

## EAST AND NORTH HERTFORDSHIRE NHS TRUST

### Minutes of the Trust Board meeting held in public on Wednesday 30<sup>th</sup> January 2013 at 2.00 pm in the Postgraduate Centre, Mount Vernon Cancer Centre

<b>Present:</b>	Mr Ian Morfett	Chairman
	Mrs Alison Bexfield	Vice Chairman
	Mr Nick Carver	Chief Executive
	Mr Neil Dardis	Director of Operations
	Ms Angela Thompson	Director of Nursing & Patient Experience
	Mr Paul Traynor	Director of Finance
	Mr Douglas Smallwood	Non-Executive Director
<b>In attendance: From the Trust:</b>	Mr Stuart Gavurin	Non-Executive Director (Designate)
	Mr Stephen Posey	Director of Strategic Development
	Dr Jon Baker	Deputy Medical Director
	Ms Jude Archer	Company Secretary
	Mrs Victoria Fisher	Trust Secretary
<b>External:</b>	Mrs Jean Dixon	Community Voice
	Ms Ginny Nevill	Community Voice
	Mr Andrew Pearce	Novartis

## ACTION

### 13/01 CHAIRMAN'S OPENING REMARKS

- 13/01.1 The Chairman welcomed the Deputy Medical Director, who was attending on behalf of the Medical Director.
- 13/01.2 The Chairman announced that this was the last Board meeting for the Director of Workforce and Organisational Development, who was unable to be present. He was moving on to a new role with the Centre for Workforce Intelligence and the Board wished him well.
- 13/01.3 This was also the last Board meeting for the Director of Operations, who had been with the Trust for 13 years, and had held a number of management roles culminating in his current appointment in 2008. He had seen the Trust through some of the toughest times it had experienced and had achieved magnificent results, leaving the Trust green on all measures. He had a real concern for the development of people and talent as well as team working and, as a result of his leadership, the Trust now had one of the strongest teams of general managers to be found anywhere in the health service. On behalf of the Board, the Chairman thanked him for all that he had done for the Trust in the last 13 years and wished him well in his new role as Deputy Chief Executive and Chief Operating Officer at Buckinghamshire Healthcare NHS Trust.
- 13/01.4 The Chief Executive added his personal thanks to the Director of Operations for all that he had done. It would be characteristic of him to say that the Trust's achievements were those of his team but this should not detract from the strength of his personal leadership. The services offered by the Trust had become better and more patient focused directly as a result of that leadership.

13/01.5 The Director of Finance paid tribute to the Director of Operations for his ability to work across teams and to integrate his agenda with those of other executive directors. This was unusual and had made a considerable difference to the work of other directorates and to the financial success of the organisation.

13/01.6 Finally, Mr Gavurin said that although he had not known the Director of Operations for long, having joined the Trust relatively recently, he had valued enormously the depth of his insight and his contributions, as well as his personal qualities.

## **13/02 DECLARATION OF INTERESTS**

There were no declarations of interest relevant to the agenda.

## **13/03 QUESTIONS FROM THE PUBLIC**

There were no questions from members of the public.

## **13/04 APOLOGIES FOR ABSENCE**

Apologies were received from Mrs Dyan Crowther, Mr Julian Nicholls and Dr Karen Pettit, Non-Executive Directors; Miss Jane McCue, Medical Director; and Mr Greg Allen, Director of Workforce and Organisational Development.

## **13/05 MINUTES OF THE PREVIOUS MEETING**

The Board approved the minutes as an accurate record of the meeting of 19<sup>th</sup> December 2012.

## **13/06 MATTERS ARISING**

The Board reviewed the actions log and was satisfied that all actions were either completed or on track for completion.

## **13/07 CHIEF EXECUTIVE'S REPORT**

13/07.1 The Board reviewed the Chief Executive's monthly report, which captured the major themes of the past month and gave an overview of the issues discussed by the Executive Committee, as well as an update on recent developments. The floodlight scorecard showing the Trust's performance against key indicators was appended to the report.

13/07.2 The Chief Executive highlighted the fact that on 15<sup>th</sup> January he and key members of the executive team had attended the second risk summit relating to the Surgicentre, held in accordance with guidance produced by the National Quality Board. Further discussion on the Trust's concerns about the performance of the Surgicentre would take place in the Part II meeting to maintain commercial confidentiality.

13/07.3 Following the Board's discussion on innovation at its development session, it was pleasing to note that the Trust's Robotics Centre had been recognised by the Royal College of Surgeons as a national centre for robotic urology surgery training and the first to be awarded a Robotics Training Fellowship. This was an excellent example of innovation within the Trust.

- 13/07.4 The Trust had received extensive media coverage for the initiative it had recently introduced with the support of the national charity *Kissing it Better*, to improve the experience of inpatients in innovative ways such as visits from a choir or petting dogs. This had generated considerable interest on social media sites. *Kissing it Better* brought together a number of voluntary initiatives and provided another example of the great support received by the Trust from its local communities. Nowhere was that more evident than at Mount Vernon, with its excellent group of volunteers making a real difference for patients.
- 13/07.5 The Chief Executive was delighted to report that two of the Trust's consultants, Dr Rachel Quail and Dr Nigel Stanley, had received Top Teachers Awards from the UCL Medical School for the quality of their teaching. The recipients were nominated by the students whom they taught.
- 13/07.6 Further good news was the fact that the Trust had received £186k to upgrade the inpatient maternity wards at the Lister as part of a national initiative. This would enable the Trust to refurbish the wards and improve facilities.
- 13/07.7 The Chief Executive also reported two late items: first, the Trust had received a letter from the MP for Broxbourne, commending the Lister for being among the top 15% of hospitals in England for treating heart attack patients within 90 minutes of arrival; and second, that the Switchboard Team led by Caterina Ghin had won the monthly Aiming High award. The switchboard was the front line of the Trust's relationship with patients and the community, and during a period of significant change Ms Ghin's leadership, together with the dedication and hard work of her team, had ensured that the service remained excellent.
- 13/07.8 Finally, the Deanery visit on 24<sup>th</sup> January had been encouraging and many improvements since the previous visit had been noted. The Chief Executive would share a summary of the report together with an action plan once the full report was received.
- 13/07.9 In view of the fact that the Francis Report (on the failings at Mid-Staffordshire NHS Foundation Trust) was about to be published, Mr Smallwood requested that the Chief Executive bring a summary of the main themes and the implications for the Trust to the next meeting. The Board agreed that this would be helpful.

**Chief  
Executive**

**13/08**

## **STRATEGIC ISSUES**

### **Development of Trust Strategy**

- 13/08.1 The Board considered a paper that provided an update on the emerging themes from the current series of Board development sessions, including the workforce session that had taken place in December. Outputs from the sessions, which had now concluded, would inform the Trust's strategic objectives for 2013/14 to 2015/16. .
- 13/08.2 The Director of Strategic Development outlined the process to be followed from this point, which would entail the outputs being considered by the Divisional Executive Committee (DEC) and the

Executive Committee before coming back to the Board at a workshop on 13<sup>th</sup> February. The draft strategic aims would be tested with external stakeholders in March and would be finalised and agreed by the Board at its meeting on 27<sup>th</sup> March.

- 13/08.3 Mr Smallwood agreed that external engagement was important but challenged the level of internal engagement that was planned. The Company Secretary explained that the Divisional Executive Committee session had been widened to include Divisional managers and heads of corporate departments. Further engagement with staff would take place at the same time as the external engagement exercise.
- 13/08.4 The Chairman said that one of the actions arising from the workforce session had been to use ARC sessions and internal communication mechanisms. However, both the Risk and Quality Committee (RAQC) and the Finance and Performance Committee (FPC) had recently expressed concern at the decline in the number of staff participating in the electronic staff survey and the fact that staff satisfaction measures appeared to be somewhat static. He had therefore asked the Chief Executive to bring back a discussion paper on the ARC programme and the future use of ARC sessions.

**Chief  
Executive**

**13/09**

**FINANCE AND PERFORMANCE COMMITTEE (FPC) REPORT**

- 13/09.1 The Board reviewed the key issues discussed at the FPC meeting of 23<sup>rd</sup> January 2013.
- 13/09.2 On behalf of the Chair of the FPC, the Trust Vice Chairman highlighted a number of the issues discussed, including the exception reports to the Floodlight Scorecard. The Committee had been concerned at the under utilisation of statutory and mandatory training capacity. Although winter pressures had been taken into account, a further complication was the inability of NHS Professionals to source an adequate supply of bank and agency staff over the winter period to provide backfill cover. As already discussed, the FPC had also been concerned by the decline in participation in the staff survey and had recommended a broader discussion at Board level on the issues behind the cultural indicators.
- 13/09.3 In relation to the financial position, the FPC had been concerned that the cumulative position was £189k below the revised forecast and, in exploring some of the issues behind this, had requested further information on the marketing of the new Maternity Unit. It was surprising to see a shortfall in activity in this area.
- 13/09.4 The FPC had discussed again the electronic staff record (ESR) project and had asked for more information on the key milestones and benefits realisation. The Committee had also looked at other key strategic projects and critical contracts to gain assurance on their governance and, again, had asked for some further information.
- 13/09.5 Lastly, in its review of data quality, the Committee had approved the actions taken to ensure that correspondence to GPs was timely, legible and addressed appropriately. This was a key area in terms of engaging well with GP practices.

## **Finance Report at Month 8**

- 13/09.6 The Board considered a report setting out the financial position of the Trust at the end of December 2012. The paper had been discussed in detail by the FPC.
- 13/09.7 The Director of Finance reported that December had been a difficult month and, as already indicated, the Trust's cumulative position was £189k worse than the revised forecast. The reasons for the Maternity shortfall would be explored further at the next meeting of the FPC, when the senior management of the Women's and Children's Division would attend.
- 13/09.8 On the positive side, since the report had been written the Trust had received £1.65m of winter pressures funding, improving the position significantly. In addition, performance in achieving cost improvement programmes (CIPs) continued to be good, at 93% in month and 95% year to date. The Trust's financial risk rating (FRR) had dropped to 2 but was still forecast to be 3 by the year end.
- 13/09.9 Cash was now £5.2m below the revised forecast as a result of the efforts made to maintain performance against the Better Payment Practice Code (BPPC) and the acceleration of payments to suppliers prior to the Christmas break. The forecast for January's payments had been reduced to compensate for this.
- 13/09.10 An update on the action plan to achieve the revised forecast was set out in the report and highlighted the importance of resolving contractual issues and of achieving an appropriate level of transformation funding. The Director of Strategic Development queried what assumptions were being made for transformation funding in 2013/14, in light of the current bids. The Director of Finance confirmed that the funding received would be expected to apply up to the time of consolidation.
- 13/09.11 Noting that Mount Vernon income was still slightly below plan overall, the Chairman challenged whether the actions to be taken by the Division had now been completed and whether the Trust was content that revenue was now at an appropriate level. The Director of Finance said that there was still work to be done but the Division was close to target and he was confident that it was doing all it could to resolve its position. Mount Vernon would be moving to real time reporting in February, which would enable more accurate assessments to be made.

## **Performance Report**

- 13/09.12 The Board considered a report summarising the Trust's operational performance at Month 9. Details of progress against the Trust's performance framework standards, including Monitor's Compliance Framework and the SHA Governance Risk Rating, NHS Operating Framework standards, contract standards and local standards were provided in a data pack, together with exception reports for the A&E four hour target, stroke admissions within four hours of arrival, high risk transient ischaemic attacks (TIAs), and the local 18-week target in Trauma and Orthopaedics. The report had been discussed in detail by the FPC.

- 13/09.13 The Director of Operations reported a governance risk rating of 1 and continued good progress on DNA (did not attend) rates, 18 weeks, the Transforming Inpatient Management Programme (TIMP) and the prevention of readmissions. As he had warned in December, however, winter pressures and outbreaks of Norovirus had had an adverse impact on A&E performance and this had resulted in failing the four-hour target for Quarter 3 as well as for December. Bed capacity had been constrained in December since Ward 7A had not come into operation until the end of the month.
- 13/09.14 The Vice Chairman said that although there was always good visibility of the targets and standards measured, it was important to keep track of performance in other areas such as Pharmacy. She was aware of instances of long delays in Pharmacy and a lack of communication as to the reasons. Good communications would help alleviate the frustration of those waiting. The Director of Operations assured the Board that a large number of indicators were tracked through Divisional performance reviews as well as the patient experience indicators monitored by the RAQC, but he would investigate the problems experienced in Pharmacy.
- 13/09.15 Noting that the Practice Navigators had succeeded in preventing 35 admissions a week since December, the Chairman queried whether the relevant patients were aware that their admission had been avoided and whether they saw this as a benefit. The Deputy Director of Medicine assured him that the majority were aware, since the situation was discussed with them, and they saw it as a benefit since they did not want to be in hospital. The Chairman said that, culturally, it was important to think of those patients as people who were enabled to be at home rather than as avoided admissions.

**Director of  
Operations**

### **Workforce Report**

- 13/09.16 The Board noted the Workforce Report for December. It had been discussed in detail by the FPC.
- 13/09.17 The Chief Executive asked the Board to note that the new Deputy Director of Workforce and Organisational Development would take up his post on 4<sup>th</sup> February and, pending a paper to the Remuneration Committee, would report through the Director of Strategic Development to the Board.
- 13/09.18 The Director of Strategic Development assured the Board that the Workforce Report would be restructured in future to provide a much greater focus on the areas of most significance, particularly workforce plans.
- 13/09.19 The Director of Nursing drew the Board's attention to page 2 of the report, which implied that her review of nursing establishments was one of the factors causing increased turnover and vacancy rates. This was not, in fact, an ongoing issue: all posts linked to the nursing establishment review had been appointed to by May 2012.
- 13/09.20 In relation to the review of disciplinary cases commissioned by the RAQC, the Chairman said that the terms of reference presented

to the RAQC had been rejected as not being sufficiently wide-ranging.

- 13/09.21 In relation to staff consultations, the Chairman observed that although these featured in every Workforce Report, it was never clear as to whether the proposed changes were modified in any way as a result of consultation. The Director of Strategic Development said that this would be clarified in future. The numerous service changes all required consultations and he had tasked the Workforce Management Board with drawing up a critical path to see whether it would make sense to have one major consultation rather than several smaller discrete consultations. The project plan would then be included in the Workforce Report.

**13/10**

### **RISK & QUALITY COMMITTEE (RAQC) REPORT**

- 13/10.1 The Board reviewed the issues discussed by the RAQC at its meeting of 23<sup>rd</sup> January 2013.
- 13/10.2 On behalf of the Chair of the RAQC, Mr Smallwood highlighted a number of the issues discussed, the first being the indicators for measuring achievement of the Trust's vision. The RAQC had received a presentation on a new national quality dashboard and had endorsed its use for this purpose. It would enable the Trust to compare its performance directly with others as it strived to be amongst the best, and possibly to discontinue some of the indicators measured currently in order to avoid duplication. However, it was critical that the dashboard should be populated with accurate data.
- 13/10.3 The RAQC had been delighted to receive a revised version of the Older Persons Strategy, which demonstrated excellent progress since the previous version had been presented. The RAQC had commended the strategy as a well considered document.
- 13/10.4 In considering the Director of Nursing's report on patient safety, the RAQC had noted impressive performance in reducing falls and pressure ulcers.
- 13/10.5 The RAQC had commented on the first draft of this year's Quality Account and had been pleased to note that the feedback from NHS Midlands and East on last year's Quality Account had rated it best in the region for transparency. This was a strong indication that the Trust was living its values.
- 13/10.6 Mr Smallwood reported that he had instigated a request for a report on areas of responsibility and accountability in relation to patient safety since this was not mentioned within the remit of the Director of Operations, for example. While the Trust's performance on patient safety was strong, from a governance perspective he felt that total clarity was required.
- 13/10.7 The Director of Finance sought assurance that the RAQC had reviewed all the quality and safety indicators on the floodlight scorecard, particularly as some of the mortality indicators were showing as red. The Company Secretary assured him that the RAQC reviewed the floodlight scorecard in full every month with the relevant exception reports, which were also presented to the

Board, and it reviewed an in-depth report on mortality every two months; in the intervening months it reviewed in-depth reports on patient safety and patient experience. The Chairman added that, since the statistics did not change on a monthly basis, there was no value in considering an in-depth report every month. He proposed, however, that the RAQC's review of the floodlight indicators be picked up in its report to the Board every month. As a point to note, the Chief Executive reported that the most recent publication of the summary hospital-level indicator (SHMI) showed that the Trust's performance had improved.

- 13/10.8 In relation to the Older Persons Strategy, the Chairman said that there now needed to be an increased focus on the built environment. The strategy had touched on the potential for better treatment of dementia through better design of wards and it was important for the Trust to start planning now to improve its buildings as well as its services, in view of the long lead time required. The Director of Strategic Development assured the Board that his team was working with the Elderly Care team to understand those ambitions and to ensure that they were reflected as far as possible in future planning proposals. The Director of Nursing added that the Trust had put in a bid for dementia funding for the built environment.

#### **Board Assurance Framework 2012/13**

- 13/10.9 The Board considered and adopted the Board Assurance Framework with the Quarter 3 updates. This had been discussed in detail by the RAQC.

#### **13/11 ANY OTHER BUSINESS**

**There being no further business, the meeting closed at 3.10pm.**

#### **13/12 DATE OF NEXT MEETING**

The next meeting would be held on Wednesday 27<sup>th</sup> February 2013 at 2.00 pm in Meeting Rooms 2 and 3 at Hertford County Hospital.

**Ian Morfett  
Chairman**