

Minutes of Part 1 Trust Board Meeting
held on Thursday 03 September 2015
Lecture Theatre 2, Medical Education Centre, Watford Hospital

Chair	Title	Attendance
Mahdi Hasan (MH)	Chair	Yes
Members		
Don Richards (DR)	Chief Financial Officer	Yes
Ginny Edwards (GE)	Non-Executive Director	No
Helen Brown (HB)	Director of Strategy and Corporate Services	Yes
Helena Reeves (HR)	Director of Communications	Yes
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	No
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	No
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, Elective Care	Yes
Jane Shentall (JS)	Director of Operations, Unscheduled Care	Yes
Jean Hickman (JH)	Trust Secretary (notes)	Yes
6 members of the public		
In attendance for specific items		
Monika Kalyan (MK)	Equality and Diversity Manager	Yes

MEETING MINUTES

	Discussion	Action To Be Taken By	When
1	Opening and welcome		
1.1	MH welcomed the Board and members of the public to the meeting.		
2	Patient story		
2.1	MH advised that due to some logistics difficulty in organizing a patient attendance and compounded by the size of the agenda, there would not be a patient story at this meeting, however the Board was committed to this item being a regular part of its agenda and it would be on the next meeting.		
3	Apologies for absence		
3.1	Attendance and absence recorded above.		
4	Declarations of Interest		
4.1	JB advised that he had declared interests as recorded at previous meetings.		
5	Minutes of the last meeting on 02 July 2015		
5.1	Point 9.4. It was noted that CL had provided the update on unscheduled care and not JS as recorded.		
6	Board action log and matters arising from meeting held on 02 July 2015		
6.1	It was noted that all actions had either been completed or were on the agenda.		
7	Chairman's report		
7.1	MH reported that the interviews for the post of Chair would be held on 14 September 2015.		
7.2	He said that he had, as is usual, recently visited wards and department and was pleased to see that operational performance was improving. He was particularly happy to see that many areas often affected by bed pressures were operating more normally such as the stroke gym being back in full use and ambulatory care unit not needing to house emergency patients overnight.		
7.3	MH advised that there had been a change to the Committee structure, which would be an item for discussion later in the meeting. He noted, however, that Non-Executive Director membership of committees would remain similar until the new Chair had been appointed.		
7.4	KH was welcomed as a formal member of the Board following his appointment as Director of Environment.		
7.5	MH invited the Board and members of the public to the Trust's Annual General Meeting which would be held at 7pm on 03 September 2015. He advised that the annual staff awards ceremony would also be held as part of the same event.		
7.6	The Chair concluded his report by thanking the Executive Team for its hard work in responding to a report by the CQC during a very demanding period of time operationally.		

	Discussion	Action To Be Taken By	When
8	Chief Executive's report		
8.1	The Chief Executive echoed the Chair's thanks for responding to the demands of the CQC report and announced that the report would be published by the CQC the following week.		
8.2	She advised that the Trust would be attending a Quality Summit on 04 September 2015 to hear the findings of the report. The invitations to join the Summit had been managed by the CQC and would include representation from a wide range of stakeholders, including HealthWatch.		
8.3	JK highlighted a number of items in her report which had been circulated prior to the meeting.		
8.4	PT asked for confirmation of where the capture of feedback from the Patient Advice and Liaison Service (PALS) fitted into the governance structure. JK responded that the complaints process had been revamped and the backlog reduced. Feedback from PALS would be aligned with complaints and other sources of patient feedback, which would allow the Trust to focus on key themes and trends.		
8.5	PT enquired on the timetable for the changes to the stroke and vascular service. JK replied that the timetable for progressing the Trust's clinical strategy had been delayed due to the significant work required to respond to the CQC inspection. However, she noted that the clinical strategy would be aligned with the Your Care, Your Future strategy, which was being led by the Clinical Commissioning Group. HB confirmed that the outline business case for the stroke and vascular service would be presented at the November Board meeting.		
8.6	PC requested an update on the Listening into Action programme. JK responded that a number of 'Big Conversations' with staff had highlighted the areas which needed immediate focus. This included better facilities for staff, improvements to the outpatient service, the relocation of medical records and a food trolley service for staff working in theatres who found it difficult to go to the restaurant. She further advised that a number of larger, complex issues had also been highlighted which would require project management resource in order to expedite them.		
8.7	The Committee noted the report.		
PERFORMANCE			
9	Integrated performance report – month 4		
9.1	LH introduced the integrated performance report and advised the Board on key areas of good performance and areas which required		

	Discussion	Action To Be Taken By	When
	improvement.		
9.2	<p>JB asked why a target of 16% had been set for agency pay and noted that this figure seemed to be inconsistent with the financial plan.</p> <p>TC confirmed that the calculation had taken the Trust's vacancy rate and number of temporary staff into account. LH further advised that there had been no national standard when the trajectory had been set. However, it was noted that the target would be reviewed in line with new recommendations published by Monitor and the Trust Development Authority (TDA).</p> <p>The importance of agreeing realistic targets to the allow the Board to understand and focus on real areas of concern was noted.</p>		
9.3	<p>PT enquired where the learning from complaints was reviewed.</p> <p>TC confirmed that the Safety and Quality Committee regularly reviewed feedback from complaints.</p>		
9.4	<p>PT asked what actions had led to the improvements in ambulance turnaround times and whether they could be replicated to improve service elsewhere.</p> <p>CL responded that a new nursing post had been established to coordinate the transfer of patients from ambulances. She advised that the Trust was reviewing whether this type of service could improve services in other areas, such as the Acute Admission Unit.</p>		
9a	Operational recovery plan		
9a.1	CL provided an overview of the unscheduled care service. She advised that the Trust had been challenged during August; however it had coped better than in May when the same number of patients had been treated. This was due to better management arrangements. CL further advised that the most significant challenge being faced related to delayed transfers of care.		
9a.2	PC and JB requested that target dates be included in the risk register table within the report.	CL	Oct-15
9a.3	<p>JR asked why the number of mixed sex breaches had deteriorated.</p> <p>TC replied that this was mainly attributable to the Intensive Care Unit not being able to function appropriately due to bed pressures.</p>		
9a.4	<p>JS updated the Board on the elective care service. She advised that at the time of the meeting no patients were waiting over 52 weeks and the number of patients waiting over 40 weeks had decreased significantly.</p> <p>She further advised that the Access Policy had been reviewed in line with new national guidance. An improved diagnostic performance had been sustained since the previous meeting.</p>		

	Discussion	Action To Be Taken By	When
	Cancer waits had also improved overall, although there were some challenges within specific areas. JS advised that she was working with the cancer team to agree how to meet new NICE guidance.		
9a.6	<p>PT asked whether the Trust had plans to replace the MRI scanner.</p> <p>JS confirmed that this was in the capital programme and was expected to be in place within the next eight to ten weeks.</p> <p>It was noted that the risk of equipment breakdown should be highlighted as a risk within the report and JS agreed to include this in future reports.</p>	JS	Oct-15
9a.7	<p>PT asked what could be done to improve the number of patients' moves.</p> <p>CL advised that the Trust was looking at why patients were moved to try and improve this; however she advised that the Trust was challenged due to its environment.</p>		
9a.8	JB applauded the efforts of the team that had brought about the tremendous improvement in on referral to treatment performance over the past nine months.		
9a.9	<p>PC thanked the team for the high quality report.</p> <p>MH echoed this sentiment and said he would expect the actions from the CQC inspection report to become part of this report.</p> <p>JK responded that the outcomes of the CQC report would be integral to the internal machinery of the Trust and would sit alongside performance, finance and patient experience.</p>		
9a.10	The Board noted the report.		
PATIENT EXPERIENCE			
10	Nursing and midwifery safe staffing report		
10.1	<p>TC presented an overview of the nursing and midwifery safe staffing report. She advised that the Trust continued to be challenged around recruitment and an increase of vacancies at over 300 whole time equivalent.</p> <p>PC asked if this was a significant risk that the Board needed to be concerned about.</p> <p>TC replied that it was a risk to the organisation; however she assured the Board that the bed base had been reduced to mitigate the risk to patient safety.</p>		
10.2	PC noted that the staffing report included a significant amount of data and requested that future reports highlighted areas of real concern.		

	Discussion	Action To Be Taken By	When
	TC suggested that the key areas could be included on the cover sheet in future reports.		
10.3	The Board noted the report.		
10a	Bi-annual establishment review of children and neonates		
10a.1	TC introduced a paper on the outcome of an establishment review of the paediatric and neonatal inpatient clinical areas to determine whether nurse staffing levels were appropriate to meet patient care needs.		
10a.2	<p>JB asked why six additional posts had been agreed to be established when the review had concluded that 18 WTE were required.</p> <p>TC responded that this figure had been agreed following discussion with senior staff within the Women and Children's Division. She confirmed that the Trust would find it very difficult to recruit 18 new nurses, therefore a balance had been required.</p> <p>TC assured the Board that in order to the reduce risk, staff would be supporting and flexing the available capacity and, when necessary, babies would continue to be transferred to other units.</p>		
10a.3	<p>PT asked if there were other third party establishment reviews being undertaken.</p> <p>TC advised that the staffing levels were being reviewed in the A&E department and in adult inpatient areas. The outcome of these reviews would be presented at the November Board meeting.</p>	TC	Nov-15
10a.4	The Board noted the report.		
11	Serious incident summary update – month 4		
11.1	MVDW presented the latest serious incident report. He informed the Board that there had been a significant reduction in the number of outstanding reports.		
11.2	JK commented that the Trust had been working with CCG colleagues to review and made changes to processes which had resulted in a significant improvement. She was happy to report that this arrangement would be continuing in the future.		
11.3	<p>PT said he was pleased to see that the report contained explicit cases where lessons had been learnt.</p> <p>MVDW explained that each serious incident was reviewed by the appropriate department and an action plan developed. He confirmed that no case was closed until all actions had been completed and assurances were provided that the learning had been discussed and disseminated.</p>		
11.4	The Board noted the report.		

	Discussion	Action To Be Taken By	When
12	Report on the national paediatric and neonatal inpatient and day case wards survey 2014/15		
12.1	TC provided a summary of the findings from the national children's survey. She was pleased to report that the survey showed an improvement in all areas since the previous report in 2012. This was due to a great team effort by the children's service.		
12.2	JR noted that an action plan would be developed and he asked for assurance on where progress against the plan would be reviewed. TC confirmed that the plan would be shared at the Quality and Safety Group in November 2015 and assurance would be sought through the Safety and Quality Committee in due course.		
12.3	The report was noted by the Board.		
13	Patient Safety, Quality and Risk Committee (PSQR)		
13a	Chair's report of meeting: 28 July 2015		
13a.1	The Chair's report was noted.		
13b	Ratified minutes of the meeting: 23 June 2015		
13b.1	The ratified minutes were noted.		
WORKFORCE			
14	Report on the Health Education East of England visit		
14.1	MVDW presented an update on the visit to the Trust by the Health Education East of England and progress made against an action plan which had been submitted to the Postgraduate School of Medicine in July. He advised that positive feedback on the robustness and reassurance of the action plan had been received from the Deanery.		
14.2	The Board noted the update.		
15	Report on Public Sector Equality Duty		
15.1	TC presented a report on the statutory annual Public Sector Equality Duty Report for approval. She advised that the report would be published on the Trust's website.		
15.2	Monika Kalyan (MK), Equality and Diversity Manager joined the meeting to support the presentation of the paper to the Board. In response to a query raised by JB on the accuracy of the data, MK confirmed that the report had been checked for accuracy.		
15.3	DR brought the Board's attention to a discrepancy in the classification of ethnicity within the report.		
15.4	MK advised that the survey would be broken down into groups and the results would be distributed throughout the organisation to highlight areas requiring further development. The outcome would also be discussed with staffside.		
15.5	The Board approved the report for publication.		
16	Workforce Committee		
16a	Chair's report of meeting: 28 July 2015		
16a.1	The Board noted the Chair's report.		

	Discussion	Action To Be Taken By	When
16b	Ratified minutes of meeting held on 22 June 2015		
16b.1	The Board noted the minutes.		
GOVERNANCE AND LEADERSHIP			
17.	Risk and Governance Review		
17a.	Review of Board and Committee structure		
17a.1	<p>HB outlined the revised Board and Committee structure. She advised that a new Integrated Risk and Governance Committee had been established and the frequency of some of the other Committees had been changed. In addition, the Transformation Committee had been replaced with a new Strategy Committee which would include the same membership.</p> <p>MH commented that the formulation of the IRGC was reverting to the same committee structure, by the same name, that existed in the Trust until 2013. The experiences of that committee structure should be leveraged where applicable.</p>		
17a.2	To support a better business cycle, HB advised that the previous weekly Chief Executive Team meeting had been replaced with a Trust Executive Committee (TEC) and the monthly Trust Leadership Executive Committee had been reformatted to focus predominately on clinical engagement.		
17a.3	<p>PC asked how long the new structure would be in place.</p> <p>JK replied that the new governance arrangements would give a better level of clinical engagement and allow active engagement in decision making. She confirmed that it was good practice to review the structure on a bi-annual basis to ensure that it continued to meet the needs of the Trust.</p>		
17a.4	DR pointed out that the structure needed to show the role of the corporate trustee in making decisions on behalf of the Trustee.		
17a.5	The new structure was approved by the Board to be reviewed in March 2016.	HB	March-16
17b	Board Assurance Framework (BAF)		
17b.1	HB presented the Board Assurance Framework for final review prior to the document going 'live'. She drew the Board's attention to the process used by each Committee to monitor and control the risks which fell under each respective area of responsibility.		
17b.2	She confirmed that the BAF would be reviewed by the Board on a quarterly basis.		
17b.3	JB asked for the wording to be strengthened around the Committees use of the BAF.	HB	Oct-15
17b.4	The BAF was approved.		
18	Trust Development Authority governance declaration – month 5		
18.1	HB presented the latest self certification statement and highlighted that area 11 was the only outstanding area.		
18.2	The Board approved the declaration.		

	Discussion	Action To Be Taken By	When
19	Integrated Risk and Governance Committee		
19a	a. Chair's report of meeting: 26 August 2015		
19a.1	MH gave a verbal update on the inaugural Integrated Risk and Governance meeting on 26 August 2015, which he had chaired on behalf of PT. MH confirmed that the Committee had discussed the risk register and advised that it was unable to provide full assurance to the Board at that time; however the Committee was confident that it was moving in the right direction.		
19a.2	The Board noted the update.		
19b.	Draft Terms of Reference		
19b.1	MH presented the Terms of Reference to the Board for approval.		
19b.2	KH asked if there was any merit in him being part of the membership as a significant number of the risks involved the environment. The Board agreed that the terms of reference would be amended to include KH as a regular attendee.	HB	Oct-15
19b.3	The Board formally approved the establishment of the Committee and its terms of reference.		
FINANCIAL VIABILITY			
20	Finance report – month 3 & 4		
20.1	DR summarised the financial position in June and July 2015. He highlighted to the Board that performance continued to vary from trajectory at about £1m per month and confirmed that the year to date deficit was £4m. He drew the Board's attention to the actions that had been put in place to address the variation from plan.		
20.2	DR informed the Board that the Trust had submitted an annual plan which contained a deficit of £32.8m, however the TDA had set a challenge to all Trust's to improve on their deficit. DR confirmed that the Trust's had been directed to have a deficit of no greater than £29.2m. He further advised that the TDA had requested an update to the annual plan to be submitted by 11 September 2015 in line with the new deficit limit.		
20.3	PT asked if the A&E project had been postponed. DR responded that the A&E and theatre redevelopment projects were contingent on approval by the TDA of a strategic outline and full business case. He warned that the total funding for the A&E redevelopment project was not all captured within the capital budget and therefore a funding request would need to be approved by the TDA, the timing of which would affect the applications for required additional capital funding. DR further advised that the process was not expected to be completed or the building works started within the current financial year, therefore the cost of enabling works to support the two		

	Discussion	Action To Be Taken By	When
	<p>significant main projects had been worked into the capital budget for 2015/16.</p> <p>KH assured the Board that he was continuing to work on design work for the new facilities and that maintenance of both key areas was ongoing.</p>		
20.4	<p>JK acknowledged the programme of works was very complex and listed the key works which would be undertaken as follows:</p> <ul style="list-style-type: none"> • Replacement of MRI; • Improvements to Endoscopy in order to meet national requirements; • Refurbishment of theatres; • Better staff facilities; • Improvements to clinical waste arrangements. <p>She reminded the Board that a number of the projects required enabling works and were dependent upon the Trust purchasing the Shrodell's Unit and on consultation with staff.</p> <p>She assured the Board that the capital programme and development control plan would be reviewed by the Finance and Performance Committee at its next meeting.</p>		
20.5	The Board noted the report.		
21	Finance and Performance Committee		
21a	Chair's report of meeting: 25 August 2015		
21a.1	<p>JB advised the Board that the Finance and Performance Committee had met three times since the last meeting which demonstrated the commitment to managing the financial position.</p> <p>MH noted his appreciation to the Finance and Performance Committee for its work in supporting the Trust during a challenging time.</p> <p>The Board noted the Chair's report.</p>		
21b	Ratified minutes of the meeting: 23 June 2015 and 28 July 2015		
21b.1	The ratified minutes were noted.		
22	Trust Leadership Executive Committee (TLEC)		
22a.	Chair's report of meetings: 16 July and 20 August 2015		
22a.1	The Chair's report of the two meetings was noted.		
22b.	Ratified minutes of meeting: 18 June 2015 and 16 July 2015		
22b.1	The ratified minutes were noted.		
23.	Audit Committee		
23a	Chair's report of meeting: 25 August 2015		
23a.1	The Chair's report was noted.		

	Discussion	Action To Be Taken By	When
23b.	Ratified minutes of the meeting: 05 June 2015		
23b.1	The ratified minutes were noted.		
24	Charitable Funds (CF) Committee		
24a	CF Committee governance arrangements		
24a.1	JR introduced a paper which advised the Board on the Trust's registration with the Charity Commission to reflect its status as a Corporate Trustee rather than individually named trustees. He confirmed that the arrangements outlined within the report were recognised as best practice by the Department of Health.		
24a.2	MH thanked JR for introducing the new arrangements which would ensure that the Board managed its charitable funds appropriately. The Board approved the recommendations.		
24b.	Charitable Funds draft accounts and annual report 2014/15		
24b.1	The Board approved the annual accounts.		
24c.	Ratified minutes of meeting: 24 February 2015 & 08 June 2015		
24c.1	The ratified minutes were approved.		
24d.	Funding requests		
24d.1	Funding requests were approved.		
ANY OTHER BUSINESS			
25	Any other business previously notified to the Chairman		
25.1	<p>TC advised the Board on a new set of rules on nursing agency spending, which would be launched by Monitor and the TDA. She advised that the Trust would be submitting a framework by 14 September 2015, which would come into effect as from 19 October 2015.</p> <p>The Board had a brief discussion on the implications of the new rules. TC confirmed that a more detailed discussion on the full impact of the new rules would be held in the private section of the Board and, going forward, the Workforce Committee would oversee the agreed framework.</p>		
QUESTION TIME			
26	Questions from Hertfordshire Healthwatch		
26.1	It was noted that Sundera Kumara-Moorthy gave his apologies to the meeting.		
27	Questions from our patients and members of the public		
27.1	None.		
28	Draft agenda for Trust Board Meeting to be held on: 01 October 2015		
28.1	The draft agenda was approved, subject to amendments.		
29	Date of the next Trust Board Meeting in public:		
29.1	The next meeting will be held at 9.30am on 01 October 2015 in Lecture Room, Post Graduate Medical Centre, St Albans Hospital		