

**Minutes of Part 1 Trust Board Meeting  
 held on 04 May 2017  
 Terrace Executive Meeting Room, Spice of Life Restaurant, Watford Hospital**

**Agenda item: 05/49**

<b>Chair</b>	<b>Title</b>	<b>Attendance</b>
Professor Steve Barnett	Chair	Yes
<b>Members</b>		
Dr Tammy Angel	Divisional Director, Unscheduled Care	Yes
John Brougham	Non-Executive Director	Yes
Helen Brown	Deputy Chief Executive	Yes
Professor Tracey Carter	Chief Nurse and Director of Infection Prevention and Control	No
Paul Cartwright	Non-Executive Director	No
Ginny Edwards	Non-Executive Director	Yes
Katie Fisher	Chief Executive	Yes
Mr Jeremy Livingstone	Divisional Director, Surgery, Anaesthetics and Cancer	No
Dr Arla Ogilvie	Divisional Director, Medicine	Yes
Jonathan Rennison	Non-Executive Director	Yes
Don Richards	Chief Financial Officer	Yes
Phil Townsend	Non-Executive Director	Yes
Dr Mike van der Watt	Medical Director	Yes
<b>In attendance</b>		
Rachael Corser	Associate Director of Governance and Deputy Chief Nurse	Yes
Paul da Gama	Director of Human Resources	Yes
Lisa Emery	Chief Information Officer	Yes
Jean Hickman	Trust Secretary (notes)	Yes
Sally Tucker	Chief Operating Officer	No
<b>In attendance for specific items</b>		
Louise Halfpenny	Director of Communications	Yes
<b>Members of the public and staff</b>		
2 members of the public	N/A	Yes

## MEETING MINUTES

	Discussion	Action To Be Taken By	When
<b>01/48</b>	<b>Opening and welcome</b>		
01.01	The chairman opened the meeting and welcomed the board and members of the public. He apologised for the late notification of the change of venue which had been necessary due to capacity challenges that required the executive team to be at Watford hospital.		
<b>02/48</b>	<b>Healthwatch presentation</b>		
02.01	The chairman welcomed Geoff Brown, chief executive and Priya Vaithilingam, researcher, of Hertfordshire Healthwatch to the meeting and invited them to update the board on a study undertaken to assess the management of complaints by the NHS. Priya explained that they had worked closely with the trust throughout the study to evidence the patient experience and to feed back on the findings. The board considered the outcome of the study, of which two key findings had been a lack of available information on how to complain and poor engagement with young people.		
02.02	The chief information officer asked what evidence had provided the most useful information. Priya advised that a strong theme had been identified that many patients and their families were reluctant to complain as they believed it could impact on their treatment. She also noted that there were significant differences in the complaint processes across NHS organisations.		
02.03	Ginny Edwards enquired if the study had indicated whether patients wanted to use social media to provide feedback on the problems they had experienced. Priya responded that many patients liked to have an opportunity to submit initial feedback to the complaints department via social media and then for their issues to be dealt with on a personal level.		
02.04	In response to a question posed by the director of workforce on whether NHS trusts could learn from non NHS organisations, Geoff advised that it was important for all organisations to be open and to proactively ask patients and their families about their experience.		
02.05	The divisional director for medicine asked if the study had identified whether patients wanted to receive feedback on the learning achieved from their specific complaint. Priya informed the board that it was unusual for an NHS trust to feedback on learning to a patient; however the study had found that patients were keen to know what improvements had been made and how they had been embedded.		
02.06	The divisional director for unscheduled care acknowledged the importance of focusing on the management of complaints, however she reminded the board that services also received many compliments which were valuable feedback and should be formally collated and analysed. She also noted that patients often preferred to use the patient advice and liaison service (PALS) as a more constructive route to manage their issues than a formal complaint, however PALS did not provide the learning and feedback that patients required.		
02.07	The chairman thanked Geoff and Priya for attending and advising the board on the excellent study.		
02.08	<u>Resolution</u> : The board noted the presentation.		

	Discussion	Action To Be Taken By	When
<b>03/48</b>	<b>Apologies for absence</b>		
03.01	It was noted that the associate director of governance and deputy chief nurse was in attendance in the absence of the chief nurse. Apologies were also received from Paul Cartwright, non-executive director; divisional director of surgery, anaesthetics and cancer and the chief operating officer.		
<b>04/48</b>	<b>Conflicts of Interests</b>		
04.01	No further conflicts of interests were received other than those previously circulated.		
<b>05/48</b>	<b>Minutes of the meeting held on 06 April 2017</b>		
05.01	The following amendments were reported:  Point 09.08 – Nurses from India were expected to start in their new roles in eight to ten months Point 11 - The minutes to record that the hospital pharmacy transformation plan was approved as a strategy and not a formal plan		
05.02	Subject to the changes noted above, the minutes were recorded as a true record of the meeting.		
<b>06/48</b>	<b>Board action log from 06 April 2017 and previous meetings and decision log</b>		
06.01	All actions on the log were recorded as either completed or on track to meet the agreed timeframe.		
<b>07/48</b>	<b>Chair's report</b>		
07.01	The chairman presented his report to the board. He highlighted the requirements that the trust must follow during the period of purdah leading up to the general election on 08 June 2017.		
07.02	The medical director reported on actions being taken to meet new regulations for checking eligibility of patients for free treatment. The chief executive advised that the trust already had robust controls in place to manage overseas visitors, which focused on key areas such as the emergency department and maternity. She confirmed that, as this represented a low risk, the trust's response to the new regulations would be proportionate to the resources it committed.		
07.03	The board's attention was brought to new guidance on conflicts of interest which would come into force in June 2017. The board was assured that the trust's policy would be aligned with the new guidance.		
07.04	The chair congratulated the members of staff and teams highlighted in his report and thanked them for their exceptional work.		
07.05	<u>Resolution</u> : The board noted the report.		
<b>08/48</b>	<b>Chief executive's report</b>		
08.01	The board received a report from the chief executive. She reported that the trust had submitted revised trajectories in line with recently published performance delivery time frames.		
08.02	The chief executive highlighted recent changes to the senior management team and expressed her pleasure that all appointments had been internal candidates which supported the trust's succession planning strategy. John Brougham welcomed the succession planning approach and said that it signified a strong developing organisation.		

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08.03	<u>Resolution:</u> The board noted the report.		
<b>PERFORMANCE</b>			
<b>9/48</b>	<b>Integrated performance report</b>		
09.01	The chief operating officer presented the integrated performance report and provided a summary of the areas of good performance since the last board meeting and where improvement was required.		
09.02	John Brougham noted that the trust's RTT position now rated as better than national average and asked how this had been achieved with a continuing challenged emergency service. The chief executive advised that one action which had achieved positive results had been an increase in outsourcing elective operations. She informed the board that this was a complex and multi-factorial issue which would be discussed in detail in the private session of the meeting.		
09.03	Non executive directors asked for clarity on the variation in the number of delayed transfers of care (DTC) in the integrated performance report (IPR) compared to the nationally reported figures. The chief information officer explained that the data in the IPR was measured using a strict set of criteria and was a snapshot taken on the last day of each month and therefore it did not reflect the locally reported day to day position. The chief executive confirmed that the trust was a significant national outlier regarding the level of DTC and lost bed days.		
09.04	Phil Townsend enquired whether the trust had benchmarked itself against other well performing trusts in relation to the correlation between vacancy and turnover rates and performance. The director of workforce confirmed that this had been investigated and the trust was not a significant outlier in either metric.		
09.05	An improvement in stroke performance was welcomed by the board.		
09.06	It was noted that an indicator on medical appraisal should be rated as green and the sickness rate was incorrect.		
09.07	Ginny Edwards noted her disappointment that despite actions being taken to progress VTE risk assessment performance, no significant improvement had been evidenced. The medical director responded that a recent audit had highlighted a coding issue which was being addressed and he was confident that the board would see a significant improvement in the data in the June report.		
09.08	An underperformance of non-medical appraisals was raised as a concern. The divisional director for medicine assured the board that appraisals were a key focus for divisions and data was reviewed on a weekly basis. She noted that managers were awaiting the introduction of a new electronic system which would provide alerts when appraisals were due and allow managers to plan more effectively.		
09.09	Phil Townsend commented that the summary page of the IPR did not accurately reflect the progress being made by the trust. The chief information officer agreed and said she would assess how the report could better reflect progress and improving trends.	LE	07/17
09.10	The chair highlighted a worsening trend in readmission rates and asked what action was being taken to address this. The chief executive advised that a new workstream had been established to focus on bringing improvement to this area. The divisional director of unscheduled care		

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	reported that a pilot scheme had been introduced for volunteers to contact patients following discharge. She also advised on the establishment of 'virtual wards' which supported early discharge by allowing patients to be sent home and then followed up on the ward if required.		
09.11	A breakdown of the reasons for cancelled operations was requested by the chair to be included in the main summary report from June 2017.	LE	06/17
09.12	The chair noted that A&E performance by the trust's peer group had improved and asked whether the trust had considered following practices which had brought about improvements elsewhere. The chief executive replied that there were complex reasons for the trust's current performance which would be discussed in detail in the private session of the meeting.		
09.13	The chief financial officer provided an update on the latest financial position. He advised that subject to final audit, the trust's deficit for 2016/17 was £30.1m, £7.6m adverse to the budget of £22.5m and £10m lower than in 2015/16. He highlighted two key areas which had impacted on the year end deficit; an overturned written agreement with Herts Valley Clinical Commissioning Group (HVCCG) for the non-charging of readmissions and non-receipt of the full budgeted £12m of sustainability and transformation funding, which had been dependent on the trust's deficit and operational performance. The board was encouraged that the trust had achieved £14.7m of cost improvements in 2016/17, which was the highest ever recorded by the trust and, although it was below the stretch target of £18.3m, it was higher than the original budget of £14.5m. A further notable improvement in the year was a reduction in agency costs by £10.4m (28%), down from £36.9m in 2015/16 to £26.5m.		
09.14	The non-executive directors thanked the executive team for the tremendous effort made during 2016/17 to reach the control total and acknowledged that without the two factors detailed above the trust would have met its very challenging control total.		
09.15	The chief financial officer assured the board that focus was now on actions to meet the 2017/18 control total. It was reported that as capital expenditure funding had been received late in the financial year it had been agreed by NHS Improvement that £2m could be ring fenced and carried forward into the 2017/18 capital budget. The board was advised that the financial plan for 2017/18 would be discussed in detail in the private session of the meeting.		
09.16	The board was advised that action was being taken to improve performance with regard to the payment of bills within the 40 days requirement.		
09.17	Resolution: The board noted the report.		
<b>SAFE, EFFECTIVE CARE (BAF RISK 1)</b>			
<b>10/48</b>	<b>Quality improvement plan</b>		
10.01	The board received an update from the chief information officer on progress being made towards the delivery of the quality improvement plan. She advised that the plan had been refreshed and new actions added to address recommendations made in the latest care quality commission (CQC) inspection report. It was noted that the plan had been approved by the trust executive committee and the board was		

	Discussion	Action To Be Taken By	When
	assured that all outstanding project reports had been received.		
10.02	It was reported that the trust had not been notified when a follow-up inspection by the CQC would be received.		
10.03	<u>Resolution:</u> The board noted the report.		
<b>11/48</b>	<b>Learning from deaths report</b>		
11.01	The medical director presented a report on new national guidance on learning from deaths. He advised that, although full information on the guidance had not yet been received from NHS Improvement, work was ongoing to put governance arrangements in place to fulfil the standards and meet the new reporting requirements within the mandated timeframe. The medical director informed the board that the work was being led by clinicians and the board would receive a quarterly report on progress.		
11.02	The board asked to receive a follow up report when the guidance had been confirmed to provide full assurance that an action plan was in place to demonstrate compliance.	MVDW	07/17
11.03	<u>Resolution:</u> The board noted the report.		
<b>RETAIN AND ENGAGE WORKFORCE (BAF RISK 2)</b>			
<b>12/48</b>	<b>Update on workforce and development strategy 2016-2019</b>		
12.01	The board received an updated 2016-2019 workforce and development strategy from the director of workforce. The board was reminded that the strategy had initially been approved in February 2016 and advised that it had been refreshed in line with the formation of the sustainability and transformation partnership and the trust's overall strategy. It was noted that the updated strategy had received positive feedback from staff		
12.02	The board asked for each of the objectives in the strategy to be allocated to a specific senior manager in order to be able to monitor and track progress.	PDG	07/17
12.03	John Brougham asked for clarity on the resource requirements to deliver the key elements of the strategy. The director of workforce responded that the report included approximate cost indications and assured the board that full business cases would be developed for each project-specific budget requirement.		
12.04	It was pointed out that figures quoted on agency spend were incorrect. The director of workforce agreed to amend the figures in the strategy.	PDG	06/17
12.05	The chair noted the increasing difficulty in filling training places and asked what action was being taken to address this issue. The chief executive assured the board that creative thinking was being employed to bridge gaps in workforce capacity which were currently filled by training places.		
12.06	<u>Resolution:</u> The board noted the report.		
<b>13/48</b>	<b>National staff survey results 2016/17</b>		
13.01	The director of workforce presented the results of the national staff survey 2016/17. He outlined the areas where the trust had scored favourably and the areas with lower ranking scores. The board was encouraged that the trust had been ranked 32 out of 97 NHS trusts; an improvement of 11 places from 2015.		
13.02	The board was advised that the results had been broken down and shared with divisions so localised action plans could be developed to address areas of concern. The board was assured that a rolling cycle of internal staff surveys would be developed to provide a regular overview		

	Discussion	Action To Be Taken By	When
	and highlight areas of improvement.		
13.03	Ginny Edwards reported that the patient and staff experience committee had reviewed the results of the survey in detail. She advised that the reports of physical violence had been discussed by the committee and staffside representatives had been unable to substantiate the high levels of cases in the survey with their knowledge of day-to-day reports. Jonathan Rennison asked for assurance that support was available to staff that had experienced physical violence. He was advised that occupational health support was offered to staff, as well as external advice and health and wellbeing interventions. The chief executive acknowledged that not all staff were aware of the available support and agreed that this should be communicated widely. She also suggested that the trust could explore linking with other healthcare providers, such as the mental health trust to promote easy access routes to services.	PDG	07/17
13.04	The chair asked for clarity on the tracking and communication of the results of the survey. The chief executive confirmed that a 'bottom-up' approach was being employed to develop localised action plans, which would be collated to form an overall staff improvement plan. The plan which would be monitored at monthly executive performance review meetings.		
13.05	<u>Resolution:</u> The board noted the report		
<b>GOVERNANCE</b>			
<b>14/48</b>	<b>Board assurance framework 2017/18</b>		
14.01	The board received a refreshed board assurance framework for 2017/18 from the deputy chief executive. She reported that mitigating actions for 2016/17 had been reviewed by lead committees and either closed or updated and carried forward into 2017/18 BAF. The deputy chief executive advised that the BAF would be re-presented to the board in June 2017 when further work had been completed to ensure that controls and assurances were appropriately described and actions and milestones had been streamlined in order strengthen the process further.		
14.02	John Brougham informed the board that an internal audit had noted a lack of challenge of the BAF by the board and requested a summary to accompany the BAF to highlight when overdue actions.	HB	06/17
14.03	<u>Resolution:</u> The board noted the update.		
<b>COMMITTEE REPORTS</b>			
<b>15/48</b>	<b>Assurance report from finance and investment committee</b>		
15.01	John Brougham, chair of the finance and investment committee presented an assurance report. He advised that the committee had reviewed financial performance and considered two draft business cases; an outline business case for Watford theatre reconfiguration and a strategic outline case for long term car parking solutions for the trust. Both cases would be presented to the board in June 2017 for approval. In addition, the committee had reviewed an interim revenue support loan to cover April's revenue cash requirements, which was recommended to the board for approval		
15.02	<u>Resolution:</u> The board noted the report for information and assurance. An interim revenue support loan of £1.964k was approved.		

	Discussion	Action To Be Taken By	When
<b>16/48</b>	<b>Assurance report from audit committee</b>		
16.01	The board was advised that in the absence of Paul Cartwright, John Brougham had chaired the audit committee meeting. He presented an assurance report and advised that the committee had reviewed the head of internal audit opinion for 2016/17. The board was informed that the trust had received an overall partial assurance rating (risk and governance rated 2, control rated 3), which was a slight improvement on 2015/16. Also, the results of a local counter fraud self-assessment had been received by the committee, which showed an amber rating; an improvement on the previous year's rating of red.		
16.02	<u>Resolution</u> : The board noted the report for information and assurance.		
<b>17/48</b>	<b>Assurance report from safety and compliance committee</b>		
17.01	Phil Townsend reported that the safety and compliance committee had held its inaugural meeting, at which the terms of reference and work plan had been discussed. He reminded the board of the importance of ensuring that the work of the three new committees (safety and compliance, patient and staff experience and clinical effectiveness and control) in the governance structure was appropriately balanced. The board was assured that a review of the terms of reference of the committees was underway to confirm responsibilities and ensure that all areas were being appropriately monitored.		
17.02	<u>Resolution</u> : The board noted the report for information and assurance		
<b>18/48</b>	<b>Assurance report from patient and staff experience committee</b>		
18.01	Ginny Edwards, chair of the patient and staff experience committee presented an assurance report. She requested clarity on which committee would lead on the BAF principal risk 8 relating to failure to engage effectively with stakeholders. It was agreed that the patient and safety experience committee would be the lead committee.		
18.02	<u>Resolution</u> : The board noted the report for information and assurance. It approved a change to responsibility for BAF principal risk 8 to the patient and staff experience committee		
<b>19/48</b>	<b>Any other urgent business</b>		
19.01	No urgent business was raised.		
<b>CORPORATE TRUSTEE</b>			
<b>20a/48</b>	<b>Charity strategy</b>		
20a.01	Louise Halfpenny, Director of Communications joined the meeting to present a charity strategy to the corporate trustee. She advised that the charitable funds committee had considered the actions required to move the West Herts hospitals charity forward; one of which was to establish a charity steering group with a membership of key stakeholders with responsibility for the day to day management of the charity. The director of communications advised that the strategy included four key objectives; to increase income, improve effectiveness, to become the charity of choice and legal framework.		
20a.02	The chair enquired whether a recommendation to change the role of fund holders to fund advisors would restrict members of staff from authorising funds. Jonathan Rennison advised that the change was recommended in line with good governance and it would not restrict fund advisors as they currently worked within an agreed approval process.		

	<b>Discussion</b>	<b>Action To Be Taken By</b>	<b>When</b>
20a.2	The corporate trustee asked for the vision statement to be more short and snappy.		
20a.3	<u>Resolution</u> : The corporate trustee approved the strategy and supported the recommendations.		
<b>20b/48</b>	<b>Discretionary resources policy</b>		
20b.01	The corporate trustee received a discretionary resources policy, which was linked to the charity strategy.		
20b.02	<u>Resolution</u> : The corporate trustee approved the policy.		
<b>QUESTION TIME</b>			
<b>21/48</b>	<b>Questions from Hertfordshire Healthwatch</b>		
21.01	There was no representation from Healthwatch in attendance.		
<b>22/48</b>	<b>Questions from the public</b>		
22.01	No questions were raised by the public.		
<b>ADMINISTRATION</b>			
<b>23/48</b>	<b>Draft agenda for the next meeting</b>		
23.01	The draft agenda was approved.		
<b>24/48</b>	<b>Questions from the public</b>		
24.01	The next meeting would be held on 01 June 2017 in the terrace executive meeting room, spice of life restaurant, Watford hospital.		