

**Minutes of Part 1 Trust Board Meeting  
held on 03 November 2016  
Terrace Executive Meeting Room, Spice of Life Restaurant, Watford Hospital**

<b>Chair</b>	<b>Title</b>	<b>Attendance</b>
Professor Steve Barnett (SB)	Chair	Yes
<b>Members</b>		
Tracey Carter (TC)	Chief Nurse and Director of Infection Prevention and Control	Yes
John Brougham (JB)	Non-Executive Director	Yes
Helen Brown (HB)	Director of Strategy and Corporate Services	Yes
Paul Cartwright (PC)	Non-Executive Director	No
Ginny Edwards (GE)	Non-Executive Director	Yes
Katie Fisher (KF)	Chief Executive	Present for items 1- 10
Jonathan Rennison (JR)	Non-Executive Director	Yes
Don Richards (DR)	Chief Financial Officer	Yes
Sally Tucker (ST)	Chief Operating Officer	Yes
Phil Townsend (PT)	Non-Executive Director	Yes
Dr Mike van der Watt (MVDW)	Medical Director	Yes
<b>In attendance</b>		
Paul da Gama (PDG)	Director of Workforce	Yes
Lisa Emery (LE)	Chief Information Officer	Yes
Jean Hickman (JH)	Trust Secretary (notes)	Yes
<b>In attendance for specific items</b>		
Dr Tolu Adesina	Consultant in Stroke Medicine	Yes
Kevin Howell	Director of Environment	Yes
Emma Pope	Senior Sister, Stoke Unit	Yes
<b>Members of the public and staff</b>		
Louise Halfpenny	Director of Communications	Yes
Steve Palmer	Representative of Hertfordshire Healthwatch	Yes
1 member of the public	N/A	Yes

## MEETING MINUTES

	Discussion	Action To Be Taken By	When
<b>1/42</b>	<b>Opening and welcome</b>		
1.1	SB opened the meeting. He welcomed the Board and members of the public.		
<b>2/42</b>	<b>Improvements to stroke services</b>		
2.1	SB introduced Dr Adesina Tolu, Consultant in Stoke Medicine and Senior Sister Emma Pope and invited them to update the Board on the stroke service. Dr Tolu advised the Board on a number of measures which had been taken to improve the service, including close scrutiny of the patients' journey, increased consultant presence, the introduction of an early supportive discharge service, multi-disciplinary team working and learning from other units.		
2.2	The Board was informed that the service had been assessed at a level A in the Sentinel Stroke National Audit Programme (SSNAP) in April to July 2016 for achieving over 90% across the 10 assessed domains.		
2.3	TC acknowledged that nurse leadership posed a challenge in some specialties and asked what made the leadership in the stroke service a success. Sister Pope responded that several things had contributed to the strong team, including multidisciplinary working, providing an open forum for staff to express their opinions and a reduction in nurse vacancies.		
2.4	PT asked for clarity of the actions being taken to prevent patients needing acute stroke care. The Board was informed that regular outpatient clinics were held for patients who were considered to be at a high risk of developing a stroke and the service also arranged regular stroke prevention awareness campaigns.		
2.5	In response to a question raised by GE on the arrangements for cross system working, the Board was informed that the stroke team regularly attended local stroke leadership team meetings, at which Public Health England were represented.		
2.6	Dr Tolu introduced a patient of the stroke service. He advised the Board that he and his family had been impressed with the exemplary care he had received and, in particular, noted good multi-disciplinary team working and discharge planning.		
2.7	SB thanked the team and the patient for attending the meeting to update the Board on the impressive improvements made to the stroke service.		
<b>3/42</b>	<b>Apologies for absence</b>		
3.1	Apologies were received from PC. It was noted that Steven Palmer was representing Healthwatch as Sundera Kumara-Moorthy was unable to attend.		
<b>4/42</b>	<b>Conflicts of Interests</b>		
4.1	No further declarations of interest were received other than those previously circulated.		
<b>5/42</b>	<b>Minutes of the last meeting on 06 October 2016</b>		
5.1	It was noted that DR had been present at the meeting on 06 October 2016.		
5.2	Item 2.6. PT asked for an update on the introduction of a centralised booking system. LE confirmed that the system was currently managed		

	<b>Discussion</b>	<b>Action To Be Taken By</b>	<b>When</b>
	using a paper-based process; however initial discussions were ongoing with providers of software options to progress towards centralisation.		
5.3	Item 15.2. PT asked for the minute to be amended to read 'The management process for confirming and reviewing escalated risks for inclusion in the corporate risk register would be discussed at the next IRGC meeting'.		
5.4	Item 5.1. GE noted that an action to confirm to a patient that their complaint had resulted in a change to the complaints process was not recorded on the action log. JH advised that she would update the Board at the next meeting on this action.	JH	12/16
5.5	Item 10.10. JB asked for the minute to be amended to read 'constantly aim for internal targets to be better than average'.		
5.6	Subject to the changes detailed above, the minutes were recorded as a true record of the meeting.		
<b>6/42</b>	<b>Board action log and matters arising from meeting held on 06 October 2016 and previous meetings and decision log 2016/17</b>		
6.1	Action 6.4/41. Non Executive Directors advised that they had not received a final audit report on the quality improvement programme. LE took an action to check that the report had been circulated to all members.	LE	12/16
6.2	Action 10.9/40. DR advised that an estimate of the financial impact of poor performance was regularly presented to the Financial, Investment and Performance Committee (FIPC) as part of a contracts and income paper. It was agreed that this data would also be included in future integrated performance reports. Action closed.		
6.3	Action 20.3/40. HB advised that removing the word 'clinical' from the title of the clinical strategy had initially been tested with stakeholders. It would also be discussed with the Clinical Advisory Group. Action closed.		
6.4	Item 10.7/41. ST informed the Board that the results of an audit on a reduction in emergency readmissions had been reviewed. It had been concluded that the amount of data from the audit was too detailed to be included in the integrated performance report. MVDW also noted that the audit data was out of date and would be required to be refreshed. Action closed.		
<b>7/42</b>	<b>Chair's report</b>		
7.1	The Chairman presented his report. He advised that NHS Improvement (NHSI) had completed a consultation in October 2016 to gather opinions and feedback on the current Never Events Policy and Framework. Any resulting changes to the Never Events Policy and Framework for 2017/18 would be published by NHSI in due course.		
7.2	SB informed the Board that the Minister for Health, Philip Dunne and Richard Harrington MP had visited Watford Hospital on 27 October 2016 to learn more about the Trust's improvement journey since it had been placed into Special Measures. It was noted that Richard Harrington MP had also visited Watford in October as part of Baby Loss Awareness week.		
7.3	SB reported that the Care Quality Commission had rated the Hertfordshire Community NHS Trust as 'Good' following a re-inspection in April 2016.		
7.4	The following staff were recognised for their outstanding achievements:		

	Discussion	Action To Be Taken By	When
	<ul style="list-style-type: none"> <li>• Raja Gangopadhyay, Consultant Obstetrician for Perinatal Mental Health, who had been invited to present at the House of Commons on the importance of looking after the mental health of pregnant women and new mothers</li> <li>• Tessa Zapala, Sister on Oxhey ward at Watford who had been awarded Staff Member of the Month for the significant improvements she had made</li> <li>• The HR and procurement team who had been shortlisted in the 'collaboration' category of the Healthcare Supply Association Awards</li> <li>• Staff from the facilities department and Medirest who had tackled a charity obstacle course in aid of the Peace Hospice</li> </ul>		
7.5	<p>SB concluded his report by advising the members on key meetings he had undertaken since his last Board meeting:</p> <ul style="list-style-type: none"> <li>• Had a tour of Watford Hospital in a wheelchair with Eddie Lucas of the Trust's Patients' Panel to experience firsthand the disabled access of the hospital buildings and facilities. SB reported that a number of areas had been found to be poorly designed for disabled access and recommendations had been made to make improvements</li> <li>• Met with local NHS Chairs</li> <li>• Attended a Hertfordshire and West Essex Sustainability and Transformation (STP) Boards event</li> <li>• Attended a Sustainability and Transformation Plan and Chairs' oversight meeting</li> <li>• Chaired a cardiology consultant interview panel at which two new cardiologists had been appointed</li> <li>• Met with Lee Walsingham, Chief Executive of the Watford and West Herts Chamber of Commerce</li> <li>• Attended the Watford Civic Reception and Audentior Awards Evening</li> <li>• Met with Dorothy Thornhill, Elected Mayor of Watford</li> </ul>		
7.6	<p>JB asked for clarity on the forum at which the changes to disabled access would be monitored. SB gave his personal commitment to ensure that improvements would be made and it was agreed that the actions would be reported back to the Patients' Panel.</p>	HB	02/17
7.7	<p><u>Resolution:</u> The Board noted the update.</p>		
<b>8/42</b>	<b>Chief Executive's report</b>		
8.1	<p>KF presented the Chief Executive's report to the Board. She drew the Board's attention to the opening of the access road to Watford hospital on 16 November 2016 and reminded members that this would greatly improve access for the majority of patients and staff. KF advised that additional support would be available to direct and assist with any initial parking issues.</p>		
8.2	<p>KF brought the Board's attention to the operational planning process for 2017/18 and advised that this would be aligned with the Sustainability and Transformation Programme process. She reported that the timeframe to agree contracts by 23 December 2016 was extremely challenging, however she noted that the Trust was engaging closely with the Clinical Commissioning Group (CCG) and clinical colleagues to meet the deadline.</p>		
8.3	<p>KF concluded her report by advising that she would be attending a</p>		

	Discussion	Action To Be Taken By	When
	meeting on 03 November 2016 on the national oversight framework and would feedback to the Board.		
8.4	The Board noted the report.		
<b>PERFORMANCE</b>			
<b>9/42</b>	<b>Integrated performance report</b>		
9.1	ST presented the integrated performance report (IPR) and highlighted areas of good performance and the actions being taken to make improvements in areas of poor performance.		
9.2	It was noted that actions to improve performance against the referral to treatment (RTT) targets would be discussed in detail in the private session of the Board on 03 November 2016.		
9.3	JB pointed out that the improvements seen in the stroke presentation earlier on the agenda were not reflected in the IPR. LE agreed to look at how this could be incorporated into future reports.	LE	12/16
9.4	It was noted that the serious incident data in the report was incorrectly recorded.	MVDW	12/16
9.5	The Board discussed the arrangements for monitoring complaints performance. TC confirmed that indicators were regularly reviewed in detail by the Safety and Quality Committee, as well as the Quality and Safety Group, the membership of which included divisional representation. TC reported recent significant improvements to the quality of complaint responses and in local resolution meetings. TC further advised that a new suite of key performance indicators would be presented to the Board in December 2016. The Board was informed that each division was required to investigate its own complaints and learning was shared through monthly performance reviews and a quality dashboard.		
9.6	SB suggested that the Trust consider the introduction of a learning cycle and TC said that this would form part of the patient experience and carer strategy.		
9.7	The Board reviewed the performance indicators under the well-led domain, in particular, bank, agency and vacancy data. PDG advised that following recommendation by the Workforce Committee, the workforce strategy would be updated to align it with the Sustainability and Transformation Plan, with the aim of presenting it to the Board in January 2017.  The Board's attention was brought to data regarding the number of staff leaving in the first year. PDG advised on actions being taken to address this issue and pointed out that, although the trend was not good, the rate was average when benchmarked against other NHS trusts. JR asked for the data to be broken down into age ranges in order to get clarity on the reasons for staff leaving and actions required to address any issues.	PDG	12/16
9.8	DR presented an update on the latest financial position. He reminded the Board that midway through the financial year the deficit was £14.2m, which was £0.1m better than plan. He noted that £1.6m of savings had been delivered in month 6 against a trajectory of £1.2m and pay expenditure was £18.3m, which was a £0.4m underspend. DR advised that the Board would discuss an action plan which had been developed		

	<b>Discussion</b>	<b>Action To Be Taken By</b>	<b>When</b>
	to address a forecast overspend by the end of the financial year, in a private session on 03 November 2016.		
9.9	Concern was raised that the Trust's application for NHS funding had not yet been approved by NHSI, which was impacting negatively on the timing of payments to creditors and capital projects. The Board was informed that a temporary loan of £2.7m had been received from NHS Improvement to cover any immediate cash requirements.		
9.10	<u>Resolution:</u> The Board noted the report.		
<b>SAFE, EFFECTIVE CARE (BAF RISK 1)</b>			
<b>10/42</b>	<b>Serious incident annual report</b>		
10.1	MVDW presented an annual report on the management of serious incidents in 2015/16. He asked the Board to note a reduction in the number of serious incidents which was attributable in part to the sharing of learning from previous incidents. MVDW further advised that external assessors had praised the Trust's serious incident process and the Care Quality Commission (CQC) had raised no concerns in a recent inspection.		
10.2	As is usual in NHS trusts, the obstetric service was acknowledged as a particularly high risk area for serious incidents. MVDW advised the Board on the measures in place to improve the obstetric service and strengthen the governance arrangements, in particular the establishment of daily safety huddles, improvements to the leadership and a review of all baby deaths by the Medical Director.		
10.3	PT asked whether divisions were aware of their responsibility regarding legal claims. TC confirmed that this data formed part of a quality dashboard which was discussed regularly at divisional meetings. The management of legal claims had also been strengthened by the appointment of a Complaints, Litigation and Claims Manager with a legal background.		
10.4	<u>Resolution:</u> The Board noted the report.		
<b>11/42</b>	<b>Health and safety annual report 2015/16</b>		
11.1	Kevin Howell, Director of Environment joined the meeting to present an annual report on health and safety arrangements in 2015/16 and to identify key objectives for 2016/17.		
11.2	PT reminded the Board of recent media reports on cyber attacks on NHS trusts and asked what controls the Trust had in place to reduce this risk. LE confirmed that CGI, the IT service provider, was contractually obligated to maintain strong national security standards. LE warned of the risks relating to dated infrastructure; however she also noted that risk had been reduced as the Trust's email servers had been moved to offsite data centres and KH confirmed that environmental systems did not pose a high risk.		
11.3	TC asked whether the objective to reduce trips, slips, falls and needlestick injuries had been achieved. KH confirmed that the number of reported incidents had decreased in these areas over the reporting period.		
11.3	<u>Resolution:</u> The Board noted the report.		
<b>12/42</b>	<b>Patient experience and carer strategy</b>		
12.1	TC shared a final draft of the patient experience and carer strategy with		

	<b>Discussion</b>	<b>Action To Be Taken By</b>	<b>When</b>
	the Board for approval. She advised that the strategy set out how staff would deliver an excellent experience for patients to support the Trust's values and vision.		
12.2	SB asked for details of the actions to be taken to support the implementation of the strategy. TC advised that the strategy would be linked to the organisational development programme and the nurse development programme and success would be monitored by the Safety and Quality Committee. She confirmed that the Board would receive assurance through the IPR, the safety and quality dashboard and by the outcomes of national surveys.		
12.3	SB asked for the CQC to be notified that the Board had approved the strategy and the future monitoring arrangements.	TC	12/16
12.4	<u>Resolution</u> : The Board approved the strategy.		
<b>RETAIN AND ENGAGE WORKFORCE (BAF RISK 2)</b>			
<b>13/42</b>	<b>Statutory annual public sector equality duty report 2015</b>		
13.1	PDG summarised a paper which provided assurance to the Board on the Trust's compliance against the Quality Act 2010 and the Public Sector Equality Duty (PSED).		
13.2	In response to a concern raised by Non Executive Directors on a decrease in the recruitment of some staffing groups, including BME and disabled, PDG advised that measures had been taken to strengthen recruitment processes to improve performance in this area.		
13.3	DR advised that he had offered to be involved in the Black and Minority Ethnic (BME) group and PDG reported that a session to discuss the Board's responsibility regarding equality and diversity would be held in January 2017 as part of the Board Development Programme.		
13.4	PDG informed that Board that the data from the PSED report would be reviewed alongside the outcome of the staff survey to ensure triangulation of the results.		
13.5	The Board was reminded of its responsibility to publish annual information on performance against the equality duty standards. SB asked for the information to note the Board's commitment to improving its performance against the standards.	PDG	12/16
13.6	<u>Resolution</u> : The Board approved the publication of the PSED.		
<b>14/42</b>	<b>Assurance report from Workforce Committee</b>		
14.1	GE summarised an assurance report from the Workforce Committee. She noted that the Committee had escalated two items for the Board's attention; 1) the approval of the PSED and 2) the approval of the agency Board self-assessment checklist, both of which were on the meeting agenda.		
14.2	<u>Resolution</u> : The Board noted the assurance report.		
<b>ACHIEVE FINANCIAL VIABILITY (BAF RISK 7)</b>			
<b>15/42</b>	<b>Assurance report from Finance, Investment and Performance Committee</b>		
15.1	JB presented an assurance report from the Finance, Investment and Performance Committee. He advised that the Committee had escalated three items for the Board's attention; 1) the status of plans to deliver the A&E and RTT standards, 2) review of actions to deliver the target deficit for 2016/17 and 3) review of the financial plan for the 2018-2020. It was		

	Discussion	Action To Be Taken By	When
	noted that these items would be discussed in detail in the private session of the Board.		
15.2	Resolution: The Board noted the assurance report.		
<b>DEVELOP A LONG TERM STRATEGY (BAF RISK 9)</b>			
<b>16/42</b>	<b>Strategy update</b>		
16.1	HB gave a brief overview of the latest position regarding the Your Care, Your Future programme, the interim estates strategy and the Sustainability and Transformation Plan. She advised the Board that the deadline for a written submission regarding the vascular hub was in early December. HB reported that it had been agreed by the executive and clinicians for the Trust to continue with its plan to submit a bid for this work. HB reported that discussions were continuing as to whether to submit a joint submission with the Royal Free London NHS Hospital Trust and around further joint working opportunities with local providers.		
16.2	Resolution: The Board noted the update.		
<b>GOVERNANCE</b>			
<b>17/42</b>	<b>Assurance report from Integrated Risk and Governance Committee</b>		
17.1	<u>Resolution</u> : The Board noted the assurance report. No issues were escalated.		
<b>18/42</b>	<b>Assurance report from Audit Committee</b>		
18.1	JB presented an assurance report from the Audit Committee. He reported that the Committee had escalated two items for the Board's attention; 1) a recommendation for approval of the gifts, hospitality and sponsorship policy and 2) the Trust's seal had not been used since the previous meeting		
18.2	<u>Resolution</u> : The Board noted the assurance report. The gifts, hospitality and sponsorship policy was approved.		
<b>19/42</b>	<b>Corporate governance update</b>		
<b>19a/42</b>	<b>Recommendation to reduce the frequency of Integrated Risk and Governance Committee meetings</b>		
19a.1	Due to progress made to improve the Trust's governance and risk management processes, HB presented a recommendation by the Integrated Risk and Governance Committee (IRGC) to reduce the frequency of IRGC meetings from monthly to bi-monthly. It was noted that the Risk Review Group would continue to meet monthly.		
19a.2	<u>Resolution</u> : The Board approved the recommendation for the IRGC to meet on a bi-monthly basis as from November 2016.		
<b>19b/42</b>	<b>Update to terms of reference for the Board</b>		
19b.1	The following amendments were noted to the terms of reference: 6.1. Amend the frequency of meetings to 11 5.1. Amend the point to read, 'Board members should make every effort to attend all scheduled meetings and must attend at least 70% of meetings each financial year.'		
19b.2	<u>Resolution</u> : The terms of reference were approved subject to the amendments recorded above.		
<b>19c/42</b>	<b>Draft Board and Committee meeting schedule 2017/18</b>		
19c.1	<u>Resolution</u> : The Board approved the draft Board and Committee meeting		



	<b>Discussion</b>	<b>Action To Be Taken By</b>	<b>When</b>
	schedule for 2017/18.		
<b>20/42</b>	<b>Board self evaluation</b>		
20.1	SB asked the Board to submit comments to JH on the effectiveness of the Board meeting.		
<b>ANY OTHER BUSINESS</b>			
<b>21/42</b>	<b>Any other business previously notified to the Chairman</b>		
21.1	No business was raised.		
<b>QUESTION TIME</b>			
<b>22/42</b>	<b>Questions from Hertfordshire Healthwatch</b>		
22.1	Q1. Are other NHS organisations involved in improving the stroke pathway? A1. Yes, A&E staff are pre-alerted by the local ambulance trust when a patient is suspected of having a stroke to avoid the risk of delays when a patient arrives at the hospital.		
22.2	Q2. Does the Trust have arrangements in place to identify overseas patients? A2. Yes, the Trust has robust processes and staff training courses are run on an regular basis.		
<b>23/42</b>	<b>Questions from our patients and members of the public</b>		
23.1	Q3. Will patients coming from the south and west of Watford hospital have to access the site by the new road? A3. Yes.		
<b>ADMINISTRATION</b>			
<b>24/42</b>	<b>Draft agenda for Trust Board meeting in public: 01 December 2016</b>		
24.1	The draft agenda was approved, subject to any changes recorded above.		
<b>25/42</b>	<b>Date of the next meeting</b>		
25.1	The next meeting would be held on 01 December 2016 in the Lecture Theatre, Postgraduate Training Centre, St Albans Hospital.		