

**Minutes of Part 1 Trust Board Meeting  
held on Thursday 06 October 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	Yes
Jonathan Rennison (JR)	Non-Executive Director	Yes
Don Richards (DR)	Chief Financial Officer	No
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
Tapiwa Songore (TS)	Assistant Trust Secretary	Yes
<b>In attendance for specific items</b>		
Dr Sarah Cohen (SC)	Lead Psychologist, Hertfordshire Partnership Foundation NHS Trust	Yes
Dr Raja Gangopadhyay (RG)	Consultant Obstetrician and Gynaecologist	Yes
Denise Mallan (DM)	Lead Midwife for Complex Needs	Yes
Gloria Rowland (GR)	Associate Director for Midwifery and Gynaecology	Yes
<b>Members of the public and staff</b>		
Alan Warren (AW)	Vice -chair, Hertfordshire Community NHS Trust	Yes
2 members of the public	N/A	Yes

## MEETING MINUTES

	Discussion	Action To Be Taken By	When
<b>1/41</b>	<b>Opening and welcome</b>		
1.1	SB opened the meeting. He welcomed the Board and members of the public and wished PC a speedy recovery from an illness.		
<b>2/41</b>	<b>Development in perinatal mental health services</b>		
2.1	SB introduced Dr Raja Gangopahdhyay and the team who managed the Trust's perinatal mental health service. The Board was advised on the recent developments to the Trust's perinatal mental health service.		
2.2	<p>Dr Gangopahdhyay introduced a patient who had experienced the perinatal mental health service. She outlined the circumstances which had led to her accessing the service and explained how the excellent support she had received had helped her to prepare for the birth of her baby and for the future. The patient also mentioned that she had experienced good continuity of care postnatally.</p> <p>The patient acknowledged that there were things which could be improved to provide a better service for patients. She listed one of these to be a better provision for knowledge sharing between clinicians and departments to avoid the need for patients to provide the same information repeatedly. She also highlighted the need for subtle marking of maternity notes when a patient had been identified as having a mental health condition.</p> <p>Dr Gangopahdhyay concurred with these recommendations and added that it would also be beneficial to the service to have a mental health nurse based in the outpatient clinic environment.</p>		
2.3	JB thanked the patient for attending and for sharing her experience with the Board. He commented that he was assured to see the different parts of the NHS working together and believed that this was a good lesson for partners to learn when they deliver the Your Care, Your Future strategy.		
2.4	In response to a question from LE on how many referrals the service received, Board members were advised that there were approximately 50 referrals a month, however it was considered to be underreported due to the stigma associated with pre-natal and post natal depression issues. It was noted that patients were referred to the general mental health service if necessary at the end of 28 days' postnatal period.		
2.5	PDG asked for assurance on how the service managed confidentiality. It was reported that a strict confidentiality policy was followed which included a separate filing system for notes and restricted access.		
2.6	PT asked what actions needed to be taken to ensure that patients' medical records were always made available in outpatient clinics. Gloria Rowlands highlighted this as a significant issue within the maternity service which appeared on the departmental risk register. It was recognised that this was an issue which affected the NHS as a whole and would only be completely addressed with the introduction of a centralised booking system.		
2.7	Dr Gangopahdhyay thanked the Board for the support it had provided to the development of the perinatal mental health service.		
2.8	SB applauded the efforts of the service and thanked the patient and the team for attending the meeting to update the Board.		
<b>3/41</b>	<b>Apologies for absence</b>		
3.1	Apologies were received from PC. Sundera Kumara-Moorthy,		

	<b>Discussion</b>	<b>Action To Be Taken By</b>	<b>When</b>
	representative of Healthwatch also gave his apologies.		
<b>4/41</b>	<b>Conflicts of Interests</b>		
4.1	No further declarations of interest were received other than those previously circulated.		
<b>5/41</b>	<b>Minutes of the last meeting on 01 September 2016</b>		
5.1	Item 2.3. GE asked for feedback on whether the patient had been informed that the complaints process had been strengthened as a direct result of their complaint.	JH	06/10/16
5.2	Item 7.2. TC advised that Oliver Shanley was still the current Executive Director for Quality and Safety and Deputy Chief Executive.		
5.3	Item 11.1. PDG asked for the minutes to be re-worded to state that the number of cases of bullying and harassment within the Trust was at a similar level when benchmarked against other NHS trusts.		
5.4	Item 13.1. MVDW advised that the minute should record that 100% of eligible doctors had received an appraisal in 2015/16.		
5.5	Subject to the changes detailed above, the minutes were recorded as a true record of the meeting.		
<b>6/41</b>	<b>Board action log and matters arising from meeting held on 01 September 2016 and previous meetings and decision log 2016/17</b>		
6.1	Action 9.2. LE reported that a final report of an internal audit on the quality improvement programme had been received and would be circulated to the Board.	LE	03/11/16
<b>7/41</b>	<b>Chair's report</b>		
7.1	SB advised that the Prime Minister had made a number of ministerial changes at the Department of Health. Philip Dunne was now the Minister of State for Health; Nicola Blackwood was the Parliamentary Under-Secretary of State and David Mowat was the Parliamentary Under-Secretary of State.		
7.2	Dr Henrietta Hughes had been appointed as the new National Guardian for the NHS. Dr Hughes would lead the healthcare system alongside the Freedom to Speak Up Guardians. SB reminded the Board that the Trust's Freedom to Speak Up Guardian was Non Executive Director, Ginny Edwards.		
7.3	NHS England had launched a six week consultation on proposals to strengthen the management of conflicts of interest and offers of gifts and hospitality to staff. It was noted that the Trust's gifts and hospitality policy was under review with a view to presenting a revised policy to the October meeting of the Audit Committee.		
7.4	It had been announced in August 2016 that the Royal Free London NHS Foundation Trust had been assessed as 'Good' by the Care Quality Commission (CQC). SB reminded the Board that the Trust was working closely with the Royal Free in a number of areas.		
7.5	SB advised that the Boards of Hertfordshire Partnership Foundation Trust and Hertfordshire Community Trust had endorsed a strategic alliance between the two organisations to work more closely. He clarified that it was not a formal merger and both trusts would keep their separate identities and agree a set of principles on how they planned to work together in the future.		

	<b>Discussion</b>	<b>Action To Be Taken By</b>	<b>When</b>
7.6	SB thanked the League of Friends on behalf of the Trust for the donation of more than £50,000 in support of a number of projects to enhance the experience of patients, visitors and staff.		
7.7	It was noted that the Trust had held its Annual General Meeting (AGM) on 08 September 2016 at Watford Hospital. The Trust's annual review, annual report and quality account had been launched and were available on the Trust's website and from the Communications Department.		
7.8	SB informed the Board that the annual staff flu vaccination programme had begun on 03 October 2016 with a view to protecting the workforce, their families, and patients. He encouraged everyone to have the vaccination and reminded Board members that there would be an opportunity to have the vaccination immediately after the meeting.		
7.9	The following staff and teams were recognised for their outstanding achievements: <ul style="list-style-type: none"> <li>- Andrea Hone, ward manager on Winyard ward, who was awarded Staff Member of the Month in September</li> <li>- The teams across the organisation who held cake sales to raise money as part of the MacMillan Coffee Morning on 30 September 2016</li> <li>- The staff on the Woodland Neonatal Unit, their friends and relations who held a successful Bollywood Night event on 10 September, which raised £2,146 for neonatal resuscitation training equipment</li> <li>- Lesley Headland, Bettina Newberry, Sue Schechter and Kim Sheraton for achieving a Masters in Leadership and Healthcare Management, which was undertaken through the Trust's Leadership Academy</li> <li>- The 17 members of staff who had completed a service improvement project as part of the Trust's Senior Leaders Programme.</li> </ul>		
7.10	SB recommended that the Board increased its number of scheduled meetings from ten to eleven per annum. This recommendation was endorsed and it was agreed that the Terms of Reference for the Board would be updated accordingly. It was noted that an additional Board meeting would be scheduled for 12 January 2017.	JH	03/11/16
7.11	SB concluded his report to advise the Board on the key meetings he had undertaken since the last Board meeting: <ul style="list-style-type: none"> <li>- Met with CQC inspectors as part of the scheduled inspection</li> <li>- Attended the Annual General Meeting of Healthwatch Hertfordshire</li> <li>- Attended a Patients' Panel meeting</li> <li>- Chaired an A&amp;E Consultant appointment panel</li> </ul>		
7.12	<u>Resolution:</u> The Board noted the update and approved the recommendation to increase the number of scheduled Board meetings to eleven per annum.		
<b>8/41</b>	<b>Chief Executive's report</b>		
8.1	KF presented the Chief Executive's report to the Board. She advised that dialogue continued to be good with the CQC following the main inspection which had been extended to three weeks to allow all appropriate staff to be interviewed. It was anticipated that the Trust		

	<b>Discussion</b>	<b>Action To Be Taken By</b>	<b>When</b>
	would receive an official inspection report in early 2017.		
8.2	KF brought the Board's attention to the information relating to the outcome of the Patient-led assessment of the care environment (PLACE) audit 2016/17. She assured the Board that the Trust Executive Committee (TEC) would be monitoring actions to address issues raised by the audit and an action plan would be brought back to a future Board meeting in January 2016.	KH	12/01/16
8.3	The Board noted the report.		
<b>PERFORMANCE</b>			
<b>9/41</b>	<b>Quality improvement programme update</b>		
9.1	LE provided an overview of the delivery of the quality improvement programme. She advised that 75% of actions on the original programme had been completed with 52 additional actions added following the informal feedback from the CQC inspection in September 2016. LE informed the Board that currently no Oversight Group meeting had been scheduled; however these were expected to continue for the foreseeable future. She noted that following the inspection, in line with common practice, around 500 follow-up data requests had been received from the CQC and responded to by the Trust.		
9.2	JB questioned whether the CQC had identified any major issues. KF responded that no enforcement notices had been issued and no major issues had been raised in daily feedback during the inspection. The majority of issues raised by the CQC required the Trust to expedite work which was already planned or required further explanation. KF advised that, not unexpectedly, and in line with other NHS trusts, a key area of focus was the emergency service.		
9.3	PT advised that the Integrated Risk and Governance Committee had focused on gaining assurance for the Board at its last meeting on the improvement plan. The Committee had been assured that no corporate risks had been flagged from the inspection. It was noted that the Committee had also requested an explanation on the lack of reporting from the estates team on projects GTBR01, INF01 and INF02.		
9.4	SB questioned how the programme would be incorporated into the core business of the Trust. KF responded that all the projects within the improvement programme would be mapped across into the strategy delivery programme which would be aligned to specific executive directors and divisions and regularly monitored by TEC.		
9.5	<u>Resolution:</u> The Board noted the report.		
<b>10/41</b>	<b>Integrated performance report – month 5</b>		
10.1	ST presented the integrated performance report and summarised the areas of good performance and areas which required improvement.		
10.2	In response to a question posed by PT on the latest position with regard to delayed transfers of care (DToC), KF advised that social care remained a system-wide constraint to achieving the target DToC rates and assured the Board that, although the A&E Local Delivery Board had looked at a number of initiatives which had not delivered the desired impact, the introduction of changes to some packages of care were expected to have a more positive effect.		

	<b>Discussion</b>	<b>Action To Be Taken By</b>	<b>When</b>
10.3	<p>JB pointed out the number of cases of clostridium difficile was worse than the monthly threshold and asked what actions were being taken to address this. TC responded that the Trust had undertaken a full review which had revealed that two of the cases had the same ribotype and were linked to one ward. She assured the Board that urgent robust actions with the development of a c.diff reduction plan, had been taken to deal with the matter and that no further cases had been reported in September.</p> <p>GE advised that the Safety and Quality Committee had monitored all the indicators which required performance improvement under the Safe, Effective, Caring category and the Committee had been assured that plans were in place to bring about improvements in these areas.</p>		
10.4	<p>JR stated that one area of the IPR which appeared problematic was in relation to Well Led domain which still showed many red indicators, despite his knowing that significant progress had been made in many of the key areas. He asked how the report could be adjusted to reflect these improvements.</p> <p>PDG agreed that the way in which the well led indicators were reflected did not present the genuine improvements which had been made in many workforce related areas, but the targets were extremely challenging. For example despite being at 93% for appraisal compliance which is highest level of compliance for any of the trusts with whom WHHT benchmarked itself against and only 2% below target, the report still showed this as being 'red'.</p> <p>PDG agreed that the report needed to better reflect the true position in relation to well led domain indicators as the current approach appeared to present an unduly negative impression. He stated that he would pick this matter up with LE outside of the meeting to see what could be done.</p> <p>PDG also advised the Board that the Trust had recently undertaken a successful recruitment campaign in India and offers of employment had been made to 124 nurses.</p>		
10.5	<p>PDG highlighted the difference between the weekday and weekend mortality rate for emergency admissions and asked if this was a matter for concern. MVDW replied that neither rate was higher than expected, however he assured the Board that the position was being closely monitored by the Mortality Review Group.</p>		
10.6	<p>TC highlighted a decrease in the overall response rate to the national friends and family test. She advised that this was thought to be attributable to; an issue with the uploading of forms onto the system; patients who regularly attended had reported that they did not wish to complete a form at every appointment.</p> <p>The Trust will be changing to a new provider for the delivery of the test.</p>		
10.7	<p>JR pointed out that the IPR which was reviewed at the September Board meeting had noted an audit was being undertaken by a consultant in the unscheduled care and medicine divisions into a drop in emergency readmissions and asked for details on the outcome of the audit. ST offered to seek clarity on this and report back at the next Board meeting.</p>	ST	02/11/16
10.8	<p>LE advised the Board that the performance indicators within the IPR would be updated to reflect the new single oversight framework.</p>		

	<b>Discussion</b>	<b>Action To Be Taken By</b>	<b>When</b>
10.9	<p>DR provided an overview of the latest financial position. He advised that the Trust was keeping pace with the trajectory to meet the revised control total of £22.5m, however he continued to be cautious about meeting the control total.</p> <p>DR listed the keys risks to delivery as:- achieving the £18.3m saving target; challenges to meeting the agency cost run rate, the risk of not receiving £12m of sustainability transformation funding if the Trust did not achieve financial and operational performance and the need to reduce spending.</p> <p>SB acknowledged the work underway to keep the Trust on track financially and JB reminded the Board that the Finance, Investment and Performance Committee was closely monitoring the financial position on a monthly basis.</p>		
10.10	LE asked whether the Trust was aware of the size of its financial challenge in 2017/18. DR responded that it was thought to be on a similar scale to 2016/17. JB commended that it was important for the Trust to constantly aim for internal targets to be lower than average.		
10.11	SB stated that whilst he welcomed the improvement in appraisal compliance, what assurances could the board have that these appraisals were genuinely driving improvements in performance. PDG responded that in 2014 over 600 managers had received training in how to run effective appraisals and that work was being undertaken to link appraisals to increment which should make them more meaningful and spread them out over the year, thereby allowing managers more time to complete them. ST also stated that changes to the appraisal form which placed greater emphasis upon the quality of the conversation that is held as part of the appraisal process was she believed, having a positive impact in helping to improve individual's performance as a result of the trust's performance management processes.		
10.12	In order to achieve a reduction in the high level of agency usage, SB questioned what incentives the Trust had in place to attract new staff. KF advised that the vacancy rate at the Trust was better than in some of London Trusts and PDG advised that the number of substantive nurses in place was significantly higher than 12 months previously. SB asked whether there was any merit in offering incentives to staff to help with travel costs in order to make the Trust more attractive to prospective new staff.		
10.13	<u>Resolution:</u> The Board noted the report.		
<b>SAFE, EFFECTIVE CARE (BAF RISK 1)</b>			
<b>11/41</b>	<b>Assurance report from Safety and Quality Committee</b>		
11.1	TC presented an assurance report from the Safety and Quality Committee meeting on 27 September 2016. She highlighted that the Committee had received a new suite of key performance indicators for complaints, patient advice and liaison service, litigation and serious incidents. It had also reviewed key achievements with regard to emergency planning and business continuity resilience and noted the improved results in the national cancer patient experience survey.		

	<b>Discussion</b>	<b>Action To Be Taken By</b>	<b>When</b>
11.2	SB asked for an update on the issues mentioned at the committee with regard to accessing the corporate risk register. TC assured the Board that the issues had been resolved and the register and mitigating actions had subsequently been reviewed.		
11.3	<u>Resolution:</u> The Board noted the report.		
<b>ACHIEVE FINANCIAL VIABILITY (BAF RISK 7)</b>			
<b>12/41</b>	<b>Assurance report from Finance, Investment and Performance Committee</b>		
12.1	JB presented an assurance report from the Finance, Investment and Performance Committee meeting on 27 September 2016. He brought the Board's attention to concerns around the delivery of performance targets in relation to A&E and referral to treatment (RTT) and reminded Board members that there would be a full discussion on this issue and the financial position in the private session of the Board.		
12.2	<u>Resolution:</u> The Board noted the report.		
<b>DEVELOP A LONG TERM STRATEGY (BAF RISK 9)</b>			
<b>13/41</b>	<b>Strategy update, including progress report on Hertfordshire and West Essex Sustainability and Transformation Programme</b>		
13.1	<p>HB provided a progress update on strategy. She advised that an engagement event had been held on 4 October 2016 at which a summary of the appraisal process and information was shared. The importance of getting the correct infrastructure in place and focusing on the most affordable options had been stressed at the event. The Board was informed that the process was still in the option appraisal process stage, which included work to underpin the strategy, including financial data. HB advised the Board that a more detailed discussion would be held on the latest position and the suggested options at a Board Development Session on 20 October 2016.</p> <p>HB proceeded to advise that the Trust was working towards a solution regarding infrastructure challenges and the Board would receive an update on the development of an estates strategy in November 2016.</p>		
13.2	<p>With regard to the Sustainability and Transformation Plan (STP), HB informed the Board that the Trust was fully engaged in the development of the STP and work continued to ensure there was alignment between the STP and local plans. HB further advised that there would be a meeting of the Boards of the Hertfordshire and West Essex Sustainability and Transformation Plan on 21 October 2016 and the governance arrangements were being developed.</p> <p>It was noted that the Board would discuss STP in more detail in the private session of the Board.</p>		
13.3	<u>Resolution:</u> The Board noted the report.		
<b>GOVERNANCE</b>			
<b>14/41</b>	<b>Board Assurance Framework update</b>		
14.1	HB presented the Board Assurance Framework (BAF) and circulated an additional paper following a review of the risk scoring by the IRGC on 03 October 2016. She advised that each principal risk had been reviewed through an assurance committee and the Integrated Risk and		



	Discussion	Action To Be Taken By	When
	<p>Governance Committee (IRGC) had reviewed the suggested updates and recommended the following amendments to the risk scoring to the Board for approval.</p> <p>PR1 – remain at amber  PR2 – de-escalate to amber  PR3 – remain at amber/red and revise the description of the risk to ‘Current estate and infrastructure compromises the ability to <u>consistently</u> deliver safe, <u>caring</u>, responsive and efficient patient care’  PR4a – de-escalate to amber/red  PR4b – remain at amber/green  PR5a – remain at red with a recommendation for the Finance Investment and Performance Committee to review the rating prior to the next Board review  PR5b – escalate to amber  PR6 – remain at amber/red  PR7a – de-escalate to amber/red  PR7b – remain at red  PR8 – remain at amber/green  PR9 – recommendation to divide the risk into a) failure to develop a long term clinical, financial and estates strategy. This will be RAG rated at amber/green and b) failure to deliver a long term clinical, financial and estates strategy. This will be RAG rated at amber/red  PR10 – remain at amber/red</p>		
14.2	<u>Resolution:</u> The Board approved the recommended changes to the BAF 2016/17.		
<b>15/41</b>	<b>Summary report on corporate risk register</b>		
15.1	HB provided the Board with a highlight report which focused on risks scored at 15 and over on the corporate risk register (CRR). She assured the Board that the CRR had been carefully examined by the IRGC.		
15.2	PT advised that the IRGC had reviewed some additional risks which may be required to be added to the CRR. The management process for reviewing and agreeing new additions to the CRR would be discussed at the next IRGC meeting.	HB	01/12/16
15.3	<u>Resolution:</u> The Board noted the assurance report.		
<b>16/41</b>	<b>Assurance reports from Integrated Risk and Governance Committee</b>		
16.1	PT noted that the key work undertaken by the IRGC at its last meeting had been discussed under item 14 and 15 on the agenda.		
16.5	<u>Resolution:</u> The Board noted the update.		
<b>17/41</b>	<b>Board self-evaluation</b>		
17.1	SB asked the Board to use the self-evaluation form within the Board pack to provide comment on the meeting, which would be used to improve the Board.		
17.2	SB raised concern on the late distribution of a number of papers for the meeting. He reminded executive colleagues that this did not meet the Trust’s governance standards and asked for future papers to be		

	<b>Discussion</b>	<b>Action To Be Taken By</b>	<b>When</b>
	submitted within the required deadline.		
<b>ANY OTHER BUSINESS</b>			
<b>18/41</b>	<b>Any other business previously notified to the Chair</b>		
18.1	No other business was reported.		
<b>QUESTION TIME</b>			
<b>19/41</b>	<b>Questions from Hertfordshire Healthwatch</b>		
19.1	No representation from Healthwatch was in attendance		
<b>20/41</b>	<b>Questions from patients and members of the public</b>		
20.1	Alan Russell, Vice-Chair of Hertfordshire Community Trust (HCT) reported on two personal incidents of end of life care within the Trust. One incident took place in 2015 which he described as poor and a more recent incident which had been significantly better and praised the stroke services.		
20.2	Mr Russell provided the Board with a brief explanation on a new alliance between HCT and Hertfordshire Partnership Foundation NHS Trust. SB thanked Mr Russell and commented that it was a good opportunity to understand how collaborative working could be incorporated into the future plans of other NHS trusts.		
20.3	Q1. Why does the IPR state concerns that fewer people are admitted non-electively to hospital? A1. It was acknowledged that it was a good sign that the number of non-elective patients had reduced, however this had a negative impact on the Trust's financial position as the impact of ambulatory models such as frailty, gynaecology and maternity had not been taken into account in the financial forecasting for the year.		
20.4	Q2. Why was the number of non-elective admissions forecast at such a high level? A2. The majority of the decrease in non-elective emergency admissions related to maternity. This was considered to be as a consequence of comments made by the CQC following an inspection in April 2016.		
20.5	Q3. As the ratio of non-elective admissions to A&E attendance was relatively high, should the Board plan for the numbers of non-elective admissions to continue to fall? A3. The Trust's planning process draw upon historical information, population changes and service developments to inform its forecast. Therefore changes in the admission rate from A&E would be factored into future year's planning. Furthermore, the Trust continued to work with its health partners to ensure that patients were seen and treated in the most appropriate setting.		
20.6	Q4. Why the number of outpatient appointments was increasing? A4. In order to improve the Trust's RTT performance and to meet increased demand (18 week and cancer referrals), some services are providing additional outpatient sessions. Not all outpatient "attendances" are face to face consultations however. Some specialties are introducing follow up "virtual" clinics, where medical records and investigations are reviewed by the clinician and results and treatment plans discussed on the telephone with the patient. This activity attracts a lower tariff than the more traditional outpatient appointment.		

	<b>Discussion</b>	<b>Action To Be Taken By</b>	<b>When</b>
	The most recent data available shows a 1:2 new to follow up ratio at organisational level, with variation at divisional and specialty level. The Trust and HVCCG are collaborating on new models of service delivery and demand management, in line with our clinical strategy and Your Care, Your Future, which will influence outpatient service provision and activity data in the future.		
20.7	<p>Q5. How does the Trust know that it was measuring the right performance indicators?</p> <p>A5. The indicators reflected in the IPR are mandated, however a myriad of other measures were regularly monitored to ensure the Trust was constantly focused on all areas. This included a wide suite of safety indicators in a quality and safety dashboard which had meaningful key performance indicators including maternity, serious incidents and complaints. The dashboard was reviewed by the Safety and Quality Committee at every meeting.</p>		
<b>ADMINISTRATION</b>			
<b>21/41</b>	<b>Draft agenda for Trust Board Meeting to be held on 03 November 2016</b>		
21.1	The draft agenda was approved, subject to any changes reported above		
<b>22/41</b>	<b>Date of the next Trust Board Meeting in public</b>		
22.1	The next meeting would be held on 03 November 2016 in the Terrace Meeting Room, Spice of Life Restaurant, Watford Hospital		