West Hertfordshire Hospitals NHS
NHS Trust

78/13

WEST HERTFORDSHIRE HOSPITALS NHS TRUST

TRUST BOARD

Minutes of the Part 1 Trust Board Meeting held on 26 September 2013
Medical Education Centre
Watford General Hospital

Chair: Mahdi Hasan (MH)

Present:
Phil Townsend (PT), Non Executive Director
Chris Green (CG), Non Executive Director
Robin Douglas (RD), Non Executive Director
Katherine Charter (KC), Non Executive Director
Samantha Jones SJ), Chief Executive
Bernie Bluhm (BB), Interim Chief Operating Officer
Patrick Butterworth (PB), Director of Finance
Dr Mike Van Der Watt (MVDW), Medical Director
Jackie Ardley (JA), Interim Chief Nurse
Mark Vaughan (MV), Director of Workforce
Paul Jenkins (PJ), Director of Performance and Partnerships

Mark Jarvis, Interim Trust Secretary

Apologies:
Sarah Connor, Non Executive Director
Louise Gaffney (LG), Director of Strategy and Infrastructure
Antony Tiernan (AT), Director of Corporate Affairs & Communications

In attendance: Wendy (patient)

MEETING MINUTES

	Action	Who	When
1.	**Chairman's Introduction**		
1.1	MH welcomed people to the meeting. He apologised for the late start to the meeting which was as a result of a serious incident on site which needed to be responded to before the meeting could commence.		
2.	**Patient's Story**		
2.1	MH welcomed Wendy to the meeting and thanked her for agreeing to share her experiences with the Board		
2.2	Wendy provided the Board with a summary of her journey in the breast service. She said that although her initial experience at the clinic in St Albans had been very good, she was very concerned with the treatment she received immediately prior to and post surgery. Wendy expressed concerns about the lack of compassion and dignity shown to her by staff at each part of the pre and post operative stages of her pathway. She expressed her unhappiness with the her initial immediate pre surgery experience in relation to a change in the operating surgeon and the subsequent frequent calls about proceeding with her operation but with a different surgeon to the one originally scheduled to undertake the procedure. Wendy went on to explain that, having taken the decision to defer her surgery until her original surgeon was available and then to have this undertaken at Watford rather than St Albans, she was shocked to discover that on her day of surgery she had been allocated to a different surgeon. She explained that her concerns were further compounded when she was advised that neither this surgeon nor her original surgeon would in fact be available and that another surgeon would undertake the procedure. Wendy explained that although her original surgeon was then contacted and expected to attend the hospital she was in fact operated on by someone she had never met before.		
2.3	Wendy explained that her original surgery had been planned for St Albans and that she had been very happy with this. When her initial operation had not gone ahead it was planned that the operation would then be undertaken at		

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	Watford. Having taken time to visit the ward that she would be cared for on post operatively and had been reassured by the conversations she had with the Sister, she was extremely upset about comments the Sister made on the morning after her operation. She further commented that staff on the ward showed little compassion nor provided any real help and support to her during her time on the ward. She said that the bathroom environment was poor and no one provided her with any assistance to use the facilities which, in the days immediately after surgery, was difficult. Wendy said that she felt very alone whilst on the ward and that the only member of staff that smiled was the lady serving tea. Wendy said that her overall impression was that staff did not have time for patients. Wendy described a situation where doctors did not listen or wait for people to answer questions.		
2.3	Wendy told the Board that having sent in her letter of complaint she did feel that both JA and SJ had listened to her concerns and that there had been a thorough investigation of the issues raised. She said that her meeting with SJ had been very good.		
2.4	All members of the Board expressed their thanks to Wendy for sharing her experiences. SJ acknowledged that there was still work to do to ensure that other patients did not have the same experience as Wendy and suggested that it would be helpful for Wendy to share her experience with the team concerned and to work with the Trust on improving things for other patients.	Jackie Ardley	By end October
2.5	In response to a question from MV Wendy said that there was no one she felt was there to advocate on her behalf.		
2.6	MVDW felt that Wendy's experience highlighted the importance of delivering change within the Trust and that such experiences are communicated to staff more widely. It was suggested that, subject to Wendy agreeing, she might consider recording her story so that it can be used more generally in the Trust. Wendy said that she would be happy with as long as she was aware of who the audiences would be.	Jackie Ardley	By end October
2.7	KC thanks Wendy for what she described as a "light bulb moment". She felt that Wendy had presented an experience that was clearly different		

	Action	Who	When
	from that which was expected.		
2.8	MH highlighted that Wendy's story indicated that there were still a number of issues that the Trust needed to address in relation to the organisational culture and how things are done. He felt that Wendy's story had helped provide impetus to address these issues.		
3.	**Apologies for absence**		
3.1	Robin Douglas, Sarah Connor, Paul Jenkins, Bernie Bluhm, Louise Gaffney, Antony Tiernan		
4.	**Declarations of Interest**		
4.1	There were no new interests declared.		
5.	**Minutes of the Last Meeting**		
5.1	PB asked that minute 18.1 be amended to read "the Trust only received 30% of income above the activity value".		
6.	**Action Log**		
6.1	It was noted that the item on safeguarding had been deferred until November following completion of initial work being undertaken to put in place appropriate governance arrangements	Jackie Ardley	November meeting
6.2	MVDW advised the Board that all clinicians had been reminded about the two week cancer pathway following the issues raised by Healthwatch at the July meeting.		
7.	**Chief Executive's Report**		
7.1	SJ thanked everyone for their attendance and contributions at the Trust Annual General Meeting held on 24 September. She also noted that the Trust was holding a leadership conference on 27 September at which Julie Bailey would be the guest speaker.		
7.2	SJ reported that the Trust had received confirmation that it would receive £12.8m to address health and safety issues.		
8.	**Risk Summit Response Plan**		
8.1	AMc introduced the paper on behalf of SJ. He said that the programme was comprehensive, structured in line with the Keogh reviews and comprised 16 individual projects.		
8.2	KC sought clarification on how the achievement of targets was being measured within the action plan and whether it was to be assumed that when the timeline in the action plans had been		

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	achieved the targets were also to be assumed to have been achieved. AMc said that it was intended to achieve targets as quickly as possible. In was noted that in some instances these had already been achieved. He said that the next iteration of the plan would be more explicit about this aspect.	Samantha Jones	For November meeting
8.3	SJ commented that although actions and targets were being achieved it was important that they were seen to be embedded into Trust and that, once the Risk Summit Response Committee had been disbanded, the Board would need to be assured that all action plans were being followed through.		
8.4	MH asked for there to be a clear understanding on the resource impact of the changes that were needed to deliver the programme. Whilst recognising that once change had taken place peoples' jobs would incorporate the changes he felt that it was inappropriate to ask people to undertake the transformation work in addition to their current roles. SJ recognised the need to try and quantify the costs although felt that this would be quite difficult to do. It was agreed that the cost impacts of delivering the changes required within the action plans should be identified and discussed as part of the transformation programme that will be implemented and that further discussions should take place at the Risk Summit Response Committee on transformation costs and how these can be properly RAG rated.	Samantha Jones	For November Risk Summit Response Committee
8.5	KC stressed the importance for the whole Board to be engaged with the programme and the outcomes. It was agreed that an opportunity would be identified for Board members to have a detailed discussion on the risk summit work programme.	Samantha Jones	
8.6	MH asked that the Risk Summit Response Committee discuss the wider risk implications for the Trust looking forward and any specific risks associated with specific elements of the programme.	Samantha Jones	For November Risk Summit Response Committee
8.7	The Board noted the report.		
9.	**Infection Prevention and Control Performance Report and Action Plan**		
9.1	JA presented the report. She advised the Board		

	Action	Who	When
	that a new Assistant Director of Infection Prevention and Control had been appointed. She highlighted that the performance in respect of time taken to isolate patients was not acceptable and that action was being taken to improve this from the current 50% of cases isolated within agreed timescales to 100% of patients. She reported that the four babies that had been identified as being colonised with multi resistant Kiebsiella pneumonia (ESBL) were now at home and doing well. The staff had received additional training and the area had been deep cleaned. JA advised the Board that in relation to clostridium difficile the Trust was currently reporting two cases above trajectory for the year and that further actions were being taken to reduce the risks of any further cases.		
9.2	In response to a question from CG, JA said that it was her view that improvements would be achieved once permanent staff were in place. She felt that the use of temporary staff proved the biggest risk in reducing levels of infection even though they also undergo hand hygiene training.		
9.3	KC felt that the Board needed to see more up to date action plans as she felt that this would provide a greater degree of assurance to the Board that actions were being taken in line with agreed timescales. This was agreed.	Jackie Ardley	From November Board onwards
9.4	KC also raised concerns about the outcomes of the audits in respect of the Acute Admissions Unit and said that she did not feel assured in respect of practices within the Unit. JA said that there were weekly audits for both hand hygiene and commode cleanliness and that where areas were not performing to the required standards action would be taken. She agreed that it would be helpful to have more detail in future reports that provided the Board with greater assurance that actions were being taken in poor performing areas.	Jackie Ardley	From November report
9.5	PB felt that the dashboard was useful although was concerned that there were a lot of areas identified as not applicable. JA advised that this would be changed to not available as there was still a significant amount of data that was not currently being collected but that would be in future as part of the Test Your Care programme. It was agreed that a date would be included on	Jackie Ardley Jackie Ardley	From January 2014 From next report

	Action	Who	When
	the dashboard.		
9.3	The Board noted the report.		
10.	**Nursing Establishment Review In Paediatrics**		
10.1	JA reported that following the establishment review in paediatrics she was able to assure the Board that the service was safe. She said that the key challenge was the need to introduce the supervisory role within the ward setting which the Division of Womens and Childrens services were looking to fund through changes that could be made to clinical pathways.		
10.2	MH sought reassurance that there was an appropriate level of risk assessment being undertaken in the establishment reviews being undertaken and a clear understanding of the impacts of any risks identified. SJ assured the Board that the processes being used were robust. They were led by JA, using nationally recognised benchmarking tools. In respect of the paediatric review SJ also confirmed that during discussion at the Trust Leadership Executive Committee JA had provided assurance that it was possible for the supervisory role to be achievable from within the current establishment.		
10.3	The Board noted the report.		
11.	**Recruitment Plan**		
11.1	JA introduced the report. It was noted that by 1 April 2014 the plan was not to use any agency staff assuming that there was assurance that all areas were properly and safely staffed.		
11.2	The Board noted the report.		
12.	**Hearing The Voices Of People Who Use Our Services**		
12.1	JA introduced the paper and invited comments. MH congratulated JA for the improvement in performance in respect of complaints. KC felt that the paper went to the heat of what the Trust is trying to deliver. She suggested that a dashboard, distilling all the information down would be useful in future, together with a forward plan on how things would develop going forward. JA said that part of the work with the Patients Association and the Test Your Care pilot would enable the Trust to develop metrics in which patients will be involved and that there would be a patient involvement/engagement strategy developed as part of the transformation		

	Action	Who	When
	programme.		
12.2	It was agreed that opportunities for NEDs to engage with work of the Trust needed to be identified as part of transformation programme and that Non Executive Directors should advise the Chief Executive when they intended to visit an area of the Trust in order that they can be briefed about any particular relevant issue.	Non Executive Directors	Ongoing
12.3	The Board noted the report.		
13.	**Emergency Care**		
13.1	SJ presented an overview on behalf of BB on the unscheduled care improvement programme. She highlighted the following areas: • That the Trust was not delivering the 95% emergency care access standard • That the table top review undertaken by Emergency Care Intensive Support Team (ECIST) had identified a number of internal processes that required improvement. • That there had been a whole system diagnostic review undertaken by ECIST in April 2013 recommending a whole system response to managing the unscheduled care demand. • That there had been the development of whole system and Trust improvement plans in April 2013 • That the Trust plan had been re- written to address all ECIST recommendations made in June 2013 She outlined the work that was being done in respect of emergency care, the acute medical take, care of the elderly, patient flows, patient pathways and ambulance turnaround times.		
13.2	During discussion KC sought clarification on whether patients would be signposted to other services as an alternative to being admitted. MVDW confirmed that this was part of what the current ambulatory care service did by booking them in to emergency outpatient clinics. He emphasised that it was important to have additional services in place to meet the need for quicker specialist assessments as this would then reduce the activity coming through the accident and emergency service.		
13.3	CG raised concern about the lack of assurance in respect of ambulance turnaround times. SJ		

	Action	Who	When
	acknowledged that this was an area where more work was required and that plans for both accident and emergency and the acute admissions unit were being developed.		
13.4	The Board noted the report.		
14.	**Serious Incident Summary Report**		
14.1	MVDW advised the Board that there had been a reduction in the number of incidents reported as serious incidents and that previously reported never events had been reclassified as serious incidents. He did highlight that the number of pressure ulcers and fractured neck of femur incidents remained constant. KC commented that it was good to see the trend data presented more clearly.		
14.2	In response to a question from MH about why the level of incidents had reduced MVDW said that there had been fewer clinical incidents overall and that the criteria for assessing something as a serious incident was being applied more appropriately.		
14.3	The Board noted the report		
15.	**Research And Development**		
15.1	MVDW advised the Board that the MHRA were currently undertaking an inspection of the arrangements in the Trust for managing research and development as part of their routine inspection programme. He also advised the Board that the Trust continued to participate actively in recruiting patients for research programmes and in undertaking them locally.		
15.1	The Board noted the report.		
16.	**Integrated Performance Report**		
16.1	SJ introduced the report on behalf of PJ. She said that in future there would be a new style integrated report.		
16.2	KC raised concerns about what the indicators were showing in respect of the Trust's ability to manage elective care volumes. She said that investment had been made at St Albans as a way of managing elective activity but wondered whether more attention needed to be paid to this area of Trust business.		
16.2	SJ advised the Board that concerns had been highlighted recently in relation to the referral to		

	Action	Who	When
	treatment time pathways and the implementation of the Trust's access policy. She said that a report on elective capacity and demand would be brought to the November meeting.	Bernie Bluhm	November meeting
17.	**Finance Report**		
17.1	PB introduced the report. He highlighted that there was a continuing trend of high activity which was impacting on elective work although the position in July had improved. As a consequence of the high levels of emergency activity and because of the Trust only received 30% of the tariff against activity above agreed levels there would be a £2.8m shortfall in respect of emergency activity income. In respect of savings PB advised the Board that actions were being taken to deliver the savings programme and that there had been changes to the management arrangements to strengthen the team and governance. He confirmed that the draw down arrangements for the agreed capital were being finalised.		
17.2	CG advised the Board that the finance committee had discussed the issues highlighted by PB. He said that the committee had noted that there was a risk that agreed plans might not be achieved this year which would mean that there would be added pressure in the next couple of years to address any shortfalls this year.		
17.3	In response to a question from PT regarding the position of capital spend against plan PB advised that there was a lag in the invoicing process which created this situation. It was agreed that future reports would include details of committed and contracted work as well as accrued values.	Patrick Butterworth	From November report
17.4	PB confirmed that the Board would receive a year end forecast position at the November Board meeting following discussions with the Trust Development Authority and the Herts Valleys Clinical Commissioning Group.	Patrick Butterworth	November meeting
17.5	MH asked the Executive to consider the future long term financial model. He said that this should include the flexibility of having a forward look in relation to pressures and risk and the identification of levels of exposure/uncertainty faced by the Trust on these pressures and risks. This was agreed.	Patrick Butterworth	Ongoing
17.6	The Board noted the report.		

	Action	Who	When
18.	**Governance Structures**		
18.1	MJ presented the paper on behalf of AT. The Board noted the report.		
19.	**Organisational Development Strategy**		
19.1	SJ presented the outline of the strategy on behalf of LG. The Board approved the strategy in principle as an agreed direction of travel although it was recognised that there was a lot more detail required in relation to planning, delivery and timing. KC stressed that it was important for the whole Board to be fully engaged with the work being undertaken and that it would be unacceptable for the Board to be presented with a finalised document for approval without having been involved.	Louise Gaffney	Ongoing
19.2	The Board approved the direction of travel outlined in the strategy.		
20.	**Combined Heat And Power Plant**		
20.1	It was noted that Board approval should have been sought earlier for the expenditure set out in the paper. Retrospective approval was given. It was agreed that there needed to be discussion within the Executive team about the governance processes.		
20.2	PB highlighted that there would need to be further discussions on the need to invest an additional £0.5m in order to fully realise the anticipated benefits from the new plant. He said that the reasons for this were being reviewed.		
20.3	The Board approved the expenditure set out in the report.		
21.	**Board Sub Committee Minutes**		
21.1	The Board noted the reports and minutes.		
22.	**Healthwatch Questions**		
22.1	The Healthwatch representative wished to pass on their thanks to Dr Galliford for his presentation at the annual general meeting. They also asked the Board to ensure that when reviewing a patient's story and complaints they took account of all aspects and circumstances. MH said that he sees all complaints and responses and that complaints were used as a way of improving the services provided.		
23.	**Questions From The Public**		

	Action	Who	When
23.1	The Trust was congratulated on the appointment of a dementia activity co-ordinator. In response to a question about the MRI scanner at Hemel Hempstead it was noted that it had been repaired and that it's future was part of the wider piece of work being undertaken on the clinical strategy.		
	A question was asked about whether it was correct to interpret the information in the performance report as showing the Trust being consistently below a number of targets. SJ said that the report did show that in some areas there was room for improvement as well as highlighting those areas where there was good performance. It was also commented on that Board papers were now more difficult to interpret and summarise for others within the community. SJ said that there had been some changes in order to that the expectations of the Board were being met and that there was openness and transparency. In order to help with the understanding of papers and discussion at the meeting SJ agreed that a summary of key points from the meeting would be provided to assist partners in feeding back to organisations.	Mark Jarvis	30 September
24.	**Date of Next Meeting**		
24.1	The next meeting of the Trust Board will be on 28 November at 9.30 in Watford General Hospital		