Minutes of Part 1 Trust Board Meeting
Held on Thursday 07 January 2016
Lecture Theatre 2, Medical Education Centre, Watford Hospital

Agenda 05/34

Chair	Title	Attendance
Professor Steve Barnett (SB)	Chair	Yes
Members		
Don Richards (DR)	Chief Financial Officer	Yes
Caroline Landon (CL)	Director of Operations (unscheduled care)	No
Ginny Edwards (GE)	Non-Executive Director	Yes
Helen Brown (HB)	Director of Strategy and Corporate Services	Yes
Jac Kelly (JK)	Chief Executive	Yes
Jane Shentall (JS)	Director of Operations (elective care)	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	Yes
Lynn Hill (LH)	Deputy Chief Executive	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	Yes
Phil Townsend (PT)	Non-Executive Director	Yes
Professor Steve Barnett (SB)	Chair	Yes
Professor Tracey Carter (TC)	Chief Nurse and Director of Infection Prevention and Control	Yes
In attendance		
Alison McGrirr (AM)	Divisional Manager, Women and Children's Division	Yes
Jean Hickman (JH)	Trust Secretary (notes)	Yes
Marcel Berenblut (MB)	Associate Director of Communications	Yes
Dr Susan Catnach (SC)	Associate Medical Director for Clinical Delivery and Standards	Yes
3 members of the public		

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.		
2.	**A safer hospital at night report**		
2.1	SB welcomed Dr Catnach and Alison McGrirr to the meeting to inform the Board on the work being undertaken to improve patient safety and experience at night.		
2.2	Dr Catnach explained that a survey of junior doctors had shown that they felt unsupported at night and the large workload was unfairly distributed. She advised that it was widely recognised that the hospital was at its busiest between 5pm and 9pm, yet this was when there was the least number of staff on duty. Dr Catnach advised that following the introduction of a number of key actions, including the establishment of a clinical coordinator and aassistant practitioner, the screening and distribution of bleep calls overnight and the collation of unwell patients onto one list, measureable improvements had been recognised. These included improved mortality rates, a reduction in cardiac arrest calls and less transfers of patients to the intensive care unit.		
2.3	GE thanked Dr Catnach for the interesting presentation and asked if the impact on nursing numbers had been assessed should the Trust move to twilight arrangements. SC responded that any changes should not significantly impact on the nursing establishment. The suggested changes were a relatively cost effective way to further stabilise the hospital, such as the re-timing of certain tasks, e.g. blood tests between 5 and 9 o'clock, staff to coordinate the work and an additional porter.		
2.4	JB said it was an excellent example of working smarter and suggested that this type of initiative should be undertaken in other areas of the Trust.		
2.5	PT asked whether the Trust should consider revising all third party contracts where work was often carried out at night. SC agreed it would be a worthwhile experience to explore and said the main priority was to focus on the patient experience and ensure patients got an undisturbed night's sleep. DR said he supported the idea of opening discussions with contractors around the intensity of work at night and suggested that it would also be worthwhile speaking to the Clinical Commissioning Group (CCG) around the causes of the peaks in admissions in the evening and looking at how to achieve earlier discharges. LH said she was keen to urgently establish a pilot scheme as she believed the benefits could be immense. It was noted that LH and SC would discuss how to move this forward.	LH	Feb-16
2.6	SB congratulated Dr Catnach and Alison McGrirr for their excellent work and thanked them for attending the Board meeting.		

	Discussion	Action To Be Taken By	When
3.	**Apologies for absence**		
3.1	Apologies were received from CL.		
4.	**Declarations of Interests**		
4.1	SB highlighted that one of the additional declarations of interest he had reported at the previous meeting had not been included. JH agreed to ensure it was added to the list for all forthcoming meetings.	JH	Feb-16
5.	**Minutes of the last meeting on 03 December 2015**		
5.1	Item 18.2. JB asked for the minute to be amended to read, 'It was critical to maintain financial stability, as well as delivering quality improvements'.		
5.2	Item 22a.1. PT asked whether a summary of the principal risks should be a standing item on the Board agenda. HB responded that, although the Corporate Risk Register was a dynamic document, a short summary CRR could be available in the Board pack at each meeting. However, due to resource issues, she advised that this would begin in the new financial year.	HB	April-16
6.	**Board action log of matters arising from previous meetings**		
6.1	Action 9.6/31. LE advised that work was underway to confirm the end of life indicators, which would be reviewed by the Quality and Safety Committee in January and would be in the Board pack in March 2016. Resolution: Action deferred to March 2016.	LE	March-16
6.2	Action 13.2/32. HB confirmed that support continued to be available from the Clinical Commissioning Group (CCG), however this was limited due to resource pressures. Resolution: The action was closed.		
6.3	16.2/32. JK advised that a proportion of delayed transfers of care did not fall under the responsibility of the County Council. Therefore it would be more appropriate to open discussion with all healthcare partners to agree actions on improving the position. Resolution: The Board agreed that local healthcare partners would be invited to a discussion at a future Board Development Session.	LH	June-16
7.	**Chair's report**		
7.1	SB presented the Chair's report. He reported that JK had agreed to continue as interim Chief Executive until the Autumn.		
7.2	It was noted that Helena Reeves had left the role of Director of Communications in December 2015 and the Communications Team had been restructured to provide continued leadership. Until a substantive appointment was made, HB would pick up any communication related issues raised by the Board.		
7.3	SB informed members of a number of changes he would be making to strengthen the Board agenda. He advised that the Chair's summary and previous minutes from Committees would be replaced with a more detailed assurance report, the finance and operational updates would be incorporated into the Integrated Performance Report and a short self-evaluation would be undertaken at the end of each Board meeting to measure the effectiveness of the Board.		
7.4	Members were informed of a new recently published government mandate setting out the plans aimed at delivering financial stability within the NHS. He further advised that NHS England would be		

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	allocating Sustainability and Transformation Funds for 2016/17, which the Trust would be applying for to support future redevelopment plan.		
7.5	SB advised that a new Your Care, Your Future Partnership Board had been established and he had been invited to be a member. One of the Trust's Non-Executive Director would also be nominated to be part of the membership.		
7.6	A junior doctors' strike was planned on 12 January 2016 and SB advised that Sir David Dalton, Chief Executive of Salford Royal Foundation Trust, would be a senior player in the negotiating team. SB confirmed that, along with other NHS Chairs, he had received a letter from Sir Dalton asking for his views.		
7.7	SB advised that he had recently met with the following people and organisations: • The Trust Development Authority to discuss the financial services review • Deloitte, as part of the leadership review • Mayor of Watford • Chair of the Health and Wellbeing Board		
7.8	Resolution: The Board noted the Chair's report.		
8.	**Chief Executive's report**		
8.1	JK presented the Chief Executive's report. She highlighted that 56 new nurses from Europe and further afield had recently joined the Trust and advised that a further 76 were expected join in the future.		
8.2	JK invited TC to update the Board on a re-inspection of non-medical education and training. TC advised Board members that the Quality Improvement and Performance Framework team had reported positive improvements across the majority of areas since the last inspection in 2014. One area had been scored as red, however this would have been scored amber had the Trust not been in Special Measures. JK thanked the Board members and the staff involved in this significant achievement. GE asked if the inspectors had met with Return to Practice nurses as this had been a previous area of concern. TC advised that there had not been any Return to Practice nurses working for the Trust at the time of the inspection. PT enquired whether the Trust captured and reviewed the reasons for staff leaving. PDG replied that a steering group met on a regular basis to review retention and ensure staff were appropriately supported.		
8.3	Resolution: The Chief Executive's report was noted.		
PERFORMANCE			
9.	**Integrated performance report – month 8**		
9.1	LH provided a brief summary of the delivery of national standards and areas of under-performance. PC commented on the improvements made to the integrated performance report, in particular the more detailed narrative. He		

	Discussion	Action To Be Taken By	When
	suggested that it may be helpful to have the assurance report from each Committee located with the integrated performance report within the Board pack to allow linkage to be seen.		
9.2	JB pointed out the high number of reported Clostridium Difficile cases and asked for assurance on actions being taken to address this. TC advised that the overall trajectory for 2016/17 had been reduced from last year and assured the Board that the Trust was in the same position as it had been in 2015/16. JK stated that the Trust was performing well when plotted against the national position. It was noted that the report already included the pattern of C.Diff cases and LE confirmed that data showing the national trend would be available in future reports. GE reminded the Board of the importance of focus on compliance with best practice. TC assured the Board that there had been no outbreak, cross infection or fundamental change in themes. She advised that the CCG and Trust Development Authority (TDA) was confident with the Trust's action plan and several potential cases which had demonstrated no lapse in care were being reviewed and could potentially be removed from the list. Furthermore, the Trust scored high in hand hygiene audits, demonstrated best practice and showed good compliance with stewardship of antibiotics.		
9.3	It was noted that information on delayed transfers of care would be improved once the Trust had access to real time data.		
9.4	LH gave a detailed update to the Board on recent actions taken to keep the hospital safe during an unprecedented period of extreme operational pressure. She advised that despite all possible measures being taken, including working closely with other local healthcare providers, it had been necessary to close the Accident and Emergency Department at Watford on Monday 4 January 2016 for two hours to allow the Trust to continue to provide safe care to patients. Intelligent conveyancing had been put into practice and the ambulance trust had made decisions on where a patient should be taken based on individual risk. SB thanked all the staff involved for their hard work and dedication during this challenging period.		
9.5	SB requested for the number of cancelled outpatient appointments to be included in future reports. JS advised that this data would be made available, however a number of factors needed to be taken into consideration before the data could be accurately assessed, such as valid cancellations by patients and appointments which had been brought forward.	JS/LE	March-16
9.6	SB suggested that national benchmarking would add clarity to the data for the Board. LE agreed and said this was available for some, but not all of the data within the report.	LE	Feb-16
9.7	GE requested for an indicator to be added which showed how many staff had left the Trust within the first year of employment with the aim of demonstrating whether the retention strategy was effective.	LE	Feb-16
9.8	Resolution: The integrated performance report was noted.		

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10.	**Care Quality Commission Quality Improvement Programme Update**		
10.1	HB updated the Board on actions taken in the delivery of the Quality Improvement Plan. She advised that some areas of the plan were making good progress and the lead executives had been focusing on areas which needed some traction. Work was ongoing to embed changes throughout the hospitals and to review the plan to establish whether areas which had been completed required further action.		
10.2	JK reported that positive feedback had been received from the Oversight Group (OSG). Jeremy Livingstone, Divisional Director for Surgery had contributed favourably to the latest meeting and the OSG had asked for other clinical presentations at future meetings to demonstrate progress. She further advised that the Trust had been asked and had confirmed to the OSG that it wished to continue at the same pace in order to get out of Special Measures as soon as possible. PC enquired when the Trust expected to get out of Special Measures. JK responded that due to capacity issues at the Care Quality Commission it was anticipated that the Trust would be re-inspected around late summer 2016.		
10.3	Resolution: The Quality Improvement Plan was noted for information and assurance.		
RETAIN AND ENGAGE WORKFORCE (BAF RISK 2)			
11.	**Delivering a new vision and values**		
11.1	PDG presented a paper seeking approval of the introduction of a new set of Trust values. He advised that the current values had been found to be overly complex, not properly integrated into the organisation and received little buy-in from staff. The new proposed values, *Care, Quality and Commitment*, had been developed following discussion with staff, were succinct and described core areas of positive culture.		
11.2	DR said that he did not feel the new values embraced all the values that he felt were important, in particular he would like to see a reference to equality and diversity. It was agreed that a definition would be developed which would describe what each of the words within the values meant to staff. This would be undertaken using feedback from consultation work previously completed with staff.	PDG	March -16
11.3	SB commented on the importance of the connectivity of the values to the Trust's strategy.		
11.4	It was noted that the new values would be communicated to staff using established communication methods and would be incorporated into all business processes, including interview and appraisal processes.	PDG/ HB	March-16
11.5	Resolution: The Board approved the new values *to be Care, Quality and Commitment*.		
12	**Nursing and Midwifery Revalidation report**		
12.1	TC provided an overview of the Trust's state of readiness for implementation of nursing and midwifery revalidation from April 2016.		

	Discussion	Action To Be Taken By	When
12.2	GE said that although she was pleased to see that the Trust was supporting nursing staff through the revalidation process, she reminded the Board that revalidation was the responsibility of individual nurses. It was suggested that recruitment materials should reflect the Trust's support of nurse revalidation.	PDG	March-16
12.3	Resolution: The report was noted.		
13	**Chair's summary of the Workforce Committee meeting on 22 December 2015**		
13.1	GE presented the Chair's summary of the Workforce Committee for noting. Amongst other reports, she highlighted that the Committee had reviewed a report on workforce risks and considered and recommended the workforce strategy for approval by the Board once a general format had been agreed.		
13.2	Resolution: The Board noted the summary.		
ESTATES AND INFRASTRUCTURE (BAF RISK 3 & 4)			
14	**Interim Estates Strategy – 3 year compliance plan**		
14.1	KH gave a brief overview of a paper setting out the current position in relation to estates compliance and recommending actions to ensure that the Trust fulfils its statutory and non-statutory duties for the forthcoming three years. He advised that the drivers for the strategy fell under three key headings, compliance, capacity and configuration.		
14.2	DR said that the strategy was a positive step forward and was confident it would meet TDA expectations.		
14.3	SB reminded the Board that the strategy had been discussed in detail by the Strategy Committee.		
14.4	Resolution: The Board approved the interim estates strategy.		
15	**ICT Infrastructure Improvement Programme Update**		
15.1	LE presented a brief update on the ICT infrastructure improvement programme, *'Make IT Happen'*. She reminded the Board of the importance of a successful delivery of the programme which would enable both the Trust's short term tactical ICT programmes and its longer-term strategic objectives.		
15.2	In response to a comment by SB that ICT was a key concern for staff, PT and LE advised the Board on conversations with the external provider, CCG, and confirmed that a timeline had been renegotiated to which CGI would be held to account for delivery. MVDW said that agreeing and communicating a clear timeline internally would help to encourage clinical engagement. JB asked how assurance would be gained that the progamme was progressing efficiency and effectively. LE responded that a User Adoption Group would monitor progress and 'champions' would be identified in each area to assess advancement and support staff training.		
15.3	TC suggested that the 80 projects should be prioritised. LE confirmed that the Executive Team had begun work to assess and order the key pieces of work.		
15.4	Resolution: The Board noted the update.		
16	**Business Case for new Cardiac CT and MRI**		
16.1	The Board reviewed a business case seeking approval of a capital		

	Discussion	Action To Be Taken By	When
	investment of £3,000,396 for the purchase and associated costs of new CTT (cardiac computerised tomography) and CMR (cardiovascular magnetic resonance) scanners. JB confirmed that the Finance and Performance Committee was in full support of the business case.		
16.2	MVDW said the new equipment was absolutely vital to meeting the Trust's performance commitments. PC asked if the equipment was sufficient to meet the Trust's future plans. MVDW responded that this field of work was advancing at great pace and confirmed that the equipment would meet the Trust's needs for three years when a further MRI may be required to support developments in the outpatient service. The Board was assured that the new equipment would link to existing ICT infrastructure.		
16.3	Resolution: The business case was approved.		
ACHIEVE FINANCIAL VIABILITY (BAF RISK 7)			
17.	**Finance Report – month 8**		
17.1	DR provided a summary of the financial position at the end of month 8. Although the overspend was less than in previous months, he advised that the actual deficit at the end of November 2015 was £29.9m, which was £8.6m worse than planned. He advised that despite a slight improvement in agency staffing expenditure, there was still a lot of work to do to meet financial target.		
17.2	DR reminded the Board that the Trust had written to the TDA in October to highlight the significant challenges required to achieve the mandated stretch target of £29.2m. He assured the Board that the Trust continued to progress its recovery plan and, based on current trajectory, it had been assessed that a number of unapproved actions would allow the Trust to get to its stretch target of £37.2m.		
17.3	The cash position was noted as healthy. A capital loan facility had been approved by the Finance and Performance Committee, which would be discussed in detail in the private session of the Board.		
17.4	DR advised that the capital programme in September was £22.7m. The budget had been revised to £21.6m in October, reflecting phasing costs relating to the management of the Shrodell's building.		
17.5	JB commented that the Finance and Performance Committee continued to closely monitor the financial position. He was encouraged by the engagement seen and felt assured that the Trust had now set itself a clear plan on which to improve the financial situation.		
17.6	MVDW said it would be helpful for the divisions to have early notice of underperformance to allow immediate action to be taken. JK said it was encouraging that clinicians were now engaged in the activity and income of their own areas. DR gave a brief overview of the current engagement process with divisions, including regular reports and discussions at performance meetings. JS further advised that she had been working with LE on a new report which would provide the divisions with further detailed data.		
17.7	SB enquired whether lost elective activity was recoverable. LH responded that the majority of patients would still be treated at the Trust, therefore the activity would not be lost.		

	Discussion	Action To Be Taken By	When
17.8	SB asked for an update on fines for non delivery. DR advised that the levying of fines was under debate nationally. The likelihood of fines had been considered within the recovery plan and the Trust had written to the CCG regarding options in the event of penalties being levied.		
17.9	TC suggested that it would be helpful to track the month on month expenditure regarding the reduction in agency staff. The data should be separated out between the Trust's own staff and other bank workers.		
17.10	Resolution: The Board noted the update.		
18	**Chair's summary of the Finance and Performance Committee meeting on 22 December 2015**		
18.1	JB presented the summary from the latest Finance and Performance Committee meeting.		
18.2	Resolution: The Chair's summary was noted.		
DEVELOP A LONG TERM STRATEGY (BAF RISK 9)			
19	**Chair's Summary of the Strategy Committee meeting on 21 December 2015**		
19.1	SB presented a summary from the latest Strategy Committee meeting.		
19.2	HB advised that the Committee had reviewed the stakeholder engagement strategy, which would be presented to the Board in April 2016.		
19.3	Resolution: The Chair's summary was noted.		
GOVERNANCE			
20	**Trust Development Authority governance declaration – month 9**		
20.1	Resolution: The governance statement was approved.		
21	**Chair's summary of Integrated Risk and Governance Committee meeting on 22 December 2015**		
21.1	PT presented a summary report of the latest Integrated Risk and Governance Committee meeting. He advised that the Committee had received assurance on estates risks, in particular the introduction of a premises assurance model had been welcomed by the Committee. PT said he believed that the Oversight Group was now more confident that risks were being managed and connected into all work.		
21.2	MVDW assured the Board that immediate actions had been progressed over the Christmas and New Year period to mitigate against risk 3631 which related to out of hours access to emergency theatres. JS confirmed that further longer term actions were being considered, however these would have financial implications. HB highlighted that this had been an excellent example of a risk being highlighted and managed efficiently.		
21.3	Resolution: The Board noted the update.		
22	**Chair's summary of Audit Committee meeting on 22 December 2015**		
22.1	PC presented a summary of the latest work of the Audit Committee.		

	Discussion	Action To Be Taken By	When
	He highlighted that senior managers would be asked to positively confirm that they had reported all offers of gifts and hospitality over the £40 threshold in the past year.		
22.2	Resolution: The Board noted the update.		
23.	**Board evaluation**		
23.1	SB informed members that, in line with good practice, the Board would undertake a brief self evaluation at the end of future Board meetings. It was agreed that the questions would be circulated in advance as part of the Board pack and three members would be nominated to provide feedback on a rolling programme.	JH	Feb-16
23.2	Resolution: The item was noted.		
ANY OTHER BUSINESS			
24	**Any other business previously notified to the Chairman**		
24.1	No other business was raised.		
QUESTION TIME			
25	**Questions from Hertfordshire Healthwatch**		
25.1	Q1. Is there anything that the Trust could have done better to mitigate against the operational pressures experienced over the past few weeks? A1. LH responded that the period directly after the Christmas and New Year break was historically known to be a particularly busy time. She advised that lessons learnt from the previous winter had been used in planning; however it should be noted that there had been an increase in the number and acuity of patients. JK added that, although the Trust took system planning very serious, some areas were out of its control and therefore questions relating to restraints in the healthcare system should be directed to the Clinical Commissioning Group.		
25.2	Q2. Can the Trust explain why the outpatient cancellation rate was so high? A2. As mentioned in point 9.5, the data shown did not exclude a number key indicators such cancellations by patients or appointments which had been brought forward, therefore, it was not a true reflection of the current position.		
25.3	Requests raised and noted: • The new vision to include a reference to compassion and equality and diversity • An accessibility audit to be carried out prior to any new building works • Patient information to be reviewed and either updated or removed from the Trust's website		
26	**Questions from our patients and members of the public**		
26.1	Q1. Would it be helpful to suggest ideas on data which could be included in future Integrated Performance Reports.		

	Discussion	Action To Be Taken By	When
	A1. SB replied that any suggestions would be welcomed by the Board.		
ADMNISTRATION			
27.	**Draft agenda for Trust Board Meeting to be held on: 04 February 2016**		
27.1	The draft agenda was approved, subject to additional items requested by the Executive Team.		
28.	**Date of the next Trust Board Meeting in public:**		
28.1	The next meeting will be held on 04 February 2016 in Lecture Theatre, Postgraduate Medical Centre, St Albans Hospital		