West Hertfordshire Hospitals NHS
NHS Trust

Agenda 131/11

Minutes of Public Board Meeting

Thursday 28 July 2011

Postgraduate Medical Centre, St Albans City 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
Madhi Hasan	Non Executive Director
Jan Filochowski	Chief Executive
Nick Evans	Director for Partnerships
Natalie Forrest	Director of Nursing
Colin Johnston	Medical Director & Director of Patient Safety
Anna Anderson	Director of Finance

Also in attendance for specific items

Mark Vaughan	Director of Workforce
Elizabeth Rippon	Communications and Foundation Trust Project Director
Jean Hickman	Assistant Director of Communications and Corporate Affairs

Observing

Matt Tattersall	Acting Deputy Director of Finance

Agenda Item	Comment	Action
	OPENING ITEMS	
95/11	**Chair's Opening Remarks** TH welcomed the Board and members of the public and opened the meeting. Following recent media debate regarding clinical staff reporting concerns around the capabilities of	

	their colleagues, TH asked the Board if it believed that Trust clinicians felt empowered to comment on their colleagues' clinical abilities. CJ responded that highlighting concerns was part of the GMC guidelines. He believed that the Trust had a good culture amongst senior clinicians, as well as a robust reported process. CJ added that the Royal College of Surgeons had visited the Trust the previous day to carry out an investigation around a concern raised by Trust clinicians. He also said that junior doctors were reminded that they had a duty to report any issues they may have. NF confirmed that raising concerns was part of the nurses' code of conduct and it was also part of the Trust's new Nursing and Midwifery Strategy. NF advised that she believed that the Trust had an open, no blame culture which supported staff in highlighting issues. JF said he believed that clinicians felt empowered to raise concerns. He said that the Trust needed reassurance around the overall practice and advised that he was considering establishing a committee to review issues to ensure a more systematic approach. TH said he was pleased to announce that the newly refurbished main reception area at St Albans was now open. This was a vast improvement and would greatly improve the patient experience. TH reported that the Trust had achieved Level 2 in a recent assessment by the NHS Litigation Authority. The Trust passed in all 5 standards which confirmed the quality and safety of the Trust's services. Congratulations were passed to the Workforce Department on the impressive HPMA award for the work carried out to improve the outpatient service. TH asked the Board to give a brief summary of the ward and department visits they undertook prior to the Board meeting. CE and SW reported that they were unable to visit the Rheumatology Department due to a fire alarm. SC and NF visited the antenatal clinic. The increasing number of clinics and complex cases and the pressures this puts on staff were discussed. The Team reported a flexible approach to working	

	across the organisation in order to offer a safe service across all sites. The manager of the team was based at Watford so attending meetings was highlighted as an issue. KC and TH reported on a visit to the Colposcopy clinic. The service treats approximately 1,200 patients a year, providing anxious patients with a same day service. The team said that screening had increased in the light of a celebrity awareness campaign and the team confirmed that the BBC would be running a storyline on Eastenders shortly which could also have an impact on the service. The team were proud to report that it had come top in the East of England quality for cancer screening figures. SL and MV visited Delamare Ward. This was an elective surgery ward which was well managed. The Enhanced Recovery Programme was successfully established with length of stay much reduced and feedback from patients excellent. The multidisciplinary team reported they felt well supported and received regular appraisals. One issue raised was that the ward team did not get early access to activity data which would allow them to plan the workforce better to meet demand. CJ responded that theatre lists needed to be flexible to ensure maximum efficiency, although he acknowledged that this does need to be balanced to manage the workforce better. MH and CJ visited the administration team who support the outpatient service. The team are vital to the smooth running of the service, but are not always acknowledged. A new patient self check-in system was expected to go live in September. The team reported that they were looking forward to this new development but had put plans in place to manage any initial problems. Patients not attending for appointments were reported as having a huge impact on the service, but action was being taken to manage this issue. AA reported on a visit to the Radiology Department. The team were proud to report on the success of the 'one-stop' breast service which was provided in partnership with general surgery. It was reported that the demand for ultrasound scans had increased. Recruitment was reported as being good. Issues raised included a need for a better physical layout of the department and an MRI/CT scanner to improve the service.	

	JF and NE visited the Minor Injuries Unit (MIU) and were impressed by the passionate staff that run this busy department. The team reported an increase in the number of patients being seen in the unit. MIU was a specialised, pressured area and the team highlighted a concern around the high number of staff in the unit being over 50 years old, which could cause problems for the long-term future. The team said they felt professionally supported and were developing a rotation pattern with staff at Watford. Issues highlighted included chronic damp in one of the consulting rooms, which was being pursued by the Estates department, and also car parking was raised as a problem for patients and staff.	
96/11	**Apologies** RD, CP, SW	
97/11	**Declarations of Interest** No new declarations were recorded in relation to the agenda or amendments made to any previous declarations of interest.	
98/11	**Minutes of the previous meetings on 26 May and 8 June** Both sets of minutes were approved as a true record of the meetings.	
99/11	**Matters Arising and Action Log from the meeting on 26 May** 63/11 NE confirmed that the Surgical Appliances Department was now able to access the CEO podcast. CJ advised that junior doctors now received more input from the phlebotomy team. 70/11 NE said that discussion was ongoing with the Institute of Innovation and Improvement to look at ways to use information to avoid discrepancies. 75/11 AA confirmed that a very detailed spreadsheet of Big Ask 2 plans was available for members of the Board to review. 76/11 AA and SC confirmed that they had met to discuss SLR. This issue had also been a key discussion at the July Finance	

	Committee meeting. 98/11 NF said that the Quality Account was published. 99/11 In the absence of SW, JF confirmed that plans were currently being finalised to give higher assurance re coping with the expected winter surge.	
100/11	**Chief Executive's Report** JF started his verbal report by reminding the Board that over the past few years, the Trust had won or been short-listed for a total of 11 national awards, including 4 awards in the last couple of months. He advised that this showed the continued, steady improvements that the Trust was making on quality, safety and on the patient experience. JF advised that he had recently been to the top hospital in Sweden which was cited internationally and had noted that the Trust achieved better infection rates, A&E waits and maternity targets. He said that he believed that the NHS undersells itself, and in particular, this Trust. He remarked that he had noted a "golden thread" around quality running through today's agenda. He hoped this would assure the Board of the Trust's commitment to quality, safety, issue reporting and constant efforts to make improvements. The national inpatient survey would be conducted on patients attending hospital in the Trust during August. He reminded the meeting that last year's results had been disappointing. He assured the Board that the Trust was not complacent and was making strides to improvement. He added that the maternity and outpatient service had achieved good patient survey results. JH concluded by saying that the Trust now reported twenty times less infection than it had reported two years ago.	
	<u>QUALITY AND ACCOUNTABILITY REPORTS</u>	
101/11	**Performance Report** The Board received a report summarising performance for April to June 2011. JF said that the	

	Trust's performance against national performance targets remained broadly good. He acknowledged that financial savings were behind planned levels but reassured the meeting that the Executive Team was taking action to address this. Details would be presented at the next meeting of the Board in September.	**JF**
	Another key focus for the Trust was improving the resilience and capacity of emergency services in advance of the next winter. JF advised that a Board seminar held in June had discussed and agreed the actions and investments required to prepare robust plans to deal with the extra pressure that winter puts on the Trust. These plans include the development of a dedicated assessment ward and measures to ease pressure on the maternity services.	
	Members considered the information provided on mortality trends. CJ advised that there are two methodologies in current use for calculating mortality figures. He reassured the Board that the Trust's mortality rate remains good on both methods. National discussions are expected to result in the publication of a further indicator drawing from both methodologies, and this would be incorporated into future reports when available.	
	SC asked that maternity activity data to be included in the report. NE undertook to ensure that this was done.	**NE**
	TH said he was disappointed to see that the Trust had failed to meet the discharge summary KPI as this appeared to be not too difficult to achieve. NE said that around 25% of local GPs do not currently wish to receive discharge summaries electronically, and that electronic transmission was not currently possible to non-local GP practices. He advised that there had been a meeting with local GPs to discuss key issues and he was confident that this would improve.	
	KC asked that the Board receive a report on the implementation of the new A&E performance indicators. NE replied that the data currently reported was provisional. More accurate data would be available for the September meeting. A paper discussing the new indicators would be brought to the September meeting.	**NE/successor**
	MV highlighted the continued overspend on agency and bank and assured the meeting that work was ongoing to reduce this figure. He added that a	

	degree of bank staff usage was beneficial as it allowed better flexibility and was a cheaper option than using agency staff. MV said that recruitment for maternity staff was going well and work was underway to reduce additional theatre lists that required temporary staff. He further advised that the Trust was working to establish a bank of medical personnel. A paper summarising the range and nature of performance and quality indicators being used was considered. NE advised that the number of indicators in use had increased, and in particular the contract with NHS Hertfordshire now contained many detailed indicators covering a wide range of the Trust's services. He reminded members that the Trust was assessed quarterly by the DH using a selection of indicators, and the Trust's performance was also assessed by the SHA monthly using a similar approach to that adopted by Monitor in its Compliance Framework for acute foundation trusts. TH reminded the meeting that the SHA performance management regime required the Board to agree a statement each month confirming that it was satisfied that sufficient plans are in place to meet its performance targets. The Board noted the performance report and ratified the SHA statement.	
102/11	**Appraisals & Mandatory Training** MV presented a paper detailing how the Trust plans to meet its compliance targets for appraisal and mandatory training. MV advised that it was important to define which staff are eligible to have an appraisal. An extensive consultation had been carried out with managers and a number of criteria had been agreed upon which staff are required to receive an appraisal. The meeting discussed why a large number of staff do not attend mandatory training. SL commented that 90% compliance was an ambitious figure, particularly as the Trust had failed to achieve an 80% target in 2010/11. MV acknowledged this would be a challenging target, but said he was confident that the plans would allow the Trust to meet it. He proposed a change to the frequency and timing of training sessions and the promotion of the e-learning model as an easier method of access for	

	many staff. MV advised that a quarterly compliance review was currently carried out and a letter was sent to each manager of all staff who had failed to attend appropriate mandatory training sessions. CG asked if the figures would be available on a monthly basis. MV confirmed that they would. TH asked if each manager had a list of who they are required to appraise and MV confirmed they do. The Board agreed the paper and supported the actions being proposed.	
103/11	**Infection Control** CJ presented a report on the current performance with respect to infection control. He advised that no MRSA bacteraemias had been reported this year. He said that discussions were ongoing with the SHA around the issue of classification of MRSA cases as Never Events. The number of C.diff cases remained good. The total number reported to date was 6, against a trajectory of 11. The Trust was now required to report on MSSA and E.coli bacteraemias. CJ said that he had concerns around the time resource required to screen for these additional infections. CJ brought the meeting's attention to the improvements in the hand hygiene compliance figures. In particular, compliance for doctors now ranged between 92 – 100% and nurses between 95 – 100%. TH asked if the measures that the Trust currently had in place to prevent and control infections would help to prevent the spread of other contagious organisms. CJ responded that although practices and processes were good, they may not help to reduce the spread of other infections. CJ concluded the report by saying he was pleased with the Trust's low infection control figures, but everyone needed to remain absolutely vigilant. The Board noted the infection control report.	

104/11	**Board Assurance Framework** CJ introduced a paper on the Board Assurance Framework (BAF) which showed an up to date picture of the current risks and their scores. CJ reported that a new risk had been added relating to the failure to meet monthly HCAI targets set by the SHA. The following two risks had been removed: • Pathology risk following successful implementation of the new system • NHSLA risk following achievement of NHSLA Level 2 in June 2011 Risk 2286 was raised as an issue by the Integrated Risk and Governance Committee. This related to the risk of failure to deliver the £4.4m surplus. Progress against the risk had been taken by the development of a robust financial recovery programme. NE advised that the rating against Risk 1512 (risk to achieving the 18 week target) had been stepped down since the Trust had met the target in April, May and June. NE also said that additional measures were now in place to reduce against Risk 2145 (IT resilience). MV informed the meeting that the IRAG committee were looking at revising the format of the BAF to make it more 'user-friendly'. The Board noted the assurance framework and was confident that sufficient mitigation against the strategic risks had been identified.	
105/11	**Finance Report** AA presented a report on the Trust's current financial position. AA informed the Board that the year end forecast, based on current plans, was a shortfall of £5.7m against the planned surplus of £4.4m. A recovery plan is being put in place to strengthen controls on spending and to increase savings, both of which are critical to delivering the agreed financial plan for the year.	

	SLA income is £0.8m above plan. The Month 4 position to date shows a £1m surplus and reflects the higher levels of income expected in the early part of the year before various QIPP initiatives take effect The headcount is still running above the average for 2010/11 and this must come down if the Trust is to achieve the planned level of savings. AA advised that the financial performance is reported to the SHA through the FIMS process, the phasing of the FIMS plan is different from that used internally but actual expenditure is the same in both. The Board noted the current financial position and agreed the actions proposed by the Finance Director.	
106/11	**Serious Incidents** CJ provided a progress report on the management of Serious Incidents. He advised that there are two types of reportable incidents, Serious Incidents and Never Events. He informed the Board that there had been two maternity issues since June 2011. CJ assured the meeting that neither incident was of clinical concern and related to retained swab/tampon. CJ advised that following incidents relating to surgical procedures, the PCT had visited the main theatres at Watford. They had been very impressed and reported that the theatre service was an exemplar for other organisations. CJ assured the Board that no significant themes were emerging from the reported incidents, but, in the light of the two maternity incidents, the Trust would be reviewing theatre practice in maternity to confirm that procedures were as robust as in main theatres. The Board noted the number of incidents and agreed the actions proposed by the Medical Director.	
107/11	**Patient Experience** NF introduced a paper detailing the actions being taken by the Trust to improve the patient experience and increase the national inpatient survey results.	

	NF said that the results of the national survey were extremely important as they are used by external agencies and patients as an assessment tool. In the 2010 national patient survey the Trust had a lower final response rate than other Trusts (44.2% compared to xx nationally). NF advised that the Trust had invested significant time and resource across the organisation to this work since the August 2010 results were published in April this year. The development of a Patient Experience Strategy had resulted in a raft of initiatives, four of which are listed below: • AAU team development programme had been running for 4 months and had trained 80 staff • Members of the Trust Board had been assigned as 'Champions' to individual wards. NF asked if any member was interested in being the Stroke Unit Champion to let her know • More clinical staff were on duty to support patient care • The induction programme for junior doctors had been redesigned to focus on support and development Longer term staff development initiatives to promote further staff engagement are planned, including strengthening mandatory training and appraisals and the development of a staff listening exercise. CG asked if Non Executive Directors could help with this important work. NF said any help would be welcomed to ensure the momentum was ongoing. JF informed the Board that he had recently been visiting wards, departments and individual members of staff to say thank you for their exceptional commitment. He said he would welcome help from the NED to continue this work. The Board agreed to support the actions presented in this report, confirmed its commitment to improving the patient experience and its intention to monitor progress through the outturn of the national patient survey.	
108/11	**Haematology Analysers** AA distributed a revised paper to request Board	

	approval of a reagent rental lease for new haematology analysers, which was in excess of £500k. AA confirmed that she was satisfied that the contract was affordable and provided good value for money. The Board approved the contract with Beckman Coulter.	
109/11	**Bribery Act** AA presented a policy to the Board which reflected the statutory responsibilities of the Trust following the publication of the Bribery Act 2010. She advised that the Board had previously discussed this Act, which came into force in July 2011. AA said that an earlier version of the policy went to the Audit Committee prior to it being reviewed by Capsticks Solicitors. She advised that a review would be carried of the Trust's Standing Financial Instructions and Standing Orders to ensure compliance with the Act and other relevant policies had been reviewed and changed. The statement would be circulated throughout the organisation and published on the Trust website and in external newsletters. MV raised the issue of whether staff, in particular doctors, understood their responsibilities regarding the Bribery Act and the Conflicts of Interest Register. CJ advised that the appraisal form for Consultants included a question on conflicts of interest and he was working with AA on a form of words to use in the appraisal form around the Bribery Act. AA confirmed that the Audit Committee would review the process on a quarterly basis. The Board approved the Anti-Bribery Policy and statement.	**CJ/AA**
110/11	**Quality Account 2010/11** NF brought a report to the Board on the proposed reporting matrix for the 2011/12 priorities identified in the 2010/11 Quality Account. NF confirmed that the 2010/11 Quality Account approved by the Board in June 2011 had been published on the NHS Choices website.	

	The Board endorsed the proposed priorities matrix for 2011/12.	
111/11	**Safeguarding Children Annual Report** NF introduced an overview of Safeguarding Children activity in the last 12 months. NF advised that the Trust had safe and effective procedures in place to safeguard children and young people who use its services, but plans are in place to improve services further. The following were highlighted as key challenges: • Mandatory training - the Trust was currently training staff up to a level 3. Take-up of level 3 training was 98% over the last 3 years. Staff receive level 1 training as part of the induction programme but take-up of 2 was less than 50%. • Criminal Records Bureau checks – the Trust must ensure that all staff employed prior to 2002, when new regulations were introduced, are CRB checked. MH wondered if there may be some discrepancy between the reported training figures and the actual number of staff receiving training. NF agreed this was a possibility and said she was working on the issue of eligibility with the Training Department in order to ensure more reliable data would be available. The Board noted the report, endorsed the self-assessment and approved the work plan for 2011/12.	
112/11	**Measuring nursing and midwifery indicators** NF presented the Board with a report on key quality indicators within patient services. She advised that the reported falls had reduced and remained low. NF reported that there had been an increase in pressure ulcers in April. She said this may have been due to a change in focus or to improvements in the reporting processes. NF informed the meeting that significant improvements had been achieved in reducing the	

	number of pressure ulcers. KC said that she felt it would be useful to see the data broken down into the number of community acquired pressure ulcers compared to hospital acquired? NF advised that medical errors had increased in May. She said that there were many reasons and components to this reported increase and assured the Board that investigation was being carried out to analyse trends and themes and pinpoint any 'hotspots'. Members considered the new quality indicator, which showed complaints broken down by wards. NF confirmed that the top five most frequently occurring themes would be reviewed and actions taken. NF advised that this data would be broken down further into complaints per patient handled. This would be available for the next Board meeting. The Board noted the report.	**NF**
113/12	**Information Governance Standards** NE presented an update on outstanding issues from 2010 Information Governance Standards and an indication of 2011/12 requirements. NE informed the Board that one of the outstanding issues in the 2010/11 assessment related to Information Governance training for staff. For the Trust to achieve level 2, 95% of staff must have received IG awareness and mandatory training by June 2011. Despite extensive efforts, the overall compliance total increased to 71% which was still short of the target. NE said that no Trust had achieved the 95% target. NE advised that there are two methods of IG training available, classroom based and e-learning. Staff can also opt to be trained in their place of work. He advised that failure to achieve this target could have significant implications if the Trust suffered a major data loss. The DH could also consider restricting access to the NHS secure internet network. NE informed the meeting that Trusts are required to submit a 2011\12 baseline assessment by the end of July 2011 with a further update required at the	

	end of October 2011. A final assessment would be due by 31 March 2012. The Board discussed why many staff failed to meet training requirements. NF said that staff have limited time available and need to balance their clinical training requirements against other training needs. NE assured the meeting that activity would continue to raise the percentage compliance figures. The Board noted the contents of the report.	
	COMMITTEE REPORTS	
114/11	**Audit Committee 8 June 2011** SC advised that the accounts were approved.	
115/11	**Finance Committee 14 July 2011** The Finance Committee discussed details of the Trust's cash forecast and the loan situation. Waivers for building works and a tender for minor works were also discussed. SC advised that JF or AA would sign off any potential waivers. The Finance Committee reviewed the 3 key objectives with regards to Service Line Reporting (SLR): 1) SLR system robust and able to produce monthly information. This objective had been achieved. 2) Reports routinely reviewed by key Trust committees. SC advised that Divisional reports were available but not as regularly as required. 3) 6 tangible service / efficiency changes. SC confirmed that opportunities had been identified, but had not been delivered. SC reported that resources had been taken away from the SLR project to support other important initiatives. Without this resource it was felt that the Finance Department would struggle to deliver SLR. The SLR Steering Group recommended the following actions: • continue to use the same software company • develop Which Doctor as the reporting portal for specialty information • move to allocating costs across speciality	

	rather than patient The Finance Committee agreed the recommendations, and asked for a further report in November.	
116/11	**Integrated Risk and Governance Committee 14 July 2011** MH advised that at the IRGC meeting on 14 July 2011 all risks had been revised. He confirmed that the BAF had now been revised into a more 'user-friendly' format. MH said that he was pleased to report that other groups were now formally reporting to the IRGC. The group had discussed the risks relating to the Big Ask savings programme and had also had a discussion about the age and condition of the CT scanner. It was agreed that it was not necessary for this risk to be included on the BAF. The Terms of Reference had been discussed and it was agreed that they remained appropriate. The Board endorsed this decision.	
117/11	**Ad Hoc Strategy Group** CG updated the Board on the work of the Ad Hoc Strategy Group. He said that the meeting had developed from its initial format. The group had identified some issues and had begun to explore ways to address these. It was agreed that records of this meeting should kept for future governance.	
	PATIENT SAFETY	
118/11	TH asked the Board if any member would like to raise any areas of concern regarding patient safety. CJ advised that overnight supervision of junior doctors in A&E would be underway from September. MH said the discussion today had highlighted that the Board was focusing on the right things with regard to patient safety.	
119/11	**Local Involvement Networks (LINks)** TH invited Kenneth Appel to comment on matters	

	brought to the Board. He raised the following issues: Patients with bowel issues had reported problems accessing appropriate dietetic services. CJ asked for the details to be sent to him and he would investigate. What was the Trust doing to support patients suffering from Alzheimer's? NF said that one of the CQUIN targets that the Trust had to meet to ensure that the Trust had appropriate numbers of staff trained to care for patients with Alzheimer's. NF added that the Trust had a new Dementia Nurse Specialist and it provided tiptree boxes to support Alzheimer patients. Does the Trust have a protected mealtime policy? NF confirmed that the Trust does have a strict protected mealtime policy. Are ward staff aware that they can request charitable funds to improve patient care? NF confirmed that ward staff were aware and a list of requests would be considered by the next meeting of the Charitable Funds Committee.	
	Items for information The following items were taken as read	
120/11	Report Claims, Litigation, Incidents and Patient Affairs	
121/11	The minutes of the Audit Committee held on 8 June 2011	
122/11	The minutes of the Integrated Risk and Governance Committee held on 12 May 2011	
123/11	The minutes of the Charitable Funds Committee held on 26 May 2011	
124/11	The minutes of the Finance Committee held on 12 May 2011	
	Concluding items	
125/11	**Urgent business** No additional items of urgent business were raised.	

126/11	**Questions from the public** **As the Trust found it necessary to open extra beds at Hemel Hempstead last winter, what was it planning to do this year to ensure it can cope with the pressure?** *CJ replied that the Trust was working with the PCT and partners to reduce the number of patients who are no longer acutely ill and who would be better cared for outside of an acute hospital setting. Blockages in the system have also been identified and solutions are being actions. The Trust was looking at peaks of demand and was planning an additional ward at Watford.* **When does the Board expect the Acute Admissions Unit to be working well?** *JF responded that he firmly believed that the AAU was a good model of care. The Trust was constantly working to improve its system to ensure it continues to provide the best care possible.* **Was the Trust concerned that the number of patients using the A&E department would increase due to the closure of the Urgent Care Centre at Cheshunt?** *CJ confirmed that the Trust was not expecting the closure to have any impact on the number of patients using the A&E service.* **Ward staff often give the impression that they are under-employed, can the Trust not insist they attend mandatory training sessions?** *NF said that it may sometimes look like staff are not busy when they are sitting at nurses stations, but they are often performing tasks like completing essential paperwork.* **Can the Trust provide the cost implications of treating obese patients?** *CJ said that he didn't think that the Trust could provide a precise figure, but there were some direct and indirect costs involved in treating obese patients.* **Would the Trust refuse to treat an overweight patient?** *CJ confirmed that the PCT had adopted a position of deferring surgery for overweight patients until they had reduced their weight. West Hertfordshire Hospital NHS Trust encouraged patients to eat healthily and stay fit, but, as an acute trust, it would continue to treat all patients who required treatment.*	

Jean Hickman
Assistant Director of Communications and Corporate Affairs
August 2011

<u>These minutes are signed as true record</u>

……Dated:……..

Professor Thomas Hanahoe, Chairman