

Tuesday 7th February 2012 @ 13:30
Stopes Meeting Room,
SHA Offices, Fulbourn, Cambridge

ITEM	MINUTE	ACTION
1.0	<p><u>Introductions/ Present/ Apologies</u></p> <p>Participating:</p> <p>Chris Green [CG] (Chair) – Non-Executive Director Mahdi Hasan [MH] – Non-Executive Director Jan Filochowski [JF] – Chief Executive Natalie Forrest [NF] – Director of Nursing Louise Gaffney [LG] – Director of Strategy & Infrastructure (Interim) Liz Rippon [LR] – Director of Communications & Corporate Affairs Kyle McClelland [KM] – Associate Director – Strategic Developments</p> <p>In Attendance:</p> <p>Eric Fehily [EF] – Associate Director, Estates</p> <p>Apologies:</p> <p>Chris Pocklington [CP] – Director of Delivery – NF presented Item 4: AAU paper</p>	
2.0	<p><u>Minutes of the Last Meeting</u></p> <p>The draft minutes of the 11th November 2011 Board Strategy Committee were reviewed for accuracy. There were no Matters Arising.</p>	
3.0	<p><u>Strategic review of AAU</u></p> <p>Chris Pocklington presented a paper proposing a strategic review of the AAU concept now that the Trust had had three years experience of managing it. The paper built on the discussions at the Board Development Day on 15/12/11. The following suggestions were discussed:-</p>	
3.1	The review could usefully be extended to consider care provided beyond the hospitals “back-door”. A Community Care representative could also be invited to join a future meeting, but the first priority should be to address the processes and pathways within the AAU.	LG
3.2	There should be clear financial transparency throughout the review as well as clinical and patient transparency. Service improvements often bring financial efficiencies in themselves and should also be reviewed.	CP
3.3	A patient representative could usefully be on the group looking at any proposed changes to the patient pathway and clinical model.	CP
3.4	The review should link to the clinical strategy discussions and the work currently underway with IHP. IHP have provided some further challenge to the paper and these would be discussed with Esther Moors directly.	LG
3.5	<p>DECISION</p> <p>The Committee accepted the paper’s recommendation and endorsed the proposed approach and to report back to the 7 June meeting.</p>	CP
	<p>Post Meeting Note: the next area for strategic review at the April meeting would be Maternity</p>	NF

ITEM	MINUTE	ACTION
4.0	People Strategy	
4.1	NF presented the Developing the Organisation: People Strategy in Practice paper. The Committee commended the paper and requested that their congratulations be passed on by NF to the authors (Sue Whiterod and Mark Vaughan). It was noted that the principles were part of “How we do things around here”, and similarly aligning it with the Trust’s successful “Going for Gold” communications.	NF
5.0	Clinical Strategy – Re-shaping	
5.1	LG presented the circulated paper and updated on further progress with the Clinical engagement meetings. The next C-Strat Meeting is planned for 15 th March. JF confirmed that MH and CG would be welcome to attend as observers.	
6.0	Clinical Strategy Meetings (SERP)	
6.1	LG reported that IHP had now completed the 2 nd of 3 meetings with each of the Clinical Divisions. There was broad support from all divisions for the process and the feedback to date has been positive. There is an understanding from clinicians that their services need to adapt and evolve. There is broad support for enhancing the diagnostics provided at SACH (rather than in isolation at the LGH) which needs to be tested with what further activity could be displaced from Watford and what additional support surgery would require.	
6.2	Noted that the CT and MRI (both at Hemel) replacement decisions are becoming pressing – particularly for CT. Some post-code analysis has been conducted to assess the impact of a possible move of the location of the CT/ MRI which does not show great variation in the numbers travelling from either St Albans & Hemel.	
7.0	Watford Health Campus Strategy	
7.1	KM presented an update on the Campus progress, highlighting the 4 companies involved in the procurement process (Kier John Laing, Chesham Estates/ Mott MacDonald and Vinci) and the keen interest displayed by the bidders. A notification had been received that Mott MacDonald were withdrawing from the Chesham Estates bid team. JF noted that Chesham had appointed Foster & Partners as their master-planning architect. KM indicated that no notification had been received about Chesham’s intentions after Mott MacDonald’s withdrawal.	
	POST MEETING NOTE Legal advice is being sought by the Campus team on whether Chesham can continue in the process without Mott MacDonald.	
7.2	KM reported that the procurement is at “Invitation to Submit Detailed Proposals” (ISDP). At the end of this phase, bidders will be short-listed to 2 and will progress to Best and Final Offer (BAFO) stage. Forecast for appointing preferred bidder remains June, with possible slip to September.	
7.3	KM reported that the news of the £7m for the road and £2.9m for the CHP granted by DoH to the Trust had been received extremely positively. The new funding was being communicated to bidders. JF stressed that the control of delivery of this infrastructure should reside with and be seen to be delivered by “Health”. KM reported that discussions on procurement strategy for the road and how to integrate this with the developing masterplans coming from bidders.	
	The road bridge over the Croxley Rail Link is now on the “critical path” for delivery, as there was now a deadline of December 2014 for the bridge to be completed. This was to avoid constructing over a “live” rail line.	

ITEM	MINUTE	ACTION
7.4	<p>KM reflected that this would have a significant impact on the Trust's staff car parking capacity and that various approaches would need to be considered on how to address this both during and after the construction of the road/ bridge. JF noted this and requested that a car parking strategy be developed ASAP. LG updated that there is already a project manager working on the business case for this. One of the currently favoured options is for the car park to be delivered by a third party and not require any capital investment from the Trust.</p> <p>7.5 KM/ LG presented the draft governance structure for the Campus work. JF indicated that it may be time to re-establish the Trust's New Hospital Programme Board. Further reflection from JF and Director colleagues needed before the next meeting on this point.</p> <p>7.6 MH/ CG pointed out that the official accountability for works should flow through CEO and Director to the Board Strategy Committee. The strategic opportunities offered would be reviewed by the Strategy Committee and would flow through to the Finance Committee and the Big Ask Programme..</p>	
	<p>Subject to changes to reflect Executive accountability (not NED) , the Governance structure was AGREED/</p>	NOTED
8.0	Strategy for Local General Hospital at Hemel Hempstead	
8.1	<p>LG updated that the PCT timeline for generation of a Business case remained as June 2012. LG had shared the positive indications from WHC bidders that they would also be interested in taking on development opportunities at Hemel. This was noted by the PCT, whom have accepted that LIFTCo is no longer the only option moving forwards. The issue is with the timeline and ensuring key stakeholders are kept informed of progress. A workshop had been discussed at the Partnership Group to be organised by the PCT in mid March.</p> <p>8.2 KM updated on the options being considered especially the new options raised of a new facility in the heart of the town-centre (possibly as a LIFTCo). This had come about following Economic regeneration group in Hemel, welcoming the proposal.</p> <p>8.3 LG summarised the Critical Success Factors paper circulated and reflected on the options selection matrix issued which would be part of the evaluation process.</p>	
9.0	Estate Strategy Review Timeline	
9.1	<p>It was noted that the Full Estates Strategy is planned for review and that a further six facet survey is planned for this year. The previous Estates Strategy remains valid, and had not been re-submitted to the Board owing to the work underway on the Strategic Estates Rationalisation Programme and re-shaping clinical strategy discussions due later this year.</p>	
10.0	Backlog Maintenance Priorities	
10.1	<p>EF reported that the NHSPProCure21+ Partner was now appointed and was making progress on addressing the previously identified backlog maintenance priorities. Much of this work was data gathering to allow further work to be scoped and priced.</p> <p>10.2 EF reported that new high priority estates issues were being discovered as a result of the more detailed condition and testing/ management regimes he had</p>	

ITEM	MINUTE	ACTION
	introduced over the preceding 3-6 months. The Committee asked for an update at each future meeting until the issues were resolved. ACTION EF to prepare progress reports for Board Strategy Committees.	EF
10.3	EF reported that the capital programme for next year only allows for c£2m spend on backlog maintenance, due to slippage of other schemes (mainly Decontamination Compliance Programme – WGH Endoscopy and TSSU outsource). It was noted that non-backlog schemes normally have an element within them that contributes to the backlog maintenance agenda.	
10.4	LG noted that the second part of the Dr Langford report, aims to review how we ensure the integrity of our backlog information in line with national guidance and produce a calibrated spend profile associated with it. The Committee proposed to review the revised strategic investment required in backlog maintenance at its and June meeting when all the facts were known. ACTION LG to report back following meeting.	LG/EF
10.5	The Committee noted the capital allocation and agreed to endeavour to identify additional resources that could be prioritised to backlog maintenance. EF indicated that the detail of the Backlog Maintenance sub-programme could not be provided at this stage as priorities would develop with an increasing understanding of the condition of the estate. ACTION LG to discuss capital allocations with Capital Planning Forum and Capital Programme Board.	LG
11.0	Estates Review: Independent Review	
11.1	LG reported that an independent review of the Estates Management had been commissioned to aide the service improvement and risk management of the Trust. The report reviews the Trust's current estate management processes and protocols, conducted by Dr Melvyn Langford (an acknowledged expert in the Estates Management field)	
11.2	LG emphasised the work that had been conducted since Oct '10 with EF providing a key focus on resilience and compliance. Investments had been aligned with the key risks reported on at Integrated Risk & Governance Committee (IRG); Divisional Integrated Standards Executive (DISE) and Business Integrated Standards Executive (BISE). As a result, the following had been priority investments in addressing the Trusts backlog maintenance: 1. Electrical infrastructure 2. Generator back-up 3. Roofs	
11.3	EF summarised the detail of the report for the Committee and noted that further work was required on it before it was in a suitable state to be formally received. EF noted that there are a number of vacancies arising as a result of departure of a number of staff on retirement or career development. NF requested that a prioritised action plan be generated with the report and that vacancies be identified and reported on urgently to allow action to fill those posts. EF/LG noted that discussions about a revised structure and a contingency plan to fill the gaps in the meantime was already in place, with a likely solution by the end of February. ACTION	LG/EF

ITEM	MINUTE	ACTION
	EF/ LG to progress and report back.	
11.4	The Committee requested that the report contain some benchmark indicators on required staffing establishment and spend on estates maintenance to provide a robust gap analysis be conducted. The benchmarks should be a guide only at this stage.	EF/LG
11.5	The Committee proposed a fortnightly Backlog project report to the CEO with a “dashboard” demonstrating the rate of delivery. It was suggested that the 7 critical infrastructure items highlighted by the DRAFT report should be used as the basis of this “dashboard”. This should be reviewed at Strategy Committee until finalised. ACTION EF/ LG to generate an Estates “dashboard”.	EF/LG
11.6	The Committee also requested that the final DRAFT report be presented to the Board Development Day on 23 Feb 2012 and should also go before the IRGC. ACTION LG to liaise with Dr Langford to ensure report is prepared in time and is presented to the appropriate committee. It was accepted it may be a late circulation given the timeline and sensitivities.	LG
12.0	Internal Report on Asbestos Management	
12.1	The internal report has been issued to the Health & Safety Executive in line with requirements following the issue of the RIDDOR event for Watford. The report clearly states the positive action taken in response to finding disturbed asbestos and the rigorous processes now underway to address the issues.	
12.2	EF explained that from 2006 the Trust should have had Management Plans in place and re-inspected all known asbestos locations on an annual basis. Records should also have been kept of all asbestos removal. KM noted this information was normally contained in the Health & Safety Manuals handed to estates at completion of a project, but agreed it had not been proactively managed as a matter of course, due to system access issues and person resources.	
12.3	The Committee sought clarification regarding the extent of the potential exposure to asbestos. EF identified that it was at each of the 3 sites and was mainly contained within Plant Rooms and “semi-controlled areas”. An area in X-Ray records at Hemel Hempstead had been locked off due to asbestos issues. EF reported that the room was now programmed to be cleaned and air tests conducted POST MEETING NOTE: the room was declared as no longer high risk on Thursday 9 February and opened for use with information sent to staff.	
12.4	EF noted that all the affected areas were all now under tight management control with a controlled key access protocol in place. No entry is allowed in to the controlled areas without formal request from and approval by EF. Only appropriately trained staff are allowed in to the areas to conduct work. The Committee noted these additional controls.	
12.5	The Committee noted the situation with concern and required a fortnightly asbestos project report to be made to CEO detailing the progress being made to eliminate the asbestos problem. These reports would be reviewed at every Strategy Committee until finalised. ACTION EF/ LG to report fortnightly to CEO on asbestos management progress.	LG/EF

ITEM**MINUTE****ACTION****13.0 Future Meeting Dates**

Exec Meeting Room, Spice of Life, WGH. 14:00 – 16:00 on:

- Tuesday 3rd April
- Thursday 7th June
- Thursday 20th September
- Thursday 15th November

14.0 Action Log from 7th February 2012 Meeting

Item	Issue	Action Agreed	Allocated	Lead	Status
3.2	AAU	Review service improvements for financial efficiency opportunities	07/02/12	CP	Pending
3.3	AAU	Ensure a patient representative is on the group reviewing patient pathways	07/02/12	CP	Pending
3.4	AAU	Discuss IHP work with Esther Moors	07/02/12	LG	Pending
11.3	Estates	Report back on plans to fill estates vacancies	07/02/12	EF/LG	Pending
11.4	Estates	Generate an Estates "Dashboard"	07/02/12	EF/LG	Pending
11.6	Estates	Liase with Dr Langford to report on Estates issues for 23 rd Feb Board Development day	07/02/12	LG	Pending
12.5	Estates	Prepare fortnightly asbestos management reports to CEO	07/02/12	EF/ LG	Pending
10.2	Estates	Prepare Estates Backlog progress reports for Board Strategy Committees	07/02/12	EF	Pending
10.4	Estates	Report back on outcome of backlog risk analysis reporting meeting with Dr Langford	07/02/12	LG	Pending
10.5	Estates	Discussion of Capital resources available and funding allocations	07/02/12	LG	Pending
4.1	People	Provide feedback to Sue Whiterod and Mark Vaughn	07/02/12	NF	Pending