

**Minutes of Public Board Meeting**

**Thursday 26 January 2012**

**Lecture Theatre, St Albans City Hospital**

**Board of Directors in attendance**

Thomas Hanahoe	Chairman
Katherine Charter	Non Executive Director (Vice Chair) (KC)
Sarah Connor	Non Executive Director (SC)
Chris Green	Non Executive Director (CG)
Phil Townsend	Non Executive Director (PT)
Robin Douglas	Non-Executive Director (Co-opted) (RD)
Jan Filochowski	Chief Executive (JF)
Natalie Forrest	Director of Nursing (NF)
Colin Johnston	Medical Director and Director of Patient Safety (CJ)
Anna Anderson	Director of Finance (AA)

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**In attendance**

Patricia Duncan	Company Secretary
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**Also in attendance (non voting members of the Board)**

Mark Vaughan	Director of Workforce (MV)
Chris Pocklington	Director of Delivery, (CP)
Elizabeth Rippon	Director of Communications (ER)
Louise Gaffney	(Interim) Director of Strategy and Infrastructure (LG)

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Agenda Item	Comment	Action
	<b>OPENING ITEMS</b>	
01/12	<b>Chairman's Welcome</b>  The Chair welcomed the Board and members of the public to the meeting and noted the presence of two representatives who were observing the Board meeting on behalf of the Strategic Health Authority. The Chair also noted that Louise Gaffney has taken on the role of Director of Strategy and Infrastructure on an interim basis until a new appointment was made.  TH welcomed Phil Townsend to his first formal Board meeting since his appointment as a Non Executive Director to the	

	<p>Board on 1 December.</p> <p>The Chair recorded his delight that the Croydon Rail Link was approved. He also noted that the CQC had undertaken an unannounced inspection of Starfish Ward on 1 December and that their report was unequivocal in its praise of the service. The Director of Nursing noted the inspection was believed to have been triggered as a result of an approach made directly to the CQC by a very challenging family.</p> <p>The Chair also thanked executive colleagues for complying with the requirements that no Board report should exceed 7 pages. He noted there were some oral reports and advised these were updates of issues which were moving at a fast pace, and on which reports had been received at the previous meeting.</p> <p>The Chair invited members to provide feedback on visits that took place prior to the meeting:</p> <p>CG and NF visited the breast clinic where they found an exemplary service, providing a one stop clinic for patients following referral by a GP. The service works over 4 sites and is led by a Nurse Specialist. Patients are seen within 2 weeks of a referral and the service benefits from digitalisation. The staff raised an issue that the unit at SACH has no daylight. The Chair asked if anything could be done about that and LG noted it was a difficulty as the unit had to be co-located to the radiology department. A suggestion was made to consider skylights and LG agreed to investigate this possibility.</p> <p>PT and AA visited day surgery where they were impressed with the unit. AA noted the team won team of the year. 3 minor issues were raised of which it was agreed that the issue of phones going direct to the ward and not the admissions department should be addressed.</p> <p>SC and JF visited Delamere Ward, formerly an orthopaedic ward but caring also for patients undergoing gynaecological and urological procedures. They noted the enhanced recovery model was now extended to shoulder and back procedures. An issue was raised relating to the roof which is damaged and a structural engineer is scheduled to review the damage and determine the likely cause.</p> <p>CP and RD visited outpatients and were impressed with the commitment and engagement of the team leader. They heard that waiting times could still vary dependent on clinical practice and that referral documents were not always available in a timely manner. It was noted that the location of the clinic means it was used as a walk through and LG agreed to investigate whether action could be taken to prevent this.</p> <p>MV visited the pharmacy and found a very positive culture within a very busy department. He noted the service provided</p>	
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	<p>support to Hertfordshire Partnership Trust and the Community Trust. There are no staffing issues, recruitment was not difficult and staffing was stable in the department.</p> <p>KC and CJ visited pre-operative assessment, noting that of the 22,000 patients seen across the Trust, 8000 are seen at SACH. The visitors were taken through the patient's pathway and they noted that patients were seen some weeks before the scheduled surgery in order to address any issues that may compromise care. They heard that 13% of patients being screened were found to have previously undiagnosed cardiology issues that needed to be addressed prior to surgery. Pre op assessment was also the location for the PROMs survey. CJ noted the surveys indicated a potential issue with outcomes for knee procedures and this was being investigated but thought to be linked to anti coagulation treatment. NF noted that patients undergoing knee surgery were less likely to be immediately satisfied with the outcome than for hernia patients as the former procedure is very painful and a return to full mobility can take a considerable time.</p> <p>LG visited theatres and found a well run environment. The team were involved in the Productive Theatre with a focus on better storage practice to create a more organised atmosphere and to preserve high standards of infection control. LG noted the Patient Safety message was very visible with notice boards containing important information on never events and details of Safety Leads. LG noted there was a crack in the theatre floor and was advised that the Estates department was arranging to repair the floor and was seeking to minimise down time whilst the works were being undertaken.</p> <p>LR, with the Chair, visited the sexual health clinic which was found to be well organised, calm and structured. There was a real focus on patient dignity with separate entrances for male and female patients. There were good links with other agencies and good cross site networking. When asked what the staff would like in order to improve the experience for patients they advised that a baby changing room would make attendance easier for parents. The Chair suggested to staff that the Charitable Funds could be used to support this.</p> <p>The Chair asked if visitors to departments had seen anything that compromised patient safety. SC asked whether the crack in the floor in theatres posed a risk and was advised the risks were being actively managed.</p>	
02/12	<p><b>Apologies</b> Mr Mahdi Hasan.</p>	
03/12	<p><b>Declarations of Interest</b></p> <p>No new declarations were recorded in relation to the agenda or amendments made to any previous declarations of interest.</p>	

04/12	<p><b>Minutes of the previous meeting (and summary of Board Seminar)</b></p> <p>The minutes of the meeting that took place on 24 November were reviewed and SC asked that item 182/11 be amended to reflect that she was the Board Champion for the ward visited and her comment related to progress on achieving training and appraisal targets not safeguarding. The notes of the meeting held on 15 December 2012 were accepted as an accurate record.</p>	
05/12	<p><b>Matters Arising and Action Log from the meeting on 24 November 2011</b></p> <p>No actions outstanding beyond deadline.</p>	
06/12	<p><b>Chief Executive's Report</b></p> <p>The Chief Executive reviewed the recent Governance performance of the Trust noting it had achieved the SHA Green rating for the past two months. He noted that the Trust has taken steps to address and resolve the challenges anticipated in relation to patient flow. The CEO also noted the increasing attendances and high levels of admission, some of which may be attributable to the downgrading of the Queen Elizabeth hospital at Welwyn Garden City.</p> <p>JF was pleased that performance was being sustained despite these challenges. He noted his appreciation of the positive outcome of the CQC's visit to Starfish ward. JF informed the Board that the application to become a Foundation Trust was proceeding. The Historic Due Diligence exercise had taken place and the Board to Board meeting with the SHA was scheduled for 7 February. JF anticipated that the Trust would be under consideration by the DH in March on a trajectory towards authorisation in the autumn. Finally JF noted the very positive impact that the Croydon Rail Link will have for the hospital with much improved road access and the re-energising of the Watford Health Campus project. The Chair, on behalf of the Board thanked JF for the very positive report.</p>	
	<b><u>STRATEGIC REPORTS</u></b>	
07/12	<p><b>Financial Plan 2012/13</b></p> <p>The Director of Finance reviewed her report, noting contract negotiations had commenced and that key headlines were the assumptions around high levels of income. Negotiations were under way with the PCT to get the contract agreed by March. AA noted the ongoing and significant cost pressures associated with Maternity staffing and the pressures associated with the cost improvement plan for £13m of savings for the year.</p> <p>AA noted the forecast surplus was revised from £4.4m to £3.6m and that she had received positive feedback from the</p>	

	<p>SHA on the proposed plan and that the budget would need to be signed off at the March meeting of the Board.</p> <p>KC was concerned that the plan was built around an assumption that might not happen, ie that the loans would not be re-scheduled. AA explained that the PCT has been very supportive of the actions necessary in the absence of loan re-scheduling and that the plans were constantly re-calibrated to respond to external influences and pressures.</p> <p>CG reassured that the Finance Committee had focused on the Big Ask and the financial plans and the Executive would present these to the February meeting.</p> <p>AA confirmed that assumptions in the plan have been agreed with the PCT reflecting that demand management could go either way.</p> <p>The Chair was pleased to note the report made reference to the involvement of Clinical Commissioning Group (CCG) and AA noted this was an evolving process being led by the PCT. JF noted the recent very constructive dialogue that had taken place with JH and AP of the PCT and that in future these meetings would be joined by the head of the CCG, Nicola Small. The Board was content with the progress reported.</p>	
08/12	<p><b>Foundation Trust</b></p> <p>The Director of Communications took the Board through her report on progress in achieving FT milestones. She noted the Trust awaited the outcome of the recent due diligence exercise undertaken by Ernst and Young.</p> <p>LR noted also the recent introduction of an additional diligence exercise focusing on quality governance, which is mandatory for aspirant Foundation Trusts. This exercise will involve completion of a Board Memorandum reflecting the new Board Governance Assurance Framework (BGAF). This is scheduled for discussion at the Board Development and Update meeting on 23 February.</p>	
09/12	<p><b>Board Assurance Framework</b></p> <p>The Director of Patient Safety, the Medical Director, presented the BAF report and noted that it was the subject of scrutiny at the Integrated Risk and Governance Committee. Particular areas of focus were estates risks and the recent concerns about compliance. CJ noted also that the infection control related risk would not be downgraded, remaining at 16. PT asked whether risks on the BAF were assessed for collateral impacts and CJ noted this may not be explicit but it was clear in the updates recorded in the BAF that these were taken into account. CJ welcomed any comments that PT may have on how to improve this.</p> <p>SC suggested the format was reviewed since the detailed</p>	

	<p>information contained within the BAF made it difficult to read. She suggested it would be better presented with a risk to a portrait page. CJ agreed to take this suggestion back to the Integrated Risk and Governance Committee for consideration.</p> <p>RD suggested that not all risks needed to be reviewed at every meeting and exception reporting may be a more appropriate approach. The Chair, on behalf of the Board, suggested this was considered by the Integrated Risk and Governance Committee.</p>	
10/12	<p><b>Watford Health Campus</b></p> <p>The Chief Executive gave an oral update on a recent meeting that took place between the Board and the Chief Executive of Watford Borough Council about the Watford Health Campus. He believed that the approval of the Croxley Rail Link, due for completion in January 2016, would add impetus to the Campus project. He noted the mutual benefit of the project to the Trust and its Borough Council partners in achieving significant regeneration of the area in the vicinity of the hospital, including the improvement of access to the hospital. Watford Borough Council is tendering for provision of a local delivery vehicle for the project, selecting from 5 major building companies.</p> <p>JF noted that the Trust was exploring, with the County Council and the Borough Council, funding for the new road that would be built ahead of the completion of the rail link. JF confirmed that the Strategy Committee would be taking oversight of the development of the Watford Campus on a strategic basis.</p> <p>The Chair expressed his appreciation, on behalf of the Trust, for the very effective support of the local MP in this endeavour.</p>	
11/12	<p><b>SHA Wide Procurement of Pathology Services</b></p> <p>The Director of Finance provided an oral update on the current position, noting the deadline for the consortium to submit its bid was 6 March. AA remained concerned that the process was extremely complex and becoming more so. The exercise required significant detailed financial analysis and now required that the exit costs of unsuccessful providers would be built in to the Consortium's costings.</p> <p>AA stressed the Trust is seeking to manage the risks of the project to achieve the best outcome for the patients, staff and the organisation. AA noted the project was having a significant effect on the morale of staff who may be affected.</p> <p>MV reassured the Board that regular update meetings were being held with staff and the issue was an agenda item at Joint Consultative Committee meetings.</p> <p>In answer to a question by RD, AA confirmed that clinical staff were fully involved in the procurement bid and that the Pathology Manager and the Director of Microbiology have been actively leading the process. She noted her appreciation</p>	

	<p>for their active engagement and support of a requirement that has been imposed on the Trust. AA confirmed that about 112 staff across the consortium trusts were at risk and in addition to loss of posts, staff who remained were likely to have to face disruption if they were required to relocate their working bases. PT asked whether there were adjacent markets for the skills of the staff at risk and AA responded that this was unlikely given the specialist nature of the skills of the staff involved. The Board noted progress and asked to be kept informed of developments.</p>	
12/12	<p><b>Decontamination Provision</b></p> <p>The Director of Delivery provided an oral update on progress towards award of a contract to deliver decontamination services. He noted the dialogue continued and the Trust had recently offered a robust challenge to the NWL consortium that it must work to ensure a contract is achieved by May of this year. There were no further comments on this item. The Board noted progress.</p>	
13/12	<p><b>PPAS</b></p> <p>The Director of Delivery reported that the staff grievance raised in relation to the Business Case was not upheld and that of the 15 staff affected by the closure, 10 had now been re-deployed. He noted that the Trust continued to explore opportunities to optimise the benefit from selling the asset.</p>	
14/12	<p><b>Performance Report</b></p> <p>The Chief Executive noted this was previously circulated and was self explanatory. He was gratified that the performance figures remained good especially against the A and E target which was being sustained despite unprecedented levels of attendance and admission.</p> <p>JF advised that the SHA Quality Observatory report, originally scheduled for part 2, was circulated for discussion in part 1. JF highlighted some key points. He noted the significant mortality reductions achieved by the Trust and that the Observatory report provides further evidence of a safer care organisation. JF signalled the forthcoming publication of the second Francis report and observed that the focus is likely to be on the quality of medical and nursing care as well as governance of quality issues.</p> <p>RD was concerned there seemed to be a number of ways in which Trusts were being measured and believed it was important that a consolidated picture of quality could be achieved. JF responded that the Observatory report and to an extent the self certification represent a selection of key quality indicators. JF noted the metrics on delayed transfers of care and that this was an important metric heavily dependent on partner organisations to achieve appropriate discharge to facilitate access to patients needing acute care.</p>	



	<p>The Director of Nursing updated on nursing related quality measures – she reminded the Board that pressure ulcer performance in the Trust had shown an improvement well before this became a national issue. She observed that the Trust’s reported pressure ulcers (those that occurred during the hospital stay) were low. NF clarified that the metric indicating we are an outlier on pressure ulcers related to the number of pressure ulcers reported on admission. The Trust reported a high number of pressure ulcers on admission because it undertook a rigorous risk assessment of patients admitted. These pressure ulcers were reported to the PCT and this intelligence in turn provided the PCT with the opportunity to identify trends or associations with community or social care. NF also noted that the Trust is well below the NPSA reported falls average.</p> <p>The Director of Patient Safety, the Medical Director agreed there were limitations with some of the metrics reported by the Quality Observatory. He also noted that the mortality indices were sourced from SHMI, Dr Foster and the Trust’s CHKS data set. CJ also pointed to the perverse representation of the Trust’s MRSA performance based on the distribution of the contracted trajectory of 4 across a 12 month period.</p> <p>KC raised a query about the Net Promoter score and was informed that Hemel and Watford were showing steady improvement whereas SACH had always been positive and so was showing a lower rate of improvement. JF and NF informed the Board that they had reviewed the most recent data from the patient surveys and advised there was significant improvement, although results were currently embargoed. MV noted indications were also of an improvement in staff survey performance.</p> <p>The Chair advised that the December self certification had not been completed in time to circulate with the papers and was therefore being tabled. The Board noted that the Clinical Quality Statement 1 was proposed and agreed that this was appropriate. Chair proposed that Self Certificate be approved and this was confirmed.</p>	
15/12	<p><b>Finance Report</b></p> <p>The Director of Finance took the Board through the headlines of the Financial Report noting that the current surplus is in line with the recovery plan agreed with the Board in September. The forecast surplus of £3.6m at year end should be achieved if the Trust continued to control expenditure. AA reviewed the cash position, noting the appointment of ProCure21+ as a financially efficient delivery vehicle for estates related contracts. AA noted that the Plan supported an overall financial risk rating of 3. AA also advised there was a revaluation of assets upward by £1.5m.</p> <p>CG confirmed that the report was reviewed by the Finance Committee on 12 January. He also noted that the Committee</p>	



	<p>received a presentation about the progress being made towards service line reporting which was very encouraging.</p> <p>AA reviewed the contributions achieved by divisions and that this breakdown provided the potential for illuminating areas for further action to reduce costs.</p> <p>The Chair agreed that good data was crucial to informed decision making.</p>	
16/11	<p><b>Capacity Issues: Emergency Services</b></p> <p>The Director of Delivery presented his brief report outlining, through graphs, the comparison with performance in 2010. He emphasised to the Board that the sustained achievement of waiting targets was not about numbers but about a better patient experience. CP believed the graphs demonstrated a considerable improvement in the way the Trust managed patients to ensure waiting targets were achieved. CP was gratified to report that senior doctors were on site during the weekend and that new ways of working have yielded positive results. CP believed these improvements demonstrated that the Board made the right decision to invest in developing the Clinical Decision Unit and creating a surge capacity through development of the red suite.</p> <p>He urged a note of caution however that the pressures in the system continued to be high and the impact has continued to impact on cancelled elective surgery and the continued use of the catheter lab.</p> <p>The Chairman observed that ours is not the only Trust to be affected by extremely high attendances and admissions. JF agreed but pointed to the extremely high level of attendances over the preceding 7 days, which saw the highest level of admissions the Trust had ever experienced</p> <p>JF advised the Board that the Trust was consistently achieving the target and was the Eastern region's best performer in this regard, demonstrating the resilience of our systems, and indeed staff.</p> <p>The Chair agreed that the Board took the necessary decision which has yielded demonstrable improvement for patients.</p> <p>RD raised a concern that the red suite was being subsumed within overall capacity – he wanted assurance that it would not be integrated into capacity in the longer term. CP agreed that the Red Suite was intended just for surge periods and that it has been used more routinely in recent weeks than was the intention. He noted however that people move through the unit quickly and that at the current time it is dealing with the underlying trend of upward admissions.</p> <p>CP believed there was the potential to re-calibrate capacity but that the area of focus must be on addressing demand</p>	

	<p>management and the issue of delayed transfers of care. CP reiterated the Trust is constructively engaged on both these issues with Clinical Commissioning Groups, the PCT and Social Services.</p> <p>AA asked about the impact of the changes on discharge levels at the weekend and CP responded that whilst it was possible to map the volume of patients discharged over the weekend the focus was on looking at the quality of decision making around discharge. He noted the importance of ensuring patients were not discharged prematurely. CP said it was important to ensure that patients who no longer required acute care were not retained longer than necessary in an acute setting. He believed all would agree an acute in patient bed is not the most appropriate environment of care for many of the patients for whom discharges are delayed because of lack of capacity in community or social care. CP was also conscious that discharge decisions were sensitive to differences in clinical practice and it was important to understand the impact of variation in practice.</p> <p>CJ cautioned that this aspect of patient management would best be addressed by working closely with consultants. He noted the recent guidance by the Royal College of Physicians that all patients referred to AAU for a decision should be reviewed within 24 hours. The Chair thanked CP for his report and asked that the Board be updated on progress in addressing the issues relating to sustained increases in attendance and admission.</p>	
17/12	<p><b>Maternity Build - Update</b></p> <p>The Director of Nursing noted this short report was to update the Board on progress in increasing maternity capacity. She recalled that a number of risks were identified in the middle of the previous year in relation to maternity services. Deliveries were increasing and there had been a number of closures of the Special Care Baby Unit as a result of lack of capacity. The impact of the individual risks on collateral elements of the service was considered and an aggregate risk escalated to the Board and recorded on the Board Assurance Framework.</p> <p>As a result of the issues raised, the Board supported a Business Case to develop additional capacity and building work started in the autumn. A cap on admissions was introduced to enable this work to take place without affecting the quality of care to patients.</p> <p>The Director of Nursing was delighted to report the building works were achieved to time and budget and that the co-operation between clinical staff and the estates team was of a high order. This meant that the works took place with minimal impact on patient experience. The Director of Nursing confirmed the cap had been removed and that there was now a triage bay servicing between 2 to 4 beds, a new parents' room and that there would be a new Transitional Care bay with</p>	

	<p>6 beds, opening in April. This Transitional Care bay was designed for babies requiring additional but not acute input post birth to be cared for without unnecessary admission to the Special Care Baby Unit – thus reducing the pressure on beds there.</p> <p>The Director of Nursing thanked LG and her team for their engagement and support with the clinical team and was pleased to confirm the Unit can continue to support up to 6000 deliveries per year.</p> <p>AA asked whether this achievement would now reduce the risk score recorded on the BAF. NF noted that the risk remains high in relation to cost pressures to achieving the required ratio of 1:30 midwives to patients by the end of 2012. NF noted there were still not enough Local Supervisors of Midwives and she also reminded the Board that the Maternity Theatres improvement project will add additional cost pressures through the need to recruit an additional theatre team to support the relocation of maternity theatres into the central theatre management structure.</p> <p>RD asked whether the high number of deliveries had moved the service to a higher tier and NF confirmed that it remained the same, to 6000 per year, but that strategic consideration would be needed to determine whether the service needed to expand in the longer term. This would require significant investment in terms of clinical staffing modelling as well as further changes to physical infrastructure.</p> <p>The Chair thanked NF for her report.</p>	
18/12	<p><b>Infection Control</b></p> <p>The Director of Patient Safety, the Medical Director, introduced his report noting the Trust was well within trajectory for Clostridium Difficile (11 to date out of a trajectory of 33). As the Chief Executive noted, the Trust was disappointed that it too had been hit by norovirus. CJ clarified that patients on the wards affected would remain but the wards would be closed to new admissions. Wards have to be clear of norovirus for 48 hours before they are re-opened to admissions.</p> <p>CJ noted the numbers outlined within the European Prevalence Survey for the Trust. Whereas in 2006 the Trust reported a prevalence of 8%, this had reduced to its current prevalence of 1.3%.</p> <p>The Chair expressed his confidence that the infection control team were meeting the ongoing challenges of preserving high standards of infection control. The Board supported this.</p>	
19/12	<p><b>Serious Incident Summary</b></p> <p>CJ reviewed the brief summary, the specific detail of which had been discussed in part 1. CJ noted there had been a full</p>	

	<p>discussion of the number of pressure ulcers, which represented the biggest proportion of serious incidents reported. CJ noted this had been subject to significant discussion at a recent Clinical Quality Advisory Committee as there was concern that recent staffing changes may have been a factor. NF noted that not all pressure ulcers reported would, after investigation, be avoidable and some would be downgraded if investigation revealed they could not be avoided. NF noted that the skin was an organ and similar to other major organs, was subject to failure in patients who were very ill and that these were the clinical circumstances in which a pressure ulcer may be deemed unavoidable.</p> <p>CJ noted that the asbestos incident had been reported as an SI and was also reported as a RIDDOR to the Health and Safety Executive. A full investigation was underway which will form the basis of the 45 day report which will be sent to the Health and Safety Executive as well as the PCT.</p> <p>CJ noted that subsequent to the circulation of the Board papers, the recent norovirus outbreak was reported as a Serious Incident following ward closures resulting from the outbreak.</p>	
20/12	<p><b>Care Quality Commission Q2 and Q3 report on compliance with Essential Standards for Safety and Quality</b></p> <p>The Director of Patient Safety, the Medical Director, noted this report reflected the Trust's current position in relation to compliance with Essential Standards. He emphasised the importance of distinguishing between the CQC's quality and risk profile (QRP) as set out in the report and the assurance level determined by the Trust against the assessed Outcomes. CJ noted that the report provided detail against the areas identified in the QRP as high red: Outcomes 1 and 12 and the reasons the Trust's self assessment did not support this. The report included detail of the discussion held regarding Outcome 10 at both the Clinical Quality Advisory Committee and the Integrated Risk and Governance Committee.</p> <p>CJ alerted the Board to a proposal within the report that the Board should agree to a change of reporting frequency from quarterly to twice per year. The Board was advised there was considerable work involved in drawing the report together requiring detailed analysis against each standard and an evidence review. CJ emphasised that any concerns about compliance that emerged between reports would be escalated via IRGC to the Board and to the Executive Leads for immediate action.</p> <p>There followed a discussion on compliance issues generally and PD clarified that this system was different to the previous self assessment system under the Healthcare Commission. The Trust was required to ensure ongoing surveillance of all outcomes to maintain compliance within a regulatory framework overseen by the regulator, the Care Quality</p>	

	<p>Committee. RD asked that the report includes a preliminary summary of headline issues to be concerned about and CJ agreed to consider this. <b>The Board approved</b> the change to reporting frequency to every 6 months.</p>	
22/12	<p><b>NHS ProCure21+</b></p> <p>LG reviewed her report which provided the background and rationale for entering into the NHS ProCure21+.</p> <p>The Board were asked to approve: (i) the use of NHS ProCure21+ for the delivery of the WHHT Transform Scheme; (ii) to approve the selection of IHP as the preferred principle supply chain; (iii) to authorise the Chief Executive Officer to sign the Scheme Appointment Contract for the WHHT Transform Scheme and to authorise the Chief Executive Officer to delegate authority, in writing, to sign each project contract within the WHHT Transforms Scheme, to the Associate Director, Strategic Development, subject always to there having been a decision recorded in writing from a quorate Project or Programme Board approving the formation of that contract.</p> <p>The Chair was reassured to note the progress being made in implementing the WHHT Transforms Scheme and asked if the Board was content to approve the recommendations above. <b>The Board signalled its unanimous approval.</b></p> <p>The Director of Finance observed that ProCure21+ was a framework within which the Board will be required to make separate decisions for separate schemes of work.</p>	
23/12	<p><b>Deanery Update</b></p> <p>The Director of Patient Safety, Medical Director, provided an oral update recalling his progress report to the Board in November. The formal action plan was submitted to deadline and has been accepted by the Deanery. He noted that the Deanery Action Group continues to work on all elements of the action plan and that a re-visit has been planned for 26 April.</p> <p>The Chair observed that the experience of junior doctors is an important barometer of care and delivery issues and they must be fully supported. The Director of Patient Safety, Medical Director agreed that junior doctors are critical to service delivery and are working in a very busy environment. The Chair noted he had received a letter from a patient who had recently attended A and E and wished to commend the care experienced from a junior doctor 'which was of the highest order'.</p>	
	<b>COMMITTEE REPORTS</b>	
24/12	<p><b>Charitable Funds Committee</b></p> <p>Katharine Charter, Chair of the Charitable Funds Committee advised the Chair had agreed that she would make a short</p>	

	<p>presentation on the work of the Committee to the March Board.</p> <p>KC briefly summarised the profile of the fund which has grown in line with the All Charities Index but that markets impacted on Fund performance during the last year. She noted there were challenges ahead to maintaining the core fund. KC noted that £100K was recently awarded to the Director of Nursing to utilise to secure ward enhancements that have been identified by staff. KC informed the Board that the Director of Finance has recently met with Fund-holders to encourage them to utilise the funds and spending opportunities have been promoted via On the Pulse.</p> <p>Finally KC advised that the Committee had agreed to develop a fund which had a bidding framework against which bids could be developed according to a specific set of criteria.</p>	
25/12	<p><b>Audit Committee</b></p> <p>Sarah Connor, chair of the Audit Committee presented her report advising that Phil Townsend would be joining the Committee as the third Non Executive Director. SC noted the Committee had discussed the need for the Statement of Internal Control to be developed on an ongoing basis to ensure full awareness of control issues that inform it. SC noted the Committee would be completing an evaluation questionnaire on the service provided by internal audit and a number of members of the Board had been asked to participate. The Chair on behalf of the Board looked forward to receive the outcome of the questionnaire.</p>	
26/12	<p><b>Audit Committee Cycle of Business</b></p> <p>SC introduced the cycle of business and asked that the Board approve it, noting it was informed by the Terms of Reference recently approved by the Board and based on the 2011 Audit Committee Handbook.</p> <p><b>The Chair asked if the Board was content with the matters identified in the forward schedule and all agreed.</b></p>	
27/12	<p><b>Finance Committee</b></p> <p>Chris Green, Chair of the Finance Committee reported on the meeting that took place on 12 January during which the Big Ask was discussed and progress and lessons learned considered. The Meridian work was also reviewed and the Committee felt that whilst the outcome was disappointing, there had been substantial learning from the project which could be taken forward to the Big Ask programme. CG noted the Committee had received an update on the roll out of Service Line Reporting and that the next area of focus was Service Line Management. Tony Divers had attended the meeting and vaunted the benefits of ensuring clinicians were fully involved as they are key to utilising the data to inform service development decisions. The Committee also reviewed the Business Cases for the additional capacity and CG</p>	



	<p>congratulated the Board for the decision it took to provide this much needed capacity. However the Finance Committee felt that for future projects it would be important to ensure that funds were clearly identified when decisions were being made. The Chair, on behalf of the Board reiterated the importance of ensuring financial considerations informed investment decisions.</p>	
28/12	<p><b>Integrated Risk and Governance Committee</b></p> <p>In the absence of the Chair of this Committee, Sarah Connor, Deputy Chair reported on the meeting held on 12 January. She noted the Committee undertook a review of the Board Assurance Framework and in particular discussed some of the scores, as the Director of Patient Safety, Medical Director noted during discussion of item 09/12. SC advised that many of the issues discussed were reflected in the Board's agenda (including impact of Big Ask, the Deanery Visit and Estates issues) and confirmed there were no issues to bring to the Board's attention.</p>	
Not on agenda	<p><b>Strategy Committee</b></p> <p>The Chair invited Chris Green, Chair of Strategy Committee to report on recent progress and next steps, noting the Committee had not met since it became a formal Sub Committee of the Board. CG noted the next meeting was scheduled for 7 February and would be focusing on progress in relation to one of the key themes, the Estate. The meeting would be considering the report presented to the Board in September, and on the subsequent re-ordering of priorities following the compliance issues raised since then.</p>	
29/12	<p><b>Patient Safety</b></p> <p>The Chair asked whether there were any issues of patient safety relating to patients that gave cause for members to be concerned and none were raised.</p>	
30/12	<p><b>Local Involvement Network</b></p> <p>The Chair invited a representative from Hertfordshire LINK to comment on matters before the Board. The representative wished first of all to congratulate the Board on the way it managed its hospitals across three sites, and its emphasis on care and safety.</p> <p>The LINK representative raised following questions:</p> <ol style="list-style-type: none"> <li>1. He referred to the Quality Dashboard and the metric relating to Clinical Supervision. The Director of Patient Safety, Medical Director responded that junior doctors perceive they don't get the support they feel they need and the Trust has given clear directions to Consultants about this issue.</li> <li>2. The development of a major trauma centre at Addenbrookes was raised and the representative asked if this would have an impact on West Hertfordshire</li> </ol>	



	<p>Hospitals NHS Trust. The Director of Patient Safety, Medical Director clarified that the Trust would not be affected by this. For major trauma requiring transfer the Trust is partnered with St Mary's Hospital Paddington (Imperial College Healthcare NHS Trust) and it worked very well. CJ clarified that patients were either transferred direct to St Mary's from scene or as required via Watford A and E – by ambulance. CJ further clarified that the Clinical Director for Emergency Services is the Lead.</p> <p>3. The representative had read that the AAU plans to install an electronic board system and asked if the lack of one was a patient safety issue. The Director of Patient Safety, Medical Director clarified that the current Board system supports safe care and will remain. The issue is communication following discharge from the AAU and it is this that will be resolved with the new system.</p> <p>4. The representative noted recent NPSA guidance in relation to Insulin Passports and asked whether the Trust is implementing this. The Director of Patient Safety, Medical Director responded that there is a working group focusing on this issue and overseeing its implementation.</p> <p>5. The representative recounted that when accompanying a patient to the Minor Injuries Unit he noted the chairs in the waiting room required attention. The Interim Director of Strategy and Infrastructure thanked him for raising the issue and agreed to follow this up.</p> <p>6. The representative noted to the Board that the Local Pharmaceutical Committee was looking forward to being invited to the Discharge Summit.</p> <p>7. The representative recalled the earlier oral report by the Chair of the Charitable Funds Committee and suggested that volunteers could be used to visit wards to ask for ideas from staff about how funds could be used. The Chair thanked him for his suggestion.</p>	
	<p><b>Items for information</b></p> <p>The following items were taken as read</p>	
31/12	<b>Charitable Funds Committee – Minutes 29 September 2011</b>	
32 & 33/12	<b>Audit Committee – minutes 15 September and 10 November 2011</b>	
34/12	<b>Integrated Risk and Governance Committee – minutes dated 10 November 2011</b>	
35/12	<b>Finance Committee – minutes of the 10 November 2011</b>	
	<b><u>Concluding items</u></b>	

199/11	<b>Urgent business</b> No additional items of urgent business were raised.	
200/11	<b>Questions from the public</b> <ol style="list-style-type: none"> <li>1. A member of the public expressed satisfaction that the Trust was making progress towards authorisation as a Foundation Trust. Asked whether the Board would continue to meet in public, the Chair replied that it would.</li> <li>2. The questioner was also pleased to hear the news about the Croydon Rail Link but wondered when the new hospital would be built. The Chair clarified that the initial new build plan was contingent upon a private finance initiative but that this was no longer an option. The updating and renewing of hospital facilities would therefore be planned on a phased development approach as funds become available. The Chief Executive emphasised the new hospital was an intention to build rather than a commitment to build. The Trust envisaged the new road would be built within two years and a new maternity wing not long after that. The Chief Executive also confirmed that the Croydon Rail Link would open in January 2016.</li> <li>3. The questioner asked if the Trust would be able to access any of the £300m in capital funds released by the DH and the Chief Executive replied that the Trust had submitted a number of proposals.</li> <li>4. The questioner finally expressed frustration that there were no change machines in the car park. The Chair thanked her for raising this issue.</li> </ol> <p>The Chair drew the meeting to a close, thanked members of the public for attending and advised the date of the next meeting was the 29 March 2012 at the Executive Meeting Room, Watford General Hospital.</p>	

**Patricia Duncan**  
Company Secretary  
3 February 2012

**These minutes are signed as true record**

.....Dated:.....

Professor Thomas Hanahoe, Chairman