

Minutes of Public Board Meeting

Thursday 19 November 2009

Education Centre, Hemel Hempstead Hospital

Board of Directors in attendance

Thomas Hanahoe	Chairman
Robin Douglas	Senior Independent Director
Colin Gordon	Non Executive Director
Katherine Charter	Non Executive Director
Mahdi Hassan	Non Executive Director
Stuart Lacey	Non Executive Director
Jan Filochowski	Chief Executive
Colin Johnston	Director of Patient Safety & Medical Director
Phil Bradley	Deputy Director of Finance
Nick Evans	Director for Partnerships

In attendance for specific items

Sarah Childerstone	Director of Workforce
Russell Harrison	Director of Delivery
Sarah Wiles	Director of Planning
David McNeil	Board Secretary, Director of Communications, Corporate Affairs

Agenda Item	Comment	Action
	<u>OPENING ITEMS</u>	
141/09	<p>Chair's Opening Remarks</p> <p>TH opened the meeting by welcoming the Board and members of the public to the meeting and also welcomed Phil Bradley as Deputy Director of Finance.</p> <p>TH said that he was pleased to announce that the Trust had recruited a new financially qualified Non Executive Director, Sarah Connor, who would be joining the Board in December. This would mean some slight changes to the Board and RD has resigned from the Board and his role as Senior Independent Director. RD has given almost a decade of professional and expert support to</p>	

	<p>the Trust and the Board expressed its collective appreciation and gratitude. However, this was not the end of his contribution and he was asked by the Chairman to consider being co-opted back on to the Board. RD accepted this position and was unanimously and formally co-opted to the Board. This will mean other changes: MH will become the Senior Independent Director and Katherine Charter has been elected Vice Chair.</p>	
142/09	<p>Apologies</p> <p>GE, MS, Sarah Connor</p>	
143/09	<p>Declarations of Interest</p> <p>No new declarations were recorded in relation to the agenda or amendments made to any previous declarations of interest.</p>	
144/09	<p>Minutes of the previous meeting</p> <ul style="list-style-type: none"> The minutes of the meeting on 17 September 2009 were approved 	
145/09	<p>Matters Arising and Action Log</p> <p>All items arising were covered on the agenda other than:</p> <ul style="list-style-type: none"> RH reported that the expected surge of swine flu had not materialised and was now predicted for late December. The Trust remains prepared to cope with the surge, if it happens. CJ reported that the process for dealing with complaints had changed and now includes a more robust 'learning' element. A paper will be provided to the Board in January. 	CJ
146/09	<p>Chief Executive's Report</p> <p>JF gave a verbal report to the Board. He reported that the new Director of Finance, Anna Anderson, would be joining the Trust in early January, so there will be an overlap with MS to allow a smooth handover. AA will meet with finance colleagues in December to apprise herself of the LTFM and other issues.</p> <p>The HSJ awards is on 30 November and it is hoped that the Trust can report on success at the next meeting.</p> <p>JF said that the paper before the Board on the development of the new hospital was important, not only</p>	

	in view of the current economic situation, but as it should reassure the public that it is still progressing.	
	<u>OPERATIONAL PERFORMANCE</u>	
147/09	<p>Performance Report</p> <p>JF presented the Board with an update on issues arising from the Trust's performance.</p> <p>The report briefed Board members on issues arising from performance against a range of indicators during the period April to October 2009. These included:</p> <ul style="list-style-type: none"> • Key performance indicators, including estates • Performance against national targets and standards published to date by the Care Quality Commission (CQC) • Performance against contracts to month 7 (October 2009) • Hospital Standardised Mortality Rates (HSMR) <p>Performance against all cancer targets is now above the achievement thresholds and is forecast to remain so.</p> <p>Breaches of the 26 week inpatient admission guarantee remain challenging and the year to date performance against this target continues to be 'underachieve'.</p> <p>The CQC revised assessment process adopted for 2009-10 means that the Trust's self-assessment process for the Core Standards element is based on the first 6 months of the year only. Given the CQC amendment of two core standards in our 2008-09 self assessment following an inspection this summer, the Trust may not be able to declare compliance with enough standards to achieve an overall assessment of 'Excellent' for quality of services for 2009-10, but is expected to achieve a 'Good' rating.</p> <p>JF said that as the Trust was entering the winter period and additional pressure was anticipated throughout the Trust particularly in A&E.</p> <p>The target for Choose and Book is still not being achieved, but the Trust is achieving between 50% and 60%, which is above the regional average.</p> <p>CG asked why the Trust was failing to screen 100% of patients for infection. CJ said that the Trust was at about 92% and was looking at why the remaining 8% was not being achieved. NE added that there were a</p>	<p>JF</p> <p>JF</p>

	<p>couple of difficult areas, such as emergency admissions from Outpatients. The whole concept of 100% targets is being looked at by the SHA and DH to see if there can be acceptable margins – similar to the 98% in A&E</p> <p>SW said that the Estates KPIs were a useful guide but that the Trust was now working on updating the figures to provide more up to date data and trends and would be regularly reported to the Board.</p> <p>The Board noted the performance report and the governance self-declarations for August and September.</p>	
148/09	<p>Finance Report</p> <p>PB presented the finance report. At Month 7, the financial position showed a deficit of £0.4m compared to budget. This is the same as in Months 5 and 6. However the surplus of income over expenditure has increased from £0.8m in September to £1.7m in October.</p> <p>The material variances are a £4.9m overspend on pay and non-pay which is partially offset by £3.1m increased income and £1.4m dividend payable.</p> <p>Overspends are mainly due to:</p> <ul style="list-style-type: none"> • Surgery (£3.6m) • medical staff (£0.4m) • The premium cost of agency midwifery staff (£0.7m). <p>Based on the improved Income and Expenditure performance, the Trust continues to forecast delivery of the planned £4.6m surplus.</p> <p>The annual risk rating for the Trust has improved from a rating of 2 to a rating of 3.</p> <p>PB also asked the Board to note that the (£53m) figure shown in the accounts is a technical adjustment that all Trusts are required to make due to the switch to the IFRS NHS accounting system.</p> <p>CG asked if there was any likelihood that there would be a claw back of the revaluation dividend. PB said that this had not been mentioned as a possibility in any discussions. JF said that this had helped the Trust with its CIP target, but it was important that the momentum and pressure being applied would continue to ensure the agreed plans delivered as much as possible this year and therefore help any future years.</p>	

	<p>RD asked whether the increased activity costs were a concern for colleagues at the PCT. NE said that the Trust was in dialogue with the PCT and they were very aware that the Trust is delivering in excess of what was originally commissioned. The Trust is working with them as they put in place restrictions for low priority treatments, to ensure patients are not misinformed or treatments delayed.</p> <p>KC asked when the Trust expected to see agency expenditure reduce. SC said that there were already substantial reductions in overtime and the switch to using bank staff, but the reduction in agency costs was slower than required and was being looked at. However, patient safety would not be compromised. JF added that the Trust had successfully recruited additional midwives, which will have an impact on agency costs as many of the additional agency staff were in midwifery.</p> <p>RD asked about staff turnover rates and the Trust's ability to fill vacancies. SC said that the staff turnover rate had reduced significantly and the workforce report demonstrates that overall productivity is improving.</p> <p>RH informed the Board that MRI was now operating on both sites and was therefore reducing costs.</p> <p>The Board noted the report.</p>	SC
149/09	<p>Infection Control</p> <p>CJ presented a report to the Board on the Trust's progress on infection control. Overall the Trust was performing very well and was within its targets.</p> <p>Two MRSA bacteraemias were reported in September and none in October. The current total is four, against the trajectory of 12.</p> <p>The total number of <i>C.difficile</i> toxin positive isolates reported in September being classified as WHHT acquired was eight, and in October, four. Root Cause Analyses are being conducted on all of these cases and there are currently no themes to report to the Board. The trajectory set for the year 2009-2010 is 160. The aspirational target had been set at 110, however this has recently been reviewed and reduced to 57. The total number of WHHT acquired cases until the end of October is 35.</p> <p>During the month of October, a total of 154 healthcare workers received infection control training by the</p>	

	<p>Infection Control Nurses. The sessions provided include corporate induction sessions for new staff and mandatory training updates for all staff</p> <p>The Board noted the infection control report.</p>	
150/09	<p>Assurance Framework</p> <p>CJ presented the Board with the latest update of the Assurance Framework. There are currently 14 risks on the Assurance Framework.</p> <p>Four are currently rated as red (those scored 15 and above)</p> <ul style="list-style-type: none"> • 2136 – Residual estates issues • 1272 – Decontamination • 2282– Liquidity risk rating for Monitor • 2146 – IBP and the LFTM for FT status <p>7 are currently rated as amber (those scored 8 and above), 2 are currently scored as yellow (scored 4 and above).</p> <p>A new risk had been added relating to the organisational preparedness in relation to the Flu Pandemic</p> <p>The Board noted the Assurance Framework</p>	
151/09	<p>Workforce Report</p> <p>SC presented a paper to the Board on the key performance indicators for the workforce in the Trust and also to highlight key workforce issues that the Board needed to be aware of. This report builds on the balanced scorecard approach agreed with the Board in October.</p> <p>Key issues to note:</p> <ul style="list-style-type: none"> ▪ Sickness absence is currently 4.6% and measures are continuing to reduce it, particularly in relation to long term sickness ▪ Labour turnover has risen slightly to 12.8% but is lower than this time last year. ▪ Temporary staffing spend is too high and actions are being taken to reduce it ▪ Workforce Productivity is increasing since service changes were made earlier this year. ▪ Launch of the Leadership Academy leadership programmes to support the changes. <p>CG said that appraisal compliance was still disappointing</p>	

	<p>low at 47 to 48% and TH added that the Board would expect to see 100% compliance. SC agreed and said that the mandate from the Trust was very clear that appraisal should be completed.</p> <p>The Board discussed this alongside other priorities and JF suggested that this was an important issue and would be taken away and reviewed by the Exec with further reports to the Board.</p>	SC
	<u>STRATEGIC ISSUES</u>	
152/09	<p>Watford Health Campus</p> <p>SW presented a paper to the Board on the Watford Health Campus progress, particularly in relation to the Section 106 (S106) and the structure of the proposed delivery vehicle.</p> <p>Key achievements to date include:</p> <ol style="list-style-type: none"> 1. Resolution to grant outline Planning Permission, subject to agreement of the S106; 2. Agreement of the S106 with Herts County and Watford Borough Councils. 3. A proposal identifying the most appropriate legal structure in order to deliver the development; 4. Confirmation that the Croxley Rail link has been included in the Mayor of London's 5 year funding programme and could be operational by 2014; 5. Although in the very early stages and therefore commercially confidential at this stage, a strategy is emerging regarding how to fund the road as a first stage. <p>Two specific issues were required of the Trust Board. The Section 106 requires approval to enable the agreement to be signed and sealed; and the proposed structure for the Campus delivery Vehicle requires Board endorsement, whilst recognising the Trust may not form part of the vehicle.</p> <p>Following discussions, the Board agreed that the S106 can be signed and sealed by the Trust and endorsed the recommendation made by the Campus SMG that a contractual joint venture and LABV be taken forward for further consideration as suitable legal structures in order to conduct the implementation phase of the Watford Health Campus.</p>	SW

153/09	<p>Strategic Developments at Watford</p> <p>SW presented to the Board a briefing on the progress of the redevelopment of the Watford General Hospital site.</p> <p>Following the instruction to explore an alternative option, a fresh design team was commissioned to carry out a high-level development option exercise. A total of four options have been developed. The central theme throughout all options is the inclusion of an enabling package of works as phase 1 of the scheme. All options see a multi-phase development consisting of a series of buildings to accommodate all operational services over a period of time.</p> <p>The Board noted the report and the flexibility that a phased approach may provide against a single-phase build.</p>	
154/09	<p>Safeguarding Children</p> <p>SO presented an update to the Board on declarations the Trust needed to make in relation to safeguarding children.</p> <p>In July 2009 David Nicholson wrote to all Trusts to assure themselves that they had in place the minimum requirements for the provision of services to safeguard children. These minimum requirements were set out in the letter. Boards were asked to publish a declaration once they were satisfied that these requirements were in place.</p> <p>RD said that it was important also to focus on adults and elders. SO conformed that the Trust was doing so and would provide an update to the Board in the future.</p> <p>KC said that training for appropriate staff was key and this concerned the Board in view of a lack of compliance on other mandatory training. CJ said that almost all staff had been trained and it was now a matter of collecting the evidence of that training for the data store and audit trail.</p> <p>The Board approved the declaration for publication.</p>	SO
155/09	Foundation Trust	

	<p>DM presented the Board with an update on the progress of the Foundation Trust application. The Board were reminded that they could get additional assurance of the process underpinning the application from both the Board development sessions and from the Foundation Trust Project Board.</p> <p>The Department of Health (DH) is in the process of commissioning an HDD refresh that will provide independent validation that the recommendations from the original HDD and the comments from the SHA following the Board to Board have been met. A date for the HDD refresh has not yet been agreed although the Trust is still anticipating that this will be completed in time to enable the review meeting to take place in January. Other factors, such as the publication of the Operating Framework by DH in late December may affect this work.</p> <p>Membership growth continues to be strong and plans to achieve 5000 Members this calendar year are on track.</p> <p>Over 300 Members have expressed an interest in standing for election as Governors in their constituencies and awareness sessions are taking place in November.</p> <p>The Board agreed the revised self-certification of the timeline to be submitted to the SHA, but also noted that the dates were still to be determined.</p>	
156/09	<p>Change to Governance</p> <p>JF said that the Trust had decided to increase the level of assurance that the Board needed in regards to risk management. Currently, the General Governance Committee was not a formal sub committee of the Board. JF proposed that this be adopted as such under the chairmanship of MH.</p> <p>The Board agreed to this and asked that the Terms of Reference for the Committee be discussed at the next meeting of the committee and submitted to the January Board for approval. DM was asked to ensure that this change was reflected in the Trust's Scheme of Governance.</p>	<p>CJ DM</p>
157/09	<p>Releasing Time to Care</p> <p>SO presented a paper to the Board on progress to date on The Productive Ward - Releasing Time to Care (RTTC) initiative at West Hertfordshire NHS Trust.</p>	

	<p>Progress to date was summarised as:</p> <ul style="list-style-type: none"> ▪ Showcase wards have now completed the 3 foundation modules and are commencing the process modules ▪ First RTTC Steering Group meeting, chaired by the CEO planned for December 2009 ▪ A formal launch of RTTC and a supporting communication strategy is currently being planned with the support of the communication team ▪ Work has been undertaken to devise a new patient questionnaire that may be used capture patient feedback. ▪ The Leadership academy to help devise a staff questionnaire designed to capture the softer more cultural changes brought about by RTTC ▪ Meetings with key stakeholders now means that we have input from departments such as Finance and Informatics who will help demonstrate a cost benefit to the RTTC initiative ▪ RTTC Facilitator working with The NHS Institute for Innovation and Improvement on benefits realisation – currently negotiating pilot site status <p>RD said that this was an important aspect of the Trust's work and would like to see a quicker roll out to other wards.</p> <p>Trust Board members noted the contents of the report and expressed their support the RTTC initiative.</p>	
158/09	<p>Delivering Same Sex Accommodation</p> <p>SO presented a report to the Board providing assurance that phase 1 works programme to eliminate mixed sex accommodation has been successfully concluded and to inform on progress against phase 2 of Delivering Same Sex Accommodation across the Organisation.</p> <p>The main objective of Delivering Same Sex Accommodation (DSSA) is to enable the provision of same sex sleeping, washing and toilet accommodation across all in patient ward areas as well as day services and imaging departments, to promote private and dignified care for patients at West Hertfordshire</p>	

	<p>Hospitals NHS Trust.</p> <p>A two-pronged approach has been adopted within the Trust to ensure that by March 2010 the organisation will provide same sex accommodation across all clinical areas. However, the organisation recognises that there are some exceptional circumstances, where providing fast effective care based on clinical judgement for the patient may take priority.</p> <p>MH said that he was concerned about the proposed timescale as the Trust approached winter and all the additional pressures that would bring if building work was to start in A&E. SO recognised the concern and said that whatever work is carried out will not affect the running of A&E.</p> <p>KC said that our patients had indicated to the Board not so long ago their concern about the noise when they had been in hospital, so the Trust needs to learn from previous experience and continue to minimise disruption.</p> <p>CG said that he felt patients in A&E would be less likely to worry about single sex toilets and more interested in being seen as quickly as possible.</p> <p>The Board noted the report and the need for additional capital to be identified.</p>	
159/09	<p>Standards for Better Health</p> <p>CJ presented a report to assure the board of the Trust's mid-year declaration and position against the Standards for Better Health, with particular focus on Domains 5, 6 and 7, Accessible and Responsive Care, Environment and Amenities and Public Health.</p> <p>The Trust will be making a mid-year declaration based on the period 1st April 2009 – 31st October 2009. The final submission date to the Care Quality Commission is Monday 7th December 2009.</p> <p>Mid Year Declaration 'Not Met' Standards</p> <ul style="list-style-type: none"> • C1b Safety Alerts • C4d Medicines Management • C4e Waste • C14c Complaints <p>The Trust Board reviewed the summary information provided and the current position with regard to non-compliance and agreed the conclusions made in relation</p>	

	to compliance.	
160/09	<p>Information Governance</p> <p>NE presented a paper to the Board to assure them of the Trust's current position on the levels of compliance against the 62 standards of the Information Governance Toolkit (IGT).</p> <p>All organisations that sign the NHS Statement of Compliance must meet attainment level 2 or above against 25 key predetermined standards within the IGT.</p> <p>The Trust failed to meet level 2 for two of these key standards on 31st July 2009 - Baseline Assessment. A documented improvement plan to rectify the shortfall was submitted to the SHA in September and the Trust has since made good progress.</p> <p>SL asked if these were being worked through with the Internal Audit 'limited assurance reports'. NE said that they were and all outstanding recommendations will be cleared by the end of the year</p> <p>The Board noted the report and agreed to receive a further report on 25th March 2010 summarising the end of year 2009/2010 self-assessment.</p>	NE
161/09	<p>Merger of Hertfordshire PCTs</p> <p>DM presented a paper to the Board about the proposed merger of the two PCTs in Hertfordshire.</p> <p>Over the last year the two Boards of NHS East and North Hertfordshire and NHS West Hertfordshire (previously known as East and North Hertfordshire PCT and West Hertfordshire PCT) have been considering a merger.</p> <p>In February 2009, they undertook a survey of key stakeholders and in July at public board meetings, they made a recommendation to start the process of becoming a single primary care trust for Hertfordshire</p> <p>The Board discussed these proposals.</p> <p>RD said that it was important to have a strong commissioner in west Hertfordshire. However, it would be important to ensure that they remain sensitive to local geographical issues.</p>	

	<p>CG added that it was important that the single PCT continue to engage with our clinicians and PBC groups in managing demand..</p> <p>NE said that the merger would help ensure the right people were in post at the PCT as the senior management team has been overburdened, but agreed the local focus was important.</p> <p>The Board agreed to support the proposed merger and write to the PCT confirming the Trust's position and to point out the need to retain a local focus.</p>	
162/09	<p>Ear Scaffold</p> <p>A paper was submitted for discussion by the Board, on recent discussions with Mr Norbert Kang and Health Enterprise East in respect of the Ear Scaffold project.</p> <p>A sum of £200k has been identified from a likely investor, but to secure these funds the Trust would see its share of the IP reduce to 15%.</p> <p>The Board noted the current position in relation to a return to the originally agreed equity position (pre external investment) and agreed to the proposal to reduce the equity share to 14.9% after the initial investment of £200k of external capital has been secured and to note that the overall equity holding will reduce over time as further capital is invested.</p>	
	<p><u>Items for Information</u></p> <p><u>The following items were taken as read</u></p>	
163/09	Annual Planning Guidance	
164/09	Annual Risk Report	
165/09	Annual Audit Letter	
	<p><u>Concluding Items</u></p>	
166/09	There no additional items of urgent business made known to the Chairman.	

167/09

Questions from the Public

Q: How many cases of swine flu have there been in the Trust?

A: (CJ) difficult to answer exactly, as not all patients are swabbed for conformation.

Q: As the PCT is now broke will you stop admitting patients?

A: (NE) – not sure we would agree that the PCT is broke, but we will continue to see and treat people. The PCT are asking us to consider prior approval for low priority treatments and we are working with them to reduce the demand

Q: How much does the Board pay for car parking?

A: (PB) – all staff pay a % of their pay – so those that earn more pay more

(SW) said that the Trust is encouraging staff not to use their cars, depending on their journey distance for home and has introduced things such as cycle schemes.

Q: What % of staff were vaccinated against swine flu?

A: (CJ) around 40%, as it was voluntary

Q: Can you confirm that 18 staff have recently left the AAU?

A: (RH) – don't recognise that figure, but we will check and get back to you

RH

Q: Are Hemel staff able to park at Watford?

A: (SW) yes all staff can apply for a parking permit

Q: Did the Trust get the money back from the DH in regards to decontamination?

A: (SW) following recent discussions with DH, there are strong indications that the Trust will get the money back.

Q: Physio staff don't have access to the door code

A: (SW) will look into why.

Comment: The Pathology Exhibition was very good and informative and the visit to see the Pharmacy Robot well worth the trip. Like to thank the Trust for arranging it.

Q: Last Board papers the figures in the Matrons' report on hand washing and those reported in the infection control report were different – have you made any process in reconciling the two figures?

A: (CJ) The issue is that the Matrons' report only considers wards where the compliance is less than 100% and so the audit figures will show a slight variance

	<p><u>Q: Do you discipline staff who don't wash their hands?</u> A: (SO) we do take this seriously and will warn and discipline persistent offenders</p> <p><u>Q: Have you dismissed any staff because of this?</u> A: (CJ) not that we're aware of and it is not our intention to do so, without exploring with the individual why it is happening.</p> <p><u>Q: What about the public and hand washing?</u> A: (SO) – there are a large number of soap dispensers around and the visitors are encouraged to use them.</p>	
	<p><u>There being no further business the Chairman closed the meeting</u></p>	

David McNeil

Trust Secretary
November 2009

These minutes are signed as true record

.....Dated:.....

Professor Thomas Hanahoe, Chairman