

Approved Minutes of Part 1 Board Meeting

Thursday 31 May 2012

**Medical Education Centre
Hemel Hempstead Hospital**

Attendees

Board of Directors

Thomas Hanahoe (TH)	Chairman
Mahdi Hasan (MH)	Non Executive Director
Chris Green (CG)	Non Executive Director
Sarah Connor (SC)	Non Executive Director
Phil Townsend (PT)	Non Executive Director
Robin Douglas (RD)	Non Executive Director (Co-opted)
Jan Filochowski (JF)	Chief Executive
Colin Johnston (CJ)	Medical Director, Director of Patient Safety
Natalie Forrest (NF)	Director of Nursing
Anna Anderson (AA)	Director of Finance
Chris Pocklington (CP)	Director of Operations

Also in attendance

Patricia Duncan (PD)	Company Secretary
Mark Vaughan (MV)	Director of Workforce
Elizabeth Rippon (ER)	Director of Communications
Louise Gaffney (LG)	Interim Director of Strategy and Infrastructure
Paul Jenkins (PJ)	Director for Partnerships
Gary Cox (GC)	Trust Board Administrator

Agenda Item	Comment	Action
76/12	<p>Chair's Introduction</p> <p>Welcome The Chair welcomed the public to the Board meeting.</p> <p>TH noted that the timing of the Board meeting had been changed to the morning at relatively short notice. This was because the afternoon was the only time available for a meeting with external advisors on the Trust's governance arrangements.</p> <p>Thanks TH passed on the Board's thanks to staff for their efforts in making the WHHT the highest performing Trust in East of England and for the improvements reflected in the recent results of the in-patient survey.</p> <p>The Board asked for their congratulations to be conveyed to Amanda Budd, Nurse of the Year and Gill Fearnside, Midwife of the Year.</p> <p>The Chair noted GC was leaving the Trust and thanked him for his work as Trust Board Administrator.</p>	

	<p>Paediatric Champion</p> <p>The Chair reported that Ashley Reece, Paediatric Consultant, had invited the Board to nominate a paediatric 'champion' to be a member of the Paediatric Liaison Group and represent the Board in promoting and supporting issues relating to the care and treatment of children across the Trust.</p>	
77/12	<p>Apologies</p> <p>Apologies were received from KC.</p>	
78/12	<p>Declarations of Interest</p> <p>The Board noted updates to the Register of Interest for new members and non-voting members. There were no amendments made to any existing declarations of interest on the Register.</p> <p>No declarations were made in relation to the agenda.</p>	
79/12	<p>Use of Trust Seal</p> <p>The Board noted the use of the Trust Seal under Standing Order 7 from 1 April 2011 to 31 May 2012.</p> <p>The Board agreed that, in future, Use of Trust Seal would be delegated to be considered by the Audit Committee.</p>	<p>Action 05/12 - 1: PD to bring Use of Trust Seal to Audit Committee in future.</p>
80/12	<p>Minutes of the Previous Meeting</p> <p>The Board agreed the minutes of the previous meeting of 29 March 2012.</p>	
81/12	<p>Matters Arising</p> <p>Decontamination</p> <p>LG advised that following an assessment of all options, the Trust had signed a contract for decontamination services with IHSS.</p> <p>Foundation Trust Application</p> <p>ER reported on the DoH Technical Committee's assessment of the application to become a Foundation Trust. The assessment invited the Trust to develop further the Integrated Business Plan, Long-Term Financial Model and governance arrangements.</p> <p>The Board noted that development work on these issues was underway.</p> <p>Actions from Previous Meetings</p> <p>The Chair noted that some actions were still outstanding on the action log; of which some had been addressed but updates not provided to update the log.</p> <p>Action owners were asked to ensure updates were provided for those actions and that any still to be cleared were addressed.</p>	<p>Action 05/12 - 2: All action owners to clear/ provide updates to clear outstanding action log entries.</p>
82/12	<p>Chief Executive's Report</p> <p>JF advised the Board that overall Trust performance remained good and there had been a substantial improvement in in-patient survey results.</p> <p>JF summarised that the Board was to consider some key strategic issues for the Trust at this meeting - managing emergency capacity; plans for the Hemel</p>	

	Hempstead Local General Hospital and proposals for a new information management and technology strategy.	
83/12	<p>Business Cycle for Board</p> <p>PD invited the Board to approve the proposed cycle of Board business for 2012-13.</p> <p>In discussion, it was agreed that the Board should engage more with clinicians, to gain more understanding and assurance on work, issues, risks and opportunities in Clinical Divisions. It was recognised that this would be appropriate business for Board Development Sessions.</p> <p>The Board noted that clinicians would present Trust's Dementia Strategy at the next public meeting of the Board.</p> <p>The Board asked that the business cycle include a regular 6-monthly review of the outcome of each strategic investment decision agreed by the Board. The Business Cycle was agreed, subject to that addition.</p>	<p>Action 05/12 - 3: PD to include clinical division items in Board Development Sessions.</p> <p>Action 05/12 - 4: PD to add 6-monthly review of strategic investment decisions to Board Business Cycle.</p>
84/12	<p>Board Assurance Framework</p> <p>Risks CJ advised that work continued to develop the format of the BAF. In discussion, the Board recognised that the BAF and risk scoring would be considered at the next Board Development Session where a view could be taken on whether the BAF should include details on the risk scoring system used.</p> <p>Subject to that meeting, the Board were content with the latest BAF as an accessible and readable document, noting that Board reports are cross referenced against BAF risks where applicable.</p> <p>The Board considered risks in the BAF. On risk 14, the Board requested that rather than two joint risk owners, there be a single senior joint risk owner, so that the line of accountability for that risk was clear.</p> <p>The Board also asked that mitigation actions include dates for completion, and that changes from the previous BAF be highlighted to show where changes had been made.</p> <p>BAF Format MH presented proposals for a new format and approach to presenting BAF risks to the Board.</p> <p>MH explained that the detailed BAF would become an annex to a high-level graphic summary of risks. Concentrating on this high level summary would allow the Board to take a collective and integrated view on the management and mitigation of risks, and to consider in the round the impact of new, potential and changing risks on others in the BAF.</p> <p>The Board endorsed this new approach to considering risks and noted that the new approach would be considered at the next Board Development Session. That session would provide an opportunity to consider how the impact of risks might better be articulated.</p>	<p>Action 05/12 - 5: CJ to revise BAF to reflect a single risk owner for Risk 14, include action dates for completion and that changes from the previous BAF be highlighted.</p> <p>Action 05/12 - 6: PD to include new BAF format on agenda for Board Development Session in June.</p>

85/12	<p>Information Management and Technology (IM&T) Strategy</p> <p>AA presented a paper on the proposed IM&T strategy for the next 5 years, to create a 'digital hospital environment' that would support the delivery and development of patient services.</p> <p>The Board noted that the strategy proposes to exploit new technology to support more agile working; reduce paper; enable service transformation; reduce administrative overheads; and improve patient experience.</p> <p>The strategy would be implemented through six work streams covering:</p> <ul style="list-style-type: none"> - Governance and Programme Management - Service Management - Infrastructure - Clinical Systems - Knowledge Management - Non-Clinical Systems, such as back office systems. <p>The Board suggested that knowledge management might be widened to 'decision support'.</p> <p>The Board noted that delivering the strategy would require an investment of £67m over 5 years. The Board recognised that infrastructure improvements would need to be funded from a reprioritisation of existing spending priorities before cash-releasing savings from the strategy could be made. AA confirmed that each work stream would be subject to a detailed business case.</p> <p>The Board asked that the IM&T strategy investment programme include details of the high-level benefits and savings that will be delivered by the strategy to get a fuller picture of costs and benefits. Care needed to be taken to ensure savings from the strategy do not include those already included the 'Getting Better' programme.</p> <p>The Board approved the IM&T strategy and next steps, which were to:</p> <ul style="list-style-type: none"> • Review the support structure for IM&T, where governance arrangements would closely involve clinicians. The Board noted that an experienced Programme Director had recently been appointed to lead the strategy implementation. • Specify the strategic technical architecture needed to support the digital hospital environment • Develop the outline business case to deliver the infrastructure improvement programme • Develop an outline business case for an Electronic Patient Records System. 	<p>Action 05/12 - 7: AA to include the details of the high-level benefits and savings in the IM&T strategy investment programme.</p> <p>Decision 05/12 - 1: The Board agreed the IM&T strategy.</p>
86/12	<p>Capacity Planning</p> <p>CP introduced a paper on the case for an increase in emergency bed capacity at WGH. The Board noted that the capacity modelling had identified that WGH requires an extra 6 beds at all times and a further 29 beds to cope with peak time winter admissions.</p> <p>As an initial response, Clinical Divisions have developed 'working differently'</p>	

	<p>proposals that could release 11 beds during 2012/13. This would still leave a shortfall in additional beds required. To meet that shortfall in the short-term, it is proposed to convert administrative offices into a 5 bedded facility and to hire mobile units that will provide 12 additional beds.</p> <p>A longer-term proposal would be to establish a 36-bed facility at a capital cost of £2.9m. This would replace the need for hired mobile units, provide sufficient bed capacity to cope with winter surge admissions and provide headroom for beds at other times. That headroom would allow for more efficient and effective patient care and help reduce waiting times from referral to treatment.</p> <p>The Board noted that work is underway to develop the business case for the additional capacity and this is expected in the next two weeks. The Board also noted that the lead-in time for the ward to be built in time for the anticipated winter peak demand is such that an investment decision is needed by mid-June.</p> <p>The Board recognised the positive discussions with the PCT on the need to increase capacity. Further meetings are scheduled to discuss whether the PCT would be prepared to meet some or all of the cost of the new 36 bed facility. The Board also recognised that discussions with the PCT on funding are unlikely to have been concluded by mid-June.</p> <p>In discussion, the Board agreed that the case for extra bed capacity had been made. However, the Board requested clarification on:</p> <ul style="list-style-type: none"> - the full capital costs of the additional capacity to the Trust, - how the Trust would propose to fund the facility in full or in part, depending on any level of contribution from the PCT, - the consequences and risks to the Trust in meeting that investment requirement above other priorities. <p>In particular, the Board recognised that one key risk to funding would be on the Trust's ability to provide financial headroom, required as part of strengthening the Foundation Trust application.</p> <p>The Board agreed to reconvene for a Special Meeting in mid-June to consider the full capacity business case, which would address concerns and options on funding proposals and the consequences and risks to the Trust in making that investment.</p>	<p>Action 05/12 - 8: PD to arrange Special Board meeting for mid-June to consider the full capacity business case.</p>
87/12	<p>Capital Programme Update</p> <p>LG introduced a paper asking the Board to release a further £2.3m of the capital programme to address prioritised high risk backlog maintenance schemes. This would ensure that all major issues identified in the Estate Management Compliance Report can be addressed.</p> <p>The Board agreed to release £2.3m of capital in advance of finalising the rest of the capital programme. The Board noted that this allocation would leave £1.8m in the capital programme for other schemes and up to £0.5m (funded from savings delivered) for invest to save opportunities in the Getting Better programme.</p>	<p>Decision 05/12 - 2: The Board agreed to release £2.3m of the capital programme to address prioritised high risk backlog maintenance schemes.</p> <p>Action 05/12 - 9: PD to add 6-monthly review of strategic investment in backlog</p>

		maintenance to Board Business Cycle and agenda for November.
88/12	<p>Hemel Hempstead Local General Hospital</p> <p>LG introduced a paper on the progress and next steps in the confirming and appraising site options for the redevelopment of Hemel Hempstead Hospital. LG noted that the Board had, prior to the meeting, undertaken a tour of the site to better understand the proposed options.</p> <p>The Board noted the options for redevelopment and that the proposals for a Local General Hospital were consistent with the Trust's Reshaping Strategy.</p> <p>The Board also noted the timescale for completing further work - including on economic appraisal, cost benefit analysis, producing an outline business case, decisions on affordability and funding, development and implementation planning - to deliver a preferred estate redevelopment option remained at 2015/16.</p>	
89/12	<p>Performance Report</p> <p>JF introduced the Performance Report for April 2012, noting that the Trust continued to perform well, despite the unprecedented increase in emergency patients that began in December 2011 and has continued through to May.</p> <p>Two performance issues were discussed: the falling performance of timely response to complaints, down to 47% against a target of 80%, which was attributed to sickness absence of key members of staff; and that the Trust had an action plan in place to meet the requirement for all staff to have mandatory training on information governance awareness.</p> <p>The Board agreed that the Self Certification for April be approved and signed.</p>	
90/12	<p>Financial Report</p> <p>The Board noted the financial report for April 2012 presented by AA.</p> <p>At the end of April 2012 the Trust had an overall deficit of £0.5m. Within this:</p> <ul style="list-style-type: none"> - Income from patient activity was £0.5m higher than expected due to increases in emergency and elective surgery patients; however operating expenses were £0.4m higher than expected. - The Trust had a lower than planned EBITDA and a risk rating of 1 for the income and expenditure income margin. - The cash balance at 30 April was £15.2m, equivalent to 22 days of operating expenses. Once the £7m relating to Watford Link Road is excluded, this falls to 12 days. - Only £156k of savings from Getting Better schemes had been declared in April. <p>As a consequence, the overall Financial Risk Rating (FRR) for April was 2, below the minimum level of 3 required to achieve Foundation Trust status.</p>	

	<p>The Board noted that the declining financial performance was due to the lower than anticipated savings being made from the Getting Better Programme. This was recognised as the key financial challenge for the Trust over the next few months.</p> <p>NF informed the Board that work to get Getting Better on track to deliver the savings target was underway. Schemes had declared £1.2m savings in the preceding week and a further £2.1m was anticipated to be declared next week.</p>	
91/12	<p>Infection Control</p> <p>The Board noted a paper from CJ indicating that the Trust had achieved annual infection control targets for MRSA, <i>C.diff</i> and <i>E. coli</i> cases for 2011/12; and was complying with mandatory infection control training requirements. CJ advised that these excellent results included very low levels of hospital acquired infections.</p> <p>The Board also noted that the results of the European Prevalence Survey had been delayed. In advance of that report, CJ confirmed that the Trust was not having problems with any other types of infection.</p>	
92/12	<p>Serious Incidents</p> <p>The Board considered a paper from CJ on the 11 serious incidents reported since the last Board meeting, of which 6 were reports of pressure ulcers.</p> <p>The Board confirmed that it was content with the format of the Serious Incidents report and agreed that the report provided sufficient assurance on Trust arrangements for managing and ensuring learning from serious incidents.</p>	
93/12	<p>Local Security Management Annual Report</p> <p>NF introduced the 2011/12 Report on Security Management.</p> <p>The Board noted the range of work undertaken to improve security management across the Trust and the proposed work for 2012/13 to improve security arrangements and to protect staff and Trust assets.</p>	
94/12	<p>Making Every Contact Count (MECC)</p> <p>The Board considered a paper from NF on MECC, which is a Midlands and East SHA ambition for Trusts. MECC will be a Commissioning for Quality and Innovation (CQUIN) target for 2012/13.</p> <p>NF explained that MECC seeks to encourage and help people to make healthier choices, including: stopping smoking, maintaining a healthy weight, drinking responsibly and undertaking the recommended amount of physical activity.</p> <p>The Board confirmed their commitment to taking forward the requirements of MECC; agreed that NF and Mark Jarvis be the Board and operational leads respectively; and noted that a MECC implementation plan would be considered at the July Board meeting.</p>	<p>Action 05/12 - 10: PD to include MECC implementation on agenda for July Board meeting.</p>
95/12	<p>National In-Patient Survey Results</p> <p>NF introduced a paper on the results of the national in-patient survey published in April 2012 by the Care Quality Commission.</p> <p>The Board noted that the Trust has made significant improvements since the 2010 survey with the Trust now placed at the national average.</p>	

	<p>Improvements were made on:</p> <ul style="list-style-type: none"> - Patients being given information about ward routines - Patient food - Having confidence and trust in doctors - Information available about discharge from hospital - Copies of letters sent to GPs given to patients <p>The Board noted that work was underway to build on this progress and to address areas where the survey identified performance was below average. These were:</p> <ul style="list-style-type: none"> - the one red rating in the survey, on having somewhere safe to keep personal belongings - Noise at night - The overall discharge process - Having the opportunity to speak to staff about concerns - Being able to be examined and have discussions with greater privacy. <p>The Board had already recognised the contribution of staff across the Trust in achieving these improved results. NF passed on thanks from staff to the Board for those celebrations.</p> <p>The Board noted that that a mid-year progress report on actions to improve in-patient satisfaction would be brought to the Board.</p>	<p>Action 05/12 - 11: PD to include a mid-year progress report on actions to improve in-patient satisfaction on the agenda for November Board meeting.</p>
96/12	<p>Patient Experience – Net Promoter Question (NPQ)</p> <p>NF introduced a paper on the Net Promoter Question, which has been included as a CQUIN target for 2012/13. NF explained that, as part of the Patient Revolution agenda, Midlands and East SHA requires each Trust to ask at least 10% of patients the question 'How likely is it that you would recommend this service to friends and family?'</p> <p>In setting a baseline, during April, the Trust asked this question of 13% of patients discharged. The overall NPQ score was 50%.</p> <p>The Board noted this baseline score submitted to NHS Hertfordshire; agreed that regular updates on NPQ progress should be brought to the Board; and that the NPQ should be included in the Performance Report to the Board once it is developed.</p>	<p>Action 05/12 - 12: NF to work with PJ to include NPQ in Board Performance Report arrangements.</p>
97/12 i	<p>Deanery Update</p> <p>The Board noted the report on informal feedback provided to the Trust following a revisit by the Deanery and GMC on 26 April 2012.</p> <p>CJ reported that the visiting team concluded that the Trust had made robust and timely progress on concerns expressed following the October 2011 visit, particularly on the training of junior doctors in A&E.</p> <p>The Board noted that a formal report from the Deanery was awaited.</p>	
97/12 ii	<p>Health Scrutiny Committee</p> <p>The Board noted a report from PJ on the Hertfordshire County Council Health Scrutiny Committee review of budget proposals for 2012/13.</p>	

98/12	<p>Charitable Funds Committee</p> <p>Meeting 31 May 2012 RD reported on the Charitable Funds Committee meeting held on 31 May.</p> <p>The Board noted that grants distributed by the Committee increased by 70% in 2011/12, in line with a change in policy to move to a 'spend to support' approach to using charitable funds.</p> <p>Funds in the balance sheet at April 2012 had increased compared to the start of the 2011/12 financial year. This was due to well performing investment of funds.</p> <p>The Committee was currently considering 3 requests for grants.</p>	
99/12	<p>Audit Committee</p> <p>Meeting 8 March 2012 The Board noted the minutes of the Audit Committee meeting on 8 March 2012.</p> <p>Meeting 10 May 2012 The Board noted a report from SC on the meeting on 10 May.</p> <p>The Audit Committee proposed that that the role of the Audit Committee in relation to the BAF should change from an assessment of risks and risk management to one of seeking assurance on risk management arrangements. Responsibility for detailed risk management would revert exclusively to IRaGC.</p> <p>The Board agreed to this change in role.</p> <p>Audit Committee Annual Report SC introduced the Audit Committee Annual Report.</p> <p>SC reported that the findings of the self-assessment of Committee effectiveness suggested that the Board might want to agree objectives as a clearer remit for the Audit Committee, than terms of reference.</p> <p>The Board agreed to this approach and noted the Annual Report and Audit Committee cycle of business for 2012/13.</p>	<p>Action 05/12 - 13: SC to lead development of Audit Committee objectives to replace terms of reference, for approval by the Board.</p>
100/12	<p>Finance Committee</p> <p>Meeting 9 March 2012 The Board noted the minutes of the Finance Committee on 9 March 2012.</p> <p>Meeting 10 May 2012 The Board noted a report from CG on the meeting on 10 May 2012.</p> <p>CG highlighted that the Finance Committee had considered the work needed to enhance the Foundation Trust application, particularly the need to create more financial headroom in the LTFM; and that the key financial risk was ability to deliver Getting Better savings.</p> <p>CG reported that the Finance Committee had used delegated powers to agree that the decontamination contract be signed.</p>	
101/12	<p>Integrated Risk and Governance Committee (IRaGC)</p> <p>Meeting 8 March 2012 The Board noted the minutes of the IRaGC meeting on 8 March 2012.</p>	

	<p>Meeting 10 May 2012 The Board noted a report from MH on the meeting on 10 May, including one new risk on insufficient bed capacity at Watford General Hospital.</p>	
102/12	<p>Strategy Committee</p> <p>Meeting 3 April 2012 The Board noted the minutes of the Strategy Committee meeting on 3 April 2012.</p> <p>Meeting 24 May 2012 CG provided an oral report on the meeting on 24 May in which consideration was given to an outline maternity ward strategy that would support an increase in deliveries from 6,000 to 7,000 babies a year.</p> <p>CG reported that Watford Borough Council was arranging a Watford Health Campus Planning meeting with the Trust and others. Members of the Strategy Committee would attend on behalf of the Trust.</p> <p>The Board noted that the Strategy Committee would be recommending a Board Strategy Day in October/November 2012. That meeting would be extended to include clinicians in strategy discussions.</p>	
103/12	<p>Remuneration Committee</p> <p>Meeting 17 April 2012 The Board noted a paper on the key issues discussed at the Remuneration Committee meeting on 17 April 2012.</p> <p>The Board agreed the revised terms of reference for the Committee.</p>	<p>Decision 05/12 - 3: the Board agreed the revised terms of reference for the Remuneration Committee.</p>
104/12	<p>Patient Safety</p> <p>The Chair asked whether there were any issues of patient safety relating to patients that gave cause for Board members to be concerned. None were raised.</p>	
105/12	<p>Local Involvement Networks (LINKs)</p> <p>The Chair invited Kenneth Appel, the representative from Hertfordshire LINKs to comment on matters before the Board.</p> <p>Mr Appel complemented the Trust on its performance.</p> <p>Capacity Mr Appel regarded the need for extra bed capacity to be a patient safety concern. He proposed asking the LINKs Chair to write to the PCT, supporting the Trust's proposals for a new 36-bed facility and asking whether the PCT might fund some or all of the facility. The Board welcomed such support from LINKs.</p> <p>Inappropriate patients for A&E treatment On a recent visit to WGH, Mr Appel observed a number of patients who may not have required treatment at accident and emergency and could have been dealt with through other healthcare services.</p> <p>Mr Appel asked if the Trust had considered developing an in-hours service for such patients, to mirror the existing out-of hours GP service.</p>	

	<p>CJ recognised that although A&E was not a primary care facility, there were a number of patients seeking primary treatment through A&E. In discussion, it was recognised that the PCT had previously determined that an in-hours service did not provide value for money compared to other services such as NHS Direct.</p> <p>CJ explained that the Trust approach to address inappropriate patient attendance at A&E was through a recently introduced 'navigator' role in A&E, to triage patients on arrival and to determine the most appropriate treatment route for them - whether A&E, their GP or via the out-of hours service.</p> <p>Junior Doctors</p> <p>Mr Appel raised a concern over the timing of new doctors joining the hospital in the Winter, alongside more experienced doctors being moved for a 6-monthly training rotation. This co-incided with what was usually a season of higher than average mortality rates.</p> <p>Mr Appel asked whether it was appropriate in those circumstances for new and inexperienced doctors to have to inform and counsel the family and friends of bereaved patients.</p> <p>CJ said that the timetable for new doctors joining and training of others was determined by national guidance. However locally, whilst the Trust generally did not see substantial changes in seasonal mortality rates, a common start date for new doctors meant they could receive a consistent and comprehensive induction programme - on how the hospital works and on their clinical skills.</p> <p>The Trust also ensured that new doctors were also closely supervised by consultants from the outset in all aspects of their work.</p> <p>Local Pharmacy Committee</p> <p>Mr Appel reported that the Local Pharmaceutical Committee welcomed proposals to be invited to the Discharge Summit but would like to be more involved and engaged with the Trust.</p> <p>The Board agreed that ER would contact the local Pharmaceutical Committee to discuss ways of engaging with them, including through the Trust's Chief Pharmacist.</p> <p>Healthwatch</p> <p>The Board had noted that Healthwatch would soon replace LINK as the consumer champion to gather and represent views of the public and people who use health services.</p> <p>Mr Appel was invited to update the Board on the role of Healthwatch at a future Board meeting.</p>	<p>Action 05/12 - 14: ER to contact the local Pharmaceutical Committee to discuss ways of engaging with them, including through the Trust's Chief Pharmacist.</p>
106/12	<p>Site Visit</p> <p>Board members had visited the Hemel Hempstead Hospital site in advance of the meeting, better to understand the proposals and options for redeveloping the site and creating a Local General Hospital.</p>	
107/12	<p>Any Other Business</p> <p>TH confirmed that RD had volunteered to be the Board Paediatric Champion. The Board endorsed this appointment.</p>	

108/12	<p>Questions from the Public</p> <p><i>Change to Minutes of Previous Meeting</i> A member of the public clarified the minutes of the previous meeting, that she and 'her granddaughter (not daughter as stated in the minutes) had both recently received excellent treatment and care from the Trust.'</p> <p><i>Conference Cafés</i> The Board confirmed that they would be represented at the forthcoming NHS Hertfordshire/PCT arranged conference cafés.</p> <p><i>Stroke Services</i> A member of the public asked for comparative information on stroke services provided by the Trust, as recently published in an article for Northwick Park Hospital.</p> <p>CJ requested a copy of the article to identify the range of information required and would provide details.</p> <p>A member of the public noted the very interesting focus on strategic issues at the meeting but would be concerned if the agendas did not include presentations by clinicians.</p> <p><i>Presentations</i> The Board confirmed that it will continue to include presentations by clinicians on public Board agendas.</p>	<p>Action 05/12 - 15: CJ to provide comparative information on stroke services provided by the Trust, as recently published in an article for Northwick Park Hospital.</p>
109/12	<p>Date of Next Meeting</p> <p>The Chair drew the meeting to a close and thanked members of the public for attending.</p> <p>The Chair advised the date of the next meeting was for a Special Meeting on Wednesday 6 June at Watford General Hospital, to approve the Trust Accounts and Annual Report.</p> <p>The next full meeting of the Board is on Thursday 26 July at 1.00pm in the Medical Education Centre, Watford General Hospital.</p>	

Patricia Duncan
Company Secretary
June 2012

<p><u>These minutes are signed as true record</u></p> <p>.....Dated:.....</p> <p>Professor Thomas Hanahoe, Chairman</p>
--