

**EAST AND NORTH HERTFORDSHIRE NHS TRUST**

**Minutes of the Trust Board meeting held in public on Wednesday 27 November 2013  
at 2pm in Meeting rooms 2 & 3 at Hertford County Hospital.**

<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 Julian Nicholls	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: 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 D Allaker	East and North Herts Retirement Fellowship
	Mrs A Allaker	East and North Herts Retirement Fellowship
	Ms Dagmar Louw	Senior Sister Ambulatory Care QEII

**ACTION**

**13/214 CHAIRMAN'S OPENING REMARKS**

- 13/214.1 The Chairman welcomed everyone to the meeting and made two announcements:
- Following conclusion of her sabbatical in Mauritius, Mrs Karen Pettit has resigned as Non-Executive Director. The Chair thanked Mrs Pettit for her contribution to the Board since her appointment in July 2012 and wished her well in her new role in Mauritius.
  - The Chair congratulated the Chief Executive on receiving the NHS Inspirational Leader of the Year award. The Chief Executive thanked the Chairman for his comments and acknowledged the support he receives from his team and the organisation.

**13/215 DECLARATIONS OF INTERESTS**

There were no declarations of interest.

**13/216 QUESTIONS FROM THE PUBLIC**

There were no questions from members of the public.

**13/217 APOLOGIES FOR ABSENCE**

There were no apologies for absence.

**13/218 MINUTES OF THE PREVIOUS MEETING**

The Board approved the minutes of the meeting held on 23 October 2013 as an accurate record of the meeting.

**13/219 MATTERS ARISING**

- 13/219.1 The Board reviewed the actions log and was satisfied that all actions were either complete or on track for completion.
- 12/147.6 The Board noted that the Cardiology PPCI service is under review and an update will be provided at a future Board meeting.
- 12/147.20 The People and Workforce Development Strategy is to be presented to Board in March 2014. Mrs Crowther remarked that the Chairman and the Chief Executive should be kept informed of progress with the strategy.

**13/220 CHIEF EXECUTIVE'S REPORT**

- 13/220.1 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.
- 13/220.2 The Chief Executive highlighted the annual staff awards held on 14 November. in celebration of the true excellence of staff across the Trust. The Chief Executive noted that it had been an excellent event in celebration of the true excellence of staff across the organisation. 170 nominations had been received including 68 from the public. The Director of Nursing reported that Lorraine Summers, one of the Trust's Chaplains, had been made an Honorary Canon of the Cathedral and Abbey Church of St. Albans on 9 November 2013.
- 13/220.3 The Board noted that the Trust was continuing to take forward the learning identified from the Francis Enquiry and would be reviewing the Government's response to ensure it is included in the Trust's action plan which is to be presented to the RAQC and Board in December.
- 13/220.4 Further headlines included the launch of the Autumn/Winter series of ARC sessions focussing on appraisals, the Chair and Chief Executive's attendance at the Hertfordshire Assembly, publication of the CQC's Intelligent Monitoring Report which rated the Trust as a band 4 and the mortality review carried out by the TDA, CCG and Local Area team; the formal feedback letter is awaited but the initial feedback received had been positive. The Trust had also participated in the CQC review of services for looked after children in Hertfordshire; the inspection team had visited the Trust's Midwifery and Emergency Department teams – the report is awaited.
- 13/220.5 The Chief Executive reported that the Trust had approximately 300 staff who originate from the Philippines and will have been affected in some way by Typhoon Haiyan. The Chief Executive

had written to each of the members of staff offering the Trust's assistance through the Chaplaincy, Occupational Health and Employee Assistance Programmes during this difficult time.

- 13/220.6 Finally, the Chief Executive reported on matters discussed at the Executive Committee during the month including the Trust's proposed plans for managing winter pressures. The Board noted that since the discussion at the Executive Committee, there had been a national announcement confirming that additional funding is to be allocated to all Trusts and the Trust is currently engaged in discussions around the amount it will receive.

**13/221 ANNUAL CYCLE**

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

**13/222 STRATEGIC ISSUES**

**Treatment Centre: 100 Day Plan**

- 13/222.1 The Director of Strategic Development presented the 100 day Plan that had been produced to support the integration of, and service development within the Treatment Centre, since its transfer to the Trust on 14 September. The Board noted that the plan completes by Christmas and is monitored by way of weekly meetings. The FPC had reviewed the plan and requested it include an overview of progress since the transfer and targets and timescales for improvements across a range of key performance indicators.
- 13/222.2 The Chairman questioned the progress made in relation to refreshing the marketing plan for the Treatment Centre and was informed that there is ongoing work between the Trust and GP's as well as the local Optometry Committee to provide them with the necessary assurance on any clinical concerns and encourage an increase in referrals; these efforts are proving to be successful as there has been an increase in referrals. The Chief Executive commended the Directors of Operations and Strategic Development and their teams, for the excellent work done to achieve this turnaround.
- 13/222.3 In relation to an action under the Governance work stream, Mr Niven enquired whether the TDA understand the impact of the Treatment centre activity on the Trust's performance and it was confirmed that the TDA are supportive of the Trust's position. In relation to the IM&T workstream, Mr Niven asked if key performance indicators had been identified and developed. The Director of Strategic Development confirmed that a full suite of KPIs has been in place for some time.
- 13/222.4 Mrs Crowther asked what the next stage would be once the 100 day plan had completed. The Director of Strategic Development undertook to provide an update report to Board in January 2014 on completion of the plan and the next steps. Mr Nicholls suggested that the report include changes made since the Treatment Centre was transferred to the Trust and the lessons learned in the context of the wider health service.

**Director of  
Strategic  
Development**

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

- 13/223.1 Mr Nicholls presented the FPC monthly report summarising the issues discussed at the meeting held on 20 November.
- 13/223.2 Mr Nicholls highlighted the discussions that had taken place around the Floodlight Scorecard for Month 7 and the improvements made regarding statutory and mandatory training compliance. The Committee had discussed the Finance report for Month 7 in detail and in particular the unforeseen variances against plan which are to be analysed further. The Committee had considered reports on performance, workforce and OCH which, in future, is to include details of all business cases and a dashboard demonstrating a rating of achievement. The FPC had received an excellent presentation from the Surgical Division on income, expenditure and measures being taken to address underachievement of CIPs.

**Finance Report at Month 7**

- 13/223.3 The Board considered a report setting out the financial position of the Trust at the end of October 2013. The paper had been discussed in detail at the FPC.
- 13/223.4 The Director of Finance presented the consolidated finance report, the finance report excluding the Treatment Centre and the report for the Treatment Centre. The separation of the Finance report into three reports had been welcomed by the FPC.
- 13/223.5 The Board considered the report excluding the Treatment Centre which reflected that the Trust had delivered a surplus of £1,058k against a planned surplus of £1,943k in month. The FPC had discussed whether the income for Month 7 had been overestimated taking into account the half term break in the month. The Board discussed appendix 1 to the report which outlined the increase in emergency activity levels and the significant impact of the Marginal Rate Emergency Tariff on revenue. The Board noted the pay overspend in month; the most significant pay variance being within the Medical Division (£355k) of which £110k related to additional ward capacity opened to cope with an increase in non elective admissions. Agency spend had increased by £230k from September.
- 13/223.6 The Director of Finance reported that the Trust would be required to reforecast the year end position. Mr Niven enquired whether the controls in place around pay expenditure are sufficiently robust. The Director of Finance confirmed that some elements of the system are very strong but there are other areas that could be improved. The Director of Nursing confirmed that she reviews rag rated staffing levels on a daily basis and signs off all requests for agency/temporary staffing. The Chief Executive drew the Board's attention to some of the factors contributing to the significant financial pressures that the Trust is facing: there had been an increase of 5% in the number of patients admitted requiring 2 additional wards to be opened which accounted for 64% of the pay overspend and the Trust was dealing with these pressures

without having received winter pressures funding. The Chief Executive stressed that that the issue is not a loss of control; it is about cost pressures and a national tariff that no longer makes sense. The Board agreed that the Trust is making risk based decisions and these need to be accurately recorded.

- 13/223.7 Turning to focus on the finance report for the Treatment Centre, the Board noted that the financial position of the Treatment Centre in October was positive, with activity and income levels increasing from September, and pay overspends reducing. The Trust is still forecasting a year end deficit of £2,289k but this is dependant on activity and case mix returning to planned levels from 1 November.

### **Performance Report**

- 13/223.8 The Board considered a report summarising the Trust's operational performance at Month 7. 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.

- 13/223.9 The Director of Operations presented the key headlines for the month and reported that the Trust had achieved a Monitor Compliance Framework Quarterly risk rating of amber/green and a TDA provider management regime monthly governance risk rating of green. The key change in October was the 18 week referral to treatment performance which included the activity in the Treatment Centre. The FPC had previously discussed patients inherited by the Trust when the Treatment Centre transferred to the Trust, which were either very close to or had breached their 18 week position. The Board noted the three specialties affected by this inheritance; trauma and orthopaedics, general surgery and ENT. The Director of Operations confirmed that if it were not for the Treatment Centre patients, the Trust would have achieved the 18 week target for these three specialties. The Board noted the ongoing work in relation to Stroke Care and the improvements in DToCs. A&E performance was 97.23% in October.

### **Workforce Report**

- 13/223.10 The Director of Strategic Development presented the workforce report for Month 7 which had been discussed in detail at the FPC meeting.
- 13/223.11 The Board noted that the vacancy rate had improved significantly from 6.7% in September to 4.82% in October against the Trust target of 6.0%. The OCH workforce gateway process had been launched with divisions and the first phase of planning had been completed. The CRB/DBS employment check project is ahead of trajectory. Noting the appraisal rate for October was 66.93%, the Board was assured that the newly launched ARC sessions are focussing on appraisals and divisional HR managers are working with the divisions to drive improvements in the rate.

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

- 13/224.1 The Board reviewed the issues discussed by the RAQC at its meeting held in November. Mrs Crowther, the Chair of RAQC presented the report.
- 13/224.2 Mrs Crowther remarked that she was pleased to report that a number of Trust staff had observed the meeting and she felt that this reflected the positive culture and transparency in the Trust. The RAQC had considered the floodlight scorecard, a presentation by the Medical Division outlining the 'empathy project' as well as an excellent report on the Trust's emergency preparedness and the outcomes of the PLACE audits.
- 13/224.3 The Director of Nursing had provided the RAQC with positive assurance on the contamination of water with Legionella species at the renal dialysis unit in Harlow; repeat testing is taking place, all patients have been informed of the issue and assessed by a Consultant Nephrologist for signs of respiratory infection - none detected to date. Although the strain of Legionella has not yet been confirmed it has been established that it is not the strain that causes respiratory infections. Further work is ongoing.

## **Mortality**

- 13/224.4 The Board considered an update on mortality figures and noted that the Trust's crude mortality rate for the year to date is 1.9% and the HSMR for the first quarter of 2013/14 is 86.4. For the rolling year the HSMR for each of the Trust's divisions is below 100. The Medical Director noted that improvements in Medicine's HSMR are not likely to occur until full centralisation in late 2014. The latest SHMI published for the period April 2012 to March 2013 was 111.9 and is back within the 'as expected range'. The Board noted that there is ongoing work and monitoring in relation to the elevated SHMI pathways and CQUIN mortality pathways
- 13/224.5 The Board noted the update on specific pathways, in particular respiratory, acute myocardial infarction (AMI), stroke and abdominal aortic aneurysm. The Board noted the outcome of a clinical coding review in relation to AMI which showed that the main reason for the elevated HSMR was inaccurate coding.
- 13/224.6 The Medical Director provided the Board with additional detail on CUSUM alerts including a review of 33 patients who had died with a diagnosis of acute bronchitis. The review was initiated by the Trust on receipt of a CQC mortality outlier alert for this diagnosis although actions had already been put in place prior to receiving the alert. The Board noted that this had been an extremely challenging review in a complex elderly group of patients. Good medical and nursing care had been found in the majority of the cases reviewed but the review had highlighted some issues around recording of lower respiratory tract infections and as a result, a local policy is being developed to better define this group of patients in the clinical notes, to enable coders to accurately record this diagnosis in future.
- 13/224.7 Finally the Board noted the progress on possible schemes identified through the Keogh inspections, including the '100% detailed mortality review scheme' and the 'greater clinical

involvement in mortality reduction programme’.

**13/225**

**ANY OTHER BUSINESS**

No other business was discussed.

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

**13/226**

**DATE OF NEXT MEETING**

The next meeting will be held on Wednesday 18<sup>th</sup> December at 2pm at Lister Hospital.

**Ian Morfett  
Chairman**