

**Minutes of Part 1 Trust Board Meeting
held on Thursday 05 May 2016
Lecture Room, Postgraduate Centre, Watford Hospital**

Chair	Title	Attendance
Professor Steve Barnett (SB)	Chair	Yes
Members		
Professor 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	Yes
Ginny Edwards (GE)	Non-Executive Director	Yes
Lynn Hill (LH)	Deputy Chief Executive	No
Jac Kelly (JK)	Chief Executive	Yes
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
In attendance		
Jean Hickman (JH)	Trust Secretary (notes)	Yes
Representative from Healthwatch		Yes
Louise Halfpenny	Communications Director	Yes
In attendance for specific items		
Lisa Emery (LE)	Chief Information Officer	Yes
Paul da Gama	Director of Workforce	Yes

MEETING MINUTES

	Discussion	Action To Be Taken By	When
1.	Opening and welcome		
1.1	SB opened the meeting and welcomed the Board and members of the public. He welcomed Sally Tucker to her first Board meeting as the new interim Chief Operating Officer and advised that Louise Halfpenny, the Trust's new Communications Director was also in attendance.		
2.	Maternity infant feeding team		
2.1	SB introduced Infant Feeding Coordinators, Lisa Merchant, Kay Barber and Debra Abbas and invited them to update the Board on a new initiative to achieve baby-friendly accreditation, which aims to ensure that mothers and staff are well informed/trained, increase breastfeeding initiation, prevent disease and reduce hospital admissions. Two mothers also joined the meeting to explain to the Board how the encouragement they had received from the service had improved their experience.		
2.3	In response to a question raised by GE, the team assured the Board that all women were supported to make an informed decision on methods of feeding including women who could not or did not wish to breastfeed.		
2.4	The Board discussed the issue of the promotion of baby milk formula within the maternity unit and whether the Trust should consider a strategy to restrict marketing of milk products. TC responded that this would be considered as part of the overall communications strategy for this programme of work.		
2.5	SB thanked the Infant Feeding Coordinators for all their work on behalf of the women and their families. He also thanked the two mothers for making the time available to attend the Board meeting.		
3.	Apologies for absence		
3.1	Apologies were received LH.		
4.	Declaration of Interests		
4.1	No further declarations of interest were raised other than those previously circulated.		
5.	Minutes of the last meeting on 07 April 2016		
5.1	Item 11.2. This point should refer to the specialist palliative care team and not end of life care team.		
5.2	Item 19.1. The final comment was made by JR and not JB.		
5.3	GE noted that there were a number of actions in the Board minutes which fell under the responsibility of a Committee. SB and JH agreed to discuss how to ensure these actions were managed appropriately.	JH	June-16
6.	Board action log and matters arising from meeting held 07 April 2016		
6.1	Action 6.3/36. DR to write to Alan Warren, Chief Financial Officer to follow up on a suggested amendment to the terms of reference relating to driving for financial sustainability.	DR	June-16

	Discussion	Action To Be Taken By	When
7.	Chairman's report		
7.1	SB presented a verbal report to the Board. He advised that, in response to recommendations by Sir Robert Francis in his Freedom to Speak up Review, NHS England and NHS Improvement had published a new whistle-blowing policy which aimed to develop a more open and supportive culture and encourage staff to raise any issues of patient care, quality or safety. The policy expected all NHS organisations to appoint a whistle-blowing guardian and SB advised the Board that GE had taken on this role for the Trust.		
7.2	SB reported that PC had been re-appointed for a further two years as a Non-Executive Director and thanked him for his positive contribution to the Board and as the Chair of the Audit Committee over the past two years.		
7.3	It was reported that Cameron Ward had taken up the post of interim Accountable Officer for the Herts Valleys Clinical Commissioning Group (HVCCG). SB commented that he and JK had met with Cameron and they had been impressed with the approach he was taking.		
7.4	SB advised that the membership of Committees had been reviewed and a proposal to streamline the membership would be discussed in the private session of the Board.		
7.5	It was reported that a Board Business Workshop had been held on 21 April 2016 to focus on the development of the Trust's clinical strategy. Each division presented its future vision for their services and explained how they planned to strengthen services in the short and longer term.		
7.6	SB concluded his report by informing the Board that he had undertaken the following since the last meeting: <ul style="list-style-type: none"> • Met with David Gauke, MP for South West Hertfordshire • Met the Chair and Non-Executive Directors of HVCCG • Attended a meeting of Hertfordshire NHS Chairs • Presented to the Trust's Senior Leadership Programme • Met with Richard Harrington, MP for Watford • Continued discussions with the Royal Free on buddying arrangements • Chaired an interview panel to appoint a new consultant microbiologist 		
7.7	<u>Resolution:</u> The Board noted the report.		
8.	Chief Executive report		
8.1	JK presented her regular update to the Board and brought the Board's attention to the confirmed date for a Care Quality Commission re-inspection on 06 – 09 September 2016.		
8.2	She highlighted that 27 new student nurses had joined the Trust and noted the importance of staff retention in order to move to an improved position.		
8.3	JK reported that she had presented a monthly staff award to Sarah Cerys, who worked as the Screening Centre Manager for the Bowel Cancer Screening Service.		

	Discussion	Action To Be Taken By	When
8.4	JB asked for an update on the impact of the recent junior doctors' strike. JK praised the contribution of senior clinicians in the preparation for the strike and confirmed that unfortunately it had been necessary to cancel a total of 600 patients and 80 operations. JK advised that the Trust's planning and preparation had been commended by the NHS Improvement and the Trust had been asked to share the learning with other NHS trusts. The Non-Executive Directors asked JK to pass on their thanks to the staff involved.	JK	June-16
8.5	<u>Resolution:</u> The Board noted the report.		
PERFORMANCE			
9.	Integrated performance report – month 12		
9.1	ST presented the integrated performance report and drew the Board's attention to key areas of good performance and areas which required improvement. The Board was informed that the Trust discussions were ongoing with commissioners with regard to recovery plans.		
9.2	The Board noted the good progress made towards achieving the workforce indicators, specifically in a reduction in sickness rate (year to date 3.4%). It was also reported that a new frailty unit had opened in April 2016 which had significantly enhanced the service and would have a positive impact on the responsive indicators.		
9.3	JB advised that the financial indicators within the report were continuing to be developed.		
9.4	PC asked if divisional performance could be reflected within the integrated performance report (IPR). ST responded that this was possible; however the appropriate level of detail would need to be considered and agreed. JK added that arrangements were in place for divisions to attend future Finance and Performance Committee meetings on a regular basis, which would provide further scrutiny.		
9.5	PT drew attention to a decrease in complaints response performance. HB replied that significant progress had been made with responding to complaints; however a number of complaints had been overdue by a small number of days and assured the Board that this would continue to be an area of focus.		
9.6	JB applauded the improvements achieved in cancer standards and the Board was informed that the breast symptomatic two week wait was expected to meet the target in March, which would be shown in the next Board report.		
9.7	GE raised the issue of non-compliance with VTE risk assessments. MVDW assured the Board that internal audits had indicated that the Trust was compliant and the data was being reviewed to understand why there had been a discrepancy.		
9.8	GE asked for details on what had caused the significant rise in the number of unavoidable pressure ulcers compared to the number of avoidable hospital acquired pressure ulcers which had remained stable. TC replied that this was due to improvements in reporting and asked the Board to note that there had been no pressure ulcers reported on some wards over the previous 12 months.		

	Discussion	Action To Be Taken By	When
9.10	DR provided an update on financial performance. He reported that income for the month was £1.2m behind the original plan. This was due to £1.7m reduction in CQUIN income and contract penalties for operational performance of £4.7m. DR noted that this was in part attributable to an unsuccessful bid for funding for delayed transfers of care (DTC) plus other issues such as temporary staffing and the cost associated with responding to the CQC inspection. It was noted that capital spend for the year had been £16.6, which was in line with the plan.		
9.11	PC asked about the financial cost to the Trust of the junior doctors' strike DR confirmed a net total of £300k.		
9.12	PT congratulated the Executive Team on the delivery of a record level of cost improvement programmes at £12.3m and asked what actions had been most beneficial in achieving this. DR responded that a robust structure was vitally important to support delivery and unblock issues. He assured the Board that resources had been commissioned to support the start of the 2016/17 programme, which would also provide transitional arrangements to transfer responsibility to divisions on a permanent basis.		
9.13	JR asked for an update on the position with regard to the managements of DTC. JK responded that the Trust had met with NHS England and NHS Improvement to discuss the delay in making progress with this serious issue. She advised that the Trust had not been criticised for its poor A&E performance as it was recognised that it had embraced the Emergency Care Improvement Programme and had done as much as possible within its control to improve the situation. JK concluded that, with new leadership in place in HVCCG and the System Resilience Group (SRG), it was hoped that this would bring about improvements within the overall system. SB welcomed this update as he noted that issues within the wider system had had a serious impact on the Trust's finances and staffing for a significant length of time. He warned that this could not be tolerated for a further year and, if improvements could not be made locally, the issue would need to be escalated higher.		
9.14	<u>Resolution:</u> The Board noted the performance report.		
10.	Quality Improvement Plan update		
10.1	LE joined the meeting to present a paper on the delivery of the quality improvement plan. She advised that 136 actions had been concluded at the end of March 2016, against a trajectory of 149 actions (61% of plan). LE informed the Board that a number of new staff had been appointed to the programme management function who had experience of the CQC inspection process.		
10.2	SB pointed out that the format for reporting the number of completed actions was complicated and LE advised that this would be improved in future reports.	LE	June-16
10.3	PT reported that he had met with the Chief Executive of CGI, the Trust's provider of ICT to express concern on the continued slippage in the IT infrastructure programme and risks in relation to their data centre. LE advised that the data centre issue had improved and twice weekly escalation calls were now in place.		

	Discussion	Action To Be Taken By	When
10.4	<p>SB stressed the importance of making the Board aware of all the key actions since the initial CQC inspection. JK assured the Board that the plan was continually monitored to ensure a sense of confidence that things had been addressed appropriately and to highlight areas which were still vulnerable. She also noted the importance of ensuring that staff felt confident to be open and not defensive and were able to describe the achievements made since the CQC inspection.</p> <p>HB informed the Board that a new communications team was in the process of developing a plan of activities over the next three to four months to support staff to tell their stories. An engagement plan for the Board to visit areas of the Trust was also in development.</p>		
10.5	HB suggested that a Board session was arranged to consider the areas of the plan which have been identified as key risks, such as emergency care, estates, communications and engagement.		
10.6	<u>Resolution:</u> The Board noted the report.		
11.	Operational plan 2016/17		
11.1	<p>HB introduced the operational plan for 2016/17. She advised that the plan had been submitted to NHS Improvement (NHSI) within the required timeframe and the Trust was waiting for feedback. She assured the Board that work was underway to implement and deliver the plan.</p> <p>SB thanked HB and DR for a well written plan which flowed well. Although it was acknowledged that the plan was still waiting for comments from NHSI, JB advised that a monthly meeting was being established to review progress against the plan. He suggested that it would be helpful for the Board to understand how the plan would be delivered on a month by month basis and DR agreed to circulate this to the Board.</p>	DR	June-16
11.2	JK drew the Board's attention to the capital planning section of the document and emphasised the risk to the plan should the Trust not receive the £10.9m of funding which it planned to apply for to NHSI.		
11.3	<u>Resolution:</u> The Board noted the report.		
RETAIN AND ENGAGE WORKFORCE (BAF RISK 2)			
12.	National staff survey results 2015		
12.1	Paul da Gama (PDG) joined the meeting to present the results of the national staff survey 2015. He advised the Board that the survey was carried out in October and November 2015, at which time the Trust had just been placed into Special Measures and was also the period of time when vacancy rates were at their highest.		
12.2	PC asked whether the results would be broken down to allow Divisions to fully understand their responsibilities and put actions in place to address specific targeted issues. PDG advised that the results had been cut into 30 local areas and the Executive Team was involved in an engagement plan to discuss the results with divisions and departments.		

	Discussion	Action To Be Taken By	When
12.3	SB raised concern on a worrying statistic relating to staff reports of physical violence in the last 12 months. Even though PDG assured the Board that this issue had been thoroughly investigated and no evidence of this behavior had been demonstrated, SB asked for this to be followed up further to try and clarify it. GE confirmed that this issue had been reviewed by the Workforce Committee and no evidence had been found to support the statistics reported in the national survey.		
12.4	TC enquired whether the results had been analysed to establish whether they correlated with areas of poor infrastructure. PDG responded that a 'pulse' survey was being created which could consider this element.		
12.5	The Board debated whether surveying a sample of staff would have provided more effective results than surveying the entire workforce. PDG advised that, although the results may have given a better indication, the mechanics of distributing the survey to a sample of staff would have proved problematic.		
12.6	<u>Resolution:</u> The Board noted the report.		
13.	Assurance report from Workforce Committee		
13.1	The Board received a report from the Workforce Committee. GE pointed out the positive progress which had been made into the management of employee relation cases. She also noted that there had been two new workforce risks added to the corporate risk register; neither of which required escalation to the Board.		
13.2	<u>Resolution:</u> The Board noted the report.		
ACHIEVE FINANCIAL VIABILITY (BAF RISK 7)			
14	Assurance report from Finance and Performance Committee		
14.1	JB presented a report from the Finance and Performance Committee. He drew attention to a projected significant overspend on two projects, which had previously been approved by the Board. He noted that the position and the lessons learnt would be reviewed in the private session of the Board to avoid this happening in future.		
14.2	<u>Resolution:</u> The Board noted the assurance report.		
DEVELOP A LONG TERM STRATEGY (BAF RISK 9)			
15	Sustainability and Transformation Plan update		
15.1	HB updated the Board on the progress to date with the delivery of the sustainability and transformation plan (STP) and the expected next steps. She advised that a working group had been established to coordinate the advancement of the STP plan and a ten point questionnaire had been developed to help shape and agree local priorities. HB assured the Board that West Hertfordshire was well placed to respond to the STP process given the progress it had achieved with commissioning the Your Care, Your Future review and adopting the Strategic Outline Case in 2015. She reported that the key aspect was to try to move the strategy into a detailed delivery plan, however this was proving a challenge and not progressing as quickly as hoped.		
15.2	SB thanked HB for representing the Trust's interests in this regard. He pointed out that the Trust was not fully represented in the governance structure.		

	Discussion	Action To Be Taken By	When
	JK responded that the governance structure of the programme was complicated and the engagement process was not authentic. PC agreed with this point and reminded the Board that he had attended the last Partnership Board meeting on behalf of the Trust.		
15.3	GE noted that a number of the elements within the plan did not fit well together and suggested that the NHS Health and Wellbeing Strategy would be a good framework on which to structure the STP.		
15.4	<u>Resolution:</u> The Board noted the report.		
GOVERNANCE			
16.	Summary report on corporate risk register		
16.1	The Board reviewed the corporate risk register. HB outlined the governance structure and assurance process and advised that the next steps would be to review the key risks to delivering the financial plan for 2016/17.		
16.2	<u>Resolution:</u> The report was noted.		
17	Committee terms of reference and work plans		
17.1	JH presented the terms of reference and work plans for 2016/17 for the Audit, Remuneration, Workforce, Finance and Performance, Charitable Funds and Integrated Risk and Governance Committees.		
17.2	<u>Resolution:</u> The Board approved the terms of reference and work plans		
18	Assurance report from Audit Committee		
18.1	PC advised the Board on the latest work of Audit Committee. In particular, he informed the Board that salary overpayments had reduced and the Committee was asking for further assurance on the controls in place around the issuing of retrospective, avoidable waivers as the number had remained high over over the past year.		
19.	Assurance report from Integrated Risk and Governance Committee		
19.1	<p>PT provided a verbal update on the work of the Integrated Risk and Governance (IR&G) Committee. The following key areas of focus were highlighted:</p> <ul style="list-style-type: none"> • A process for Non Executive led reviews across the corporate risk register had been developed. The Board would receive feedback on the reviews ahead of the CQC re-inspection • Risk management performance over the previous month was reviewed with a detailed inspection of new risks which were likely to be promoted or demoted • A deep dive was undertaken into financial risks across the sub-sections for the year ahead • The Quality Improvement Plan (QIP) was reviewed which showed good milestone progress and explored the evidence processes to underpin the items rated as green • The conditions used to present a decision to the Board on the closure of the IR&G Committee later in the year was reviewed 		

	Discussion	Action To Be Taken By	When
	<ul style="list-style-type: none"> A better way to indicate the trend of risk scoring across the corporate risk register summary to demonstrate how risk assurance is improving was agreed It was agreed that an internal audit would be undertaken to evidence points on the QIP milestones 		
19.2	<u>Resolution:</u> The Board noted the assurance report.		
20.	Board self-evaluation		
20.1	SB asked Board members to complete a self-evaluation form as feedback would be used to improve future meetings.		
ANY OTHER BUSINESS			
21	Any other business notified to the Chairman		
21.1	No other business was noted.		
QUESTION TIME			
22	Questions from Hertfordshire Healthwatch		
22.1	<p>Q1. It had been noted that there was a lack of information on the Trust's website regarding volunteers. Does the Trust have plans in place to address this?</p> <p>A1. TC responded that the Trust had recently invested in a new communications team which would be focusing on information and access to the website. She further advised that the Trust was developing a patient experience strategy which would include volunteers and agreed to confirm the timeframe.</p>		
22.2	<p>Two further questions were raised which would be responded to outside of the meeting as the appropriate Executive Director was not in attendance. These were as follows:</p> <p>Q2. The Trust's strategy on PACs electronic reporting system</p> <p>Q3. Details on the commissioning of an accessibility audit</p>		
23.	Questions from our patients and members of the public		
23.1	There were no questions raised by patients or members of the public.		
ADMINISTRATION			
24.	Draft agenda for Trust Board Meeting to be held on 02 June 2016		
24.1	<u>Resolution:</u> The draft agenda was approved, subject to any required additional papers		
25.	Date of the next Trust Board Meeting in public		
25.1	The next meeting would be held on 02 June 2016 in the Medical Education Centre, Watford Hospital.		