

**EAST AND NORTH HERTFORDSHIRE NHS TRUST**

**Minutes of the Trust Board meeting held in public on Wednesday 23 October 2013  
at 2pm in the Post Graduate Centre, Mount Vernon Cancer Centre.**

<b>Present:</b>	Mr Ian Morfett	Chairman
	Mr Nick Carver	Chief Executive
	Mr Paul Traynor	Director of Finance
	Mr Stuart Gavurin	Non-Executive Director
	Mrs Alison Bexfield	Non-Executive Director
	Mr Bob Niven	Designate Non-Executive Director
	Mrs Dyan Crowther	Non-Executive Director
	Mr John Watson	Director of Operations
	Mrs Angela Thompson	Director of Nursing
	Miss Jane McCue	Medical Director
<b>In attendance:</b>		
<b>From the Trust:</b>	Mr Stephen Posey	Director of Strategic Development
	Ms Jude Archer	Company Secretary
	Mrs Heather Schultz	Regulation and Compliance Manager
<b>External:</b>	Mr Paul Raynor	3M Health Care Limited
	Ms Ella Ballatti	Divisional Director Cancer
	Ms Catherine Lemon	Divisional Chair Cancer
	Ms Aisling Bowman	Divisional Director Medicine

**ACTION**

- 13/186 CHAIRMAN'S OPENING REMARKS**
- 13/186.1 The Chairman welcomed everyone to the meeting including representatives from the Cancer Division.
- 13/187 DECLARATIONS OF INTERESTS**
- 13/187.1 There were no declarations of interest.
- 13/188 QUESTIONS FROM THE PUBLIC**
- 13/188.1 There were no questions from members of the public.
- 13/189 APOLOGIES FOR ABSENCE**
- 13/189.1 Apologies were received from Mr Julian Nicholls, Non-Executive Director.
- 13/190 MINUTES OF THE PREVIOUS MEETING**
- 13/190.1 The Board approved the minutes of the meeting held on 25 September 2013 as an accurate record of the meeting.
- 13/191 MATTERS ARISING**
- 13/191.1 The Board reviewed the actions log and was satisfied that all actions were either complete or on track for completion.

**13/192****MOUNT VERNON 2015**

- 13/192.1 The Director of Strategic Development presented an update on progress with the Mount Vernon site redevelopment project which is a joint project with The Hillingdon Hospitals Foundation Trust (THHFT). The project had been discussed previously at Trust Board and RAQC.
- 13/192.2 The Board was informed that the initial proposals had been welcomed by THHFT on 3 October at the mini Board to Board meeting and were to be presented to the THHFT Board shortly. The proposal includes a short term plan to address immediate concerns with the estate and a long term plan to develop cancer services and maintain the cancer centre's position at the top table of cancer services nationally. The first phase of the project will deliver consolidation of the services and require cancer services to vacate the listed building; THHFT will release some buildings on the site as decant buildings and an area of land is to be transferred to the Trust for development. A multi storey car park is to be developed.
- 13/192.3 The Board recognised the scale and complexity of the project and enquired whether there were plans to discuss it with the community. The Chief Executive confirmed that communications would commence once THHFT had discussed the project at their Board meeting. The Divisional Chair for Cancer Services noted that the division welcomed the development and looked forward to the project being implemented as soon as possible. The Director of Strategic Development confirmed that the immediate timescales for the project are clear; the next Board to Board meeting is to be held in December and discussions are already underway in relation to the transfer of land.

**13/193****CHIEF EXECUTIVE'S REPORT**

- 13/193.1 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. The Floodlight Scorecard with additional detail on how the targets are derived was attached.
- 13/193.2 The Chief Executive highlighted the excellent attendance levels at the AGM on 3 October; over 300 delegates had attended which represented an unprecedented level of interest from public members, partners and staff. The overall satisfaction level was 96%.
- 13/193.3 The Board noted that the Trust had received CQC's report following their inspection on the 5<sup>th</sup> and 6<sup>th</sup> September 2013 and had been found to be fully compliant with all six standards inspected. The Chief Executive reported that the Trust had also received CQC's new intelligent monitoring report which banded the Trust as level 3 (medium risk). The full inspection report was attached to the Chief Executive's report.
- 13/193.4 Further headlines included the very positive Health Scrutiny Committee meeting held on 17 October, the groundbreaking

event for the Lister Macmillan Cancer and the Eastern Academic Health Science Network (EAHSN) Project Funding Committee meeting where a number of proposals for funding had been submitted and approved. The Director of Strategic Development will provide an update to a future Board meeting on the schemes in receipt of the funding.

- 13/193.5 Finally, the Chief Executive reported that the Executive Committee had considered the Trust's plans for managing winter pressures and the Board noted that the Trust had not received any of the national allocation of funding for winter pressures for the year. The Director of Operations remarked that current A & E performance remained strong and the Trust was considered to be one of the best performing in the area. However, achieving the A & E target of 95% throughout the winter would be challenging and would be discussed in further detail at RAQC and Board in November.

**13/194 ANNUAL CYCLE**

- 13/194.1 The Board noted the Trust Board annual cycle for 2013/14.

**13/195 STRATEGIC ISSUES**

**Treatment Centre**

- 13/195.1 The Director of Strategic Development provided the Board with an update on the transfer of the Surgicentre to the Trust. Transfer had taken place on the 14<sup>th</sup> September and the Treatment Centre received its first patients on the 16<sup>th</sup> September. The Trust was focussing on improving productivity and developing a '100 day plan' which would be presented to the Executive Committee in November.

**13/196 FINANCE AND PERFORMANCE**

**Finance and Performance Committee (FPC) Monthly Report**

- 13/196.1 In the absence of Mr Nicholls, Mrs Bexfield presented the FPC monthly report summarising the issues discussed at the meeting held on 16 October.
- 13/196.2 Mrs Bexfield highlighted the discussion that had taken place around the Floodlight Scorecard for Month 6 and the inaccuracies contained therein. The Committee had received assurance that a system was being developed to improve collection and reporting of key performance indicators. The FPC had considered the Finance report and an update on the financial position of the Treatment Centre which was being treated as a separate entity for accounting purposes. The Committee had welcomed a presentation from the Medical Division on income and expenditure performance. Progress being made within workforce was acknowledged and the FPC had requested an update on the project management and governance structures in relation to the 5 year IM & T strategy.

**Finance Report at Month 6**

- 13/196.3 The Board considered a report setting out the financial position of

the Trust at the end of September 2013. The paper had been discussed in detail at the FPC on 16 October.

- 13/196.4 The Director of Finance reported that the Treatment Centre finances will be reported in a separate report from next month, as requested by FPC. The Trust has reported a financial risk rating of 2 in month.
- 13/196.5 The Board considered the impact of the Treatment Centre on the Trust's financial position, in month and year to date. The impact is summarised in the Table on page 1 of the report and reflects a year to date deficit of £2m. The Director of Finance reported that discussions with the NHS TDA regarding additional funding are ongoing but the Trust has not received additional funding to cover the expected £2m shortfall.
- 13/196.6 The Director of Finance reported that clinical income for September was on plan and pay expenditure was not a concern in month. However, non pay expenditure was a concern and of particular concern was the in month variance of 113k due to 'other reasons'. In relation to cashflow, the Board noted that the current pressure on cash is likely to continue for at least the next three months until the Trust secures transformation funding from the CCG. Work is underway with the divisions to ensure that the Trust achieves its revised year end forecast. The Board noted that the LTFM was being revised and would be presented to the FPC in November.

#### **Performance Report**

- 13/196.7 The Board considered a report summarising the Trust's operational performance at Month 6. 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.
- 13/196.8 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 green/amber and a TDA provider management regime monthly governance risk rating of green. This was due to 1 case of C.difficile in September. A&E performance was 95.9% in September and the Trust had met the 18 week target overall although there had been deterioration at specialty level following the impact of the Treatment Centre.
- 13/196.9 The Divisional Director for Medicine joined the meeting for a briefing in relation to the stroke care action plan. The Board welcomed the update on actions being taken to improve stroke care performance including the appointment of a third stroke care consultant which may enable the Trust to extend the service to a seven day service. The Board discussed the target in relation to the number of patients' thrombolysed within 3 hours and noted the actions being taken to address the complex issues identified in the action plan.
- 13/196.10 The Board noted that there had been a slight improvement in DTOCs in month and welcomed the detail in the report around

bed occupancy and length of stay; the Trust has continued to show an improvement in length of stay and maintained its ranking of 4<sup>th</sup> out of 10 Trusts in the suggested peer group.

- 13/196.11 The Director of Operations reported that there had been 200 more non-elective admissions in August and September 2013 than in the same period of 2012. These extra admissions impact on the Trust's deep clean programme which, it was noted, will have to be brought back on plan before the winter.

#### **Workforce Report**

- 13/196.12 The Director of Strategic Development presented the workforce report for Month 6 which had been discussed in detail at the FPC meeting.
- 13/196.13 The Board noted that recruitment timelines had improved in September, the number of employee relations cases had reduced and the vacancy rate had improved. The OCH workforce gateway process had been launched with divisions and the Board was assured that fortnightly meetings are being held with Staffside. Appraisal rates had dropped slightly in September but the Board was reminded of the ongoing work with divisions to improve appraisal rates.

**13/197**

#### **RISK AND QUALITY**

##### **Risk and Quality Committee (RAQC) Report**

- 13/197.1 The Board reviewed the issues discussed by the RAQC at its meeting held in October. Mrs Crowther, the Chair of RAQC presented the report.
- 13/197.2 The RAQC had considered the floodlight scorecard and indicators, and an update on winter planning taking into account that the Trust had not received winter pressures funding. The Committee received a comprehensive presentation from Clinical Support Services and had considered two annual reports; medical devices and research and development (R&D). Mrs Crowther commended the R&D report and noted the excellent leadership in the department. Mrs Bexfield noted that she would like to see more detail in future R&D reports around outcomes. The Medical Director confirmed that this would be included in the next annual report.
- 13/197.3 The RAQC had been pleased to receive the results of the GMC National Training Survey 2013 which reflected a significant improvement on the 2012 survey results. The Board commended Dr Shahid Khan, Elderly Care Consultant for achieving this improvement.

##### **Board Assurance Framework (BAF)**

- 13/197.4 The Board received the Board Assurance Framework with quarter 2 updates for consideration. The BAF had been discussed at RAQC in October and amendments suggested by the RAQC had been made, including the revision of the risk relating to demand management and potential breach of performance targets to an

amber rating to take into account the impact of the Treatment Centre. The Board noted that non achievement of the C.difficile target is the only red rated risk.

- 13/197.5 The Board noted the inclusion of a new risk relating to the transfer of the Treatment Centre adversely impacting the Trust's overall performance and finance.
- 13/197.6 The Board discussed whether a monthly OCH report was required as the Trust approaches the final year of consolidation of services and agreed that this should be discussed further at RAQC and FPC in November. The Board suggested that the reports should include an update on patient safety and workforce issues in relation to OCH.
- 13/197.7 Mr Niven remarked that the BAF does not easily show the top 5 risks of the organisation. The Company Secretary confirmed that the BAF reflects all the key risks that would impact on the delivery of the Trust objectives and will consider how to reflect the top 5 risks in the next iteration to ensure they are easily identifiable. She confirmed that more detailed and specific operational risks are captured on the Corporate Risk register which had been reviewed at RAQC in September in line with the quarterly review cycle. The Board noted that all risks are scored on a matrix considering likelihood and consequence.

**13/198                    Audit Committee report**

- 13/198.1 Mrs Bexfield presented the Audit Committee report to Board summarising the issues discussed at the meeting in October.
- 13/198.2 The Committee had considered proposed changes to the Internal Audit programme, reviewed the hospitality and declarations of interest registers and approved the Conflicts of Interest Policy. The Board formally approved the amendments to the policy.

**13/199                    The Board reconvened as trustee for the following item:  
Charity Annual Report and Accounts**

- 13/199.1 The Board considered the Charity Annual report and accounts 2012/13 and remarked that the narrative on page 19 of the Annual report regarding the charitable activities could be improved but mindful of the tight timescales for submission, the Board formally approved the annual report and accounts.

**13/200                    ANY OTHER BUSINESS**

No other business was discussed.

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

**13/201                    DATE OF NEXT MEETING**

The next meeting will be held on Wednesday 27<sup>th</sup> November at 2pm at Hertford County Hospital.

**Ian Morfett  
Chairman**