Agenda item: 05/24

Minutes of Part 1 Trust Board Meeting held on Thursday 15 January 2015 In the Medical Education Centre, Watford Hospital

Chair:	Mahdi Hasan (MH)	
Present:	Mahdi Hasan (MH)	Chair
	Phil Townsend (PT)	Non-Executive Director
	Jonathan Rennison (JR)	Non-Executive Director
	John Brougham (JB)	Non-Executive Director
	Paul Cartwright (PC)	Non-Executive Director
	Ginny Edwards (GE)	Non-Executive Director
	Samantha Jones (SJ)	Chief Executive
	Dr Mike Van der Watt (MVDW)	Medical Director
	Don Richards (DR)	Chief Financial Officer
	Paul Da Gama (PDG)	Director of Human Resources
	Antony Tiernan (AT)	Director of Communications
	Lynn Hill (LH)	Deputy Chief Executive
	Helen Brown (HB)	Director of Transformation
	Tracey Carter (TC)	Chief Nurse and lead for infection, Prevention and control
In attendance:	Jacqueline Kelly (JK)	Interim Chief Executive
	Jean Hickman (JH)	Trust Secretary (minutes)
	Lesley Lopez (LL)	Head of Patient & Public Involvement
	Kumar Moorthy (KM)	Representative of Healthwatch Hertfordshire
	7 members of the public	
Apologies:	Jackie Ardley (JA)	Director of Governance
	Lisa Emery (LE)	Chief Information Officer

MEETING MINUTES

	Discussion	Action To Be Taken By	When
1.	**Opening and welcome**		
1.1	MH welcomed everyone to the meeting, in particular members of the public and Healthwatch. MH introduced Jacqueline Kelly as the new interim Chief Executive who would be taking over from Samantha Jones on 19 January 2015. He also welcomed Stephanie Elsy of the Good Governance Institute and advised that she would be observing the Board as part of a Board Development Programme.		
2.	**Patient story**		
2.1	TC introduced Mr O'Brien. She explained that Mr O'Brien worked for the Trust as an anaesthetic consultant and he had recently been an inpatient at Watford hospital. Mr O'Brien said his experience in hospital had been positive; he had received good treatment, good food and communication. He said the ward had been a bit cramped and noisy at night; however he had been offered ear plugs and a face mask, which had been helpful. He said that experiencing the hospital as a patient was a big learning for him about how even small steps in showing care and compassion can make a big difference to the patient experience		
2.2	SJ said that she was delighted that Mr O'Brien had recovered from his illness. She had been made aware at the time that he had been taken ill, however patient confidentiality had been maintained at all times.		
2.3	DR asked if he had witnessed the care that other patients had received on the ward. Mr O'Brien said that all patients seemed to have been treated well and appropriately and he had not been given any preferential treatment as a member of staff.		
2.4	MH thanked Mr O'Brien for attending and telling the Board of his experience.		
3.	**Apologies for absence**		
3.1	Apologies were received from JA and LE.		
4.	**Declarations of Interest**		
4.1	No changes were received to the declarations of interests circulated prior to the meeting.		
5.	**Minutes of the last meeting**		
5.1	The following amendments were noted:		

	Discussion	Action To Be Taken By	When
	14.2. TC had confirmed that the nursing report would be reviewed by the Board on a monthly basis and the nursing establishment would be reviewed six monthly. 20.4. GE had asked for assurance that the winter plan demonstrated that opening additional beds was the best use of resources to reduce winter pressures and that consideration had been given to improvements to help the flow of patients through the system. Assurance was given at the meeting that this was the best use and that additional resources would be allocated across the health care system. It was agreed that the impact of opening up the additional bed capacity would be reviewed by the Board. 20.1. DR advised that Shrodells had been spelt incorrectly.	LH	May 2015
5.2	Subject to the amendments listed above, the minutes were agreed to be a true reflection of the meeting.		
6.	**Board action log and matters arising from meeting held on 13 November 2014**		
6.1	Point 17. Amended Trust Development Authority Governance Declaration to be re-circulated. It was noted that all other items on the action log had been completed or were covered on the agenda.	LE	January 2015
7.	**Chairman's report**		
7.1	MH advised that SJ would be leaving the Trust on 18 January 2015 after nearly two years as Chief Executive. She would be taking up a position with NHS England as Director of an important national programme (Five Year Forward View), which would be of benefit to the whole of the NHS. He thanked SJ for the work she had done at west Herts and said it had been an adventurous two years, during which he had learnt a lot. MH wished SJ the best of luck in her new role, both on a personal level and on behalf of the Board. MH said he was pleased to report that Jacqueline Kelly would be taking over as Chief Executive as from 19 January 2015, therefore there would be no interruption in Trust leadership. He advised that JK had had a long and distinguished career in the NHS. Most recently she had been Chief Executive of Northern Devon Healthcare NHS Trust, where she had significantly improved services. She was recognised for services to healthcare by an award of a CBE in the 2015 New Years Queens Honors List.		
7.2	He was delighted to announce that SJ won the award of Chief Executive of the Year at the Health Service Journal (HSJ) Awards in November 2014.		

	Discussion	Action To Be Taken By	When
7.3	MH advised that the Board had had a meeting with the Board of the National Trust Development Authority (TDA) in December 2014. There had been a healthy debate on performance, Board assurance and priorities. Those present acknowledged that the Trust was heading in the right direction but recognised the imminent and long term performance and development challenges.		
7.4	MH announced that Stephen Hay had left the Trust as NED in December after completing his fixed term contract. He thanked Stephen for his work and said his wealth of experience had helped to support the Trust through a difficult period.		
7.5	The Board noted the report.		
8.	**Chief Executive's report**		
8.1	SJ introduced the Chief Executive report and drew the Board's attention to key issues within her report. She said she was delighted that *Onion* had been highly commended for the patient safety category at the HSJ awards. The Trust had had many challenges following the risk summits but had made significant improvements, in particular in mortality, Clostridium Difficile (*C.diff*), the staff survey and the patient survey.		
8.2	She applauded the work of staff on Bluebell ward which had resulted in the team being awarded an NHS Employer's Compassion in Practice award at the Chief Nursing Officer Summit in November. She commended the team for this achievement and said that it demonstrated that the team were leading the way nationally.		
8.3	SJ said she was delighted to have awarded Ernesto Tamayo, a staff nurse in the intensive care unit at Watford Hospital, the title of employee of the month for December in the Celebrating Excellent Staff Award.		
8.4	She moved on to advise the Board on an unannounced visit by the Care Quality Commission in November 2014, the CQC had subsequently reported that no further action would be taken. It had commended the Trust on the immediate handling of a patient deprivation of liberty concern which had been raised. It was confirmed that the patient care and patient safety was correctly handled and the improvement needed was in quality of documentation and correctly following Trust procedures in that respect. The Trust would be inspected in April 2015 as part of the scheduled Hospital Directorate Inspection Programme. PC enquired what feedback the Trust was expecting from the CQC inspection.		

	Discussion	Action To Be Taken By	When
	SJ replied that it was hard to speculate, however the outcome of the assurance visits would provide a good indication. The Patient Safety, Quality and Risk Committee would review the outcome of the assurance visits. MH urged all Board members, especially the NEDs, to take part in the assurance visits.		
8.5	The Your Care, Your Future review was formally launched in November 2014. It is expected to last until late 2015. She said a survey was currently underway to gain feedback from local people and encouraged everyone to complete the short survey before the deadline of 31 January 2015.		
8.6	SJ revealed that November and December 2014 had been the most challenging months of her NHS experience. However, the Trust rose to the challenge and she noted a special thank you to the executive team who worked over and above to support frontline staff. PC asked if local NHS partners had been supportive during this difficult period. SJ said that the whole of the local healthcare system had worked together to keep services running.		
8.7	PT asked whether the upcoming winter months would cause another peak in accident and emergency admissions. LH said that the Trust was looking at how it could do things differently to be able to manage any eventualities. This included looking at patient pathways and running an exercise called 'the perfect week" to test the Trust's plans for winter. SJ supported this view and said that the Trust had robust plans in place to prepare for winter which had previously been shared with the Board and NHS partners. However she was concerned at the unrelenting pressure on staff and keeping them going over the winter months.		
8.8	The Board noted the report.		
PERFORMANCE			
9.	**Integrated performance report – month 8**		
9.1	SJ introduced the integrated performance report in LE's absence. She asked the lead executives for each exception report to provide an update.		
9.2	<u>Deaths in low risk conditions:</u> MVDW advised that the increase in the number of deaths in low risk conditions had been investigated and incorrect coding had been found as a key factor. The process had been improved and it was now a requirement for each discharge		

	Discussion	Action To Be Taken By	When
	form and death certificate to be overseen by a senior consultant.		
9.3	<u>MRSA screening – emergency:</u> TC advised that work was continuing with regard to MRSA screening. JB asked why no action was currently being taken. TC responded that good progress was being made regarding screening. Only one MRSA had been reported this year, which demonstrated that good controls were in place. Further details on actions relating to MRSA were included in the quality and safety report. TC moved on to inform the Board that new guidance had been brought out which stated that Trusts were now only required to screen emergency patients. However, following discussion by the Patient Safety Quality and Risk Committee it had been agreed that the Trust would continue to screen all patients.		
9.4	<u>Harm free care:</u> TC reported that actions were ongoing in relation to reducing the number of hospital acquired pressure ulcers. GE said she recognised the work being done, whilst expressing concern around the number of reported pressure ulcers. TC assured the Board work was ongoing and all grade three pressure ulcers were being reviewed to understand the root cause. The Trust had also signed up to the national best shot pressure ulcer campaign.		
9.5	<u>Staff turnover:</u> PDG advised that a review of staff turnover had been completed, the outcome of which would be presented to the Board in March. PT said he welcomed this report as it was concerning to see that 17% of staff were reported as leaving the Trust and it was important to understand the reasons behind this.	PDG	March 2015
9.6	<u>Sickness absence:</u> PDG advised that there is currently a lack of confidence in the reported sickness levels, which seemed low in comparison with other workforce indicators. He advised this was being reviewed and a plan was being developed. He added that the Trust was working on instigating an automatic system to record absence.		

	Discussion	Action To Be Taken By	When
9.7	Vacancy rate: PDG reported that a review had been completed which showed that the average recruitment time into a non-medical position was 12 weeks from recruitment to someone taking up post. A plan was being developed with the aim of reducing this time.		
9.8	Appraisal: PDG informed the Board that the current appraisal rate was low due to the introduction of a new valued based appraisal system. The Trust was making good progress to achieve its trajectory of 95% compliance.		
9.9	A&E 4 hour waits: LH reported that there had been no 12 hour trolley waits during the reported time period. She advised that the Trust's performance was comparable with other NHS organisations; however work was continuing to manage patient flow better through the A&E department and the wider hospital to improve the experience of patients. SJ informed the Board that she had recently attended a regional escalation meeting which reviewed the 4 hour A&E position. It was widely acknowledged that there were significant challenges across the whole region. PC enquired why patient safety was not reported as a risk within the report. LH said that this had been an error and not achieving the A&E four hour target was indeed a significant risk to patient safety. MH said that he recognised that although the emergency service had been under significant pressure, patients had been treated appropriately.	LH	February 2015
9.10	Ambulance turnaround time between 30 and 60 minutes: LH advised that there had been a significant increase over the past few months in ambulances not being able to deliver patients into the emergency department. She informed the Board that the CCG had funded the role of the Hospital Ambulance Liaison Officer (HALO) until March 2015. This person is based in the A&E department and liaises closely with frontline and operational teams. JB enquired when it would be appropriate to measure the effectiveness of the HALO service. SJ said that information is included monthly within the integrated performance report.		

	Discussion	Action To Be Taken By	When
	PC pointed out that the risk to patient safety also needed to be included in this report.	LH	February 2015
9.11	Ambulance turnaround time greater than 60 minutes: LH assured the Board that any incidences of ambulances waiting over 60 minutes to deliver patients would be escalated to her. Actions had been taken to meet this target, including daily conference calls which included key ambulance personnel and the diversion of doctors from other areas to the A&E department to help relieve the pressure.		
9.12	Referral to treatment: LH advised that this item would be picked up in the paper on the agenda.		
9.13	Diagnostic waiting times: LH reported that processes were working well and waiting times for diagnostic testing were back on track.		
9.14	Cancer – breast symptomatic: LH informed the Board that there is now capacity to offer appointments within two weeks to all patients referred on a two week pathway for breast symptoms.		
9.15	Cancer – 31 day and 62 day: LH advised that this would be picked up within the paper on the agenda.		
9.16	Cancelled operations: LH reported that, since the last report, there had been one incident of a patient not being treated within 28 days of a last minute cancellation of operation. She advised that patients were being offered the opportunity to have their operation in the private sector as appropriate.		
9.17	Due to time constraints, MH asked members to review the remaining exception reports and provide comments to the lead executives outside of the meeting.		
9.18	Members reflected on the format of the integrated performance report, the level of detail within the exception reports, whether it provided sufficient assurance and the current triggers by which an exception report was generated. It was noted that the IPR should be used as the window by which all areas of services are reviewed. Reports are reviewed and discussed by the appropriate assurance Committee as part of the governance structure, therefore additional reports were not required to be presented to the Board. The discussion confirmed that the integrated performance report needed further review. SJ said the Trust was looking at examples of best practice which would be used to develop the integrated performance report further. This was a key priority		

	Discussion	Action To Be Taken By	When
	within the transformation programme. The format and exception reporting system of the IPR will be further refined.	 LE	 February 2015
9.19	The Board noted the report; the risks identified and were content with the assurances that had been provided.		
TRANSFORMATION DELIVERY PROGRAMME			
10.	**Transformation delivery programme update – month**		
10.1	HB presented a summary overview on progress made in the Transformation Programme in November and December 2014.		
10.2	The Executive Team had reviewed the programme against other organisational priorities and, as a result, had agreed to pause or extend deadlines on a small number of the projects.		
10.3	HB went on to inform the Board that a communication and engagement leaflet had been designed. It would be updated to include an introduction by JK prior to distribution.		
10.4	Due to the complexity of the transformation programme, PC enquiry whether a formal programme management system had been considered to track and report progress. HB responded that there were no plans at this time to purchase such a system.		
10.5	The Board noted report.		
11.	**Transformation Committee**		
11.1	MH reported that the Transformation Committee had not formerly met since the last Board meeting. However, the Committee had held a virtual meeting in December 2014.		
PATIENT EXPERIENCE			
12	**Quality and Safety report – month 7**		
12.1	The Board noted the contents of the report, which included a safe staffing update.		
13	**Serious incident summary update – month 7 & 8**		
13.1	MVDW presented a serious incidents (SI) summary update.		
13.2	He advised that there had been a significant decrease in the number of reported incidents.		
13.3	MVDW reported that a new Datix system for reporting serious incidents was now live. He predicted that this would result in an increase in the reporting of incidents.		
13.4	The Board noted the report for information.		
14	**Patient Safety, Quality and Risk Committee**		
14.1a	The Chair's summary of the meeting held on 6 January 2015		

	Discussion	Action To Be Taken By	When
	was noted.		
14.1b	The ratified minutes of the meeting held on 6 November 2014 were noted.		
FINANCIAL VIABILITY			
15	**Finance report**		
15.1	DR provided the Board with a summary overview of current financial position.		
15.2	He advised that the current position continued to deteriorate. In November 2014, the Trust delivered an actual deficit of £2.4m, £0.9m worse than planned. Slippage against planned savings of £0.9m was a key contributing factor, as was pay costs, the cost of the transformation programme and under recovery on patient treatment income due to non-delivery of the 18 weeks referral to treatment plan.		
15.3	It was noted that the current year-end forecast relied on receiving 2% transformation funding support from the Clinical Commissioning Group (CCG) (£7m) which had been confirmed by them earlier in the year. However, this now presented an affordability challenge to the CCG and may not be forthcoming.		
15.4	DR advised that there had been a review of all interim costs with actions taken to reduce the number of interims from January 2015.		
15.5	It was noted that no formal approval had been received regarding the Trust's application for additional cash to cover the 2015/16 forecast revenue and capital spending. GE asked what the impact would be if the Trust did not receive the additional cash, in particular, would it affect the operational running of the Trust. DR responded that it would have a negative impact on the Trust's reputation; however it would not affect the payment of staff and suppliers. SJ reminded the Board that the Trust had followed the correct application procedure which started in March 2014 and there had been two subsequent meetings with the National Trust Development Authority and NHS England. MH said he would expect the Board to be made aware if the Trust's cash flow position compromised patient safety.		
15.6	The Board noted the contents of the finance report.		
16	**Finance Committee**		
16.1a	The Chair's summary of the meeting held on 6 January 2015		

	Discussion	Action To Be Taken By	When
	was noted.		
16.1b	The ratified minutes of the meeting held on 6 November 2014 were noted.		
OPERATIONAL EFFECTIVENESS			
17	**Referral to treatment plan update**		
17.1	LH presented a report which described the actions being taken against the referral to treatment compliance trajectory.		
17.2	She advised that in October and November 2014, the Trust's compliance percentage for completed admitted and non-admitted performance was above the planned level of performance. It was noted that the backlog is not reducing as planned. This was due to: • inadequate complex capacity internally and externally, • a requirement to ensure that every patient is treated according to clinical urgency and date order, and • the effect of around 900 patients being added to the list due to changes within the pre-operative assessment service.		
17.3	JB acknowledged that work was being done and asked whether the Trust was still expecting to meet the agreed RTT target. LH said that work was continuing, however meeting the target remained high risk.		
17.4	SJ said that the members would be aware of the risks in achieving the RTT target as the issues had previously been fully discussed by the Board. She applauded LH for the hard work she had undertaken since joining the Trust to get the RTT programme to its current position.		
17.5	The Board noted the report.		
18	**Cancer improvement plan update**		
18.1	LH updated the Board on the revised cancer improvement plan and the progress being made to implement the actions that had been approved by the Board in June 2014, following an external review.		
18.2	She advised that two key members of the cancer team had left the Trust in October and December 2014. However, she was pleased to report that people had been appointed to these posts.		
18.3	Significant issues relating to data quality and reporting issues had been identified by the independent review. Although,		

	Discussion	Action To Be Taken By	When
	concern still remained in this area, IT provision and data reporting to cancer services was improving.		
18.4	PC observed that some of the dates within the action plan had passed and asked whether the actions had been completed. LH advised that the plan was up-to-date.		
18.5	GE said that she was aware that the Trust had been asked to provide large amounts of data and invited to attend a number of meetings with the TDA and NHS England. She asked if this had had an impact on the performance of the Executive Team. SJ said that there had been a focus on performance management and the resource required to comply with these requests had been raised with NHS England by a number of organisations within the region.		
18.6	The Board noted the report.		
GOVERNANCE AND LEADERSHIP			
19	**Trust Development Authority governance declaration – month 8**		
19.1	SJ presented the declaration in LE's absence.		
19.2	MH drew the Board's attention to the timescales for compliance on items 2 and 12, which had passed. It was agreed that these dates would be reviewed and updated with a future date.	LE	January 2015
19.3	The Board approved the declaration.		
WORKFORCE AND SAFETY			
20	**Medical appraisal and revalidation report**		
20.1	MVDW presented a paper to update the Board on compliance around medical appraisal and revalidation.		
20.2	He was pleased to report that the Trust had gone from having one of the lowest compliance rates in the UK to now having one of the highest. This had resulted in the Trust being used as an example of best practice.		
20.3	GE acknowledged the significant improvements; however she wondered whether this paper should have been presented as part of the workforce report, rather than being a separate paper. It was agreed that this should have been the governance route followed.		
20.4	SJ asked the Board to note the significance improvement in this area particularly from the very low base rate. She applauded MVDW for his hard work and diligence.		

	Discussion	Action To Be Taken By	When
20.5	PT asked if action was taken against medical staff that refused to participate in the appraisal and revalidation process. MVDW responded that medical staff who do not participate do not receive pay progression or discretionary points. They are given a further three months in which to comply, following which they would be reported to the General Medical Council.		
20.6	The Board noted the report.		
REPORTING COMMITTEES (NOT INCLUDED ABOVE)			
21	**Trust Leadership Executive Committee**		
21.1a	The Chair's report of the meeting held on 27 November 2014 was noted.		
21.1b	The ratified minutes of the meeting held on 30 October 2014 were noted.		
21.1c	The draft minutes of the meeting held on 27 November 2014 were noted.		
22	**Audit Committee**		
22.1a	The Chair's report of the meeting held on 6 January 2015 was noted.		
22.1b	The ratified minutes of the meeting held on 6 November 2014 were noted.		
23.	**Workforce Committee**		
23.1a	The Chair's report of the meeting held on 6 January 2015 was noted.		
23.1b	The ratified minutes of the meeting held on 3 December 2014 were noted.		
24.	**Charitable Affairs Committee**		
24.1	It was noted that no meeting of the Committee had been held since the last Board meeting.		
ANY OTHR BUSINESS			
25	**Any other business**		
25.1	TC informed the Board that the quality and safety report included a report on safe staffing.		
25.2	SJ advised that a review of the reporting of echocardiograms had been published. This had identified a number of issues and all patients affected had been contacted. The Trust had established a telephone helpline, which had dealt with around 50 calls to date. SJ noted her thanks to the staff involved in the review.		
QUESTION TIME			
26	**Questions from Hertfordshire Healthwatch**		

	Discussion	Action To Be Taken By	When
26.1	Kumar Moorthy thanked SJ for her openness and transparency and hoped that the spirit of co-operation which had been apparent would continue. SJ responded that she had learnt a lot from Healthwatch which had been incredibly helpful and supportive.		
26.2	Q1. It was noted within the integrated performance report that the maternity service had not met the friends and family target. KM enquired why this was. A1. TC replied that although there had been a slight dip, this was still above the national average.		
26.3	Q2. Why was the Trust not performing well against its electronic discharge target? A2. LH responded that a lot of work was underway and an improvement would be seen shortly.		
27	**Questions from our patients and members of the public**		
27.1	Q1. Could the papers be printed so the pack does not need to be turned around to read reports? A1. JH confirmed that this was possible.		
27.2	Q2. Would the Trust consider asking the patient who had told the Board of his experience to speak to other staff as a development opportunity? A2. TC said that the Trust was considering this; however it may not be the right time for the patient.		
27.3	Q3. Did the Board think it should use the discussion around the integrated performance report to assure the public that issues were being taken seriously? A3. SJ responded that she was sorry that the Board had given the impression that issues were not being taken seriously. She gave her assurance that all issues had been thoroughly reviewed and discussed in detail by the appropriate Assurance Committee prior to being presented to the Board. She confirmed that the membership of Assurance Committees included Healthwatch and the Patients Panel.		
27.4	Q4. The Board had discussed the challenges experienced by the emergency service over recent months. What had caused the pressure and how will the Trust manage during the winter? Q4. SJ replied that no key drivers for the pressure had been identified. However, the Trust had plans in place to manage winter which had been reviewed in great detail by NHS		

	Discussion	Action To Be Taken By	When
	England, TDA and CCG. Furthermore, a high proportion of staff had had the flu jab and the Trust would be opening additional bed capacity.		
27.5	Q5. Have hospital staff listened and reflected on the recent Reith lecture on the subject of healthcare? A5. Board members acknowledged that they had listened to the lecture. However, it was not possible to say that all staff were aware. SJ advised that there would always be challenges around standardisation within the health service and often simple solutions needed complex measures. She noted that the Trust benefited from having Non-Executive Directors who had a wealth of experience and knowledge from other industries. In addition, the Trust's transformation and organisational development programmes were focussing on changing behaviours.		
27.6	A6. Had there been any progress in improving parking for outpatients? A6. SJ replied that no changes had been made since the last meeting. DR would update at the next Board meeting	DR	February 2015
27.7	Q7. Can the Board confirm that Hertfordshire Community Trust had handed back Churchill and Simpson ward? A7. SJ confirmed this.		
27.8	Q8. Could the Board include an explanation of acronyms used within the papers? A8. AT advised that a paper explaining acronyms would usually be provided within the Board paper pack. This would be available for forthcoming meetings.		
27.9	Q9. How many Trust policies are now beyond their review date? Also Which is the longest outstanding policy still to be reviewed and revised? A9. TC confirmed that 131 policies were past their review date and there were still a number of policies which had a long time scale of review.		
27.10	Q10. What percentage of complaints is answered within the Trust's target timescale and what is the distinction between a complaint and an issue being handled by the patient advice and liaison (PALS) team? A10. TC confirmed that 53% of complaints are managed within the Trust's target timescale. If a verbal complaint is made it is usually managed by PALS. If the complainant		

	Discussion	Action To Be Taken By	When
	requires a written response then this is usually passed to the complaints team. If the complaint or concern cannot be successfully resolved by PALS, this is passed to the complaints team.		
27.11	Q11. Has the audit on drugs on discharged which was mentioned by the Board in October 2014 taken place? A11. LH advised that an audit of patient discharges delayed due to drugs would be extremely complex as other factors are involved in discharge planning. However, work is underway to find ways of getting the paperwork written up earlier and there are currently pilot schemes underway on some hospital wards. It was noted that the pharmacy department monitored waiting times daily and turnaround times remained at an average on 1 hour 20 minutes.		
27.12	Q12. How many patients are in hospital longer than 9 days, and has this number reduced over the past six months? A12. LH confirmed that in November 2014 a total of 58 patients had stayed in hospital longer than 9 days. This number was around the same as in May 2014.		
ADMINISTRATION			
28	**Draft agenda for Trust Board meeting to be held on 12 February 2015**		
28.1	The Board agreed the draft agenda, subject to additions reported during the meeting.		
29	**Date of next Trust Board meeting in public**		
29.1	The next meeting of the Trust Board will be 12 February 2015, Lecture Theatre 2, Medical Education Centre, Watford Hospital.		