

Minutes of Public Board Meeting

Thursday 29 September 2011

Medical Education Centre, Watford General Hospital

Board of Directors in attendance

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

Also in attendance for specific items

Mark Vaughan	Director of Workforce
David McNeil	Board Secretary

Observing

Patricia Duncan	Associate Director of Clinical Governance and Risk
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Clerk

Jean Hickman	Assistant Director of Communications and Corporate Affairs
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Agenda Item	Comment	Action
	<u>OPENING ITEMS</u>	
128/11	Chair's Opening Remarks TH welcomed the Board and members of the public	

	<p>and opened the meeting.</p> <p>TH informed the meeting that this was NE's last Trust Board meeting and wished him well in his retirement. He said that NE had worked tirelessly for the Trust for 6½ years and had always been professional, personable and a pleasure to work alongside. NE's successor, Derek Bray would start on 3 October 2011 which would ensure a smooth transition.</p> <p>TH also informed the Board that DM would be leaving the Trust and Patricia Duncan would take over the role as Company Secretary.</p> <p>Pat Reid, a key member of staff and a key driver behind the centralisation of emergency services at Watford would be leaving the Trust shortly to take up the position of Deputy Director of Nursing at Addenbrookes Hospital. TH said he would like to send a formal note of thanks to Pat for her hard work and dedication to the Trust. The Board endorsed this suggestion.</p> <p>TH reported that Sir Neil McKay had been appointed the Chief Executive of NHS Midlands and East, the new Strategic Health Authority (SHA) cluster. Sir Neil would take up his new post on 3 October 2011, when the new cluster working arrangements came into effect. He would be responsible for leading the new cluster up until April 2013 when the new NHS Commissioning Board replaced SHAs and Primary Care Trusts.</p> <p>TH said that the Health and Social Care Bill had left the House of Commons and it would have a second reading in the House of Lords in early October. He remarked that the Board waited with interest on the possible announcement of further changes.</p> <p>TH reported that the Trust had received two further accolades. It had been shortlisted for two Health Service Journal awards; the only acute Trust in the Best Social Marketing category and the only Trust in the East of England short listed under the Staff Engagement. The winners would be announced on 15 November.</p> <p>Prior to the meeting the Board had paid visits in pairs to wards and departments and TH asked them to give a brief summary to the meeting.</p> <p>SC and DM reported on a visit to the Cardiac Care Unit. They said the Unit was busy but had a quiet, well organised atmosphere. They talked to a patient</p>	<p>TH</p>
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	<p>who gave very positive feedback on the service. The team had a stable workforce, but staff would often be taken off to work in other areas, which was disruptive to the service. The Board discussed whether the establishment of a specialist staff bank would help improve this issue.</p> <p>RD visited AAU Level 1 and was impressed with the excitement, energy and engagement shown by the team. They face daily challenges and are routinely called upon to employ clinical judgement when dealing with the complexity of cases seen in the Unit. As patients are often moved around the system the team felt that improving communication channels between areas would be useful. RD was informed that there were plans to invite GPs to work a shift in the AAU to help them to better understand the system. Also as the number of bariatric patients increases the current provision for treating these patients was currently being reviewed.</p> <p>AA and MH visited AAU Level 3 and found it to be a spacious, bright environment. It was quieter than Level 1. The team reported that they are currently trialling a new bed management system. The issue of a long delay in staff receiving a password to access the Outlook (email) system was raised. NE said he would look into this. The team were pleased to report that there had been some progress in the weekend discharge process and work was ongoing to improve this further.</p> <p>NE and TH reported on a visit to the Diabetes Centre. The team's main focus is to offer care and support in the community and have recently established some diabetic outreach clinics. They said they would welcome the opportunity to expand this service further. There are plans to relocate the team into refurbished accommodation which they believe would help them work more effectively. One issue raised was that Trust nurses are paid on a lower banding than those doing the same job in the community. This issue is being investigated by the Divisional Management Team.</p> <p>KC and CJ reported on a visit to the Occupational Health Department. They said that they had met a well motivated, dedicated team, but the physical environment in which they worked was well below standard. The environment is particularly important as the service is a gateway for new members of staff and a place for staff to visit when they are feeling unwell.</p> <p>MV informed the Board that there were plans to</p>	<p>NE/Successor</p>
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	<p>move this department into better quality accommodation.</p> <p>SL and NF visited the Supplies Department. This is a shared service managed by Hertfordshire Supply Management Confederation (HSMC). It was reported that this service is also located in unsatisfactory conditions and there are plans in place to relocate it. The Supplies team have access to a good IT system and use PDAs to track the status of deliveries. A lack of hard storage in the department was raised as an issue and SL was pleased to confirm that the Charitable Funds Committee had approved a request to purchase additional storage.</p> <p>CG and MV reported on a visit to the Medical Illustration department. It is a small, busy team of three staff, who are based in various areas of the Watford site. This can cause fragmentation of the service. The team offer outstanding, high quality, wide ranging services, including clinical photography and graphic designing.</p> <p>CP and JF visited the Delivery Suite where they met a number of Obstetric and Gynaecology consultants who were very proud of the service they provide. They discussed the increase in the number of deliveries and the team said they appreciated that the Trust Board was addressing the capacity constraints. They were pleased with the recent increase in the number of newly qualified midwives, but were disappointed that they had been unsuccessful in recruiting qualified midwives. The patient areas were of a good size and quality, including a dedicated high dependency unit and a bereavement room, but there was evidence of lack of space for staff, including cramped changing facilities.</p>	
129/11	Apologies SW	
130/11	Declarations of Interest <p>No new declarations were recorded in relation to the agenda or amendments made to any previous declarations of interest.</p>	
131/11	Minutes of the previous meetings <p>The minutes were approved as a true record of the meeting held on 28 July 2011 and the summary of the seminar meeting on 25 August 2011 were</p>	

	noted.	
132/11	<p>Matters Arising and Action Log from the meeting on 28 July 2011</p> <p>101/11 JF confirmed there was a paper on the agenda to update the Board on the current position of the financial savings plan.</p> <p>101/11 NE said that the maternity activity data was not included in the Performance Report but it was to hand if required.</p> <p>101/11 NE confirmed that a report on the new A&E performance indicators was on the agenda.</p> <p>109/11 AA and CJ said work was progressing to agree wording for consultant appraisal form around the Bribery Act.</p> <p>112/11 NF reported that the detailed analysis on numbers of pressure ulcers would be in the November Board report.</p>	
133/11	<p>Chief Executive's Report</p> <p>JF gave a verbal update to the Board. The Trust is now halfway through the year and changes to the NHS continue to be debated and are likely to change over the next few months.</p> <p>The Trust's FT application is currently at the DH waiting for a decision on the loan rescheduling.</p> <p>The Trust had agreed a tripartite agreement with the DH and the DH which sets out the journey, including an integrated business plan before the end of 2011, an assessment by Monitor in early summer 2012, a Board to Board meeting in early July. This timetable would mean that the Trust would be a Foundation Trust in just under a year.</p> <p>JF informed the Board that although the Trust had been stretched by emergency pressures it was still meeting its performance targets, including reaching 95% of A&E waiting times every months for the first six months of the year.</p> <p>JH concluded his report by saying that although there would always be pressures on acute services and, in particular, emergency services, the Trust had been working hard on preparing for the winter</p>	

	pressures, including working with services to stretch and enhance their practices.	
	<u>QUALITY AND ACCOUNTABILITY REPORTS</u>	
134/11	<p>Performance Report</p> <p>The Board received a report summarising performance for the first five months of 2011.</p> <p>JF said that the performance paper was self-explanatory, but wished to highlight that the Trust's performance against national targets remained fairly good.</p> <p>Following the recently published new mortality figures by the Royal College of Surgeons, KC asked what the process is for benchmarking the Trust against published figures. CJ said that Consultants in each speciality monitor these reports closely and, should the Trust be highlighted as an outlier, the Consultant would bring the report to a CQAC meeting for discussion.</p> <p>RD questioned why the appraisal and mandatory training rate remained below target. MV replied that although it was still lower than target, slow but steady progress had been made and appraisal and mandatory training continued to be tightly performance managed.</p> <p>MV reported that, although the Trust's long term financial plan plotted a reduction in the workforce, this was currently not being achieved. He confirmed that Meridian had highlighted 70 possible posts that could be reduced through the Big Ask programme. MV also advised that the Trust was not only looking at reducing positions, but in some cases reducing hours or changing bandings. There was also a real focus on reducing temporary staffing costs.</p> <p>NF confirmed that reducing the headcount in the nursing and midwifery service was currently not achievable, but was looking at the establishment as there could be some changes to be made.</p> <p>TH said he was surprised that reducing the workforce was proving to be such a challenge and he hoped that the work done by Meridian would help address this matter.</p> <p>The Trust's failure to meet 100% compliance with WHO surgical checklist in July and August was raised. CJ informed the meeting that the</p>	

	<p>circumstances behind the three incidents of non-compliance had been investigated and one was found to be due to an urgent clinical need to immediately start a surgical procedure. The other two incidents were minor procedures carried out in an anaesthetic room. The correct procedures has now been clarified with staff.</p> <p>SC commented that she found the Dashboard data confusing as it was not printed in colour. The Board agreed that it needed to be clearer and should include some narrative.</p> <p>NE said that the Dashboard data in the Board papers could be complicated to decipher, but the format was currently experimental and it was improving as updated versions were published.</p> <p>The meeting discussed the following key performance indicators in detail:</p> <ul style="list-style-type: none"> • VTE – the Trust had been marked as 'underachieved' for this indicator, but the Trust's performance is ranked in the top half of Trusts in the country. • Single sex accommodation breaches – the Trust reported 12 breaches in the first couple of months of the year but had reported no breaches in the past 3 – 4 months. • Electronic discharge summaries within 24 hrs – significant progress had been made, but many local GPs are not currently in a position to receive electronic summaries. The PCT is pursuing this issue. • Delayed transfer of care – due to problems with delayed discharge, the Trust is unlikely to meet this target, but is working with internal and external colleagues to make improvements. • 14 day max wait with breast symptoms – the Trust is experiencing problems matching demand for this service. However, improvements have been made and the Board would see an increase in figures in the next report. <p>TH said that it would be useful for members to have a brief comment next to the indicators which have 'underachieved' and NE agreed to this request.</p> <p>The Board noted the performance report and ratified</p>	<p>NE/successor</p>
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	the SHA statement.	
135/11	<p>Performance targets for Accident and Emergency Services</p> <p>NE presented an overview of a briefing paper on new A&E measures. He reported that the new measures would not be used this financial year and that they were still evolving. The targets were being observed by the DH and SHA to see if the effort it would take for Trusts to collate the data is worthwhile. Monitor had said that it would continue to use the old measures.</p> <p>The Board noted the changes made to the performance indicators and the actions taken to implement them.</p>	
136/11	<p>Infection Control</p> <p>CJ presented a report on the current performance with respect to infection control. He informed the meeting that the Trust had reported its first case of MRSA this year. Investigation had revealed that this was due to a failing of an individual to follow the Trust's infection control policy. CJ assured the Board that a message had gone out across the organisation of the importance to follow Trust procedures.</p> <p>CJ reported that the number of C.diff cases remains low. There were two cases reported in July and one in August, against an annual trajectory of 13. CJ said although this was good news the Trust needed to remain vigilant.</p> <p>The Trust continues to monitor other infections, i.e. MSSA, E.coli.</p> <p>JF informed the Board that one of the Trust's senior Infection Control nurses had spent some time at East and North Herts NHS Trust to share learning and good practice.</p> <p>The members considered the information provided and noted the Infection Control report.</p>	
137/11	<p>Board Assurance Framework</p> <p>CJ presented the Board with the latest iteration of the Assurance Framework.</p> <p>There had been a discussion at a recent IRGC meeting on whether the lift in the Maternity Unit</p>	

	<p>which frequently breaks down should go on the BAF. NF endorsed this proposal be helpful as estates problems often have an impact on other services.</p> <p>The Board noted the assurance framework and approved the changes in risk ratings and the addition of the summary risk profile relating to the distribution scores. The Board was confident that sufficient mitigation against the strategic risks had been identified.</p>	
138/11	<p>Finance Report</p> <p>AA presented a report on the Trust's current financial position.</p> <p>AA informed the Board that the Trust achieved an actual surplus of 0.9m, giving a deficit compared to plan of £2.4m. The main reason for this deficit is a shortfall of £2.5m against the Big Ask savings target.</p> <p>SLA income is above plan for elective work and outpatients.</p> <p>The Trust reported £12m in the bank at the end of August. This was mainly due to additional PCT income and slippage against the capital programme. AA advised that the position had changed in September and the Trust would find this a challenge later in the year, dependent upon over financial performance and a decision on the loan rescheduling.</p> <p>AA presented the meeting with a revised trajectory of £3.6m for the surplus outturn for 2011/12.</p> <p>She reported that the Executive Team had been working together to tackle the challenge and are fully committed to meeting the financial plan for the year. Progress had been made over the past two months and the overall forecast is now much closer, but there was still some way to go.</p> <p>AA advised that the plan included £1.9m of work in progress.</p> <p>She reported that the delay in the loan rescheduling had two main implications, cash balances will be £6m lower than expected and interest payments will be around £0.8m higher than planned at year end. The SHA accepted that this variant is outside the Trust's control.</p>	

	<p>There had been a significant focus on the Big Ask which had resulted in an increase in the number of red schemes that have moved to amber. The work that Meridian had carried out would also help towards this aim.</p> <p>The plan also included an increase in midwifery staffing levels in line with Birthrate Plus and the running costs of the surge beds over the period of November to March, which were not included in the previous forecast.</p> <p>The actual WTE agency spends had increased, in particular on medical staff in AAU, A&E and midwifery. The Trust had an active recruitment programme, but these are areas commonly known to be difficult to recruit to. MV confirmed that agency staff were only used in difficult to recruit to areas.</p> <p>JF said that activity had been higher than over the previous summer.</p> <p>TH commented that he would have expected services to build flexibility into the rotas over the holiday seasons.</p> <p>CP advised that Meridian had identified some areas that needed action and he was progressing this.</p> <p>NF said that due to the SHA's requirement to increase midwifery staffing levels, the Trust had been forced to use agency staff to ensure that the Trust continued to run a safe service.</p> <p>The Board noted the current financial position and agreed the new surplus of £3.6m.</p>	
139/11	<p>Serious Incidents</p> <p>CJ announced that the Trust had declared a number of incidents since the last report. He assured the meeting that no patients had been harmed and, advised that, given the size of the organisation, the number of incidents was not significant.</p> <p>CJ advised that he and NF had met with the SHA's Director of Nursing to discuss maternity incidents. There had been a good discussion which had reassured the SHA that the Trust had reviewed its theatre practices in maternity and robust procedures were in place.</p> <p>NF advised that there had been a number of pressure ulcers declared. One of the cases</p>	

	<p>reported as 'hospital acquired' had been found to be 'unavoidable' as the patient had serious health issues resulting in organ failure. A case of a grade 4 pressure ulcer on Sarratt Ward was also found to be 'unavoidable'.</p> <p>The Board noted the number of incidents and agreed the actions proposed by the Medical Director.</p>	
140/11	<p>Annual Plan 2011/12 – SHA Review</p> <p>NE informed the Board that the Trust had received good comments from the SHA on the Trust's Annual Plan 2011/12. Further information had been requested and provided. The SHA had indicated that they were satisfied with the Annual Plan.</p> <p>The Board noted the comments made by the SHA and the response made by the Executive Team</p>	
141/11	<p>Capacity Planning</p> <p>CP gave a verbal update on the Trust's plans to provide additional capacity.</p> <p>He said one of the key challenges over the coming winter months would be to manage demand at Watford. He advised that numbers of admissions had already begun to rise with a third more admissions on Monday this week than usual.</p> <p>CP advised the Trust had reported around 5,000 breaches over the year; 2,000 of which were reported between December – January. The Trust had therefore taken active steps to manage the additional demand. One action taken was the installation of a temporary Clinical Decision Unit (CDU). This would be delivered in October and would be operational in early December.</p> <p>This temporary option had been costed within the available parameters with financial support from the PCT.</p> <p>The Board noted the report and the actions taken.</p>	
142/11	<p>Patient Reported Outcome Measures (PROMS)</p> <p>NE gave a brief overview to the Board on the PROMS system. NE advised that the system requires each patient to complete a questionnaire before and after surgery. The information collated is used to derive a case-mix for each surgical</p>	

	<p>procedure.</p> <p>The Trust had been required to collect and report PROMS data since April 2009 on hip and knee replacements, groin hernia and varicose vein surgeries. The Trust's PROMS data for 2010/11 suggested that current performance is satisfactory. NE confirmed that the DH planned to extend the system to other conditions.</p> <p>NE said that the DH currently class PROMS as 'experimental statistics'. It had developed a methodology to identify potential outliers by comparing data to the national average. Outliers are regarded as potential 'alerts' or 'alarms'.</p> <p>The DH is currently developing plans to link a proportion of tariff reimbursement for hip and knee replacements to PROMS data.</p> <p>AA said that the effect that PROMS would have on the Trust is currently unclear and added that a number of Orthopaedic surgeons were sceptical of the results.</p> <p>RD said he believed that this system would help patients to have their expectations met.</p> <p>The Board noted the introduction of PROMS and the Trust's current performance against it.</p>	
143/11	<p>Staff Survey</p> <p>MV introduced an action plan to the Board which had been developed to address the key areas of improvement raised by the National Staff Survey 2010.</p> <p>MV advised that since he presented the results of the 2010 staff survey to the Board in March 2011, he had gained views from staff across the organisation on how the Trust could address the issues raised by the survey. The action plan had been developed to reflect the feedback received. The key themes raised and addressed in the action plan included:</p> <ul style="list-style-type: none"> • Recognising staff and improving morale by giving thank you notes and gifts • Reviewing communication channels and strengthening existing methods • Increasing visibility of the Executive Team, including the introduction of a shadowing and a back-to-the-floor programme 	

	<ul style="list-style-type: none"> Improving delivery of appraisals and mandatory training <p>MV reported that the next staff survey would be conducted in October 2011. The Trust would ask every member of staff to complete the survey as opposed to a random selection. This should improve the response rate and give the Trust a more truthful picture.</p> <p>TH said he was disappointed to see that 19% of Trust staff stated that they had experienced bullying and discrimination at work. MV replied that a lot of work had been done to address this issue, including establishing an Equality and Diversity Group and the introduction of Diversity Champions.</p> <p>The Board reviewed and approved the action plan.</p>	
144/11	<p>CQC Assurance Report Q1</p> <p>CJ provided the Board with a comprehensive report detailing information on the levels of compliance with CQC outcomes for quality and safety from April to June 2011.</p> <p>CJ advised that based on the QRP risk estimates the Trust had made significant improvements in reducing the number of red risk estimates between November to June.</p> <p>The Board approved the content of the CQC Compliance Q1 Report.</p>	
145/11	<p>Annual Audit Letter</p> <p>AA presented the Annual Audit Letter which summarised the key issues arising from the 2010/11 external audit.</p> <p>AA reported that the findings of the audit were very favourable.</p> <p>Subject to a couple of minor amendments, the Board approved publication of the Annual Audit Letter on the Trust website.</p> <p>TH congratulated the Finance Team on the excellent results of the audit.</p> <p>The Board noted the report.</p>	
146/11	<p>Sustainable Development Management Plan (SDMP)</p>	

	<p>In the absence of SW, TH asked the Board for its comments on the SDMP paper which outlined the Trust's commitment to sustainability and its plans planning to reduce the Trust's carbon emissions.</p> <p>The Board approved the contents of the report and requested bi-annual progress updates.</p>	
147/11	<p>Approve register of interest</p> <p>The Board approved the updated list of interests declared by the members of the Board</p>	
	COMMITTEE REPORTS	
148/11	<p>Audit Committee</p> <p>SC presented a briefing of the Audit meeting held on 15 September 2011. SC reported that the Audit Committee had</p> <ul style="list-style-type: none"> asked for the clinical audit programme to be reviewed and, if necessary, amended, to ensure it is sufficiently risk-based and linked to the BAF. reviewed and commented on a number of internal audits and checked that recommendations had been made and actions taken. discussed whether the Board Assurance Framework (BAF) is functioning fully and the risks are regularly monitored and updated. The Internal Auditors have carried out a 'deep dive' review of two risks and would like to present their findings to the Delivery Support Group. been asked for feedback on the existing Terms of Reference (ToR). The ToR would be discussed at the next Audit meeting and would be taken to the following Trust Board meeting. <p>SC requested that the Executive Team action the Internal Audit Report as rapidly as possible to demonstrate its commitment.</p> <p>The Standing Order, Standing Financial Instructions and Scheme of Delegation would go to the November Board for approval.</p>	
149/11	<p>Finance Committee 15 September 2011</p> <p>SL gave a verbal report to the Board on the Finance Committee meeting of the 15 September 2011. In summary:</p>	

	<ul style="list-style-type: none"> • The Committee discussed details of the Trust's cash forecast and the loan situation. • The long term financial strategy. • Service line reporting would be discussed at the next Finance meeting. 	
150/11	<p>Integrated Risk and Governance Committee 15 September</p> <p>MH gave a verbal update on the Integrated Risk and Governance Committee meeting held on 15 September. In summary:</p> <ul style="list-style-type: none"> • The Committee is beginning to function as expected and is working successfully with divisions • There was a good discussion on operational issues around the Big Ask • The Terms of Reference remain largely the same • Risks that crossover boundaries, such as estates issues effecting medical work, are being picked up 	
151/11	<p>Ad Hoc Strategy Group</p> <p>CG updated the Board on the work of the Ad Hoc Strategy Group. He said that the group were developing active partnerships with the PCT, GPs and Community Trusts.</p> <p>The group are looking at how the Trust can link its strategies in order to serve its patients and staff appropriately.</p>	
	<u>PATIENT SAFETY</u>	
152/11	<p>TH asked the Board if any member would like to raise any areas of concern regarding patient safety. No issues were raised.</p>	
153/11	<p>Local Involvement Networks (LINKs)</p> <p>TH invited Kenneth Appel to comment on matters brought to the Board. He said he was impressed with the spirit of the Trust and its commitment to improvements services.</p> <p>Kenneth raised the following issues:</p> <p>As there is a national shortage of midwives, would the Trust consid training midwives?</p> <p><i>NF responded that the Trust is short of experienced</i></p>	

	<p><i>midwives who can made appropriate, safe clinical decisions.</i></p> <p>Does the Trust comply with the NFSA patient alerts? <i>NF said the Trust does comply when appropriate, but a number of the alerts do not apply specifically to the Trust and some are very complex and difficult to implement.</i></p>	
	<p>Items for information</p> <p>The following items were taken as read</p>	
154/11	The minutes of the Integrated Risk and Governance Committee held on 14 July 2011	
155/11	The minutes of the Finance Committee held on 14 July 2011	
	<u>Concluding items</u>	
125/11	<p>Urgent business</p> <p>No additional items of urgent business were raised.</p>	
126/11	<p>Questions from the public</p> <p>Does the Trust think there should be intermediate care beds in an acute hospital? <i>JF replied that St Peter's Ward was very helpful.</i></p> <p>Will the change in the criteria of elective surgery have an impact on the Trust? <i>JF responded the Trust was in discussion with the PCT.</i></p> <p>Does the Trust not offer routine gender scanning to expectant parents for religious or cultural reasons? <i>CJ confirmed that the decision not to routinely offer this service was made purely due a lack of radiographers.</i></p>	

Jean Hickman

Assistant Director of Communications and Corporate Affairs
August 2011

These minutes are signed as true record

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

Professor Thomas Hanahoe, Chairman