

Minutes of Public Board Meeting

Thursday 23 October 2008

Postgraduate Medical Centre, St Albans City Hospital

Board of Directors in attendance

Thomas Hanahoe	Chair
Robin Douglas	Senior Independent Director
Colin Gordon	Non-Executive Director
Katherine Charter	Non-Executive Director
Stuart Lacey	Non-Executive Director
Mahdi Hassan	Non-Executive Director
Jan Filochowski	Chief Executive
Graham Ramsay	Director of Patient Safety & Medical Director
Nick Evans	Director of Partnerships
Gary Etheridge	Director of Nursing
Margaret Ashworth	Director Finance

In attendance

Russell Harrison	Director of Delivery
Sarah Childerstone	Director of Workforce
David McNeil	Director of Corporate Affairs and Board Secretary

Agenda Item	Comment	Action
	<u>OPENING ITEMS</u>	
156/08	Chair's Opening Remarks TH opened the meeting and welcomed members of the public. He said that the meeting would see that the Trust's improvement had been recognised by the HcC in its recent report and is continuing to support the strong foundation from which the future of the Trust can be built. In addition, TH asked that a special vote of thanks be recorded for all staff in the Trust on the outstanding achievements obtained thus far during 2008/09.	

	<p>This improvement means the Trust is moving ahead with renewed confidence in its Foundation Trust application and in the development of the new hospital at Watford with support from the SHA and other partners. FT application is a twelve-month process and the Trust needs to get the Secretary of State for Health's support before it can go for assessment by the independent regulator Monitor.</p> <p>During recent discussions with Monitor, it became apparent that the Trust would need a financially qualified NED as a member of the Audit Committee. To recruit a new NED who is formally qualified as an accountant will require a vacancy from amongst the existing NEDs and RD has agreed to stand down as a NED. RD will continue to work with the Trust as a co-opted non-voting Board member.</p>	
157/08	<p>Apologies</p> <p>LM</p>	
158/08	<p>Declarations of Interest</p> <p>Additions to the declarations were noted.</p> <p>Additional changes mentioned at the meeting were:</p> <ul style="list-style-type: none"> • SC is now Chair of the Council of the Tavistock Institute of Human Relations • RD is now Chair of the Health and Social Care Advisory Board • CG is Chair of ?? • TH is no longer a governor of North Herts College of Further Education 	
159/08	<p>Minutes of the previous meeting</p> <p>The minutes of the meeting on the 21 August were approved.</p>	
160/08	<p>Matters Arising and Action Log</p> <ul style="list-style-type: none"> • The Workforce Strategy is being reworked and will be re-presented to the Board • The IM&T strategy will return to the Board in January <p>All other matters were covered on the agenda</p>	
161/08	<p>Chief Executive's Report</p> <p>JF said that the papers before the Board today showed continued signs of improvement, allowing the Trust to</p>	

	look further ahead. In particular there were two important things before the Board, the Healthcare Commission's report on the Trust, which had confirmed the Trust's progress, and the Estates Strategy.	
	<u>Operational performance</u>	
162/08	<p>Healthcare Commission</p> <p>JF said that the report from the Healthcare Commission that showed the Trust had moved from Weak/Weak to Fair/Fair was an excellent result and one that could not have been predicted a year ago. JF continued that the report did not really do justice to how the Trust was performing now, as it is a retrospective view of six to eighteen months ago and is therefore out of date. The Trust is now performing better than reported. For example A&E was reported as under-performing in the recent Healthcare Commission report, but as the letter in the Board papers from Anna Walker, the CEO at Healthcare Commission demonstrates, the Trust met its target and is now doing significantly better on that and other targets.</p> <p>The Trust's performance on reducing infections has been outstanding. So much so, that the CEO of the new Quality Care Commission has asked to visit the Trust to see how the Trust have achieved their results – moving from just about the worst in the country to the best with a 93% reduction in C Diff and no cases of MRSA in the last 2 months.</p> <p>JF said that he would be reporting to the Board in December an analysis of the level of the Trust's performance this year. The SHA and the PCT have congratulated the Trust on its performance and there has been a good level of support in the local media – who represent the Trust as a reasonably performing organisation and one that is improving. Again, this external acknowledgement is a credit to the hard work of all the staff in the Trust. RD said that it was really important to acknowledge the progress that had been made.</p> <p>KC added that the Inpatient Survey, which was not good for 07/08, will affect the ratings next year. NE and JF said that this was a real issue but that a significant amount of work was on going in the Trust including the recently agreed "pledges" to patients as part of the Heart of Herts campaign.</p>	JF

162(A)/08	<p>Performance</p> <p>JF said that there were areas of concern but overall performance remained good. The Trust remains close to achieving the 18-week target for those patients that need admitting. Cancelled Operations are reducing and the number of rebooked appointments within 28 days continues to improve but is still below where it needs to be.</p> <p>KC asked if more patients were now being seen at SACH and whether there was going to be a post evaluation review. RH responded that the post evaluation report is in draft and will be shared with the Board soon. There are 15-20 extra lists (over 50 extra patients per week) now in place at SACH compared to 2007.</p>	
162(B) /08	<p>Self Certification</p> <p>The Board noted the return that had been sent to the SHA for September. Two core standards were declared as non-compliant.</p>	
163/08	<p>Financial Report</p> <p>MA presented a paper to the Board outlining current performance on revenue and capital and progress towards achieving the forecast surplus.</p> <p>MA reported that additional savings were still required to meet the Intelligent Savings Programme of £11.6m for the current year, but that £4.4m remains the forecast surplus at the year-end.</p> <p>SL said that non-recurrent savings still seemed to be a concern. MA agreed and said that action was in hand to improve the recurrent position. RD asked if the government's recent announcements about speeding up some capital projects would affect the Trust? It was not known at this stage but felt unlikely that this would have any material affect this year. MH asked how the Trust was ensuring that the savings were embedded and the risks minimized. RH said that this was an Intelligent Savings Programme, not slash and burn, and therefore risks were being minimised. CG asked if there were any risks to patients through this programme. GR replied that all capital expenditure had been prioritised with patient safety at the heart of that prioritisation.</p>	

	<p>SL said that it was important that the Trust invest in IT to avoid the 'end of life' situation, where equipment is so old it can't be repaired. The Board agreed and JF said that the Executive would seek Board approval for investment.</p> <p><u>Auditors Annual Letter</u></p> <p>Paul Dosset, External Auditor from Grant Thornton, was asked to present the Annual Audit letter for 2007/08. (The letter was included in the Board papers) The letter covered two main areas:</p> <ul style="list-style-type: none"> • Opinion on the accounts • Secure use of resources. <p>The opinion on the accounts was that they were comprehensive and of a good standard and gave a true and Fairview of the Trust's financial affairs.</p> <p>On use of resources, PD noted the performance of the Trust meant that it was now at level 2, improving from 1 for last year, and moving to level 3 for 08/09.</p> <p>The Board debated the opportunity of the Trust moving to level 3. PD suggested that the requirement was for the Trust to be debt free to progress to level 3. MA was asked to research whether or not this was the position.</p> <p>The Board received and noted the Auditors Annual Letter.</p>	MA
164/08	<p>Infection Control</p> <p>GR updated the Board that the Trust's infection control data and assured them that the figures were continuing to show significant improvement. There had been only 4 cases of C Diff in August, 1 in September and 1 in October. For MRSA there had been none in September or October.</p> <p>At the beginning of October, the HcC had made an unannounced visit to the Trust to examine compliance with the Hygiene Code. They complimented the Trust and staff on performance and left expressing no concerns.</p> <p>GR also pointed to the attached Matron's report and the work of the matrons in improving cleanliness and infection control.</p> <p>The Board noted the HCAI action plan and ratified the Cleaning Policy.</p>	

	TH said that this was excellent work by the staff involved and asked GR to convey to them the Board's appreciation of this excellent achievement.	
165/08	<p>AAU Progress Report</p> <p>GR informed the Board on progress with the centralisation of acute and emergency services at WGH.</p> <ul style="list-style-type: none"> • Children's day surgery has been completed and as a consequence all children's in-patient services are now centralised on the Watford site. • Work has commenced on the upgrading of the final clinical areas within the contract. • All clinical areas with the exception of Phase 2 of the Children's Emergency department will be completed by the end of the calendar year • The Phase 2 of children's emergency (a dedicated paediatric resus area) will be completed mid February 2009. • The final work to include the front of house is scheduled to conclude in March 2009. • The HV ring is now in use and the increased power supply to the site should be secured by the end of October. <p>On workforce, numbers will be finalised by the end of October. CG said that he found the fact that the Trust had still not agreed the workforce structure very disappointing. GR responded that 95% had been agreed and signed off; it was just in a few areas that work was still required.</p> <p>The Board discussed whether it was fully immersed in this significant change and what success looked like. JF agreed that this was a subject that would benefit from a fuller discussion at a future development session – maybe in January or February. GR added that he would be presenting a benefit realisation paper to the December Board.</p>	GR
166/08	<p>Contract for the Supply of Monitors in AAU/CCU and Critical Care</p> <p>The Board noted that approval had been previously agreed through Chair's Action. An addendum was presented that showed that the costs had changed slightly since approval. The Board noted and approved the new costs outlined in the addendum.</p>	

	<u>Strategic Issues</u>	
167/08	<p>Estates Strategy</p> <p>RH updated the Board on the direction of the Trust estates for the coming years culminating with the changes planned for 2015 with the opening of the Local General Hospital by the PCT, completion of the Watford Health Campus, including the new Watford General Hospital and continued operations at St Albans.</p> <p>Only limited assurance can be given at this time due to the ongoing nature and dynamic aspect of the estates. The Capital Planning Group of the Trust will continue to discuss the cases presented and provide a level of scrutiny to the cases coming forward. The Board was asked to:</p> <ul style="list-style-type: none"> • Approve the Estates Strategy • Agree a timeline for receiving updates on the Strategy <p>KC said that it was excellent that the Trust now had an Estates Strategy and that it appears patient centred. It was important always to challenge the strategy on what patients would want rather than what the Trust thought they wanted. RH responded that the Trust at the moment is concentrating on infrastructure. JF added that the Trust is investing in what patients want –safe secure services.</p> <p>CG asked if the PFI and Watford Health Campus could be accelerated. JF responded that this was being considered but that there seemed very little room for improving the timeline. The Trust has fast tracked the business case, but unless there are changes to PFI procedures (maybe by returning to direct Treasury funded schemes) it may only move at the pace it is. GR added that there are areas of the campus proposals that may come on line sooner – such as the road, car parking and the hotel complex.</p> <p>The Board approved the Estates Strategy.</p>	
168/08	<p>Mandatory Training</p> <p>SC presented a paper regarding compliance with mandatory training. The Trust has 27 elements of training that are considered mandatory.</p> <p>CG said that the Board were still not clear on the levels</p>	

	<p>of compliance, as the paper says that the Trust was moving towards 95% attendance but made no reference to compliance to date.</p> <p>The Board asked for a further paper that showed what the levels of compliance were now and an action plan for how the Trust is planning to move to the 100% compliance.</p>	SC
169/08	<p>Patient Safety First Campaign</p> <p>GR presented a paper providing information on the Patient Safety First Campaign launched within the NHS, supported by the NHS Institute for Innovation and Improvement, the National Patient Safety Agency and the Health Foundation. It sets out the cause and aims of the Campaign and what Trusts should be looking to consider as ways of improving patient safety.</p> <p>The paper made proposals for how the Trust can move this forward locally and identifies a structure for doing this, led by the clinical governance and risk teams.</p> <p>TH asked if there were any additional costs that the Trust needed to consider. GR said that there might be some additional IT costs, but nothing substantial.</p> <p>RH added that this was an important issue, but that the Trust needed to be mindful of the potential for overload on operational staff at an already busy period.</p> <p><u>Hemel A&E</u></p> <p>GR reminded the Board that Hemel A&E would be closing from 10pm until 08am from 3rd November. This was necessary following the resignation of two junior doctors and the difficulty in getting locum cover. Therefore, at night blue light ambulances will take patients to WGH. GR emphasised that there will not be any further closures before March 2009 when the A&E at Hemel will move to Watford. This decision, taken on the advice of consultants and local GPs, had been made to ensure the continued safety of patients.</p>	
170/08	<p>Standards of Business Conduct</p> <p>DM presented a paper to the Board that set out clearly for staff the expectation of upholding standards of business conduct appropriate in public sector organisations.</p>	

	The Board approved the policy with minor amendments.	
171/08	<p>Foundation Trust Application</p> <p>DM presented a paper to the Board updating them of the progress of the Trust's application to become a Foundation Trust.</p> <p>The Board noted the progress that had been made and the timeline. The Board expressed some concern over the tight deadline (first Board to Board planned for January) and was concerned that a lot of work was required to get the Board sufficiently strong for the challenge of the B2B process. The Board agreed to additional development sessions each month from January. DM to arrange future additional dates and to circulate them to the Board.</p> <p>TH said that he appreciated the FT work that had been done to get the Trust this far and that the Board should be aware this is not a trivial task going forward. It will need substantial input by the Board to ensure success.</p>	DM
	<u>Committee Reports</u>	
172/08	<p>Audit Committee</p> <p>The Chair, CG, gave a verbal report of the Audit Committee held on the 16 September.</p> <p>The Committee had received the Annual Audit Letter from the external auditors (as seen in the early Finance session of the Board). The Committee had also looked at the top 10 risks of the organisation but retained some uncertainty how these risks were being managed – a further report has been requested at the next Audit Committee. The Committee had also expressed concerns of the Assurance Framework. DM said that this had been updated and circulated to members in advance of the next meeting. It would also be presented to DSG and the next Board meeting.</p> <p>The next Audit Committee will be held on November 17th</p>	
173/08	<p>Charitable Funds Committee</p> <p>RD as Chair of the Charitable Funds Committee gave a verbal report of the meeting held on 16th September. RD</p>	

	<p>said that the meeting had been inquorate due to apologies. However, all members reviewed three policies over the next week. The policies were:</p> <ul style="list-style-type: none"> • Reserves Policy • New Funds Policy • Investment Policy <p>The next Charitable Funds Committee will be held on 15 December.</p>	
	<u>Items for Noting</u>	
174/08	<p>Vulnerable Adults</p> <p>Noted by the Board</p>	
175/08	<p>Nursing and Midwifery Strategy</p> <p>Noted by the Board</p>	
176/08	<p>Patient Services Progress Report</p> <p>Noted by the Board</p>	
177/08	<p>Privacy and Dignity</p> <p>Noted by the Board</p>	
	<u>CONCLUDING ITEMS</u>	
178/08	<p>Urgent Business</p> <p>None was received</p>	
179/08	<p>Questions for the Public <i>(Relevant to the business of the meeting)</i></p> <p><i>Q: The Estates strategy talks of bigger rooms how will that affect existing areas such as SACH?</i> A: JF - The plans in the Estates Strategy comply with the statutory requirements. We will make changes to other parts of the estate when it can be afforded</p> <p><i>Q: Will the Trust apologise for closing Hemel A&E at night?</i></p>	

	<p>A: GR – I do apologise, but this was a difficult decision taken purely on safety grounds.</p> <p><i>Q: has the Trust spoken with Hillingdon hospital who already have single rooms?</i></p> <p>A: RH – The Trust is planning to visit Hillingdon.</p> <p><i>Q: What has happened to the historic debt?</i></p> <p>A: JF – We started with £11m, we paid off £2.4 last year and we are proposing to pay off £4.5 this year. The balance will be paid the year after leaving the Trust completely debt free.</p> <p><i>Q: The minutes of the last Board did not say that questions from the public were not allowed.</i></p> <p>A: DM – the minutes reflected that no questions were taken and as this was a special meeting to approve policies, rather than a full public meeting, they should have been removed from the agenda – I apologise.</p> <p><i>Q: The AAU was due to open in October and was costed on that basis. Now that it is March 2009 are there any increased costs and if so, will that affect the proposed year end position?</i></p> <p>A: JF – There were some limited additional costs but these have been factored into the forecast end of year position.</p>	
180/08	<p>Date of next meeting</p> <p>The next full board will be on 18 December 2008 in the Lecture Theatre at the Post Graduate Centre, St Albans City Hospital with a start time of 11.00</p>	

David McNeil
Trust Board Secretary
November 2008

Signed.....Dated.....

Professor Thomas Hanahoe, Chair