

EAST AND NORTH HERTFORDSHIRE NHS TRUST

**Minutes of the Trust Board meeting held in public on Wednesday 24 July 2013
at 2pm in the Post Graduate Centre, QEII Hospital.**

Present:	Mr Ian Morfett	Chairman
	Mr Nick Carver	Chief Executive
	Mr Paul Traynor	Director of Finance
	Mr Julian Nicholls	Non-Executive Director
	Mr Stuart Gavurin	Non-Executive Director
	Mr John Watson	Director of Operations
	Mrs Angela Thompson	Director of Nursing
	Ms Jane McCue	Medical Director
In attendance: From the Trust:	Mr Stephen Posey	Director of Strategic Development
	Ms Jude Archer	Company Secretary
	Mrs Heather Schultz	Regulation and Compliance Manager
	Mr Richard Harman	Director of Strategic Estates (item 9a)
	Ms Liz Lees	Macmillan Nursing Services Manager (item 9a)
External:	Mrs Audrey Allaker	Chairman, East Herts NHS Retirement Fellowship
	Mr Donald Allaker	East Herts NHS Retirement Fellowship
	Mr Andrew Pearce	Novartis

ACTION

13/138 CHAIRMAN'S OPENING REMARKS

The Chairman welcomed everyone to the meeting and remarked that the Trust had celebrated the 50th anniversary of the opening of the QEII Hospital that week.

13/139 DECLARATIONS OF INTERESTS

There were no declarations of interest.

13/140 QUESTIONS FROM THE PUBLIC

There were no questions from members of the public.

13/141 APOLOGIES FOR ABSENCE

13/141.1 Apologies were received from Mrs Alison Bexfield, Vice Chair and Mr Julian Nicholls, Non-Executive Director who would be joining the meeting at a later stage.

13/142

MINUTES OF THE PREVIOUS MEETING

The Board approved the minutes of the meeting held on 26 June 2013 as an accurate record of the meeting, subject to the following amendments:

- 13/119.3 The last sentence is to be reworded as follows: 'The Chairman described the new coloured glass stained window in the Chapel as stunning and he thanked the artist and benefactors.'
- 13/122.13 Emergency Department performance is to be reflected as 96% rather than 99%.

13/143

MATTERS ARISING

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

13/144

CHIEF EXECUTIVE'S REPORT

- 13/144.1 The Board reviewed the Chief Executive's monthly report, which captures the major themes of the past month and provides an overview of the issues discussed by the Executive Committee as well as an update on recent developments.
- 13/144.2 The Chief Executive highlighted recent changes to paediatric services at Bedford Hospital NHS Trust and thanked the Medical Director and Divisional Director for Women and Children's services for their work in supporting the wider system in relation to the changes. The Board noted the impact that these changes would have on the Trust as well as other acute hospital services in the area. The Director of Operations reported that the Trust had started receiving referrals from Bedford and confirmed that they were in line with the predicted numbers.
- 13/144.3 The Board noted that a ceremony to mark the start of construction work on the New Queen Elizabeth II Hospital was to take place on Friday, 26th July. The recent divisional ARC sessions had been a great success – the Chief Executive reported that the priority given to the Trust's values within the divisions had been very 'humbling and uplifting'. The Chief Executive also recorded his thanks to the children of the Heath Mount School who had refurbished the garden near the Strathmore Wing.
- 13/144.4 The Chief Executive acknowledged the number of petitions received from staff regarding the increase in car park charges and confirmed that the impact of these increases, on staff, had been carefully considered. The Board was informed that in an effort to reduce the impact on staff, the car park charges have been banded in line with salary bandings and a salary sacrifice scheme is also available to staff. However, the increases enable the Trust to make a 17% cost efficiency saving which in turn, enables the Trust to invest in front line staff at a time when there are significant national financial pressures.

13/145

ANNUAL CYCLE

The Board noted the Trust Board annual cycle for 2013/14.

STRATEGIC ISSUES**Lister Macmillan Cancer Centre Full Business Case**

- 13/146.1 The Director of Strategic Development introduced the Full Business case for relocating and developing a modern and efficient chemotherapy centre at the Lister Hospital known as the Lister Macmillan Cancer Centre. The project is to be undertaken in collaboration with Macmillan Cancer Support who are providing £1.573m of the funding and the Trust is providing £1.451m. The full business case had been discussed in detail at the FPC meeting and referred to the Board for final approval. A number of issues identified during the OBC approval phase have been addressed and there is no material impact to the project as a consequence.
- 13/146.2 The Board noted the incidence of cancer is increasing by 3% annually and the business case has been modelled on this annual growth projection with a sensitivity based on a 6% growth rate.
- 13/146.3 Turning to discuss workforce modelling, the Board was informed that there is currently no national benchmark for chemotherapy trained nursing staff in an outpatient setting. However, attempts have been made to benchmark establishments on chair time.
- 13/146.4 The Board unanimously approved the business case and thanked the team for their hard work.

Improving Patient Outcomes (IPO) Strategy 2013/14

- 13/146.5 The Medical Director presented the IPO Strategy for 2013/14. The Board noted that high quality care is comprised of three domains: Clinical Effectiveness, Patient Safety and Patient Experience. The Patient Experience Strategy is well developed and there are numerous initiatives already underway in this area led by the Director of Nursing and for this reason, the IPO strategy currently focuses on the remaining two dimensions. The Board was informed that the strategy is aligned with the Trust's objectives and Annual Plan. At the request of the RAQC, lessons learned from the Keogh reviews had been included to show that clinical quality cannot be regarded in isolation.
- 13/146.6 Following a query from RAQC as to whether there was sufficient reference to Mount Vernon and improving cancer services in the strategy, the Medical Director reported that she had reviewed the strategy and was content that there were several areas of reference to Mount Vernon. She noted that effective measures are being taken to address issues at Mount Vernon; these measures include capital investments.
- 13/146.7 The Board noted that the strategy reflects the relationship between the five domains set out in the NHS Outcomes Framework 2013/14, the Trust's quality improvement objectives, the Quality Account priorities and the Trust objectives. The strategy also details the schemes, as well as the risks, measures and key milestones within each of the schemes required to achieve the domains.

- 13/146.8 Mrs Crowther enquired how the outcomes of the strategy will be measured and was informed by the Medical Director that some of the measures are on the floodlight scorecard but an update on the outcomes can be presented to RAQC. Mrs Crowther agreed and recommended a six monthly update be provided to RAQC. The Medical Director confirmed that future reports will include references to the measures that are reflected on the floodlight scorecard.
- 13/146.9 Turning to focus on the issue of out of hours medical cover, the Board noted that there would be increased staffing for out of hours from 7th August 2013 and was further assured by the Medical Director that an exercise to compare weekend and weekday mortality rates had confirmed that there is no difference between HSMR for weekends and weekdays.
- 13/146.10 Mrs Crowther asked whether the Trust was considering any telemedicine initiatives. The Medical Director reported that the Divisional Executive Committee would shortly be considering a number of bids; one of which would support the delivery of telemedicine and confirmed that this was an area that would also require input from the Clinical Commissioning Group.

13/147

FINANCE AND PERFORMANCE

Finance and Performance Committee (FPC) Monthly Report

- 13/147.1 In the absence of Mr Nicholls who was running late and Mrs Bexfield who was unable to attend, the Board noted the key issues discussed at the FPC meeting held on 17 July 2013.

Finance Report at Month 3

- 13/147.2 The Board considered a report setting out the financial position of the Trust at the end of June 2013. The paper had been discussed in detail by the FPC at its meeting on 17 July. The Board noted the Financial Risk Rating (FRR) for the month was 2 as expected.
- 13/147.3 The Director of Finance reported that the Trust was on target in month having delivered a £1,130k deficit in June against a planned deficit of £1,134k. The year to date deficit is £2,674k which is £299k behind plan. The Board welcomed the detailed information in the report in relation to the variances and noted the decrease in agency expenditure. However, the Board was concerned at the slippage in relation to several CIP schemes which were due to commence in June. The CIP performance in month was 79% and 86% year to date. The Director of Finance informed the Board that the Executive team and the divisions are analysing the full CIP programme for the year in order to understand the scale of risk due to slippage.

Performance Report

- 13/147.4 The Board considered a report summarising the Trust's operational performance at Month 3. The report included details of progress against the Trust's performance framework standards, including Monitor's Compliance Framework and the DH operating standards, contractual standards and local performance measures which were provided in a data pack and had previously

been discussed in detail by the FPC.

- 13/147.5 The Director of Operations presented the key headlines for the month and reported that the Trust had a Monitor Compliance Framework Quarterly risk rating of amber/green and a TDA provider management regime monthly governance risk rating of amber/green. The Board noted that delayed transfers of care (DTOCs) continued to hinder performance in relation to the stroke care targets and 3 specialties had failed to meet the 18 week referral to treatment targets although the Trust had met this target overall. Measures are in place to address the issues within the 3 specialties mentioned in the report. A slight improvement in DTOCs was noted however, the Board was mindful that this improvement is to be expected over the summer. The Director of Operations emphasised the need to resolve issues in intermediate care before the winter.
- 13/147.6 The Director of Nursing briefed the Board on performance in relation to C.difficile; 7 cases had been reported year to date however an eighth case had been reported since the report was written. The Board noted that 3 of the 8 cases were community acquired infections and 5 were Trust related - weekly meetings are being held to address issues, actions are in place and being monitored. Noting that the Trust had achieved 90% for Emergency MRSA screening in month and that the high levels of agency usage were considered a contributory factor, Mrs Crowther enquired about the level of induction given to agency staff in ED. The Director of Nursing confirmed that all agency staff complete their mandatory and statutory training and receive local induction as well. New substantive staff have been appointed to the ED and a reminder has been issued to all ED nursing staff to improve awareness and knowledge of the screening requirements and processes.

Workforce Report

- 13/147.7 The Director of Strategic Development presented the workforce report for Month 3 which had been discussed in detail at the FPC meeting in July.
- 13/147.8 The Board noted that the Trust was on trajectory to fill the 160 vacant nursing posts; 95 posts have been filled in the last 6 weeks and further cohort recruitment days are planned for August and September. A further anticipated consequence of the cohort recruitment within nursing is a reduction in agency usage; the Board noted that agency spend in June had reduced from May. Auto-enrolment of all staff onto the Bank was identified as being a key enabler in further reducing agency expenditure. The Director of Strategic Development reported that the total fill rate had improved on the previous month however; the rate of unfilled shifts remains a concern and is being addressed.

13/148

RISK AND QUALITY

Risk and Quality Committee (RAQC) Report

- 13/148.1 The Board reviewed the issues discussed by the RAQC at its meeting held on 17 July 2013.

- 13/148.2 Mr Gavurin presented the RAQC report as he had chaired the committee in the absence of Mrs Crowther, the usual Chair of RAQC.
- 13/148.3 The RAQC report included an update on the Board assurance Framework, the new Staff Appraisal framework, which had been endorsed by RAQC, and the IPO Strategy which had been approved and recommended to Board for approval.
- 13/148.4 The Committee had approved the Patient Experience annual report which demonstrated that significant improvements have been made following the first quarter inpatient postal survey. The Board noted that the Trust receives in excess of 30 000 responses in a year which provides a wealth of information and enables the Trust to identify themes and areas requiring improvement. The Director of Nursing reiterated the phenomenal amount of work being done within the divisions and referred the Board to the rag rated summary of progress against the 7 key ambitions set out in the Patient and Carer Experience Strategy; good progress has been made and actions are in place to improve areas that are red rated.
- 13/148.5 The Chair noted that there is scope for improvement in the area of cancelled outpatient appointments and was assured that the number of complaints in relation to the outpatients department had fallen and actions are being taken to reduce the number of clinics being cancelled. The Director of Operations informed the Board that the Transforming Outpatients Management Programme Board (TOMP) is being launched to address issues relating to the Outpatients department.
- 13/148.6 ***Mr Nicholls joined the meeting at this point.***

Board Assurance Framework (BAF)

- 13/148.7 The Board considered the latest version of the BAF which had been discussed in detail at the RAQC meeting. Following the discussions at RAQC, the BAF had been updated to reflect the review of the risk relating to mortality in the event that the next SHMI data is not within the 'as expected' range as forecast. The gap in assurance on unfilled shifts was included on pages 29 and 31. The Company Secretary confirmed that the BAF had also been updated to include reference to the measures for each of the annual objectives or the reports where the measures are reflected.
- 13/148.8 The Board discussed the 6 month and year end forecast for the risk of access to capital availability and of competing service delivery priorities (page 21) and debated whether to split the risk. The Board decided that the risk should not be split and the 6 month forecast should remain amber and the year end forecast a green rating.

13/149

AUDIT

- 13/149.1 Mr Nicholls presented the Audit Committee report to Board highlighting the key issues from the meeting held on 22 July.
- 13/149.2 The committee had considered the Internal Audit Progress report

and spent considerable time discussing the findings of the Employment Checks audit. The Director of Workforce provided the Committee with a comprehensive briefing on the actions being taken to address the recommendations made by the Internal Auditors; the committee was content with the actions being taken as well as the monitoring arrangements put in place. The LCFS quarterly report was presented to the committee and the Executive were asked to review the continued use of a locum agency suspected of raising fraudulent invoices against the Trust.

- 13/149.3 The final Internal Audit annual report and Head of Internal Audit Opinion had been considered and it was noted that the opinion remained that of 'significant assurance'. The Committee had approved the External Auditors annual audit letter and recommended it to Board for final approval along with the committee's annual report. The Board approved both of these documents.

13/150

ANY OTHER BUSINESS

No other business was discussed.

There being no further business, the meeting closed at 4pm.

13/151

DATE OF NEXT MEETING

The next meeting will be held on Wednesday 25 September 2013 at 2pm at the Lister hospital.

**Ian Morfett
Chairman**