West Hertfordshire Hospitals NHS
NHS Trust

Agenda 121/10

Minutes of Public Board Meeting

Thursday 29 July 2010

Medical Education Centre, Watford General Hospital

Board of Directors in attendance

Thomas Hanahoe	Chairman
Robin Douglas	Senior Independent Director
Katherine Charter	Non Executive Director
Mahdi Hassan	Non Executive Director
Stuart Lacey	Non Executive Director
Sarah Connor	Non Executive Director
Jan Filochowski	Chief Executive
Colin Johnston	Director of Patient Safety & Medical Director
Anna Anderson	Director of Finance
Nick Evans	Director for Partnerships
Natalie Forrest	Director of Nursing

Also in attendance for specific items

Sarah Childerstone	Director of Workforce
Russell Harrison	Director of Delivery
Sarah Wiles	Director of Strategy & Infrastructure
David McNeil	Board Secretary, Director of Communications and Corporate Affairs
Jean Hickman	Assistant Director of Communications and Corporate Affairs

Agenda Item	Comment	Action
	OPENING ITEMS	
91/10	**Chair's Opening Remarks** TH opened the meeting by welcoming the Board and members of the public. TH was pleased to announce that the Trust Board had a recent successful Board to Board meeting with the Strategic Health Authority (SHA) following which, the SHA will be presenting the Trust's Foundation Trust application to the Department of Health (DH). When this is approved by the Secretary of State, the Trust	

	anticipates being in front of Monitor, the Independent Regulator, in October. TH also highlighted the recent publication of the DH's White Paper: "Equity and Excellence: Liberating the NHS" and said this would bring a fundamental change to behaviours in the NHS nationally and would also have a significant impact on the business of the Trust. The Trust has already ensured that its staff are aware of the proposed changes and will be watching and waiting for further developments over the forthcoming months. TH welcomed Natalie Forrest to the Board as the new Director of Nursing and announced that Sarah Childerstone would be retiring from her post as Director of Workforce in September. TH also reported that Russell Harrison, Director of Delivery would be leaving the Trust at the beginning of 2011 to take up a similar post in Mid Essex Hospital Services NHS Trust. TH thanked both departing Directors for their contributions to the Trust and said that a recruitment process was in progress to secure replacements to these important positions. TH reported that as part of the Board's continued focus on patient safety, every item on future agendas would be questioned to ensure that there were no contraindications to patient safety. TH informed the Board that, following the Trust's achievement in being named runner-up in the prestigious Health Service Journal's (HSJ) awards scheme in 2009, the HSJ included a quote from Paul Robinson, Head of Market Intelligence for CHKS "West Hertfordshire's attitude, that great change can be achieved regardless of the starting point, would serve any provider Trust well" Thanks were recorded to Derek Alderton who, due to personal circumstances, would no longer observe Trust Board meetings on behalf of the Local Involvement Networks (LINkS). TH welcomed Kenneth Appel, who will be observing Trust Board meetings in the future. Prior to the meeting the Board paid visits in pairs to wards and departments at Watford and each gave a brief summary of their findings. KC reported on a visit to the Accident and Emergency Department. This team seemed stable and worked efficiently in the limited space available to them. There were some concerns raised around inappropriate attendance of patients, which will be addressed by the national and local *Choose Well* campaign.	

	SL reported on a visit to the Acute Admissions Unit. This was a busy, well-run unit. One issue raised concerned the discharge of patients with multiple conditions. However, staff reported that they were working closely with the wider health community and others to overcome this problem and get specialised care closer to the patient. AA reported back on a visit to the Endoscopy Unit. The unit appeared well organised and managed. It was bright and clean, but contained equipment which needed to be replaced. There was evidence of cross-site working and sharing of ideas and best practice. NF visited the Fracture Clinic and reported that it was consistently busy, treating around 200 patients a day. The area was bright, clean and efficient and was about to undergo some service redesign. One challenge raised was the management of hospital notes as many appointments are booked within a very short time frame. MH reported on a visit to the Intensive Care Unit. The service expanded last year to 19 beds, but the unit appeared calm, well run and ordered. Staff were positive and evidence of staff development was clearly demonstrated. Some concern was raised around appropriate discharge of patients. SCon reported on a visit to the Radiology Department. Although there is high demand for MRI scans, the department was pleased to report that it was achieving low rates of patients not attending their appointments due to a new practice of phoning patients two days prior. There are plans in the capital program to replace the MRI scanner at Hemel Hempstead over the next two to three years. RD reported on a visit to the Sexual Health Clinic. The department has a very positive attitude and reported that it achieved a 90% success rate in a recent patient satisfaction survey. It is a busy unit, which offers 16 off-site sessions and has recently launched a Facebook page to attract and educate young adults. The Board agreed that the visits were useful and would continue. DM agreed to collate the feedback and forward it to the leads in each department.	**DM**
92/10	**Apologies** No apologies were recorded.	
93/10	**Declarations of Interest** No new declarations were recorded in relation to the agenda or amendments made to any previous	

	declarations of interest.	
94/10	**Minutes of the previous meetings** The minutes of the meetings on 27 May 2010 and the Special Board Meeting on 9 June were approved.	
95/10	**Matters Arising and Action Log** RH reported that a contract had been signed for a pathology system. The new system would be delivered in December and is expected to be fully established by early January.	
96/10	**Chief Executive's Report** JF said he was delighted with the positive outcome of the recent Board to Board meeting with the SHA, which was another significant step forward to the Trust's Foundation Trust application. JF pointed out that the new coalition government has put a huge emphasis on patient safety. The Trust supports this view, which is reflected in the unifying patient safety theme running through the agenda for today's and recent Trust Board meetings.	
	SHAPING ORGANISATIONAL CULTURE	
97/10	**Equity and Excellence: Liberating the NHS** JF delivered a presentation on the proposed changes in the NHS. He reported that the government's White Paper 'Equity and Excellent: Liberating the NHS' did not propose major changes for acute Trusts, although the transition phase into the new system would be a difficult time for all NHS organisations. The abolition of the PCT was expected to take two or three years, but in reality it is likely to be accomplished much faster. All NHS organisations must be accredited Foundation Trust status by 2014 and JF assured the Board that the Trust's application would be completed by early 2011. JF concluded that the new government was fully committed to the NHS. TH agreed that JF could take questions following the presentation from the public attendees. Q. How will the changes affect the public health agenda? A. Improving public health is an important part of the government's strategic plans. The local authority will	

	be responsible for public health/prevention, i.e. smoking cessation, diet, and screening. Q. Can the Trust give assurance that it will continue to function and deliver a safe service over the forthcoming chaotic years? A. The Trust will still be expected to maintain the same levels of performance and access it currently does and will continue to operate under the guidance of the NHS Constitution. Q. Are GPs prepared for the changes to come? A. It is too early to say, but it is expected to be a varied response. The Trust has written to all GP Conclave Leads and the topic has been put on the agenda at the next Conclave meeting. Q. How will the Trust plan its workforce during the uncertain times ahead? A. The new model will set the Trust some challenges, but the Trust is used to flexible working within set constraints and will act accordingly. TH thanked JF for the presentation and looked forward to the challenges of working in a new system.	
	<u>QUALITY AND ACCOUNTABILITY REPORTS</u>	
98/10	**Performance Report** JF reported that the revised Operating Framework for 2010/11 had reduced the performance target from 98% to 95%. As the Trust was consistently working at 98%, it is likely it will be compliant with this indicator in the future. MH asked for assurance that now the target had reduced the Trust did not compromise patient care in an effort to achieve the local Trust target of 98%. JF said that the Trust would not compromise patient safety to hit any of its targets. KC asked for an explanation on the dip in performance figures in June. RH reported this was due to a number of factors, including a reduction in out-of-hours work, the closing of Churchill Ward at Hemel Hempstead and some big equipment failures that required cancellation of a number of operations. SCon asked about the discrepancy in the mortality rates calculated by Dr Foster and the CHKS. NE replied that this was due to the fact that the CHKS had re-based their figures earlier in the year and assured the Board that the Trust's mortality rates had consistently reduced	

	over the last 1½ to 2½ years. CJ said that the data collected and analysed by the Dr Foster and CHKS was similar but different, so direct comparison was not possible. He also confirmed that, although the number of patients treated had increased, the mortality rate had continued to drop each year. This is in line with the Trust's reduced infection control rates and demonstrates the Trust is delivering an extremely safe service. The Board noted the performance report and the governance self-declaration for April 2010.	
99/10	**Finance Report** AA presented the finance report. The financial position shows that the rate of overspend is reducing, but an overspend on pay continues above budget due to high cost temporary staff in theatres. RH confirmed that a business case was going through which would address this issue. Non-pay overspend is also above budget due to spend on specialist drugs and clinical supplies. AA reported that there are no anticipated cash issues and explained that the cash position is higher than expected as the Trust has agreed a better payment programme with the PCT. AA concluded that the Trust is making progress, but still has lots to do to meet the £8.1m surplus target agreed with the SHA. The continued focus will be on The Big Ask, keeping within budget and ensuring the Trust is paid for all the work it provides. SW presented an update on The Big Ask programme. Progress is steady and there are £22m schemes identified, risk adjusted down to £15.5m. All divisions report progress at fortnightly meetings and fully understand the task and the importance of ensuring the schemes come to fruition. SW reported that future focus will include procurement, tightening up of medical staffing and private ward development. The Board noted the finance report.	
100/10	**Infection Control** CJ presented a report to the Board on the Trust's progress on infection control. The total number of C.difficile cases to the end of June is 10, against an annual trajectory of 56.	

	The Trust had 2 positive reported cases of MRSA in May and June, against an annual trajectory of 5. Both cases would be fully investigated and any lessons learnt put into practice as a matter of urgency. The Board noted the infection control report.	
101/10	**Annual Report on Infection Control** CJ presented an annual report on infection control to the Board. This report highlights the sustained focus that the Trust has put on the control of infections throughout the year, including audits, surveillance and the development of new policies. CJ congratulated all staff involved in the excellent management of the norovirus earlier in the year. CJ was asked in his opinion what the next major infection was expected to be. CJ replied that it is likely to be infections with multi-resistant organisms. The Board asked for these figures to be included in the monthly infection control report in order to monitor the situation. The Board noted the infection control annual report and work plan.	**CJ**
102/10	**Quality Account** CJ presented the Quality Account to the Board following a request for some minor amendments at the Special Board meeting on 9 June. KC asked if the Board would get a regular progress report. NE agreed to include this data in the quarterly summary as part of the performance report. The Board Quality Account was ratified by the Board.	**NE**
103/10	**Board Assurance Framework** CJ presented a paper on the Board Assurance Framework. MH reported that the Integrated Risk and Governance Committee (IRGC) had no major concerns regarding the organisation's risk compliance, but recommended some 'fine tuning' is required to avoid overlap and duplication on the risk register.	

	TH asked who calculated the score for each risk. CJ responded that each risk is discussed in detail with the appropriate division and the score agreed. The Board noted the assurance framework and confirmed the risks identified.	
104/10	**Care Quality Compliance** CJ presented an overview of the Trust's compliance status with the Care Quality Commission's (CQC) essential quality and safety standards. The Board were reminded that the Trust had received full unqualified registration by the CQC in April this year, but two areas of non-compliance were highlighted in the submission; complaints and management of medicines. CJ reported that the Trust is now fully compliant in its complaints procedure. With regard to the management of medicines, CJ informed the Board that, although there is a safe, effective system in place, there are still areas of concern which are currently being addressed. Other areas of minor concern are being reviewed and monitored. The Board noted the report and approved the actions being taken.	
	STRATEGIC ISSUES	
105/10	**Decontamination Compliance Programme** SW reported progress on the decontamination compliance programme. SW reported that work had been undertaken to ensure this important programme was moving forward and assured the Board that the current service is safe with no risk to patients. In order to mitigate cost pressures, SW recommended that a revised target of January/February for completion of the sterile services implementation project is agreed by the Board. SW also recommended that final sign off to the Decontamination Service Agreement should be undertaken by the CEO and Chair in order to ensure value for money. SW reported on the two endoscopy decontamination	

	projects, one at Watford and one at Hemel Hempstead. A feasibility study at Watford was planned at a cost of £70,000, but SW proposed to the Board that this study be cancelled and the scheme be delivered in full as a priority in early 2011/12. The Board were informed that the slippage in the programme would result in the Trust not declaring compliance with the decontamination regulatory regime in 2010/11, but SW gave her assurance that patient safety would not be compromised. SW further recommended that due to the ongoing loss in revenue to the endoscopy service at Hemel Hempstead, the decontamination compliance scheme at Hemel Hempstead should be delivered in 2010/11. A progress report will be brought to the Trust Board meeting in September. The Board agreed the content of the report and recommendations.	**SW**
106/10	**Annual Security Report** NF presented the annual security report and gave a brief overview of progress to the Trust's security arrangements. NF announced that the Trust had appointed a new Local Security Management Specialist whose role was to identify and action any potential risks. SW advised that the Hotel Services Department were working with the police regarding strategic measures to tackle security and that there was a investigation currently underway to assess risk in the Trust car parks, i.e. lighting. Staff are also offered an escort service to walk them back to their car. MH asked to meet with the Trust's Local Security Management Specialist as the Non-Executive Director linked to risk/security. SW agreed to arrange this meeting. The Board approved the report.	**SW**
107/10	**Annual Cycle of Business** DM presented the proposed annual cycle of business. He reported that the schedule had been focussed around the Trust's six strategic objectives and the main areas that support these objectives. JF requested that performance and clinical quality	**DM**

	should be on each agenda. It was also agreed that a review of the market position should be included for discussion in Part 1 of each agenda. The Board agreed the Annual Cycle of Business.	**NE**
108/10	**Governance** DM reported to the Board on the Trust's arrangements for standing orders, standing financial instructions and scheme of delegation. These are reviewed annually via various committees with final sign-off by the Audit Committee in June 2010. The aim has been to ensure the documents are easier to read and understand. DM reported that noticeable improvements have been made to the tendering and procurement process. The Board approved the Standing Financial Instructions, Standing Orders and the Scheme of Delegation.	
109/10	**Reputation Audit** DM presented a paper on the results of a comparative data analysis on two reputation audits undertaken in August/September 2009 and April 2010. DM was pleased to report that the analysis concluded that there had been a significant improvement to public perception of the Trust since the first audit was conducted. This was particularly pleasing as the baseline from the results of the first audit were remarkably high. The reputation of the Trust will continue to be assessed with annual audits, as well as regular visits to wards to ask patients about their experience in our hospitals and how they feel about the Trust in general. The Board noted the findings of this audit.	
	Committee Reports	
110/10	**Audit Committee** The Board approved the minutes of the Audit Committee on 9 June 2010, presented by SCon.	

111/10	**Finance Committee** SL presented the minutes of the 9 June 2010 and reported that the next meeting in September will focus on monitoring of the cash position. The Board approved the minutes.	
	PATIENT SAFETY	
112/10	**Patient Safety** TH asked the Board if they would like to raise any areas of concern regarding patient safety. No issues were raised.	
	Items for Information The following items were taken as read	
113/10	**Airedale Report**	
114/10	**Foundation Trust Report**	
	Concluding Items	
115/10	**Any Other Business** SW reported that new, much improved, high quality residential accommodation was now available for staff to rent as part of the Watford Football Club's redevelopment programme.	
116/10	**Questions from the Public**	
	Q*: Have the Board considered paying unannounced visits to wards/depts to ensure that they get a true picture of frontline services?* A: DM replied that the pre-Board visits are arranged at very short notice and also a number of the Executive Team visit wards unannounced at least once a week. Q: *During the visit feedback, rusty equipment was mentioned in the endoscopy department. Are the Board worried about this?* A: SW responded that all equipment had recently been independently tested and confirmation received that the	

	equipment was fit for purpose and there was no risk to patient safety. *Q: Has the Trust any plans to target inappropriate A&E attendance?* A: CJ said that there is a national publicity campaign called 'Choose Well' which aims to tackle this issue, and locally the PCT have launched their own publicity campaign to help reduce the incidents of inappropriate attendance. The Trust is also working with East and North Herts Trust to investigate the idea of having GPs in the A&E department to deal with minor concerns and educate patients. *Q: Did the Trust have a response to the letter that Stuart Bloom, Chair of the PCT, presented to the PCT Board at its last Trust Board meeting?* A: The Board were unable to comment as they were not aware of the letter in question. *Q: Does the Board think that temporary staff are responsible for a high proportion of the reported slips and falls?* A: SC responded that there was no connection between temporary staff and the number of slips and falls. She further explained that the Trust employed almost no agency staff and used mainly regular NHS bank staff. The Trust was working hard to reduce the number of temporary staff, but although there was an on-gong recruitment campaign, it was difficult in certain areas, such as theatres and midwifery, as there is a national shortage. *Q: Has the Trust an issue with ambulances turning-up at wrong times?* A: RH confirmed that this has not been highlighted as a significant issue, but the Trust meets regularly with the East of England Ambulance Trust to discuss any concerns. Specific complains should be discussed with the Ambulance Trust directly. *Q: Can the Trust confirm if GPs and paramedics can intubate a patient?* A: It is not common for GPs to be able to intubate a patient unless they have had specific training. Intubation is part of a paramedic's training.	
117/10	**Next Meeting** The next meeting in public will be at 1pm on 30 September 2010 in Medical Education Centre at Watford General Hospital	

David McNeil

Trust Secretary
August 2010

These minutes are signed as true record

……Dated:…….

Professor Thomas Hanahoe, Chairman