

Minutes of Part 1 Board Meeting

Thursday 29 March 2012

**Lecture Theatre 1
Watford General Hospital**

Attendees

Board of Directors

Thomas Hanahoe (TH)	Chairman
Katharine Charter (KC)	Non Executive Director (Vice Chair)
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

Also in attendance

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

Agenda Item	Comment	Action
39/12	<p>Chair's Introduction</p> <p>Welcome The Chair welcomed the public to the Board meeting, including colleagues from KPMG who had been commissioned by the Trust to review Board governance, as part of the assessment to become a Foundation Trust.</p> <p>TH also welcomed PJ to his first Board meeting and Natasha Black a new NHS Graduate trainee who had recently started work at the Trust, and who was observing the Board.</p> <p>Foundation Trust TH informed the Board that the SHA had advised that it would be forwarding the Trust's application to become a Foundation Trust to the DoH. The next stage would be for Monitor, the Health Service Regulator, to evaluate the Trust's readiness to become a Foundation Trust. This evaluation was expected in the Summer.</p>	<p>Board Action 03/12 -1 JF to include Board thanks to staff for a successful year in his next podcast.</p>

Thanks

The Chair congratulated the Executive Team for a successful year. The Chair asked that the Board's gratitude and thanks be conveyed to all staff. The CEO undertook to include thanks from the Board in his next podcast.

TH paid tribute to Dr Mike Clements who had recently retired after 23 years excellent service with the Trust.

The Chair noted the good work of staff had been reflected in the early indications of an improved inpatient survey, of which more detail would be provided at a future meeting.

The Chair also noted that some colleagues would, later in the day, judge entries for the award of Nurse/Midwife of the Year and wished them well.

Board Membership

Following the vacancy resulting from the retirement of Mr Evans, the Board considered a proposal from the Chief Executive that Chris Pocklington become an executive and voting member of the Board. CG seconded and the Board agreed the nomination.

Ward and Department Visits

The Chair invited members to provide feedback on visits that took place prior to the meeting.

TH and CP visited Dermatology, which was providing high quality service to a large number of out-patients and in-patients. Pressures on staff meant that the help desk/reception was not always staffed. NF and LG undertook to consider, including whether an IT touch screen might be used to receive patients.

KC and ER visited Heronsgate Ward. Problems with Bank staff attendance were reported and MV confirmed this was due to a loss of Trust administrative staff managing Bank arrangements. These issues were being addressed.

CG and JF visited Langley Ward. Two issues were raised. One was on high levels of soiled laundry on the Ward. LG would investigate. The other was a delay in patient discharge by junior Doctors who were often called to A&E and AAU. CJ and NF were exploring the scope for nurse-led discharge.

RD and LG visited Oral and Maxillo-Facial Surgery. There were two challenges raised: staffing the reception desk, for which LG would consider scope for IT touch-screen solution. Staff also reported a long-standing problem in providing medical records.

SC and CJ visited Radiology. The key issue raised was the replacement of the CT Scanner at Hemel Hempstead. LG reported that this was already under consideration as part of the capital expenditure programme for 2012/13. She confirmed that arrangements were underway to provide feedback to staff on the outcome of bids to the capital programme.

AA and PD visited the Stroke Unit. They found a well performing and enthusiastic team who were generally exceeding targets for

Decision 03/12 - 1: CP to become an executive and voting member of the Board.

W/D Action 03/12 - 1: NF and LG to consider staffing in Dermatology reception and whether an IT touch screen solution might be used.

W/D Action 03/12 - 2: LG to investigate high levels of soiled laundry on Heronsgate Ward.

W/D Action 03/12 - 3: CP and LG to consider staffing in Oral and Maxillo Facial reception and whether an IT touch screen solution might be used.

W/D Action 03/12 - 4: CP to report back on progress in providing medical records in Oral and Maxillo-Facial Surgery

	<p>seeing patients admitted to A&E for whom transfer to an acute ward was required within 4 hours of presentation.</p> <p>PT and PJ visited Cardiac Catheter Laboratory. PT noted the very impressive IT facilities available for patient investigations and treatments.</p>	<p>Action 03/12 - 2: LG to develop arrangements to provide feedback to staff on capital bids and their outcome.</p>
40/12	<p>Apologies</p> <p>There were no apologies.</p>	
41/12	<p>Declarations of Interest</p> <p>No new declarations were recorded in relation to the agenda or amendments made to any previous declarations of interest.</p>	
42/12	<p>Minutes of the previous meeting 26 January 2012</p> <p>AA advised that Item 7/12 on Financial Plan should read ‘...the forecast surplus <i>in the current financial year 11/12</i> was revised from £4.4m to £3.6m...’</p> <p>SC advised that names of people making specific Ward and Department visits needed amending and that 25/12 on Audit Committee should read ‘ SC noted the Committee would be completing an evaluation questionnaire <i>on the Audit Committee’s own effectiveness....</i>’</p> <p>The Board agreed the minutes subject to those changes being made.</p>	<p>Post - meeting note: Previous minutes amended. GC</p>
43/12	<p>Matters Arising</p> <p>JF raised one matter arising, that the Trust had submitted a bid on time to the SHA for a contract to secure community pathology services.</p> <p>Actions from previous meetings had been cleared.</p>	
44/12	<p>Chief Executive’s Report</p> <p>The Chief Executive summarised what had been a successful year for the Trust. The FT application was progressing well; the Trust was meeting financial targets and it was anticipated the year-end surplus would be achieved.</p> <p>Contract negotiations were going well and there was a positive relationship with commissioning partners.</p> <p>Overall, there was a good basis for continued progress next year, and this was reflected in a number of strategic items for discussion on today’s agenda – on strategic objectives and the annual plan, on budget and capital expenditure plans and on supporting infrastructure and people strategies.</p>	

45/12	<p>Board Assurance Framework</p> <p>The Medical Director presented the BAF report which contained 23 current risks. The risks and mitigating actions were reviewed by the Integrated Risk and Governance Committee on 8 March. The Committee had agreed that three new issues be included in the BAF, on:</p> <ul style="list-style-type: none"> - the replacement and affordability of a CT Scanner at Hemel Hempstead. The Board noted that a business case was being considered in liaison with the Finance Director and as part of capital expenditure plans: - ITU and delayed discharge, as a result of recent increases in capacity but also continuing increases in demand. The Board noted that the Director of Delivery was considering mitigating action to address this capacity risk. - CRB checks for staff employed prior to 2002. The Board noted the Director of Workforce was developing an action plan to address this risk and would continue reporting on proposals and progress to IRGaC. <p>CJ also advised the Board that work was underway to reformat the BAF report. The Board noted that significant progress had been made on the BAF process through the work of IRaGC. More work was underway to embed the BAF risk management approach across the Trust.</p> <p>In discussion, the Board agreed that the BAF was thoroughly scrutinised by IRaGC and future items to the Board would be presented in the form of a detailed and focussed assurance paper, rather than include the full BAF as an appendix.</p>	<p>Action 03/12 - 3: CJ to bring BAF assurance paper to future Boards rather than the full BAF.</p>
46/12	<p>Budget 2012/13</p> <p>The Director of Finance introduced a paper on the proposed budget for 2012/13.</p> <p>AA explained that the budget for 2011-12 was for a surplus of £4.4m and she expected a surplus of £3.6m to be achieved in line with the revised plan.</p> <p>The Board noted that the budget is for a surplus of 1% which is needed to meet Monitor requirements and to generate sufficient cash to make loan repayments..</p> <p>The Board noted that the Trust expects to achieve £234m from contract income and £27.4m from other sources. This is higher than previously forecast due to higher expected patient activity and a lower than expected reduction from tariff changes.</p> <p>Negotiations with NHS Hertfordshire on the contract proposal for 2012/13 were close to being finalised and an update would be provided to the next Board meeting.</p> <p>The Board recognised cost pressures in 2012/13, including</p>	

	<p>estates compliance, A&E medical cover, improvements in maternity theatres, and inflationary and other pressures. A 1% general contingency was also included.</p> <p>The Board noted that the cost improvement target from the 'Getting Better' Programme had been reduced from £13m to £11.6m, primarily because estimated contract income has increased.</p> <p>Against this backdrop, the Board noted that the Trust faced a number of financial risks in 2012/13, particularly concluding loan refinancing resolving its cash position; managing increases in emergency activity; managing capital investment and the maintenance backlog and delivering savings in line with target.</p> <p>Following discussion, the Board approved the budget for 2012/13 and agreed that the 2011/12 Accounts be prepared on a 'going concern' basis.</p>	<p>Decision 03/12 - 3: The Board approved the budget for 2012/13 and agreed that the 2011/12 Accounts be prepared on 'a going concern' basis.</p>
47/12	<p>Capital Programme 2012/13</p> <p>The Interim Director of Strategy and Infrastructure introduced proposals to manage the capital expenditure programme for 2012/13.</p> <p>The Board noted that the anticipated capital expenditure next year is £9.6m, including unavoidable or committed investment of £6.6m in decontamination compliance and backlog maintenance.</p> <p>A further range of schemes, costing over £10m in total have been identified as available for prioritisation in 2012/13 on medical equipment replacement, including the CT Scanner for Hemel Hempstead, infrastructure improvements, such as the PMOK/Maternity Link Bridge, and for service redesign, such as building new capacity at Watford Hospital.</p> <p>More work is underway to quantify, develop and prioritise those schemes and to commit a further £3.7m to them. The Board recognised that overall proposed capital expenditure for 2012/13 showed an over-commitment on the £9.6 available. This was intentional, and would be managed so as to avoid the capital under-spend of previous years.</p> <p>The Board noted that there would be regular engagement with clinicians to test proposals and agree priorities for the expenditure of the remaining £3.7m. Responsibility for monitoring capital expenditure would rest with the Finance Committee.</p> <p>The Board endorsed the expenditure of £6.6m on unavoidable and committed expenditure and agreed to consider the allocation of the remaining £3.7m at the May Board meeting when more work and prioritisation had been completed.</p>	<p>Decision 03/12 - 4: The Board agreed expenditure plans for £6.6m of available capital</p> <p>Action 03/12 - 4: LG to bring proposals for allocation of remaining £3.7m capital to May Board meeting.</p>

<p>48/12</p>	<p>Draft Annual Plan</p> <p>The Director for Partnerships presented the draft Annual Plan 2012/13 to the Board, noting it followed a format prescribed by the SHA, which will use the document as a performance monitoring tool.</p> <p>The Board noted that the Plan links to the first year of the Integrated Business Plan and focuses on planned developments and risks for the year ahead. The document is aligned to the 2012/13 objectives for the Trust and to Commissioning Plans and regional and national priorities.</p> <p>In discussion PJ was asked to consider setting more specific targets – either quantitative or narrative evidence - for each objective, so that progress and achievement could be assessed through the year.</p> <p>NEDs also reflected that, as the Trust moves to Foundation Trust status more consideration might be given in the planning process on how the Trust identifies which initiatives it takes forward to options appraisal and cost/benefit analyses.</p> <p>The Board agreed the draft Annual Plan for 2012/13, subject to further consideration of target setting for objectives.</p>	<p>Decision 03/12 - 5: The Board agreed the draft Annual Plan for 2012/13 plan, subject to further consideration of target setting for objectives.</p>
<p>49/12</p>	<p>Continuing Pressures on A&E</p> <p>The Director of Delivery presented an analysis of admissions following a review triggered by continuing increases in A&E attendances and admissions. Pressures on beds continue, despite the increase in bed capacity made last year and the parallel improvements in processes and infrastructure (additional staff in A&E, a new Clinical Decision Unit and weekend consultant discharge rounds). The analysis revealed that more patients from the St Albans postcodes are being seen in A&E, and that there has been a steady increase in ambulance arrivals.</p> <p>In discussion, the Board recognised that one major reason for the increase in emergency admissions was likely to be the downgrading of Welwyn Hospital by East and North Hertfordshire Hospitals NHS Trust and the consequential relocation of its emergency services to Stevenage.</p> <p>The Board noted that more work was underway to develop a capacity model that would inform a capacity plan for winter 2012/13.</p> <p>CG welcomed this and asked that the proposals consider a range of options, not just a further increase in bed capacity. KC endorsed this and asked that the options appraisal also consider the impact that treating more patients in emergency admissions would have on other services across the Trust compared to the benefits of increased bed capacity.</p> <p>CP confirmed that the capacity plan for accident and emergency admissions would be brought to the Board in May.</p>	<p>Action 03/12 - 5: CP to bring capacity plan proposals for accident and emergency admissions to May Board meeting.</p>

<p>50/12</p>	<p>Reshaping Strategy Update</p> <p>LG introduced a paper to update the Board on the Reshaping Strategy, which is led by the Strategy Committee, and included:</p> <ul style="list-style-type: none"> - How the clinical vision for the Trust will be delivered: in the short-term through addressing immediate capacity challenges and through medium and longer term strategies across all sites, - Joint work with the Primary Care Trust and Clinical Commissioning Groups for the transition to a Local General Hospital at Hemel Hempstead Hospital, with a business case including options and recommendations anticipated in May; and - Progression of the Watford Health Campus with three short-listed development companies having just submitted their responses to the “Invitation to Submit Detailed Proposals” (ISDP) stage of the Watford Borough Council procurement exercise. <p>The Board noted progress and that the Strategy Committee continues shaping the strategic direction, notably in relation to the Watford Health Campus; and that the Strategy Committee will consider the business case for the Local General Hospital at Hemel Hempstead at its May meeting.</p>	
<p>51/12</p>	<p>Staff Survey and Review of People Strategy</p> <p>The Board considered a presentation by the Director of Workforce on the results of the 2011 Staff Survey and the key components of the People Strategy.</p> <p>Staff Survey</p> <p>The Board noted that the Trust has improved on 33 of the 38 Staff Survey indicators over the previous year. In particular, the ‘overall staff engagement indicator’ moved from being in the lowest 20% of Trusts to being average.</p> <p>This improvement reflects the work undertaken to respond to the 2010 results based around:</p> <ul style="list-style-type: none"> - Recognising and engaging with staff - Improving Appraisal and - Improved Communication <p>However, scores fell for 3 indicators: on receiving job relevant training; good availability of hand washing materials: and those experiencing of some form of discrimination. The Board noted that work is underway to address these issues.</p> <p>People Strategy</p> <p>The Board noted the new People Strategy which addresses many of the issues raised in the staff survey and has 4 key elements; core standards, competencies, working differently and demonstrable outcomes, all based on the premise that</p>	<p>Action 03/12 - 6: MV to report on progress in addressing the 3 falling Staff Survey indicators to the September Board meeting.</p>

	<p>improving the experience of staff leads to a better patient experience and improved outcomes.</p> <p>The Board also noted work to implement the People Strategy, including identifying managers with people management responsibilities and agreeing the strap line - 'If we get it right with our staff we will get it right with our patients' and associated key messages for communication to staff.</p> <p>The Board noted that it would receive progress reports on delivery of the People Strategy every 6 months.</p>	<p>Action 03/13 - 7: MV to provide People Strategy Update report to Board in September 2012.</p>
53/12	<p>Performance Report The Chief Executive introduced the Performance Report.</p> <p>The Board noted that the Trust continues to perform very well, despite the unprecedented increase in emergency patients during January and February. The Trust has maintained performance against the 95% 4 hour wait A&E target and against the 18 week referral to treatment target.</p> <p>However, the Trust will not meet the challenging emergency readmissions target. A project group jointly led by the Trust's Director of Nursing and NHS Hertfordshire has reviewed readmissions. The findings are that there was no failure in the Trust that could have caused the readmission. This review will be used to negotiate a more reasonable indicator for the 2012/13 contract.</p> <p>The Chair proposed that the Self Certification for February be approved. This was confirmed subject to an amendment to reflect the Board's provisional endorsement of a supplier for decontamination services.</p>	
54/12	<p>Corporate Objectives</p> <p>The Chief Executive reported to the Board on achievement of 2011/12 objectives and the proposed objectives for 2012/13.</p> <p>2011/12 Achievement The Board noted the Trust had:</p> <ul style="list-style-type: none"> - Achieved the planned financial surplus - Achieved NHSLA level 2 and was fully compliant with CQC requirements - Met the operational challenge of dealing with increased patient numbers and emergency admissions - Improved the patient experience as reflected in the outpatient survey - Signed the contract on time with Commissioners – the CE noted the very constructive discussions with the PCT that had occurred in relation to agreeing the contract - Made good progress on increasing appraisals, currently standing at 90% and mandatory training levels, which were over 70%. 	

	<p>2012/13 Objectives</p> <p>The Board considered draft objectives for 2012/13 on:</p> <ol style="list-style-type: none"> 1. Achieving Foundation Trust Status 2. Achieving planned financial surplus and, subject to loan rescheduling, an overall Financial Risk Rating of 3. 3. Preparing and implementing plans to cope with Emergency admissions: 4. Agreeing IT strategy and implementation. 5. Watford Health Campus: agree the route for the road, agree a contract to begin its construction and complete it within two years and make progress on construction of a combined heat and power plant, a multi storey car park and administrative offices, and agree the basic footprint for the new hospital and the proposed sequence of construction. 6. Improving the patient experience. 7. Improving the care and experience of patients with dementia: as a key national priority. 8. Implement our People Strategy using the indicators given in the annual staff survey. <p>In discussion, the MH asked whether estate maintenance and development might be a further objective for 2012/13, or perhaps included as part of the overarching Watford Campus objective. JF agreed to consult further on including estates into the objectives.</p> <p>RD asked if the Board might receive a briefing on the objective relating to dementia at a future Board meeting.</p> <p>The Board approved the proposed objectives for 2012/13.</p>	<p>Action 03/12 - 8: JF to consult further on including estates into the objectives.</p> <p>Action 03/12 - 9: NF to provide briefing on dementia to April Board Development meeting.</p>
55/12	<p>Financial Report</p> <p>The Board noted the report on the financial position with the Trust having a year-to-date surplus of £1.3m at the end of February 2012. This is due to an increase in patient treatment income of £2m offset, by a shortfall in anticipated savings.</p> <p>The cash forecast for year-end is £9.8m and reflects the receipt of £7m in relation to the construction of the link road.</p> <p>The Board noted that the year-to-date Monitor Financial Risk Rating remains at 3 or 'acceptable', the minimum level required to achieve Foundation trust status.</p>	

56/12	<p>Junior Doctors</p> <p>The Board noted a progress report from the Medical Director on the action plan to address concerns raised following the Deanery visit in October 2011 and the subsequent A&E inspection conducted by CQC.</p> <p>CJ reported that a Deanery pre-visit took place on 5 March which acknowledged the work undertaken and raised no major further issues of concern. However, there had been a recent Deanery and GMC survey undertaken which warranted closer analysis and he wished to change the assurance cited in the paper presented to the Board to 'sufficient' from 'significant'.</p> <p>CJ confirmed a further survey of junior doctors was underway, running throughout March. He noted that preliminary results were overwhelmingly positive, including from junior doctors working in A&E. CJ confirmed that an update report would be sent to the CQC in relation to actions required following the unannounced inspection.</p> <p>The Board agreed that the risk rating on the BAF for the Deanery visit be changed from 'significant' to 'sufficient.'</p>	<p>Decision 03/12 - 6: Deanery Visit risk on BAF to be changed to 'sufficient'</p>
57/12	<p>Nursing Quality Report</p> <p>The Director of Nursing introduced a paper on Nursing Quality for the period October 2011 to January 2012.</p> <p>The Board noted the report, including the increase in number of grade 1 and 2 pressure ulcers and the reduction in the number of normal births. CG noted there were a number of red rated metrics and NF responded that this reflected the activity challenges during the reporting period. She believed that overall quality was improving and this was borne out by initial data for February and March. KC asked for results from other or peer Trusts that could be used to compare with the Trust's performance.</p> <p>NF noted the initiative around the Safety Thermometer would facilitate benchmarking across EoE Trusts.</p>	<p>Action 03/12 - 10: NF to investigate providing comparative results from other/peer trusts in future reports</p>
58/12	<p>Quality Account</p> <p>The Board considered the Quality Account update for April to December 2011 from the Director of Nursing.</p> <p>The Board noted the significant issues that:</p> <ul style="list-style-type: none"> - The re-audit of pain management has shown a small improvement - There has been significant staff training on dementia care - Performance on complaints was disappointing, but improved significantly in the last quarter - There continue to be concerns over the number of 	

	<p>caesarean sections and work is underway to address this within the Maternity Department</p> <p>The Board noted and was invited to comment on the proposed quality improvements priorities for 2012/13 by correspondence.</p>	<p>Action 03/12 - 11: Board Members to comment to NF on the proposed quality improvements priorities for 2012/13 by correspondence.</p>
59/12	<p>National Outpatient Survey</p> <p>The Board considered a presentation on the results of the national Outpatient Survey.</p> <p>The Board noted that there had been general improvement in results compared to 2009 with the Trust doing well on: waiting times and communication about delays; communication with Doctors, privacy when discussing treatment or being treated; and hospital cleanliness.</p> <p>These were encouraging results, but the Board agreed that the Trust could do better, particularly at St Albans where scores appeared to be unchanged, with specific concerns around finding the outpatients' department; communication with other healthcare professionals; privacy at reception; and the overall impression and organisation of the outpatients' department.</p>	<p>Action 03/12 - 12: NF to provide action plan proposals to improve outpatient survey results, particularly at SACH to the July Board meeting.</p>
61/12	<p>Infection Control</p> <p>The Medical Director introduced a paper on infection control. He noted that no MRSA bacteraemia have been reported in January or February 2012 and that for the year-to-date there has been just one case reported.</p> <p>Two hospital acquired <i>C.diff</i> cases were reported in January and 3 in February. Excellent work by the Infection Control Team has meant that there have been only 14 hospital acquired cases so far this year, against a trajectory of 33.</p> <p>However, CJ indicated that as the February figures exceed the monthly trajectory they therefore trigger a 'red' RAG rating on the governance self certificate. This was disappointing, particularly when there have been no <i>C.diff</i> cases reported for the previous 6 months and the Trust is well below the annual trajectory.</p> <p>The Chair noted these achievements were a credit to all staff and commended particularly the work of the Infection Control team.</p>	
62/12	<p>Serious Incidents</p> <p>The Medical Director presented a report of the serious incidents reported since January 2012. There were no issues of concern to report to the Board.</p>	
63/12	<p>Complaints, Litigation, Incidents, PALS (CLIP)</p> <p>The Medical Director reported on key themes emerging from the analysis of complaints, litigation claims, incidents and referrals to the Patient Advice and Liaison service (PALS). There were no</p>	

	<p>issues of concern to report to the Board.</p> <p>CJ advised the Board of changes to the timescales for reporting and responding to complaints, to learn lessons more quickly and improve the patient experience. In future straightforward incidents will be addressed within 15 days, complex incidents within 30 days and multi-agency issues will be addressed within the current 40 day standard for all incidents.</p>	
64/12	<p>Information Governance Toolkit</p> <p>The Director for Partnerships provided an annual report on compliance with the national Information Governance toolkit.</p> <p>The Board noted that performance had improved this year – 44 out of 45 requirements were satisfactory or better. However, the Trust failed to meet one requirement for all staff to have mandatory training on information governance awareness, where 95% of staff have to have received training.</p> <p>The Board noted improvements from 37% to 81% of staff meeting this awareness requirement over the last two years and that an action plan was in place to continue to improve attendance at the mandatory training to the required standard, particularly for clinical staff and community midwives.</p>	<p>Action 03/13 – PJ: to provide an update on number of staff who attend mandatory training on information governance awareness to the September Board meeting.</p>
65/12	<p>Recent Scrutiny Meetings</p> <p>The Board noted the recent external scrutiny undertaken in the Trust by Hertfordshire Health Scrutiny Committee and also details of a recent unannounced inspection of termination of pregnancy services by the Care Quality Commission. This was part of a nationwide review commissioned by the Secretary of State for Health.</p>	
66/12	<p>Charitable Funds Committee</p> <p>The Board noted the minutes of the CFC held on 26 January 2012 and agreed the revised CFC terms of reference which reflected that the Committee's role should also be to encourage donations and utilisation of funds.</p> <p>KC nominated the Director of Finance formally to be a member of the Committee. This was seconded by CG and the Board agreed that Anna Anderson become a member of the Charitable Funds Committee. .</p>	<p>Decision 03/12 - 8: Board agreed revised terms of reference for the Charitable Funds Committee.</p> <p>Decision 03/12 - 9: Board agreed AA to become a member of the Charitable Funds Committee.</p>
67/12	<p>Audit Committee</p> <p>The Board noted the minutes of the Audit Committee held on 26 January 2012 and the report of the meeting held on 8 March 2012. The Chair endorsed that the 2011/12 Accounts be prepared on a 'going concern' basis.</p>	
68/12	<p>Finance Committee</p> <p>The Board noted the minutes of the Finance Committee and a report of the meeting held on 8 March 2012, where the Chair noted good progress was being made on the development of</p>	<p>Decision 03/12 - 10: Board agreed revised terms of reference for the Finance Committee.</p>

	<p>Service Line Reporting.</p> <p>The Board agreed the revised terms of reference for the Finance Committee.</p>	
69/12	<p>Integrated Risk and Governance Committee</p> <p>The Board noted the minutes of the IRaGC meeting held on 26 January 2012 and the note of the meeting held on 8 March 2012. The Chair reiterated the responsibilities of Executive Directors in relation to managing and mitigating BAF risks.</p> <p>The Board agreed the revised terms of reference for the IRaGC.</p>	<p>Decision 03/12 - 11: Board agreed revised terms of reference for the Integrated Risk and Governance Committee</p>
70/12	<p>Strategy Committee</p> <p>The Board noted the minutes of the Strategy Committee meeting held on 8 February 2012.</p>	
71/12	<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>	
72/12	<p>Local Involvement Networks (LINKs)</p> <p>The Chair invited a representative from Hertfordshire LINK to comment on matters before the Board.</p> <p>The LINK representative complemented the Trust on achieving cancer treatment targets and asked the following questions:</p> <p>Q: Cambridgeshire are pursuing a centre of excellence for AAA (Abdominal Aortic Aneurism) and asked whether the Trust would be taking a similar approach?</p> <p>A: CJ said that whilst screening for AAA, which was the main role of the centre of excellence, was a very worthwhile effort, the Trust did not think that the capital expenditure required to establish a centre in West Herts could be justified against the priorities and would run the risk of moving consultants away from delivering local services to the centre of excellence.</p> <p>Q: The Inflammatory Bowel Disease Panel had reported that the patients' toilet needed to be cleaned.</p> <p>A: LG would investigate and take action as required.</p> <p>Q: The local Pharmaceutical Committee would like to be more involved and engaged with the Trust.</p> <p>A: CJ advised that ER will provide the local Pharmaceutical Committee with more information on Foundation Trust status and NF would ensure an invitation is extended to the forthcoming Discharge Summit.</p> <p>Q: A consultation is about to start on the treatment of rare diseases. Would the Trust be involved in that work?</p>	<p>Action 03/12 - 14: LG to investigate the state of patient toilets as reported by the Inflammatory Bowel Disease Panel.</p> <p>Action 03/12 - 15: ER to provide local Pharmaceutical Committee with more information on Foundation Trust status.</p> <p>Action 03/12 - 16: NF to invite local Pharmaceutical Committee to a forthcoming 'Discharge Summit'</p>

	<p>A: CJ asked for more information to be provided about the consultation to pursue this further so as to be able to respond.</p> <p>Q: Might the bus timetables include times of arrival and departure at the hospitals</p> <p>A: This was an excellent proposal and LG would engage with the local bus companies for each hospital in the Trust to pursue this.</p> <p>Q: If the CT Scanner at Hemel Hempstead were to be replaced, would the old one be overhauled to provide a spare.</p> <p>A: LG confirmed that the existing scanner was at the end of its maintenance regime and could not be reused once decommissioned. But the Trust would be looking at ways of recycling the scanner.</p> <p>The Chair thanked KA for his questions.</p>	<p>Action 03/12 - 17: LG to engage with the local bus companies for each hospital in the Trust to explore including times of arrival and departure at the hospitals in bus timetables.</p>
73/12	<p>Any Other Business</p> <p>There was one item of any other business.</p> <p>Statement on Eliminating Mixed Sex Accommodation</p> <p>The Board noted the requirement for the Trust to review and update its declaration of commitment to ongoing compliance with the Government's requirement to eliminate mixed sex accommodation.</p> <p>The Board agreed the declaration that:</p> <p>'West Hertfordshire Hospitals NHS Trust is pleased to confirm that we remain compliant with the Government's requirement to eliminate mixed-sex accommodation, except when it is in the patient's overall best interest, or reflects their personal choice.</p> <p>We have the necessary facilities, resources and culture to ensure that patients who are admitted to our hospitals will only share the room where they sleep with members of the same sex, and same-sex toilets and bathrooms will be close to their bed area.</p> <p>Sharing with members of the opposite sex will only happen when clinically necessary, for example where patients need specialist equipment such as in, e.g. Intensive Care Unit, or when patients actively choose to share, for instance children.</p> <p>If our care should fall short of the required standard, we will report it in our monthly performance reports.'</p>	
74/12	<p>Questions from the Public</p> <p>A member of the public asked:</p>	

	<p>Q: Had the PCT seen the statistics on pressures on A&E as their recent meeting had made no mention of the issue?</p> <p>A: CP confirmed that the PCT had received the same presentation. JF undertook to confirm the PCT were aware with their CEO.</p> <p>Q: Did the plans for the Watford Campus Heat and Power Plant include alternative and more efficient energy sources such as underground heat pumps?</p> <p>A: LG confirmed that the Trust was continually looking to reduce it's carbon footprint and that would include in the Watford Health Campus plans. Sustainability would be one of the criteria against which developers for the campus would be selected.</p> <p>Q: What was the role of the KPMG observers and how much were they being paid.</p> <p>A: KPMG colleagues responded that they were appointed by the DoH on a framework contract to assess and validate the Trust Board Governance Framework self-assessment. This was part of the application and assessment process for the Trust to become a Foundation Trust.</p> <p>As well as attending this Board meeting, KPMG would be conducting a series of interviews and workshops across the Trust and report back to the Board and the DoH on their findings.</p> <p>KPMG will be paid £30,000 for this work on a framework contract agreed with the DoH.</p> <p>Another member of the public said that she and her daughter had both recently received excellent treatment and care from the Trust. The infection control team was also praised for the excellent work they do.</p> <p>On the pressures on A&E the member of the public asked CP if, in future, there could be more specific information relating to Hemel Hempstead as the emphasis of the material had been on Watford and St Albans.</p>	<p>Action 03/12 - 18: JF to confirm with the PCT CEO that they are aware of information on A&E pressures.</p>
75/12	<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 Thursday 31 May at 1.00pm at the Education Centre, Hemel Hempstead Hospital.</p>	

Patricia Duncan
Company Secretary
April 2012

These minutes are signed as true record

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

Professor Thomas Hanahoe, Chairman

DRAFT