

Agenda item:

**Minutes of Part 1 Trust Board Meeting
held on Thursday 05 November
Lecture Theatre 2, Medical Education Centre, Watford Hospital**

Chair	Title	Attendance
Mahdi Hasan (MH)	Chair	Yes
Members		
Don Richards (DR)	Chief Financial Officer	No
Ginny Edwards (GE)	Non-Executive Director	Yes
Helen Brown (HB)	Director of Strategy and Corporate Services	Yes
Helena Reeves (HR)	Director of Communications	No
Jac Kelly (JK)	Chief Executive	Yes
John Brougham (JB)	Non-Executive Director	Yes
Jonathan Rennison (JR)	Non-Executive Director	Yes
Kevin Howell (KH)	Director of Environment	Yes
Lisa Emery (LE)	Chief Information Officer	Yes
Lynn Hill (LH)	Deputy Chief Executive	Yes
Mahdi Hasan (MH)	Chair	Yes
Dr Mike Van der Watt (MVDW)	Medical Director	Yes
Paul Cartwright (PC)	Non-Executive Director	Yes
Paul da Gama (PDG)	Director of Human Resources	Yes
Phil Townsend (PT)	Non-Executive Director	Yes
Professor Tracey Carter (TC)	Chief Nurse and Director of Infection Prevention and Control	Yes
In attendance		
Caroline Landon (CL)	Director of Operations, Unscheduled Care	No
Jane Shentall (JS)	Director of Operations, Elective Care	Yes
Jean Hickman (JH)	Trust Secretary (notes)	Yes
Jerry Francine (JF)	Deputy Director of Finance	Yes
4 members of the public		

MEETING MINUTES

	Discussion	Action To Be Taken By	When
1.	Opening and welcome		
1.1	MH opened the meeting and welcomed the Board and members of the public.		
2.	Patient story		
2.1	<p>TC introduced Lesley Lopez, Patient and Public Involvement Lead who read out a letter from the mother of a patient whose daughter Matilda, aged 6, had a condition which required regular blood tests. The letter praised the phlebotomist who had carried out the procedure in such a way as to relax and reassure Matilda.</p> <p>The phlebotomist, Alex Short was also in attendance and explained to the Board the importance of being sympathetic and professional in order to put patients at ease.</p>		
2.2	The Non-Executive Directors congratulated Alex on the excellent care he had provided which made a real difference to the experience of patients.		
2.3	MH reminded the Board of the importance of capturing episodes of good practice and not only focusing on areas where improvements are required.		
2.4	<p>KH asked how Alex balanced the pressure on the service with the need to give each patient sufficient time.</p> <p>Alex responded that it was important to take the necessary time in the first instance which would provide better and quicker outcomes for patients and the Trust.</p>		
2.5	JK requested for Alex to receive a Staff Excellence Award.	HR	Dec-15
2.6	MH thanked Alex for attending the Board meeting.		
3.	Apologies for absence		
3.1	Apologies had been received from DR, HR and CL.		
4.	Declarations of Interest		
4.1	No further declarations than those previously circulated were reported.		
5.	Minutes of the last meeting on 01 October 2015		
5.1	<p>Point 24.1. JH reported that Sundera Kumara-Moorthy representative from Healthwatch Hertfordshire had reported that the minute did not accurately reflect the question posed or the resulting answer.</p> <p>JH advised that the minute would be reviewed by the Chair in line with the comments raised and would be updated as appropriate.</p>	JH	Dec 2015

	Discussion	Action To Be Taken By	When
5.2	<p>Point 9.3. PT pointed out that no timeframe had been noted for the movement of health records and enquired when the issue would be discussed by the Finance and Performance Committee.</p> <p>LE responded that the business case had been approved and the Finance and Performance Committee would be updated on progress on a monthly basis.</p>		
5.3	Point 9.5. TC reported that the minute should refer to Public Health England and not NHS England.		
6.	Board action log and matters arising from meeting held on 01 October 2015		
6.1	All actions were either completed or due for completed at a later date.		
7.	Chairman's report		
7.1	MH informed the Board that Professor Steve Barnett would be taking up the position of Chair on 9 November 2015. He advised that Professor Barnett had a wealth of experience and understood the work that the Trust had undertaken and would help to build to the next stage.		
7.2	He further advised that the Board had had a meeting with the NHS Trust Development Authority (TDA) Board in October. It had been a positive discussion and the Board had been commended by the TDA for the position that the Board had come to and had recognised that was heading in the right direction.		
7.3	The Board noted the Chair's report.		
8.	Chief Executive's report		
8.1	JK asked the Board to note her report and brought the Board's attention to the Staff Excellence Award which had been presented to Michelle East, a midwife in the Trust's maternity unit. The nomination was made by a new mum who had praised Michelle for the fantastic care she had provided.		
8.2	<p>PT pointed out the significant reduction in pressure ulcers and asked how the Trust shared positive results with colleagues across the NHS.</p> <p>TC responded that she had been asked to present the actions that the Trust had introduced which had brought about the positive results at a recent NHS conference. Also, the Trust used social media channels and the Sign Up To Safety Campaign to communicate messages.</p> <p>JB asked whether the best practice demonstrated in this area had been used to drive improvements in other services.</p> <p>TC replied that a similar methodology, in conjunction with data received from complaints, was being used in areas such as</p>		

	Discussion	Action To Be Taken By	When
	around patient falls.		
8.3	<p>GE enquired whether the impact from the newly established Hospital at Night Team would be measured.</p> <p>MVDW responded initial feedback received from clinicians was positive in terms of time and service and that data would be reviewed by the Safety and Quality Committee.</p>		
PERFORMANCE			
9.	Integrated performance report – month 6		
9.1	LH provided a summary of the key areas of good performance and areas which required performance improvement.		
9.2	She advised that delayed transfers of care continued to be a key issue and informed the Board that at the time of the meeting there were 62 genuine delayed transfers of care in the Trust's hospitals. She emphasised that this was a nationally recognised issue, which required a whole system approach to bring about improvement.		
9.3	A further key area raised as requiring significant focus related to workforce indicators, such as turnover of staff, appraisals, mandatory training and sickness.		
9.4	<p>MH thanked the Executive Team for the good quality report, which allowed the Board to fully understand the operational position.</p> <p>PT concurred with MH's comment and advised that he would continue to work with the information team to make further improvements to the report.</p> <p>LE advised that she had two further development recommendations for the Board to consider.</p>		
9.5	<p>JB asked why an update on serious incidents was not on the agenda.</p> <p>MVDW replied that as the Safety and Quality Committee now met on a bi-monthly basis, the report would be presented to the Board every other meeting. However, it was noted that any significant concerns would be escalated to the Board outside of the meeting schedule.</p>		
9.6	<p>PC enquired when the new end of life indicators would be included in the report.</p> <p>LE responded that she was working with the relevant teams to ensure granular reports was available to the Committees, for upwards reporting to the Board.</p>		
9.7	JK advised the Board that the Trust was working hard to meet its obligations to all patients; this included maintaining the		

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	<p>referral to treatment position and ring fencing elective care beds.</p> <p>She updated the Board on external factors outside of the Trust's control which would put added pressure on services. She advised that East and North Hertfordshire Hospitals NHS Trust had recently had a visit by the Care Quality Commission which had highlighted issues within its unscheduled care service, impacting on beds and capacity. She warned that this could potentially cause added pressure in the system which would have a direct impact on the Trust.</p> <p>Furthermore, she added that emergency care performance was under national scrutiny, and the Trust was required to report daily on its performance.</p> <p>She further stated that an event was also being held to understand how to get more traction in the unscheduled care system.</p> <p>In particular, the position with regard to the high number of delayed transfers of care had not improved within the past 12 months and this factor was severely restricting the Trust.</p> <p>JK concluded that, above all else, the Trust would remain safe.</p>		
9.8	<p>GE enquired for clarification on the number of mixed sex breaches within the critical care service.</p> <p>TC replied that there were challenges within the critical care pathway; however the service was being reviewed to understand the bed base required. She assured the Board that the situation was assessed three times a day and patients were stepped down as appropriate.</p> <p>GE thanked TC for her response and suggested that the report should differentiate between patients who were located in the critical care unit for clinical reasons and patients who no longer require clinical care.</p>		
9.9	<p>GE commented that she was pleased to note that the new complaints process was being monitored by the Safety and Quality Committee as the decrease in performance was concerning.</p>		
9.10	<p>HB pointed out the indicators relating to Elizabeth ward and asked what actions were being taken.</p> <p>TC advised that concerns were being addressed and described the actions being taken. These included a change of leadership, more support for the ward and the surgical</p>		

	Discussion	Action To Be Taken By	When
	division supporting the management ward team.		
9.11	<p>JR noted that that delayed transfers of care (DTOC) were being scrutinised and asked when the Board was likely to see a decrease in numbers.</p> <p>JK confirmed that Hertfordshire Community Trust had pledged to keep the number of DTOC to no greater than 10. However, the latest data showed 65 DTOC within the hospitals. The Trust was also aware that extra community capacity was not being managed appropriately.</p> <p>She further advised that the Trust would not be submitting a revised trajectory until confirmation was received around the DTOC position as it was having a significant impact on patient safety.</p> <p>JB asked whether the Trust could change its own systems to improve the DTOC position.</p> <p>JK responded that the key action for the Trust related to the environment and a plan had been put in place to manage this issue.</p> <p>She concluded that the national emergency support team (ECIST) would be reviewing all organisations and the Trust was keen to take any actions required to improve the position.</p>		
9.12	The Board was satisfied with the assurance received that expectations were either being met or plans were in place to take appropriate mitigating action.		
SAFE, EFFECTIVE CARE (BAF RISK 1)			
10.	Nursing and midwifery safe staffing report – Month 6		
10.1	TC introduced a newly formatted safe staffing report, which showed the areas which had fallen below the required threshold and the actions taken. In particular, TC brought the Board's attention to the appendices which demonstrated a sample of a daily situation report which looked at staffing levels.		
10.2	<p>PT thanked TC for the new report and offered to work with her on developing the report further.</p> <p>PC also commented that the new format was an improvement and suggested that some narrative would be helpful. He acknowledged that nurse staffing was a complex area which was important for the Board to gain appropriate levels of assurance on.</p>		
10.3	TC advised that staffing levels were monitored at a weekly staffing meeting and all requests for additional staffing were		

	Discussion	Action To Be Taken By	When
	required to be signed off at this meeting. The requirement of specialist nurses was reviewed twice a day.		
10.4	<p>JB enquired how the Trust received assurance that other staffing groups were staffed at appropriate levels.</p> <p>TC replied that the levels of all staff on a ward, not just nursing staff, were reviewed on a regular basis and areas were staffed in line with NICE guidelines.</p>		
10.5	<p>PDG advised that the Trust was considering and a business case was being developed which would be reviewed by the Workforce Committee in December 2015.</p> <p>JB asked whether the medical workforce would be included.</p> <p>MVDW responded that he was confident that the current level of junior doctors was appropriate. However, a report on the productivity of the consultant body was being developed to provide added assurance.</p>		
10.6	The Board noted the report		
10a.	Agency nursing reduction		
10a.1	TC presented a paper on the controls that had been put in place by the TDA to reduce agency nursing usage and spend across the Trust. She advised that this had been discussed in detail at the Safety and Quality Committee. TC confirmed that the controls included clinical and non-clinical staff.		
10a.2	JB commented that this issue was critical to continued patient safety and with meeting the Trust's financial targets. It must therefore be worked into the plan for 2016/17 and reviewed regularly by the Board and Committees.		
10a.3	PDG advised that he had been working with other organisations to manage this as a whole system approach. He assured the Board that the Workforce Committee would be closely monitoring the plan.		
10a.4	<p>JR asked if a formal response had been sent the TDA to advise on the level that the Trust believed it could meet in the reduction in agency nursing usage.</p> <p>TC confirmed the Trust had proposed a ceiling of 16%, however, no decision had been received from the TDA and therefore the Trust needed to continue to aim for 12%.</p>		
11.	Infection prevention and control annual report 2014/15		
11.1	TC presented an annual report on infection, prevention and control in 2014/15. She advised that a more up-to-date report would be reviewed by the Safety and Quality Committee in January and then presented to the Board in February.		
11.2	GE suggested that the formatting of the report should be		

	Discussion	Action To Be Taken By	When
	reviewed prior to publication.		
11.3	The Board noted the annual report.		
RETAIN AND ENGAGE WORKFORCE (BAF RISK 2)			
12	Workforce Committee		
12a.	Chair's report of meeting: 27 October 2015		
12a.1	GE reported that a significant amount of work was underway to help the Trust meet it's the workforce standards. However, the reports presented to the Workforce Committee did not provide a complete understanding and assurance on the risks and mitigating actions being taken to address issues.		
12a.2	<p>MH advised that the Board needed to be clear on the directions given to the Executive Team around the assurances that were required. It was important for a Board to understand the plans, objectives, targets, deadlines and risks of issues in order to be fully assured that the work was going in the right direction.</p> <p>PDG agreed and said that work was needed to create a narrative around workforce. It was important to understand how the work was framed in order to show the direction of traffic and the impact.</p> <p>JR commented that the report should include monthly milestones and key performance indicators.</p> <p>JK recognised that a coherent view was essential, however she warned in her experience Board's often had over ambitious aspirations on what information should be available.</p> <p>She reminded the Board on the significant work that had been undertaken within the Workforce division and acknowledged that the impact needed to be calculated.</p> <p>PDG confirmed that he had been working with Jane Lewington, Improvement Director on an improved report which would be presented to the Workforce Committee at its next meeting.</p>		
12a.3	The Board noted the Chair's report.		
DELIVER AND MAINTAIN PERFORMANCE & BUSINESS CONTINUITY (BAF RISK 5 & 6)			
13	Operational update		
13.1	LH introduced a paper updating the Board on the progress made to achieving compliance against the relevant national waiting standards.		
13.2	PT asked for clarification on the concept of 'clock stops'. JS confirmed that the timeframe in which a patient was		

	Discussion	Action To Be Taken By	When
	required to be seen was put on hold if a patient advised that they did not want to be treated or if they failed to attend an appointment.		
13.3	<p>PT also asked for clarification on the 'twilight hospital' and whether the Safety and Quality Committee would be reviewing the data relating to this service.</p> <p>MVDW advised that the term related to a particularly busy time for the Trust between 4pm and 8pm and any suggested outcomes of the work on Twilight would be presented to the Safety and Quality Committee.</p>		
13.4	<p>HB asked if there were any risks that had not been captured on the risk register in relation to delivery of performance.</p> <p>JS confirmed that some risks were held on the divisional risk registers; however she was not aware of any that would have an impact on delivery.</p>		
13.5	HB advised that she was working with CL on capturing of unscheduled care risks. This data would be reviewed by the Integrated Risk and Governance Committee.		
13.6	The Board noted the update.		
13a.	Outpatient improvement programme report		
13a.1	<p>LH presented a paper which summarised the structure and work streams required to improve the outpatient service. She informed the Board that a significant amount of work had been undertaken over the past 12 months which had made progress in several areas of the service.</p> <p>LH continued to describe the actions that would be taken to bring about a wide range of further improvements in three key areas: getting the basics right, systems and processes and data and information.</p>		
13a.2	The Board noted the report.		
ACHIEVE FINANCIAL VIABILITY (BAF RISK 7)			
14	Finance report month 6		
14.1	<p>Jerry Francine, Deputy Director of Finance provided an update on the latest financial position in the absence of the Chief Financial Officer.</p> <p>He informed the Board that the Trust had reported an adverse variance against plan of £1.4m in September; this continued adverse performance had resulted in a cumulative variance of £6m against plan and an absolute income and expenditure deficit for the year to date of £24.6m.</p>		

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	<p>JF went on to advise that delivery of savings remained a high risk to meeting the 2015/16 plan. However, the Trust continued to improve its forecast delivery of savings. The current forecast was £11.5m, which was an increase of £0.1m against the August forecast.</p> <p>The capital budget had been revised to £22.7m and capital spend of £9 relating to A&E configuration and theatre refurbishment had been deferred to 2016/17.</p> <p>JF continued his report by informing the Board on the purchase and refurbishment of the Shrodells building at Watford Hospital from Hertfordshire Partnership NHS Foundation Trust. He advised that £4.5 was included in the 2016/17 plan, however this was contingent on approval for funding from the Department of Health.</p> <p>The Trust's cash holding (£5.1m) was less than the minimum 10 days operating expenses required as good practice. He assured the Board that an application to increase the loan to the maximum allowance (£24.7m) had been approved by the Department of Health.</p>		
14.2	<p>PC asked for assurance that the Trust's cash holding position would meet Trust commitments.</p> <p>JF advised him that there were approaches in place within the NHS to ensure that a Trust would not run out of cash.</p>		
14.3	The Board noted the report.		
15	Finance & Performance Committee		
15a.	Chair's summary of meeting: 29 September and 27 October 2015		
15a.1	<p>JB presented the Chair's summary and acknowledged the challenge to the financial position and the need to meet the Trust's financial plan and cost improvement programme in order to demonstrate financial credibility.</p> <p>He assured the Board that the Finance and Performance Committee was carrying out its duties appropriately and he appreciated the support of all the Board members.</p>		
15a.2	JB advised that the purchase of the Shrodells building would be discussed in detail in the private session of the Board.		
15a.3	MH thanked JB for his excellent leadership to the Finance and Performance Committee.		
15a.4	The Board noted the Chair's summary report.		
15b.	Ratified minutes of the meeting: 22 September 2015		
15b.1	The Board noted the minutes.		

	Discussion	Action To Be Taken By	When
15c.	Ratified minutes of the meeting: 29 September 2015		
15c.1	The Board noted the minutes.		
DEVELOP A SUSTAINABLE STRATEGY (BAF RISK 8 & 9)			
16	Developing Hyper Acute Stroke Service at Watford Hospital		
16.1	<p>HB presented a paper updating the Board on the progress made since principle had been approved by the Board for the establishment of a hyper acute stroke service.</p> <p>The Board was advised of the key points being considered with regards to the operational viability to the development of the unit: whether the Trust could deliver the stroke commissioning staff ratios and national performance standards for stroke and also whether the Trust was confident it could provide good clinical outcomes for stroke patients.</p>		
16.2	The Non Executive Directors requested that all implications were covered within the full business case to enable the Board to make a fully informed decision.		
16.3	<p>PC asked what action was needed to be taken to take this matter forward.</p> <p>HB confirmed that the Trust was currently in financial negotiation regarding the tariff. She also advised that the biggest challenge to delivery of the service would be in maintaining the performance standard when beds were pressured.</p>		
16.4	The Board confirmed its continued support for further development of the Hyper Acute Stroke Service.		
17.	Your Care, Your Future Strategy update		
17.a	<p>HB introduced a paper updating the Board on the Your Care, Your Future Strategic Review.</p> <p>She assured the Board that the strategy was aligned with the Trust's own clinical strategy and confirmed that this would be reviewed by the Strategy Committee in December 2015.</p>		
17.2	<p>PC commented that he was pleased to have sight of the strategic outline case which sets out the proposed way forward across west Hertfordshire and was keen for the Trust to now move forward with its own clinical strategy.</p> <p>JK acknowledged that the clinical strategy had been delayed to allow the Trust to align its own strategy with the Your Care, Your Future Review, however she reminded the Board that some work had been taken forward, such as the stroke and the vascular services.</p>		

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	LH also commented that work was underway to shape the future of the St Albans and Watford sites and consideration by the system on what the future for Hemel Hempstead site would look like.		
17.3	LH raised the point on how the Your Care, Your Future proposals would be funded. MH advised that affordability was a whole system issue and not solely the responsibility of the Trust.		
17.4	The Board confirmed its support for the vision and approach set out within the Your Care, Your Future, Strategic Outline Case.		
18	Trust Development Authority governance declaration – month 7		
18.1	The Board approved the governance declaration.		
19	Integrated Risk and Governance Committee		
19a.	Chair's report of meeting: 27 October 2015		
19a.1	PT presented the Chair's summary from the Integrated Risk and Governance Committee (IRGC) meeting on 27 October 2015. He brought the Board's attention to the updated Board agenda, which had been aligned to the Board Assurance Framework. PT advised that items found by the Committee to not be making appropriate progress have been fed through to the Board to seek further assurance from the Executive Team. It was also noted that the IRGC also aimed to review all risks rated just under the threshold of 15.		
19a.2	HB informed the Board that improvements had continued to be made to the Corporate Risk Register. Around 60% of risks had been reviewed at the IRGC meeting on 27 October 2015. The Board delegated authority for the monitoring of the Corporate Risk Register to the IRGC. However, all risks should be escalated which required Board attention.		
19b.	Ratified minutes of meeting: 29 September 2015		
19b.1	The minutes were noted.		
COMMITTEES NOT LISTED ABOVE			
20	Audit Committee		
20a.	Chair's report of meeting: 27 October 2015		
20a.1	PC presented the Chair's summary of the Audit meeting held on 27 October 2015.		

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	He highlighted that the Audit Committee had reviewed the whistle blowing process and that the threshold for receipt of gifts and hospitality by staff had been raised to £40.		
20.2	MH thanked PC for his leadership which had resulted in a marked improvement to the work of the Audit Committee.		
20b.	Ratified minutes of the meeting: 25 August 2015		
REPORTS TO CORPORATE TRUSTEE			
21	Charitable Funds Committee		
21a.	Chair's report of meeting: 20 October 2015		
21a.1	JR presented the Chair's summary of the Charitable Fund Committee meeting on 20 October 2015.		
21b.	Ratified minutes of the meeting: 21 July 2015		
21b.1	The Board noted the minutes.		
21c.	Updated terms of reference		
21c.1	The Board ratified the updated Terms of Reference.		
ANY OTHER BUSINESS			
22	Any other business previously notified to the Chairman		
22.1	No other business was noted.		
QUESTION TIME			
23.	Questions from Healthwatch Hertfordshire		
23.1	<p>Q1. Could the Board advise when actions to address the cancelled operations were expected to be reflected in the figures.</p> <p>A1. JS replied that this issue was continually monitored. She described the difference between 'good' cancellations and 'bad' cancellations, i.e. those which benefitted the patient and those which did not. JS advised that increasing the number of good cancellations was a key area of focus for the new Outpatient Focus Board which had been discussed earlier in the meeting.</p>		
23.2	<p>Q2. What action is being taken to address the rise in the number of complaints and the decrease in the response?</p> <p>A2. HB responded that new actions were being implemented and a detailed paper would be reviewed at the next Safety and Quality group meeting.</p> <p>TC added that there had been a marked improvement since April 2015; nevertheless she acknowledged that there was further work to be done.</p>		
24.	Questions from the public		
24.1	Q1. Will the change to the stroke service result in more		

	Discussion	Action To Be Taken By	When
	<p>patients being readmitted due to lack of support for people to live in their own homes.</p> <p>A1. JK responded that evidence had shown that better outcomes were seen in patients who had been supported in their own homes. She added that it was important to ensure that effort was not duplicated by not having a joined up provision.</p>		
24.2	<p>Q2. Are all Trust policies now within their review dates? (as of April 2015, 71 were outstanding beyond their review date.) If not, how many are outstanding?</p> <p>A2. At 04/11/2015, we had a total of 97 policies outside of their renewal date. It is worth noting that the number of policies awaiting update fluctuates from month to month as policies come up for renewal and go through the review, update and authorisation process.</p> <p>Work is actively taking place to bring policies into date, as included in the CQC improvement plan. This includes monthly policy prompts to relevant staff of policies requiring review and the establishment of a Policy Review Group, chaired by the Associate Medical Director for Clinical Standards and Audit.</p>		
24.3	<p>Q3. How many complaints are currently outstanding a) more than a month (in April it was 42) and b) more than 3 months?</p> <p>A3. As of 6 November 2015, we have nine complaints outstanding for more than one month and eight complaints outstanding for more than three months.</p>		
24.4	<p>Q4. What is cause of the increase in the number of complaints and is the Trust taking sufficient action to reduce the causes of patients feeling the need to complain?</p> <p>A4. It is difficult to give a confirmatory answer as to the exact cause to the increase in complaints; however we can confirm that we have seen an increase following the publication of the outcome of the CQC inspection. With regard to actions being taken to reduce the number of complaints, the Trust has development a comprehensive improvement plan which is monitored regularly by the Oversight Group, established by the Trust Development Authority.</p>		
24.5	<p>Q5. The Board of the view that all internal processes are as good as they can be with regard to delayed transfers of care?</p> <p>A5. Please see JK comment in Point 9.11 of these minutes.</p>		
24.6	<p>Q6. Does the Board have a view on the potential benefit in bed-days if re-admissions were halved and what it would take to achieve it? Do a few "revolving door" patients skew the</p>		

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	<p>figures?</p> <p>A6. This is a difficult question to quantify some re-admissions may be avoidable, whereas others are not. In order to quantify the potential bed days saved a clinical audit would need to be undertaken to identify truly avoidable readmissions.</p>		
24.7	<p>Q7. Almost a quarter of the total pay bill is "temporary costs and overtime". How much higher are these costs than the equivalent costs of permanent staff? Would the difference cover the projected deficit of the Trust?</p> <p>A7. Of the total temporary staff pay bill, £4.7m relates to the premium element at end of month six. So in a full year if the Trust didn't have to pay the premium it would reduce the deficit by £9.4m. However, it is important to note that in order to maintain staffing numbers that regulatory bodies recommend, the Trust would need to use temporary staffing to provide a safe service for the patients.</p>		
ADMINISTRATION			
25	Draft Board and Committee dates for 2016/17		
25.1	The schedule of dates for the Board and Committee meetings in 2016/17 was approved.		
26	Draft agenda for Trust Board Meeting to be held on: 03 December 2015		
26.1	The draft agenda was approved.		
27	Date of the next Trust Board Meeting in public		
27.1	The next Board meeting would be held on 03 December 2015 in the Medical Education Centre, Watford Hospital.		
27.2	<p>MH reminded the Board that this would be his last meeting as Chair and thanked the Board members for their support during his tenure.</p> <p>MH also thanked Sundera Kumara-Moorthy, representative for Healthwatch Hertfordshire and Betty Harris, Chair of Dacorum Hospital Action Group for their support to the Trust.</p> <p>He concluded that the Trust was going through a period of challenge and said that he had every confidence that the current Board was competent to meet any challenges it faced.</p> <p>MH closed the meeting.</p>		