Minutes of Part 1 Trust Board Meeting

Thursday 04 February 2016
Lecture Theatre, Postgraduate Centre, St Albans Hospital

Agenda item: 05

Chair	**Title**	**Attendance**
Professor Steve Barnett (SB)	Chair	Yes
Members		
Professor Steve Barnett (SB)	Chair	Yes
Helen Brown (HB)	Director of Strategy and Corporate Services	Yes
John Brougham (JB)	Non-Executive Director	Yes
Professor Tracey Carter (TC)	Chief Nurse and Director of Infection Prevention and Control	Yes
Paul Cartwright (PC)	Non-Executive Director	Yes
Paul da Gama (PDG)	Director of Human Resources	Yes
Ginny Edwards (GE)	Non-Executive Director	Yes
Lisa Emery (LE)	Chief Information Officer	Yes
Lynn Hill (LH)	Deputy Chief Executive	No
Kevin Howell (KH)	Director of Environment	Yes
Jac Kelly (JK)	Chief Executive	Yes
Caroline Landon (CL)	Director of Operations (unscheduled care)	Yes
Jonathan Rennison (JR)	Non-Executive Director	Yes
Don Richards (DR)	Chief Financial Officer	Yes
Jane Shentall (JS)	Director of Operations (elective care)	No
Phil Townsend (PT)	Non-Executive Director	Yes
Dr Mike Van der Watt (MVDW)	Medical Director	Yes
In attendance		
Marcel Berenblut (MB)	Associate Director of Communications	Yes
Jean Hickman (JH)	Trust Secretary (notes)	Yes
Maxine McVey (MM)	Deputy Chief Nurse	Yes
Susan Whiterod (SW)	Head of Leadership and Organisational Development	Yes
Intisar Abdul-Kader (IA-K)	Patient Information Officer	Yes
Becky Platt (BP)	Matron, Women and Children's Division	Yes
Sundera Kumara-Moorthy (KM)	Healthwatch Hertfordshire	Yes
2 members of the public		

MEETING MINUTES

	Discussion	Action to be taken by	When
1.	**Opening and welcome**		
1.1	SB welcomed the Board and members of the public and opened the meeting.		
2.	**Report on Schwartz Rounds**		
2.1	Maxine McVey, Deputy Chief Nurse, Becky Platt, Matron for Women and Children's Services, Susan Whiterod, Head of Organisational Development and Intisar Abdul-Kader, Patient Information Officer informed the Board on a new initiative which had recently been introduced called Schwartz Rounds (SR). The team described the benefits of SR, which is an evidence-based forum for hospital staff to come together to talk about the emotional and social challenges of caring for patients.		
2.2	PC thanked the team for the update and asked for some background on the new initiative. The team advised that Schwartz Rounds had originated in the United States and were now standard in hospitals across England.		
2.3	PDG added his support to the benefits of Schwartz Rounds. He commented that although there were cost implications, it was important for staff to feel engaged and for the Trust to give something back to staff.		
2.4	GE asked whether sufficient mechanisms where in place to ensure that staff felt safe to share their stories. The team responded that subjects were chosen which staff had had a chance to work through. Time was also spent with staff before and after each session to talk through how they felt and it was reported that evidence had shown that the process helped to reduce stress.		
2.5	KH asked how Schwartz Rounds differed from ongoing Onion meetings. The team advised that there was no pressure on staff to speak out and this was not a problem solving forum.		
2.6	The Board was invited to join the audience or be part of the panel at a future Schwartz Round.		
2.7	SB thanked the team for attending and updating the Board on the new initiative.		
3.	**Apologies for absence**		
3.1	Apologies were received from LH and JS.		
4.	**Declarations of Interest**		
4.1	No further declarations were raised from those previously circulated.		
5.	**Minutes of the last meeting on 03 December 2015**		
5.1	Point 5.1. JB asked for the minute to be amended to read 'It was critical to deliver financial stability as well as quality improvements'.		
5.2	Point 10.2. PC pointed out that the minutes should include a reference to the Board requesting the Audit Committee to monitor the outcome of a review of the Quality Improvement Plan by Internal Audit to ensure that items with a RAG rating of green had been scored appropriately.		
5.3	Point 11.2. DR advised that the minute should read 'DR emphasised that the Trust served a diverse population and had a diverse workforce and, as a consequence, an important value was to embrace diverse opinions and contributions.		
5.4	Point 15.2. The acronym 'CCG' should be 'CGI'.		

	Discussion	Action to be taken by	When
5.5	Point 14. KH pointed out that the Estates Strategy which had been reviewed by the Board in January 2016 had been Phase One. Phase Two would be presented to the Board in April 2016.		
6.	**Board action log and matters arising from meeting held on 03 December 2015**		
6.1	It was noted that action 9.5/33 should refer to outpatient appointments not operations.		
6.2	HB confirmed that a review of the corporate governance structure was underway. The outcome of the review would be reported in May 2016.	HB	May-16
7.	**Chairman's report**		
7.1	SB presented the Chair's report. He advised the Board that the Trust Development Authority (TDA) would be undertaking a clinical review of services on 11 February 2016. There would be a further review in May in preparation for a Care Quality Commission re-inspection later in the year. In addition, over the past month, Deloitte had conducted a leadership review on behalf of the TDA. Feedback from the review would be used to help shape a Board Development Programme in 2016/17.		
7.2	The Board was informed that the Oversight Group meeting on 28 January 2016 had been very positive and the Trust had been congratulated on the improvements it was making.		
7.3	SB reported that the Board met with the Board from Herts Valleys Clinical Commissioning Group (HVCCG) on 29 January 2016. The items discussed included the following: • Building an integrated patient health record across West Herts • Strategic direction and schemes for implementation in 2016/17 • Understanding our finances, this year and the future • Developing clinical engagement • Update on work in response to the Care Quality Commission inspection		
7.4	SB advised that he had recently met with the following people • Richard Harrington, MP for Watford • Dr Nicolas Small, Chair and Nicola Bell, Accountable Officer, Herts Valleys Clinical Commissioning Group • Maggie Boyd, Clinical Quality Director, NHS Trust Development Authority • Collette Wyatt-Lowe, Chair of the Health and Wellbeing Board He also reported that he had toured Hemel Hempstead and Watford Hospitals and attended an NHS Improvement engagement event. In addition, he reported that, along with the CEO, he was due to meet with the Chief Executive and Chair of the Royal Free Hospital with JK.		
7.5	Resolution: The Board noted the Chair's report.		
8.	**Chief Executive's report**		
8.1	JK presented the Chief Executive's report. She advised that the Divisions of Surgery and Medicine had reported on the progress being made in governance and risk management to the Oversight Group in January 2016. The presentations were received very positively by the group. The regulators had stated that they had received a high level of assurance on		

	Discussion	Action to be taken by	When
	the tangible progress being made.		
8.2	JK reported that she had presented a Staff Award for Excellence to Josephine Harding, a nurse from St Albans, who had been nominated by a patient's husband for always trying to improve the patient experience. JK read out a thank you card from Josephine.		
8.3	PT asked whether local MPs were aware of the improvements being made by the Trust. JK advised that Richard Harrington, MP for Watford, had made a number of positive remarks on a recent hospital visit. However, Mike Penning had been less than positive at a meeting arranged by the Dacorum Hospital Action Group (DHAG). JK further advised that arrangements were in place for her to meet with Anne Main, MP for St Albans. KH enquired whether the Trust had attended the recent DHAG meeting. HB confirmed that the Trust had not been officially invited to attend the meeting. She advised that DHAG had presented an alternative option for a new hospital build and noted that the Clinical Commissioning Group and Healthwatch Hertfordshire had been in attendance. HB advised that a meeting would be offered to representatives of DHAG to explain why the Trust felt the new hospital options were undeliverable and did not link with the recommendations of the National Emergency Care Improvement Team and planning guidelines.		
8.4	Resolution: The Board noted the update.		
PERFORMANCE			
9.	**Integrated performance report – month 9**		
9.1	In the absence of LH, LE provided a brief overview of the Integrated Performance Report (IPR) and drew the Board's attention to the areas of delivery of national standards and underperformance.		
9.2	JB highlighted the negative impact that delayed transfers of care (DTOC) was having on the unscheduled care (USC) service and on referral to treatment (RTT) performance and asked for assurance on when the Trust would be back on track. LE advised that it was unlikely that the Trust would meet the RTT target in January; however she assured the Board that this issue was receiving the highest level of scrutiny possible. JK stated that the hospital was being seriously affected and voiced her disappointment that the latest system resilience plan had not recognised the need for additional capacity, such as an increase in neurology and rehabilitation beds. She advised that, despite evidence to suggest that patient flow within the hospital had improved; the high numbers of DTOC remained, thus blocking the system. She offered her opinion that the ECIP Programme needed to review the system as a whole to completely understand the full dynamic. CL agreed that there had been no improvement seen in the levels of DTOC over the previous 12 months and, in addition, problems with social work support were being experienced.		

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	GE asked if the Trust's admission threshold had been reviewed. CL responded that the admission rate was flat; however there was a recognised increase in acuity, which was a significant issue nationally. CL also confirmed that the Trust had good levels of patient discharges before lunchtime; nevertheless there were around 60 patients a day who did not need to be in an acute hospital setting. JK confirmed that the Trust was working closely with partners to improve the situation and assured the Board that, in spite of the system being under extreme pressure, the Trust had not cancelled any elective operations or opened up any surge areas.		
9.3	It was noted that further discussion would be undertaken in the private session of the Board.		
9.4	PT enquired when the finance report would be included in the IPR. DR confirmed that this would be available as from March 2016.		
9.5	SB asked for future IPRs to include more extensive benchmarking and narrative on actions. LE agreed to include this information and reminded the Board that the Quality and Safety Committee had reviewed a new detailed IPR, which included an executive summary of salient points. She advised that this would be available at the next round of Committee and Board meetings.	LE	Mar-16
9.6	PC asked who the executive lead was for the IPR. LE responded that collation of the data fell within her responsibility and individual executives were jointly responsible for the content and narrative.		
9.7	JR pointed out the excellent progress that had been made on the management of complaints.		
9.8	Resolution: The Board noted the report.		
SAFE, EFFECTIVE CARE (BAF RISK 1)			
10.	**Care Quality Commission Quality Improvement Plan**		
10.1	The Board received an update from HB on progress made towards the Care Quality Commission's Quality Improvement Plan. HB advised that completed actions had been rated blue and a systematic process had been established to document evidence to confirm the blue ratings. She reported that 70 per cent of evidence had been documented and Executive Directors were working through the actions required to complete the remainder. The QIP team was working with project leads and through QIP meetings to fully understand what was required in order to close down actions.		
10.2	HB brought the Board's attention to a number of areas where a change in status had been made. Overall, she advised that the Trust was making good progress, however in some cases actions appeared to have gone backwards. This was due to increased scrutiny on milestones, being more critical and a tightening up on evidence. HB noted that there were three areas which required more focus and informed the Board that future highlight reports would show outcomes and learning. SB said that he recognised the challenges involved; nevertheless the Board needed to be assured at each meeting that improvements had been made and that		

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	actions were being taken to remain on trajectory.		
10.3	JB enquired why some areas of the plan had gone from being green to red. HB explained that this was due to the design of the scoring matrix. The Board requested that any significant changes to the plan should be accompanied by an explanatory narrative.	HB	Mar-16
10.4	SB thanked the Executive Team for its hard work towards achieving the QIP and asked for the Board's appreciation to be passed onto the team.	HB	Mar-16
10.5	Resolution: The update was noted.		
11.	**Nursing reviews**		
11.1	TC presented two papers which updated the Board on recent reviews to the nursing establishment. She noted that both papers had been fully reviewed by the Safety and Quality Committee.		
11.2	With regard to the adult emergency establishment review, TC asked the Board to approve Option 3, the development of a business case to consider the establishment of some unfunded posts within the critical care service to improve the flow within the A&E department. Recruitment would be on a one year fixed term basis pending the reconfiguration of the A&E department.		
11.3	Resolution: The Board noted the outcome of the reviews and approved Option 3 to the adult emergency establishment review.		
12	**Infection prevention and control update**		
12.1	The Board received a report on actions taken to prevent and control infections. It was noted that the report had been reviewed by the Safety and Quality Committee. TC advised the Board that the Trust had been asked to present at a summit organised by the Trust Development Authority in October 2016 on the progress in infection prevention and control.		
12.2	SB asked for assurance on addressing the deep clean programme as the Environmental Division had not been represented at the Safety and Quality Committee. Although pressure on beds was causing significant challenges to the implementation of a full decontamination programme, TC confirmed that the Trust had a robust programme of inspections and there was a clear specification within the Trust's cleaning contract around deep clean and supervision. A programme of decanting and deep cleaning was established at weekends with a further catch up planned over the summer months.		
12.3	JK informed the Board that the TDA would like the Trust to enter into a significant programme which aimed to look at the management of C. Difficile. TC advised that this would be resource intensive and, as the Trust was under severe pressure regarding performance, Special Measures and finance, it was limited as to the capacity it could offer the initiative.		
12.4	Resolution: The Board noted the report.		
13	**Serious incident report – month 8 & 9**		
13.1	MVDW presented a summary report of the management of serious incidents. He advised that one Never Event was being investigated which related to a retained tampon. He assured the Board that measures had been implemented to mitigate the risk of reoccurrence. MVDW also noted		

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	that there were no outstanding root cause analysis and the Trust was compliant with its Duty of Candour.		
13.2	Resolution: The update was noted.		
14	**National maternity survey 2015**		
14.1	The Board received an update from TC on the results of the National Maternity Survey 2015. TC assured the Board that fortnightly meetings were held with senior management in maternity and noted that the maternity survey action plan would link with the overall Care Quality Commission's Quality Improvement Plan.		
14.2	Resolution: The report was noted for information and assurance.		
15	**Assurance report from Safety and Quality Committee**		
15.1	SB presented an assurance report to the Board from the Safety and Quality Committee meeting on 26 January 2016. He highlighted that the Committee had reviewed the Board Assurance Framework risks related to the Committee and had asked for key indicators to be linked to the IPR and Principal Risks. He advised that no risks had been escalated to the Board.		
15.2	Resolution: The report was noted.		
RETAIN AND ENGAGE WORKFORCE (BAF RISK 2)			
16	**Workforce Strategy**		
16.1	PDG presented the Workforce and Development Strategy to the Board for approval. He advised that the strategy focused on four key areas, which had been linked to clear actions and reporting lines.		
16.2	Although it was agreed that the Strategy had been well planned and developed, the Board requested the inclusion of financial information, a timetable, measureable milestones and a clear set of objectives.		
16.3	Following discussion regarding the importance of the alignment of individual strategies with the overarching Clinical Strategy, SB and HB agreed to review the methodology that would be required to ensure standardisation. LE pointed out that improvement in IM&T would support this work. JK commented that the Workforce Strategy would be pulled together within the 2016/17 Annual Plan.	SB/HB	April-16
16.4	PDG advised the Board that investment would be required to meet all the requirements of the Workforce Strategy. JR suggested that a recently recruited fundraiser would be able to link the activities within the workforce strategy with fundraising work.		
16.5	SB brought the discussion to a close by reminding the Board of the importance of the strategy being owned by the whole Trust and not just the Workforce Department.		
16.6	Resolution: The Board approved the Workforce Strategy and delegated responsibility to the Workforce Committee to monitor delivery.		

	Discussion	Action to be taken by	When
MAINTAIN BUSINESS CONTINUITY (BAF RISK 6)			
17.	**Emergency preparedness, resilience and response compliance confirmation**		
17.1	CL presented a paper to provide the Board with assurance around the actions taken by the Trust to meet core standards set out by NHS England for Emergency Preparedness, Resilience and Response. CL confirmed that the report had been reviewed by the Trust Leadership Executive Committee and would be regularly monitored by the Quality and Safety Committee.		
17.2	Resolution: The Board approved the compliance report.		
ACHIEVE FINANCIAL VIABILITY (BAF RISK 7)			
18	**Finance Report – month 9**		
18.1	DR presented the latest financial position. He advised that, on average, the Trust was spending £1m a month in excess of the original plan. He confirmed the impacting factors were the employment of more clinical capacity than was originally planned, the management of emergency pressures and meeting waiting time targets. DR brought the Board's attention to a decrease in clinical income, mainly linked to the Women and Children's Division. DR informed the Board that the Trust was forecasting to deliver savings of £11.8m for 2015/16.		
18.2	The Trust's cash balance at the end of December was £1.6m, the equivalent of two days of operating expenditure. A £32m revenue support loan had been granted by the Department of Health.		
18.3	DR further advised that the TDA and NHS England had sent a letter which set out rules for potential penalties linked to non-delivery of national targets. It noted that commissioners could levy penalties and the Trust was in a four-way discussion with the CCG, TDA and NHS England to agree the best year-end position.		
18.4	Resolution: The Board noted the update.		
19	**Assurance report from Finance & Performance Committee**		
19.1	The Board received an assurance report from JB on the work of the Finance and Performance Committee. He advised that the risk of not delivering the current year's target deficit of £32.8m and the draft financial plan would be discussed in the private section of the Board. He reported that the Committee had reviewed the draft financial plan for 2016/17 which would be submitted to the Trust Development Authority by 08 February 2016. He noted the importance of underpinning the plan with detailed actions. DR advised that the Committee had also reviewed progress of the IM&T infrastructure improvement programme. SB thanked the Committee for the high level of scrutiny it was showing to the financial position.		
19.2	Resolution: The Board noted the update.		
DEVELOP A LONG TERM STRATEGY (BAF RISK 9)			
20	**Strategy update**		
20.1	HB introduced a progress update on the Your Care, Your Future and the Trust's Clinical Strategy. She reported that the implementation phase had		

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	commenced, however this was slow. HB advised that the Trust had committed to develop a Strategic Outline Case for the redevelopment of its estate by December 2016. The Clinical Commissioning Group had provided funding to take this work forward, pending agreement of resource arrangements in 2016/17.		
20.2	HB reported that discussions regarding contractual arrangements for the commission of stoke and vascular services remained positive. The CCG had indicated that it would welcome partnership working between the Trust and Herts Community Trust on an integrated stroke pathway. NHS England had also indicated that the Trust would be invited to be part of a Vascular Board. MVDW pointed out that the membership of the Vascular Board and the Partnership Board needed to have a balance from all organisations and include clinicians.		
20.3	The Board reviewed the draft Terms of Reference for the Partnership Board. JB asked for a reference to a drive for financial sustainability to be added.	HB	Mar-16
20.4	HB advised that a future Board Development Session would be arranged to focus on building business relationships with partners.		
20.5	Resolution: The Board noted the draft Terms of Reference for the Partnership Board and the progress update.		
21	**Annual Plan 2016/17**		
21.1	HB updated the Board on the development of strategic documents which would set out key direction for 2016/17. These included the Annual Plan, Annual Report, Operational Plan, and Quality Account. HB advised that the Trust would also be required to submit an Annual Governance Statement. The paper outlined timelines and the Board noted that the deadline for the draft Operational Plan was 08 February 2016. HB assured the Board that a series of staff engagement meetings would be undertaken before the final plan would be presented to the Board in May 2016.		
21.2	In response to a comment made by JB regarding resourcing of the plan, DR advised that high level assumptions on resourcing would be discussed later in the private session of the Board meeting.		
21.3	Resolution: The Board noted the requirements and timescales for the development of the Annual Plan.		
GOVERNANCE			
22	**Trust Development Authority governance declaration – month 10**		
22.1	The Board approved the declaration.		
23.	**Assurance report from Integrated Risk and Governance Committee**		
23.1	PT gave a verbal update on the work of the Integrated Risk and Governance Committee. He reported that the Committee had focused on new risks and risks which scored 20 on the Corporate Risk Register. PT advised that there had been a detailed discussion with Executive Leads on seven risks that scored 20. Subject to some minor changes, the Committee had also ratified the Care Quality Commission's Quality Improvement Plan, which had been presented at the last Oversight Group meeting. PT said the Oversight Group had been pleased with a		

	Discussion	Action to be taken by	When
	presentation on the risk management arrangements within the Medicine and Surgery divisions. Other key discussion focused on risk understanding and the maturity of the process.		
23.2	Resolution: The Board noted the update.		
24	**Board evaluation**		
24.1	SB invited Board members to offer their views on the efficiency and effectiveness of the Board meeting. He advised that the feedback would be used to improve future Board meetings.		
ANY OTHER BUSINESS			
25	**Any other business previously notified to the Chairman**		
25.1	No other business was raised.		
26	**Questions from Hertfordshire Healthwatch**		
26.1	Q1. Does the number of reported complaints reflect accurately feedback from patients? Does the data relate to actual response times or just an initial response? A1. HB responded that the reported figures related to the full response and not just an acknowledgement of the receipt of the complaint. She noted that the Trust was making good progress in improving a backlog in complaint responses. HB highlighted that there had been an issue with complaints data which had being rectified and advised that performance of the complaints service was monitored by the Quality and Safety Committee.		
26.2	Q2. Are there any specific multi-agency issues which are impacting on the Trust? A2. JK responded that the Trust was building good working relationships with its health and social care partners. However, despite assurances from the Oversight Group, the Trust had not seen any improvement in the number of DTOCs. She further stated that there appeared to be no parity regarding DTOCs across other parts of Hertfordshire and further dialogue was required with the County Council and other social care partners to gain traction and ease the issue in West Herts.		
27.	**Questions from our patients and members of the public**		
27.1	No questions were raised by the public.		
ADMNISTRATION			
28.	**Draft agenda for Trust Board Meeting to be held on 03 March 2016**		
28.1	Resolution: The draft agenda was approved.		
29.	**Date of the next Trust Board Meeting in public: 03 March 2016 in Lecture Theatre 2, Medical Education Centre, Watford Hospital**		
29.1	The date of the next meeting was noted.		
29.2	SB thanked his Non-Executive Director colleagues for their support and the Executive Team and all staff for the tremendous effort in continuing to provide excellent patient care under very difficult circumstances.		

	Discussion	Action to be taken by	When
29.3	SB closed the meeting.		