He said that the changes were not material to the agreement that the Trust had entered into with the Procurement Hub and recommended that the Board approve them.</p> <p>The Board approved the amended Articles of Association.</p> <p>Capital Expenditure Measures. DL advised the Board that a number of schemes needed to be progressed on the Watford site in relation to the current road layout on the site (approximately £100k), fencing (£11k), movement of a gas mains (£195k) and improvements to accommodation in H Block to enable the upgrading of post graduate facilities (£950k).</p> <p>The Board agreed all of the proposed schemes but wished to confirm the spend on the post graduate facilities following circulation of a business case. It was agreed that this would be sent to all Board members by 6 July.</p> <p>MH sought assurance that there was a robust process in place to ensure that a prioritised forward plan was put in place in order to address the wider risk issues being faced across the Trust that required capital solutions.</p>	<p>SW</p> <p>SW</p>
166/07	<p>Questions from the Public</p> <p>Judicial Review.</p> <p>A comment was made that the Board had not been fully informed that the judgement made by Mr Justice Walker was only interim.</p> <p>Changes at St Albans City Hospital</p> <p>Clarification was sought on whether extra staff would be needed in order to run the proposed three session days within the theatre complex. GR said that this would be achieved through greater efficiencies rather than additional staff.</p> <p>A question was raised regarding whether it was proposed to extend the car parking on the SACH site. It was confirmed that improvements were planned.</p>	

	<p>Zero Tolerance Policy</p> <p>Comment was made about the suggestion that continued non compliance in respect of hand hygiene would result in instant dismissal and whether this was in line with recognised best practice. SC confirmed that the Trust policies would be followed and that dismissal would only follow once due process had been gone through.</p> <p>Risk Register</p> <p>A request was made for the full risk register to be presented to the Board. DL said that it would be made available via the Trust web site.</p> <p>Infection Control</p> <p>Clarification was sought on whether the Trust was bucking the national trend, which indicated a general increase in the level of hospital acquired infection and whether white coats were being re-introduced for doctors.</p> <p>GR said that more patients were being discharged with infection and were being re-admitted with the infections. He said that a dress code for doctors had recently been issued but that did not include the use of white coats as these also became contaminated.</p> <p>Capital Expenditure</p> <p>Clarification was sought on whether money would be spent at Hemel Hempstead to improve the infrastructure. DL confirmed that investment would be undertaken where identified as necessary.</p>	
167/07	<p>Date of Next Meeting</p> <p>The date of the next meeting was confirmed as 9th August 2007 to be held in the Council Chamber, Dacorum Borough Council.</p>	