



**Trust Board Meeting  
04 May 2017**

<b>Title of the paper</b>	<b>Chair's report</b>
<b>Agenda item</b>	<b>07/48</b>
<b>Lead Executive</b>	<b>Professor Steve Barnett, Chair</b>
<b>Author</b>	<b>Jean Hickman, Trust Secretary</b>
<b>Executive summary (including resource implications)</b>	The aim of this paper is to provide an update on items of national and local interest/relevance to the Board.
<b>Where the report has been previously discussed, i.e. Committee/Group</b>	N/A
<b>Action required:</b> <ul style="list-style-type: none"><li>• The Board is asked to note the report for information.</li></ul>	

<b>Link to Board Assurance Framework (BAF)</b>	<p><i>[Please indicate which Principal Risk this paper relates to by double clicking on the corresponding box]</i></p> <p><input type="checkbox"/> <b>PR1</b> Failure to provide safe, effective, high quality care</p> <p><input type="checkbox"/> <b>PR2</b> Failure to recruit to full establishments, retain and engage workforce</p> <p><input type="checkbox"/> <b>PR3</b> Current estate and infrastructure compromises the ability to deliver safe, responsive and efficient patient care</p> <p><input type="checkbox"/> <b>PR4a</b> Underdeveloped informatics infrastructure compromises ability to deliver safe, responsive and efficient patient care – IM&amp;T</p> <p><input type="checkbox"/> <b>PR4b</b> Underdeveloped informatics infrastructure compromises ability to deliver safe, responsive and efficient patient care – Information and information governance</p> <p><input type="checkbox"/> <b>PR5a</b> Inability to deliver and maintain performance standards for Emergency Care</p> <p><input type="checkbox"/> <b>PR5b</b> Inability to delivery and maintain performance standards for Planned Care(including RTT, diagnostics and cancer)</p> <p><input type="checkbox"/> <b>PR7a</b> Failure to achieve financial targets, maintain financial control and realise and sustain benefits from CIP and Efficiency programmes</p> <p><input type="checkbox"/> <b>PR7b</b> Failure to secure sufficient capital, delaying needed improvements in the patient environment, securing a healthy and safe infrastructure</p> <p><input type="checkbox"/> <b>PR8</b> Failure to engage effectively with our patients, their families, local residents and partner organisations compromises the organisation’s strategic position and reputation.</p> <p><input type="checkbox"/> <b>PR9</b> Failure to deliver a long term strategy for the delivery of high quality, sustainable care</p> <p><input type="checkbox"/> <b>PR10</b> System pressures adversely impact on the delivery of the Trust's aims and objectives</p> <p>PR6 – business continuity has been closed (incorporated into PR1)</p>
<b>Trust objectives</b>	<p><i>[Double click on the box to mark as appropriate]</i></p> <p><input type="checkbox"/> To deliver the best quality care for our patients</p> <p><input type="checkbox"/> To be a great place to work and learn</p> <p><input type="checkbox"/> To improve our finances</p> <p><input type="checkbox"/> To develop a strategy for the future</p>
<b>Benefits to patients/staff from this project/initiatives</b>	
<b>Risks attached to this project/initiatives and how these will be managed</b>	



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**Trust Board Meeting – 04 May 2017**

**Chair's report**

**Presented by: Professor Steve Barnett, Chair**

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**1. Purpose**

- 1.1. The aim of this paper is to provide an update on items of national and local interest/relevance to the Board.

**2. NATIONAL NEWS AND DEVELOPMENTS**

**General election**

- 2.1. As elections for Hertfordshire county councillors take place today (04 May) and the general election has been called for 08 June 2017, the country is now in a period called 'purdah'.
- 2.2. Purdah came into force on 22 April 2017 and runs until 09 June 2017 or when a new government is formed. During this pre-election period the Trust is required to be sensitive to the impact of its work on the outcome of local and national elections and election campaigns.
- 2.3. This affects the support for public announcements which could be seen to call into question political impartiality or activities, such as visits by politicians that could give rise to accusations that public resources are being used for political purposes.
- 2.4. With regard to Board meetings, the agenda should be confined to those matters that need a Board decision or require oversight. Matters of future strategy or the future deployment of resources may be construed as favouring one party over another and should be avoided.

**Single oversight framework/emergency care category**

- 2.5. In addition to the NHS Improvement's (NHSI) single oversight framework (SOF) under which the trust's segmentation remains 4 (where 1 is the best rating and 4 is the worst), NHSI and NHS England are also categorising local urgent and emergency care systems from 1 to 4, (where 1 is the worst position and 4 is the best). The trust has been placed in group 1.

**Medical director of NHS England**

- 2.6. Professor Sir Bruce Keogh has announced that he will be stepping down as NHS England medical director and taking on the role of chair at Birmingham Women's and Children's NHS Foundation Trust.

### **New regulations on checking eligibility of patients for free treatment**

- 2.7. The Department of Health (DH) has confirmed that it will fast track new regulations that will place a duty on all hospitals to check upfront the eligibility of patients for free NHS care, with anyone ineligible for non-urgent planned care to be charged upfront.
- 2.8. The DH confirmed that it aims to recover up to £500 million a year by the middle of this Parliament – money that can then be reinvested in patient care. The announcement was made at the same time as the government published its response to a consultation on the extension of charging overseas visitors and migrants.

### **New guidance on conflicts of interest**

- 2.9. NHS England has issued new guidance on conflicts of interest (COI) in the NHS which will introduce common principles and rules for the management of COI; provide advice for staff and organisations on the actions they should and should not take in common situations and will aim to support good judgement about how COI should be approached and managed.
- 2.10. The new guidance comes into force on 01 June 2017 and the trust's conflicts of interest policy will be aligned with the new guidance.

### **Updated confidentiality guidance**

- 2.11. The General Medical Council has issued updated confidentiality guidance and good practice for handling patient information. Changes include: explicit new requirements for every doctor to have knowledge of information governance appropriate to their role; and expressly requires doctors who are data controllers to understand and meet their responsibilities under the Data Protection Act 1998.
- 2.12. NHS Protect has confirmed it will become a 'special health authority' moving forward, with the detail currently being consulted on. The authority will:
  - develop its national intelligence function with expanded analysis functions
  - ensure NHS boards take full responsibility for local counter fraud risk
  - retain its National Investigation Service and
  - not be tasked with the security management remit

### **Fixed recoverable costs in clinical negligence claims**

- 2.13. The DH has begun a consultation on proposals to introduce fixed recoverable costs clinical negligence claims (FRC) in 'lower value' (between £1,000 and £25,000 in the fast or multi track) clinical negligence claims. The consultation seeks answers and views on how the FRC should be calculated; whether the FRC should be mandatory; the method of introduction and how witness costs can be incorporated into the scheme.

### **Possible merger of regulators**

- 2.14. The DH is considering a 'super-regulator' to be formed by merging the nine existing healthcare professional regulators. The DH is expected to publish a consultation on the proposals in the near future driven in part by recommendations made in the Francis report on the need for regulators to work closer together.

### **3. LOCAL NEWS AND UPDATE**

#### **West Herts Cardiology Centre opens cardiology**

- 3.1. The West Herts Cardiac Centre was officially opened on 18 April 2017 by Mayor Dorothy Thornhill and cardiac patient Reginald Resnick.
- 3.2. The centre provides a dedicated clinical space for the majority of the cardiology service in one building. The service now occupies all three floors of the centre and is able to work cohesively in enhanced surroundings to treat the 600 patients a week use the service

#### **Supporting children with cancer**

- 3.3. The trust has launched a programme to help children and teens at Watford hospital to cope with cancer and commemorate the milestones they have achieved during their treatment. The Beads of Courage programme is provided by a charity, Be Child Cancer Aware which raises awareness of childhood cancer and supports families of children and young people with cancer.
- 3.4. When a child or young person is diagnosed with cancer, they receive a length of string from a charity with beads that spell out their name. On each occasion that they have an operation, an overnight stay or a procedure such as an injection, blood test, x-ray, or chemotherapy, they receive a glass bead to add to the chain. As the colourful chain grows in length, it creates a visual record of all the treatments and procedures the child goes through.

#### **Congratulations**

- 3.5. Well done to the following staff and teams:
  - The vascular ultrasound team at Watford hospital for receiving a Hertfordshire County Council's Purple Star award for delivering a high quality, reasonably adjusted service to help people with learning disabilities
  - Staff on AAU level 1 Green suite who were awarded a Celebrating Excellence Staff Award for their compassion and team work in providing exemplary end of life

### **4. KEY MEETINGS**

- Attended an NHS Improvement quarterly review meeting
- Met with Herts County Council and Hertfordshire Community Trust
- Met Dr Andy Barlow, the divisional director for women's and children's
- Had a tour of the new cardiac centre at Watford
- Chaired a recruitment panel to appoint two dermatology consultants

### **5. RECOMMENDATION**

The Board is asked to note the report.

**Professor Steve Barnett**  
**Chair**

May 2017