

Agenda 131/11

Board Seminar - Summary of Discussion

Thursday 25 August 2011

Executive Meeting Room, Watford General Hospital

Directors in attendance

Thomas Hanahoe Chairman

Katherine Charter Non Executive Director (Vice Chair)
Mahdi Hasan Senior Independent Director

Sarah Connor Non Executive Director
Chris Green Non Executive Director
Robin Douglas Non Executive Director

Jan FilochowskiChief ExecutiveColin JohnstonMedical DirectorAnna AndersonDirector of FinanceDavid McNeilCompany Secretary

Elizabeth Rippon Communications and Foundation Trust Project Director

Apologies

SL, SW, CP, NE, NF

Chairman's Introduction

TH opened the meeting and explained that it was primarily to focus on a recent letter from the SHA regarding the Trust's ongoing application to become a Foundation Trust. The letter and a draft response from the Trust had been circulated to the Board in advance.

Letter from the SHA

TH said that he had been surprised and frustrated by the tone of the letter, which was unnecessarily challenging. He said that the Board remained focussed on providing a safe and secure service to its patients – regardless of becoming an FT – and was disappointed in the structure of the letter, which indicated the SHA had serious concerns about the Trust. TH said these concerns were unfounded, as were the implied criticisms that the Board was not focussed on what needed to be done. As JF had recently met with the author of the letter TH asked him to update the Board.

JF said that he had had a long and constructive discussion with the SHA about the letter and that the SHA had agreed the tone of the letter could have been more positive. JF said that in compiling the Trust's response he had shared early drafts with the SHA to ensure the SHA

accepted JFs draft letter as an appropriate account of the conversation and that it responded appropriately to the points raised. The letter was also shared with DoH in a separate meeting.

In conversations with DoH, JF found that no progress had been made with rescheduling the Trust's loans, although it was reported that DoH viewed the Trust as 'unproblematic'. The rescheduling of the loans was unlikely to be agreed before October and may not be finally decided until close to Monitor authorising the Trust.

Wider implications - perception

Whilst recognising that the SHA would want reassurance from the Trust about performance before recommending that the Trust continued on the path to become an FT, it was noted that the Trust had already had a successful B2B with the SHA and the Trust's application had been submitted by the SHA to the DoH where it was currently held.

The Board raised wider concerns about the SHA letter as it was felt that the tone in which it was written could erroneously raise serious doubts about the competence of the Trust in whoever read it - e.g. patients, media, CQC and Monitor. The public perception of the Trust was important, particularly when looking at patient experience improvements, and it was felt that the Board needed to devote more time in the public Board meetings discussing this aspect. The recent response by TH to the chairman of the PCT about issues raised by the SHA could inform this debate at the September Board.

Action: TH/JF and DM to consider how this should be taken at the Board

MH said that his concern with the SHA letter was that it could be read to indicate that the Trust would not be put forward for up to 18 months. JF said that his conversations with the SHA they had given some assurance that this was not the intention – the SHA would be content to put the Trust forward as long as it had assurance (both internal and external) that governance, finance and performance remained on track.

Action: The Board discussed the letter from the SHA and agreed JF's response.

ER presented the meeting with a draft high level action plan to support the letter. The action plan responded to the 13 specific areas raised by the SHA. These were discussed one by one and the meeting suggested amendments, particularly to make them less process orientated and more to indicate the actions being led/driven by the Board.

As the IBP and LTFM will be updated by November to incorporate the outcome of the work undertaken by the Strategy Committee, the Board agreed to meet more frequently over the next few months to direct how the documents were developing and to ensure that the Board was well prepared for any possible repeat B2B with the SHA or for Monitor.

The Board discussed the issue of Never Events and agreed that the NEDs be notified immediately of any that are reported.

Action: CJ to ensure that the Board is made aware of never events as they occur.

Action: ER to provide an updated version of the action plan, incorporating Board's comments to accompany the letter

Action: ER to arrange additional Board meetings to agree the updated IBP/LTFM

Surge Capacity

JF updated the Board on the current plans to increase capacity to deal with expected peaks of demand in the winter. Evaluation of the proposed work in Schrodells, including the link bridge to AAU, indicated that it could not be completed this year and the Board agreed therefore that it should not proceed – although it is something the Trust may wish to consider in the longer term.

The alternative now being evaluated is to bring onto the Watford site a demountable unit (Portacabin - between 12 and 18 beds) similar to the AAU. These facilities can be expensive (between £6k and £10k a week), but negotiations are underway with the PCT to provide the funding and with suppliers to have one on site in October (post meeting note – PCT have agreed to the funding). If these facilities are in by October, this will also assist with the development of the Clinical Decision Unit (CDU) for A&E.

Action: the Board agreed to undertake further evaluation of this option and to receive an update from SW at the September meeting

AOB

• The performance summary for July 2011 was circulated for comment

David McNeil

Trust Secretary September 2011