Minutes of Public Board Meeting
Thursday 23 July 2009
Postgraduate Medical Centre, St Albans City Hospital

Board of Directors in attendance

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<th>Name</th>
<th>Position</th>
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<td>Thomas Hanahoe</td>
<td>Chairman</td>
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<td>Robin Douglas</td>
<td>Senior Independent Director</td>
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<td>Katherine Charter</td>
<td>Non Executive Director</td>
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<td>Mahdi Hasan</td>
<td>Non Executive Director</td>
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<td>Jan Filochowski</td>
<td>Chief Executive</td>
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<td>Graham Ramsay</td>
<td>Director of Patient Safety &amp; Medical Director</td>
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<td>Michele Salter</td>
<td>Interim Director of Finance</td>
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In attendance

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<td>Russell Harrison</td>
<td>Director of Delivery</td>
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<td>Sarah Wiles</td>
<td>Director of Planning</td>
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<tr>
<td>David McNeil</td>
<td>Director of Communications, Corporate Affairs and Board Secretary</td>
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<tr>
<th>Agenda Item</th>
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<td><strong>OPENING ITEMS</strong></td>
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<td>93/09</td>
<td><strong>Chair’s Opening Remarks</strong></td>
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<td>TH opened the meeting by welcoming the Board and members of the public to the meeting and also welcomed Michele Salter in her role as Interim Director of Finance.</td>
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<td>TH remarked on the Board papers and thanked Board members for keeping them brief and strategic. Effective</td>
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boards depend on having the right information at the right time. That information needs to be focused on the right issues, pitched at the right level of detail and presented clearly and TH thought that the Trust was starting to fulfill this requirement which will allow the Trust to consider three crucial areas:

- Is the Trust tracking what patients think
- Does the Trust have information on the income and costs associated with each “business unit”
- How it compares with “competitor” trusts.

TH also noted that this would be Professor Ramsay’s last Board before he takes up post as the new CEO at Mid Essex Trust. On behalf of the Trust TH thanked GR for his professionalism and expertise over the years and wished him well in his future challenges.

TH noted that in line with the requirements outlined in the letter from David Nicholson, CEO of the NHS, the Board had received training on Safeguarding Children and was able to assure that the Trust was fulfilling its obligations in this most important area.

TH said that the Trust had received a letter from Sir Neil McKay at the SHA asking the Trust to become involved in the new Quality, Improvement, Innovation and Prevention (QIPP) agenda and to develop a number of ideas on how this could be taken forward for the local health economy and this work was now underway.

The Trust had also received a complimentary letter from Sir Bruce Keogh, Medical Director at the Department of Health, about the AAU and the recently opened Cardiac Centre.

TH also referred to a letter received from a firm of solicitors representing Dacorum Hospital Action Group asking that the Board do not consider a dossier prepared by DHAG and the Trust’s response. TH said the Board would consider both these items and noted that any references by which patients may have been identified had been removed.

94/09 Apologies

Gary Etheridge
Nick Evans
Colin Gordon
Sarah Childerstone
Stuart Lacey

95/09 Declarations of Interest
No new declarations were recorded in relation to the agenda or amendments made to any previous declarations of interest.

96/09  
**Minutes of the previous meeting**
- The minutes were approved

97/09  
**Matters Arising and Action Log**
- It was noted that Guy Musson and not Guy Salmon had assisted in the preparation of LTFM
- It was also noted that Gary Etheridge title should be Director of Nursing not Medical Director
- The KPI’s would be presented at the next Board
- Details of sickness and absence levels plus staff morale will be reported at the next Board.
- The development of the Hemel site was progressing well and was on time.

98/09  
**Chief Executives Report**

JF gave a verbal report to the Board. He said that one of the key documents before the Board was the 100 day review of the AAU and the centralisation of acute services. During a recent visit from Sir Bruce Keogh and Professor Sir Roger Boyle (the national Director for Heart Disease at the department of health) they had both said how impressed they had been with the new services. They were encouraging David Nicholson, CEO of the NHS to visit, along with the new Director for Emergency services, to see "the future of emergency care" for the NHS. This had been supported by Professor Sir Liam Donaldson, Chief Medical Officer at the Department of Health who said it was a "remarkable achievement that the NHS should take every opportunity to publicise".

JF said that Swine flu was now in the Trust, but that the Trust was prepared and was coping well

The 2008 Inpatient Survey highlighted that one area of concern had been mixed sex accommodation. The Trust had invested £1.5m in ensuring that single sex washrooms, the main area of concern, had been successfully installed. A recent inspection by the SHA and the PCT had reported that they were very impressed with the project and the Trust was one of the best examples in the East of England.

JF said the Trust was applying for a major research grant to look at new hospital design, which if successful, will be a real feather in the cap for a District General Hospital.
### 99/09 Performance Report

JF presented the Board with an update on issues arising from the Trust’s performance during April 2009.

The Trust’s progress against all major targets was excellent, with most fully met.

The Patient Environment Action Team (PEAT) results had improved overall with Watford improving the most.

KC queried how the Trust had achieved 106% on MRSA screening. GR explained this was an anomaly of the way the data was collected and represented the number of swabs taken rather than the number of patients. The SHA is considering redefining the target.

The Board noted the performance report and approved the self-assessment declaration sent to the SHA for June 09.

### 100/09 Finance Report

MS presented the month 3 position. She said that there had been a variance from budget with an overspend of £400k. The Board were reminded that at the FT Board Development day on the 18 June, they received a report that showed an updated position for months 1&2 that reflected a £250k overspend in each of the first two months. This will progressively come in to line as the Trust bears down on actual expenditure. However, a surplus of £4.6m was still forecast for the year and risks to achievement were being mitigated. The overspend does show the Trust with a risk rating of 2, but a rating of 3 is forecast.

Activity
- Elective is down 1%
- Non Elective up 10%
- Outpatients up 8%

CIPs show a small shortfall but this is being addressed and the Trust is confident they will be achieved. RH said that there was weekly monitoring of the CIPs and although there was shortfall at G3 (those actually producing savings), there are over £2m at G2 which should soon start showing a return. There are weekly sessions with budget holders.
JF said that there was some variance by division that the Trust needed to examine and to display better for the Board.

RD said that it seemed the Trust was still spending a lot on agency staff costs. Rh said that the biggest spend on agency staff was in maternity where there was a shortage of midwives. The Trust is trying to recruit permanent members of staff and said that already there were 15-20 midwives due to start in September. In addition, some theatre staff are being re-skilled so that less agency support would be needed. JF added that the Trust was also looking closely at overtime payments.

RD asked if the Trust was prepared for the change in junior doctors hours to comply with the European Working time Directive. GR confirmed that the Trust was well prepared and would be compliant.

The Board accepted the performance report.

101/09

**Infection Control**

GR presented a report to the Board on the Trust’s progress on infection control.

GR said that the first quarter after centralisation had been one of the best quarters recorded by the Trust.

There were 2 cases of MRSA reported in May and none in June. There was 1 case of C Diff in May and 4 in June. Letchmore ward continues to work effectively as an isolation unit for MRSA and C Diff.

TH asked if Doctors were complying with the hand washing requirements. GR said this was still being monitored but could confirm that they always wash their hands before seeing a patient. MH said it was important that doctors set a good example. GR said that non-compliance is still a disciplinary matter and he always writes to those who are reported.

Swine flu had been covered extensively in the media but there had been only 1 case in June and 25 cases in total had been admitted. GR said that the death rate from this pandemic was the same if not better than normal seasonal flu. The Trust has strong pandemic flu plans in place.

KC asked if the Trust was doing enough to inform patients of the symptoms and what they needed to do. DM said that there was a lot of information on the intranet for staff and on the internet for patients, but would look to see if more posters could be distributed.
The Board noted the report.

102/09 **Inpatient Survey**

JF presented the Board with the results of the 2008 inpatient survey report.

It was mainly good news with improvement in almost all areas. Last year the Trust was rated as the third worst in the country and now was in the middle of the pack. This is excellent news but does not go far enough and indicates that the Trust has much more to do. However, it is anticipated that the results for 2009 should see a further improvement as the pledge and other actions around patient information will have been imbedded longer.

The Board noted the report.

103/09 **100 day review of the AAU and the Centralisation of Acute Services**

GR presented a paper and gave a short presentation of the findings from the 100 day review. GR noted that pages 3 to 10 of paper 103/09 (executive summary) were to be replaced by the full 100 day report available at the meeting and should be considered as the complete item for the Board. There were no other changes and the appendices remain.

GR said that in general the centralisation of acute services and the opening of the AAU had gone very smoothly, but where there were complaints these had been listened to and any appropriate changes made. Only 21 patients had been affected by the centralisation and there had been no clinical incidents.

It was thought that A&E attendances would decrease, but this has not proved to be the case, in fact emergency admissions had gone up by about 10%. GP’s are referring direct to the AAU. The Urgent Care Centre at Hemel was also proving a success with expected volume of cases going through. The average length of stay for patients had reduced, delayed discharges were improving and readmissions are below average.

Safety remains paramount and GR said that HCAI’s were still showing a remarkable decline. In addition, standard mortality rates were half what they were a few years ago (128 to 69) which showed that around 31 patients were surviving at Watford who may not have done elsewhere.

The Board noted the report.
Patient feedback had been almost entirely positive and the new facilities were welcomed by all staff.

Although there were still improvement to come as the new models of care became embedded, GR said that this was a tremendous service for the people of west Hertfordshire, although he acknowledged that has meant that some patients, notably Hemel patients, have had further to travel. However, as the Clinical Director of Heart services from the Department of Health said on his visit, it is a gold-plated service that the Trust should be proud of.

MH said that this demonstrated how well this sort of major reconfiguration can be achieved and passed on his thanks to GR, JF and the team. MH reminded the Board of discussions they had had twelve months ago when “Terminal 5” was in the headlines. This had been a well designed and implemented project. TH concurred and said that it demonstrated the hard work and commitment of all the staff.

RD said that it was always a hard argument to make - the trade off between quality of care and additional journey time. He continued that although he personally lived in the Hemel area, he, like most people, would prefer a slight increase in travel time if it led to such a first class service.

GR said that the vast majority of patient contacts remain at Hemel and that the Trust was working with the PCT on providing other services.

KC said that the 100 day review, when read in conjunction with the inpatient Survey and the CLIP report was giving the Trust and excellent insight into patients needs. The Mid Staffs report had said that feedback from patients was crucial and although the Trust has come along way, the Board does need to keep a focus on what patients are saying.

TH asked that the original business case for the centralisation and the AAU be reconciled and a paper presented to a future Board with a full benefits review.

The Board noted the report and passed on its thanks for all those involved in making the changes such a success. The Board also noted the comments recorded in the DHAG report and the response to the issues raised from the Trust.
GR presented to the Board the Quality Report for 2009/10 and sought approval for its publication.

From April 2010, the Trust is required to publish Quality Accounts. The first report will cover the 2009/10 financial year and will have the same significance as the financial accounts. The Trust quality priorities against which the Trust will report quarterly are:

- Healthcare Acquired Infections
- Hospital Standardised Mortality Rates
- Inpatient Survey

TH said that the Board would like to see data at a speciality level. JF agreed to look at see if something could be provided at Divisional level – e.g. Women's & Children, where the standard mortality rate is not 69 but 31!

The Board agreed the publication of the Quality Accounts as a companion document to the 2008/09 Annual Report.

105/09

**Standards for Better Health Summary Report**

HGR presented a paper on current performance against the Standards for Better Health domains 1 and 2.

The Care Quality Commission (CQC) has alerted all Trust's that they will need to make a mid-year declaration in November.

The Board noted the report and the assurances given. Where there was limited assurance, e.g. in domains C4e, C15a&b and C21 the Board asked to be kept regularly informed of progress. The Board also noted the ongoing issue with C4c, decontamination.

106/09

**Policy Framework and Delegated Responsibility**

GR presented the Board with a new policy framework that provided a more robust framework for strategy, policy, procedure and guideline ratification and approval within the Trust. The Board had previously expressed some concern about the number of policies they were being asked to approve.
The framework now lists Trust committees and groups that have delegated responsibility from the Board to approve procedural documents.

The Board approved the new policy framework and delegated responsibility.

## STRATEGIC ISSUES

### 107/09

**Assurance Framework**

GR presented the Board with the latest iteration of the Assurance Framework, which had been aligned with the new strategic objectives.

There were currently 14 risks on the framework, of which 5 were marked as red:
- Estates issues
- Decontamination (see reference in S4BH discussion)
- Liquidity
- IBP and LTFM
- HDD

These were regularly reviewed by DSG and Directors took personal responsibility for each risk.

RD asked if the Board could also be presented with the top ten risks outside the framework and GR agreed to bring a paper to a future Board

The Board noted the assurance framework and the risks identified. They were assured that sufficient mitigation against the strategic risk has been identified.

### 108/09

**Strategic Objectives**

DM presented a paper to the Board on the 5 year strategic objectives that would be reflected in the Integrated Business Plan.

The six objectives were outlined as:

1. Provide safe patient care
2. Continue to improve the quality of care
3. Continue to improve the patient experience
4. Sustain and improve performance
5. be a financially sound organisation
6. Work in active partnership

The Board approved the strategic objectives and noted
### Improving IT Services

DM presented a paper on behalf of NE that outlined proposals for key Informatics initiatives that:

- Address the need for improvement in the way the Trust currently utilise major clinical systems already in use
- Explore alternative solutions that may assist in the delivery of improved hardware to Trust end-users whilst reducing need for major investment.

The Board were asked to

- To support in principal the proposals for implementation of Single Sign on and Clinical Context software
- To endorse the working up of firm proposals for options for the outsourcing of desktop infrastructure provision and maintenance, including the potential for a fully managed or partially managed service

Full options appraisals for all of the above including costs, benefits, timescales, impacts, risks and issues to be brought to the Board for consideration in September 2009, with a view to implementing changes from the new financial year if appropriate.

The Board noted the report and supported in principle the proposals and looked forward to receiving a further report at their September meeting.

### Ear Scaffold

GR presented a paper to the Board on recent developments with the Ear Scaffold project to seek approval to a proposed reduction in its shareholding in Northwood Implants.

To encourage investors to come forward to bring this to fruition, it was proposed that the Trust reduce its shareholding to 20% in return for a £20k payment – this is equivalent to the value placed on the shares by Health Enterprise East.

The Board confirmed its agreement to proceed on this basis.
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<td>GR presented a paper on the progress made on the action plan following the publication of the HCC report.</td>
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<td>The Board noted the excellent progress that had been made and passed on its gratitude to the staff involved particularly Margaret Cronin and her colleagues.</td>
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<td>The closure of the action plan was noted.</td>
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<td>DM presented a paper to the Board on the progress of the FT application.</td>
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<td>It was noted that draft 7 of the IBP and LTFM had been submitted to the SHA and that version 8, the version upon which the B2B were be assessed, was being sent at the end of July.</td>
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<td>E&amp;Y had completed their three week inspection of the Trust as part of the monitor Historical Due Diligence phase and a final report was expected in the next few weeks.</td>
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<td>The Board noted the report and agreed to certify the revised timetable to be sent to the SHA.</td>
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<th><strong>Questions from the Public</strong></th>
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<td>Several members of the public wished GR well in his new job and recorded their appreciation of his hard work whilst at the Trust.</td>
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<td>Q: Complimentary letters were fine, but it was important...</td>
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to identify that some patients were not satisfied.
A: GR said the Trust agreed, but the letters in the 100day review were more about the quality of the new service than when things went wrong on an individual basis.

Q: Looking at the figures for A&E Dec to Jan the performance dipped – was it lack of beds? – as it was important to focus n the inconvenience caused to those patients
A: GR said he agreed and the Trust was determined to minimise inconvenience to its patients and that it was a number of factors, not just beds
Q: Will swine flue affect A&E?
A: It is possible, but as yet the impact had been minimal
Q: Is the funding for the Health Campus assured?
A: No, at this stage it is not assured as would be expected in the current economic climate. However, the Trust plans remain in place.
Q: Does increased activity in a new hospital pose problems for ambulance access?
A: A new hospital would not necessarily mean an increase in patients, should be the same as now
Q: Support what has been achieved in providing single sex accommodation and new wet rooms, but how many patients complained about the noise?
A: Detailed information not to hand, but it was probably less than 10.

There being no further business the Chairman closed the meeting

David McNeil  
Trust Board Secretary  
August  2009