

Minutes of Public Board Meeting

Thursday 27 January 2011

Postgraduate Medical Centre, St Albans City Hospital

Board of Directors in attendance

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

In attendance

For specific items

Sarah Wiles	Director of Strategy & Infrastructure
Mark Vaughan	Director of HR & Workforce
David McNeil	Board Secretary, Director of Communications, Corporate Affairs
Jean Hickman	Assistant Director of Communications and Corporate Affairs

Agenda Item	Comment	Action
	<u>OPENING ITEMS</u>	
01/11	<p>Chair's Opening Remarks</p> <p>TH welcomed the Board and members of the public and opened the meeting.</p> <p>TH welcomed MV in his new role as Director of Workforce and said he looked forward to working with him in the future.</p>	

	<p>TH announced that DM will be leaving the Trust in the summer to take early retirement. TH thanked DMc for his excellent work as Secretary to the Board, as well as for his work in communications and leading the Foundation Trust application. TH informed the Board that discussions were taking place with DM on the possibility of returning in a part-time role to continue to support the Board.</p> <p>TH reported that he and JF recently attended a meeting at the SHA to update on the Trust's FT application, alongside other aspirant East of England Trusts. It was noted that at least two aspirant Trusts may not be put forward to Monitor. It was recognised at the meeting that there were many Trust waiting to go through the Monitor process and Monitor had only a finite resource and only 2 years to get them through, before its remit change. The Trust would need to be flexible to react to any process change that may result.</p> <p>TH also mentioned the recently published Health and Social Security Bill, which will bring a change to how services are commissioned and delivered and potential changes for the Trust.</p> <p>TH was delighted to announce that the Trust had won a national award for its work to improve the patient experience. TH read out a statement by the judges, which called the campaign "creative and imaginative" and went on to say it was fantastic in terms of the concept being easy to 'get', transferable, low cost and sustainable.</p> <p>KC reported that she was involved in the complex streams of work that had been taking place to improve the outpatient service. She congratulated the Communications Team on its 'Going for Gold' campaign, which helped 'glue' all the work together. KC informed the Board that there would be no repeat outpatient survey at this time, but KC gave assurance that this important work would be ongoing.</p> <p>JF offered his thanks and congratulations to DM and the Communications Team and announced that the Trust was also a finalist in the Health Service Journal (HSJ) Patient Safety Awards for its field leading work on enhanced surgical recovery. NF explained that there had been very positive patient feedback on this work which educates and prepares patients for surgery. The award winner will be announced in March.</p> <p>TH reported that the regular pre-meeting ward and departmental visits had not been undertaken as the Board had been involved in another meeting. However,</p>	
--	---	--

	some Board members would be visiting the Minor Injuries Unit following the Board meeting.	
02/11	<p>Apologies</p> <p>Apologies were received from CP, who was representing the Trust at an SHA meeting.</p>	
03/11	<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>	
04/11	<p>Minutes of the previous meetings</p> <p>SC asked for the minutes to be amended in 141/10 to show that it was SW who had visited the IT Department.</p> <p>CG asked for the minutes to be amended to record his attendance.</p> <p>With the amendment s above, the minutes were approved as a true record of the meeting on 25 November 2010.</p>	
05/11	<p>Matters Arising and Action Log</p> <ol style="list-style-type: none"> 1. TH reported he had sent a letter of congratulations to the Infection Control Team and also a letter of thanks to Louise Gaffney and the Outpatient Steering Committee. 2. DM reported that the Board agenda now reflected the top one or two risks reported on the Board Assurance Framework. 	
06/11	<p>Chief Executive's Report</p> <p>As this was the first Board meeting in 2011, JF felt it was an appropriate time to reflect on the Trust's performance last year and look at the year to come. Two significant issues were constant throughout the year, money and emergency pressures.</p> <p>At the Board meeting in November, JF reported reasonable progress towards the Trust's financial target, but extreme weather and seasonal flu pressures in December resulted in a drop in performance. JF informed the Board that plans were in place in the last quarter of this year to improve performance and to achieve the demanding financial target.</p> <p>JF assured the Board that despite a difficult December</p>	

	<p>the Trust was still meeting the DH emergency year-to-date target. He noted that the Board had had a frank and open discussion in Part 2 of today's Board meeting which scrutinised the Trust's actions during December and any lessons that could be learnt.</p> <p>JF reported that the Trust had recently received the results of two national patient experience surveys, inpatients and cancer. The results were currently being analysed and a report would be brought to the Board as soon as it is available.</p> <p>JF noted that the DH had appointed David Nicholson as Chair of the DoH Commissioning Board. He informed the Board that the architecture of the NHS was changing and reported that the Trust continues to have good, constructive engagement with NHS Hertfordshire and values the relationship.</p>	
	<u>QUALITY AND ACCOUNTABILITY REPORTS</u>	
07/11	<p>Performance Report</p> <p>JF reported that a combination of the worse winter weather for 10 years, seasonal flu, and an extended bank holiday period when many community services were closed, resulted in the A&E 4 hour wait being below target in December. The Trust treated unprecedented high numbers of seriously ill emergency patients and the ITU service was put under considerable pressure for around a month. Due to good management, the Trust was able to avoid any major problems and remained open to all admissions. JF assured the Board that although staff were under significant pressure, patient care was not compromised, and patients were not discharged inappropriately. This would not have been possible pre-centralisation.</p> <p>NF informed the Board that although the patient experience was not as good as one might wish, the quality of care remained high during a very challenging winter period.</p> <p>CJ agreed that this had been an extremely difficult time. Although the Trust had a clear winter policy in place, the circumstances were above and beyond what could have been expected. CJ informed the Board that whilst the immense effort by staff to keep the services running was outstanding, it would have had a detrimental affect on the patient experience. CJ reported that he was leading a review of the management during this period, looking at decisions taken, analysing specific cases and recommending mechanisms to reduce the risk of problems occurring in the future. Progress would be</p>	CJ

	<p>reported to the Board.</p> <p>In addition, CJ informed the Board that there had been some inaccurate local press stories and advised that patients who had concerns regarding their care should contact the Trust directly in order for their case to be reviewed and responded to.</p> <p>RD reported he was pleased that the review was looking at the lessons learnt and felt that the Board also needed to look closely at what framework it could have put in place to help the organisation handle difficult situations better in the future.</p> <p>NE advised that during December and early January, the Trust was performing in a structured way, but not as effectively and efficient as usual. As the Board had made clear its desire not to compromise patient safety, additional beds were opened and the Trust performed less planned surgery which resulted in an increase in expenditure. The DoH recognised that Acute Trusts had faced challenging times over the winter period and had made additional funding available through the PCT for Social Services and Acute Trusts to bid for. The Trust is currently discussing this funding with the PCT.</p> <p>JF also presented a paper on the Trust on progress to achieving its core objectives as set by the Board for 2010/11. He concluded his report by saying that the Trust was making reasonable progress towards achieving its seven key objectives for the year. RD thanked JF for the clear update of key performance indicators.</p> <p>The Board noted the performance report and the governance self-declaration for November 2010.</p>	
08/11	<p>Infection Control</p> <p>CJ presented a performance report on infection control.</p> <p>No cases of MRSA had been reported since the last meeting in November 2010. A total of three cases have been reported to date against a trajectory of five.</p> <p>Since a cluster of C.difficile cases in November, there have been no further cases reported. CJ felt this was encouraging, but assured the Board that the Trust was not complacent. The total number to the end of December is 30 against a trajectory of 56.</p> <p>CJ reported that the Trust is now required to collect data and undertake root cause analysis (RCA) on methicillin sensitive Staphylococcus aureus (MSSA). This</p>	CJ

	<p>data will be included in future Board reports.</p> <p>CJ informed the Board that commissioners are proposing to reduce the trajectory for MRSA and C.difficile cases in 2011/12 and he has been in discussion with them to reach a realistic target. CJ advised that the RCA undertaken on all reported cases of MRSA and C.difficile had not revealed how the Trust could have reduced the number of reported cases and therefore any reduction in the trajectory was likely to cause the Trust to be financially penalised.</p> <p>RD asked why the training figure in the Corporate Division was low (12%). MV responded that this may be due to a recent greater focus on mandatory training, but historical data would be required to confirm this.</p> <p>The Board noted the infection control report.</p>	MV
09/11	<p>Board Assurance Framework</p> <p>CJ presented the Board with an update of the Board Assurance Framework. Two risks have been added since the last meeting, one linked to clinical capacity to deliver services as a result of increased demand and the other to the risk of not achieving NHSLA Level II in the June assessment.</p> <p>The Board noted the assurance framework and the risks identified.</p>	
10/11	<p>Finance Report</p> <p>AA presented the finance report. The financial position deteriorated in December due to the exceptional winter pressures. The current position shows a cumulative shortfall of £0.3m compared to the Financial Recovery Plan. AA assured the Board that measures were in place to get as close to the planned surplus as possible.</p> <p>AA presented the Board with an additional table showing the performance by division for the current month and year to date. AA and CP will be meeting with the three divisional areas showing the biggest shortfall to understand and agree the actions needed to turn around the situation.</p> <p>In light of the recent pressures, the Trust has reviewed its income and expenditure position and is now forecasting a more realistic year-end surplus of £7.5m compared to £8.1m that had been targeted. Capital spend is reported at £3.7m</p> <p>In January all budget holders received a letter from the</p>	

	<p>Chief Executive explaining the financial position and asking what mechanisms/controls could be put in place to urgently minimise spend. This was met with a positive response from budget holders and areas have been identified for investigation.</p> <p>The Trust is in discussion with the PCT around winter pressures and has made a bid for some additional funding that is available to Trusts to assist in coping with the winter pressures.</p> <p>The 'Big Ask' programme continues to make good progress. The level of savings required has been re-positioned to show targets savings of £18.8m. SW reported that the 'Big Ask' annual total of green schemes to date was £14.7m. This is a lower number of schemes turning green than was previously expected. SW assured the Board that the target was still possible and every effort was being made to achieve it.</p> <p>AA informed the Board that as a first step towards a more transparent organisation, data on service line reporting at a divisional level will be included in future finance reports.</p> <p>The Board discussed the continued overspend on high cost temporary staff and possible strategies that could be employed to recruit permanent staff. NF informed the Board that the Trust is currently looking at recruiting staff from abroad.</p> <p>The Board noted the financial report.</p>	AA
	<u>STRATEGIC ISSUES</u>	
11/11	<p>Decontamination Update</p> <p>SW presented an update on the progress of the decontamination programme. SW informed the Board that a business case will be submitted to the Board in March. Clinical colleagues are supportive of the programme and are confident that the proposal to move to an off-site service is a sensible and clinically safe option. A clinical representative now sits on the Programme Board.</p> <p>The Board noted the report.</p>	SW
12/11	<p>Nomination of a Responsible Officer</p> <p>DM advised the Board that as part of the Government's medical professional regulation reforms the Trust is required to nominate a responsible officer (RO). DM proposed that the Board nominate CJ to this role and later appoint an Associate Medical Director to support</p>	

	<p>him.</p> <p>CJ explained to the Board that all doctors licensed to practice in the UK will be required to be medically revalidated every five years to confirm they are fit for purpose and have appropriate development and management in place. The programme is being piloted this year with the expectation to introduce it fully in autumn 2012.</p> <p>The Board discussed the cost implications to the Trust and whether the revalidation could be part-funded if the doctor works in other NHS Trusts or in the private sector. CJ to consider in further discussions with DoH.</p> <p>The Board approved the nomination of CJ to the role of responsible officer. DM to inform the SHA of this appointment.</p>	DM
13/11	<p>Ear Scaffold</p> <p>AA informed the Board that all remaining issues have now been resolved and asked the Board to agree the actions in order to finalise the deal.</p> <p>The Company have raised finance for the project and are currently in discussion with the Trust on the issue of sponsorship.</p> <p>The Board ratified the action agreed by the Chairman.</p>	
14/11	<p>Declaration of Interest</p> <p>Each member of the Board confirmed that the Declaration of Interest was correct in their own respect.</p>	
	<u>Committee Reports</u>	
15/11	<p>Audit Committee</p> <p>SC presented a report on the Audit Committee on 13 January 2011. SC reported that the committee have agreed to extend the contract with the local auditor for one year when it finishes at the end of March. Performance will be reviewed in September.</p> <p>The DoH has not issued the new Audit Committee handbook as reported. The AC has reviewed the draft handbook with auditors and can confirm they are working on the basis that there are no material changes to current process. If there are further recommendations to change the responsibilities or workplan of the Committee, they will be flexible and change as required.</p>	
16/11	Finance Committee	

	<p>SL presented a verbal update from the meeting on 13 January 2011. The committee will be focussing to a greater degree on ways to support the Board's understanding of finances and the reasons behind why the Trust fell a little short of its financial targets this year. The committee also plan to look at the issues raised by any decision by the DoH to reschedule the loans.</p>	
17/11	<p>Terms of Reference for Integrated Risk and Governance Committee</p> <p>MH presented a paper and informed the Board that the original Terms of Reference (ToR) for the Integrated Risk and Governance committee had been reviewed and refined. The ToR will be reviewed annually and brought to the Board to be endorsed.</p> <p>The committee have reviewed the Board Assurance Framework and added two additional risks.</p> <p>MH reported that a successful development session was held recently and the same model could be used for the Board development session on 24 February 2011.</p> <p>The Board approved the Terms of Reference for the IRGC.</p>	
	<u>PATIENT SAFETY</u>	
18/11	<p>Patient Safety</p> <p>TH asked the Board if they would like to raise any areas of concern regarding patient safety. The Board noted that it continued to get a better understanding of patient safety issues affecting the Trust.</p> <p>The Board asked if there were any patient safety issues outstanding following the winter/flu pressures. CJ assured the Board that he was not aware of any at this time.</p> <p>JF said that serious dilemmas do arise which are impossible to predict, but assured the Board that patient safety is always the Trust's main driver.</p> <p>Kenneth Axtell from LINKS reported that he had been canvassing patient feedback and had received unqualified praise in respect of patient experience in the Trust. He congratulated the Trust on its recent patient experience award.</p>	

	<u>Items for Information</u> <u>The following items were taken as read</u>	
19/11	Bribery Act DM confirmed that appropriate policies will be updated in accordance with the Bribery Act, which comes into force in April 2011.	
20/11	Fire Authority Report	
21/11	Charitable Funds Committee held on 30 September 2010	
22/11	Remuneration Committee held on 15 November 2010	
23/11	Integrated Risk and Governance Committee held on 18 November 2010	
	<u>Concluding Items</u>	
24/11	Any Other Business No issues raised	
25/11	<u>Questions from the Public</u>	
	<p><i>Q: Why can't the Trust continue to provide the decontamination service in-house?</i></p> <p>A: SW responded that a detailed options appraisal identified that major investment to buildings, equipment, tracking etc was required to allow the Trust to comply with new national regulations and ensure that it continued to provide a safe service for patients. The Board agreed that the most cost-effective option would be to pursue an off-site strategy. This decision has been revisited recently in light of increased costs and the decision remains the same. SW confirmed that the present service does not compromise patient safety.</p> <p><i>Q: At a previous Board meeting, a member of the public did not receive a response to the issue of mould on a wall in the Maternity Unit at Watford. Could this issue be revisited?</i></p> <p>A: SW agreed to respond as soon as possible.</p> <p><i>Q: When is the Trust going to work better with social</i></p>	

	<p><i>care to address inappropriate discharge?</i></p> <p>A: NF advised that the Trust will shortly hold a discharge summit to promote dialogue with other agencies, including GPs, Age Concern, community services, to look at ways to improve discharge processes.</p> <p>CJ suggested that if the Trust had patient identifiable details relating to alleged inappropriate discharge it would be keen to investigate.</p> <p><i>Q: A large number of estate related incidents are reported in the Integrated Risk and Governance Committee minutes. What is being done about these issues?</i></p> <p>A: SW confirmed that there had been some recent adverse infrastructure issues in the Maternity Unit at Watford due to the age and design of the building. A survey is currently being undertaken to identify the areas of greater risk in order to prioritise a work schedule.</p> <p><i>Q: Why does the Trust give a different view of the significance of the winter pressures from the PCT?</i></p> <p>A: JF responded that the Trust had given a full and open account of the position faced by the Trust during the recent extreme weather/flu period. JF confirmed that he would be discussing this issue with the PCT, Chief Executive, to explore any difference in their view.</p> <p><i>Q: In view of its improved facilities, is the Trust treating more patients from outside Hertfordshire? If so, does this result in extra expense for the Trust?</i></p> <p>A: NE replied that there had been a slight increase of emergency patients from outside the Trust's catchment area over the winter months and confirmed that in these cases the relevant PCT is charged. There had also been a small increase in non-emergency patients. This may be due to a reduction or closure of services in other areas.</p> <p><i>Q: Are the Board aware of the work being done by Steven Ramsden at the Luton and Dunstable hospital to use data to improve healthcare?</i></p> <p>A: JF replied that he had been one of the first to be involved in this piece of work, but acknowledged that the concept could be better communicated around the organisation. The Board agreed to consider asking Steven Ramsden to present at one of its development sessions.</p> <p><i>Q: What are the Board proposing to do to engage with GPs?</i></p> <p>A: CJ responded that he regularly engages with GPs at Conclave meetings, but until the new legislation is in place and there is greater understanding about what is required, it is too early to interact fully.</p>	
--	--	--

	<p><i>Q: Are the Board concerned about recruiting staff from outside the UK?</i></p> <p>JF confirmed that clinicians trained in countries such as India have similar training patterns to the UK which means they integrate well into the NHS. There is guidance which dictates how many skilled workers can be taken from particular areas.</p>	
117/10	<p>Next Meeting</p> <p>The next meeting in public will be at 1pm on 31 March 2011 in Medical Education Centre at Watford General Hospital</p>	

David McNeil

Trust Secretary
January 2011

These minutes are signed as true record

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

Professor Thomas Hanahoe, Chairman