



TRUST BOARD MEETING IN PUBLIC

06 April 2017 at 9.30am- 12:00pm

Terrace Executive Meeting Room, Spice of Life, Watford Hospital

Chair	Title	Attendance
Professor Steve Barnett (SB)	Chair	Yes
Members		
John Brougham (JB)	Non-Executive Director	Yes
Helen Brown (HB)	Deputy Chief Executive	No
Professor Tracey Carter (TC)	Chief Nurse and Director of Infection Prevention and Control	Yes
Paul Cartwright (PC)	Non-Executive Director	Yes
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	Yes
Phil Townsend (PT)	Non-Executive Director	Yes
Dr Mike van der Watt (MVDW)	Medical Director	No
In attendance		
Dr Tammy Angel (TA)	Divisional Director of Unscheduled Care	Yes
Paul da Gama (PDG)	Director of Human Resources	Yes
Lisa Emery (LE)	Chief Information Officer	Yes
Jean Hickman (JH)	Trust Secretary (notes)	Yes
Dr Jeremy Livingstone (JL)	Divisional Director of Surgery, Anaesthetics and Cancer	No
Dr Arla Ogilvie	Divisional Director for Medicine	Yes
Sally Tucker (ST)	Chief Operating Officer	Yes

MEETING NOTES

Agenda item	Discussion	Lead	Dead-line
01/47	Opening and welcome		
01.01	The chair opened the meeting and welcomed members and the public.		
02/47	Emergency planning update		
02.01	The chair welcomed Kevin Hornett, head of emergency planning to the meeting and invited him to update the board on emergency preparedness and resilience (EPRR). The board was advised that following an NHS England annual assessment in 2016 which had recognised and reported significant improvement and assurance in EPRR, the trust had achieved a rating of full statutory compliance with all requirements and obligations. In addition to a successful complex, live, multi-agency exercise in 2016, which had been facilitated by the trust, a number of other exercises had provided significant opportunities to test the plan and develop further.		
02.02	The board welcomed the positive improvement and congratulated the team on achieving full compliance.		
02.03	It was reported that a film of the live exercise in 2016 was available and it was agreed that this would be circulated to the board for information.	ST/KH	05/17
02.04	The chief operating officer thanked Kevin Hornett for his strong leadership which had brought significant improvements to EPRR compliance and asked what action was required to improve in this area further. The board was advised that continued embedding of business continuity plans and the expansion of staff engagement would provide further assurance.		
02.05	The board requested a session on EPRR to be built into the board development programme.	JH	05/17
02.06	The chair thanked Kevin Hornett for attending and for his hard work which had led to the trust achieving full compliance.		
03/47	Apologies for absence		
03.01	Apologies were received from the medical director, deputy chief executive and divisional director for surgery, anaesthetics and cancer.		
04/47	Conflicts of Interests		
04.01	Jonathan Rennison reported a change to his declarations to be recorded on the central register.		
05/47	Minutes of the meeting held on 02 March 2017		
05.01	Minute 09.14/46. It was noted that this minute should read "The request for capital funding had been less than originally requested."		
05.02	Minute 09.16/46. The director of workforce noted that a decision had not been made by the trust on whether to ask agencies not to put forward staff who already worked for the NHS in order to comply with new legislation. However, he advised that the new regulations had since been withdrawn.		
05.03	Minute 11.01/46. Paul Cartwright asked for the minute to record that the well written report had been praised by the board.		
06/47	Board action log from 02 March 2017 and previous meetings and decision register		
06.01	All actions were reported as having either been completed or were on track within the agreed timeframe.		

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07/47	Chair's report		
07.01	The chair presented his report to the board.		
07.02	The board discussed the actions required to meet recently published recommendations relating to learning from deaths in the NHS. It was noted that the board would receive a report on this area at its meeting in May 2017.		
07.03	<u>Resolution:</u> The board noted the report.		
08/47	Chief executive's report		
08.01	The chief executive's report was noted by the board. She highlighted that, although the trust had seen a significant improving picture, the scores received in the national staff survey were below average for the sector. She assured the board that the trust executive committee (TEC) was focusing on understanding the drivers which would bring about improvements in the areas which had been highlighted as underperforming.		
08.02	The chief executive advised that the trust continued to be under acute operational pressures which had triggered a number of internal incidents. A key contributory factor had been a high level of clustered ambulance attendances and a significantly higher than average number of delayed transfers of care (DTC).		
08.03	It was reported that Mary Bhatti, had been appointed as the divisional manager for the women's and children's division. The board was informed that Mary had been an internal candidate, which supported the trust's aims to encourage succession planning. The chief executive reported that this appointment brought the divisional management team to full complement.		
08.04	Paul Cartwright queried why the trust had not been included in recently published national data on DTC outliers. The chief executive explained that the data specifically focused on health-related DTC whereas the trust was an outlier on social care DTC. The non executive directors asked to receive data on DTC trends on a regular basis. The chief executive reported that a paper had recently been reviewed by the trust executive committee which demonstrated the financial impact of DTC and it was agreed that this would be circulated to the board.	ST TA	05/17 05/17
08.05	It was noted that the board would receive an update on the latest position with regard to adult social care budget allocation in the private session of the meeting.		
08.06	<u>Resolution:</u> The board noted the report.		
PERFORMANCE			
09/47	Integrated performance report - month 11		
09.01	The chief operating officer provided a summary report on performance and highlighted areas of good performance and those areas which required improvement.		
09.02	John Brougham brought the board's attention to fluctuating performance of 62 day cancer screening and asked what was being done to bring this to a consistent level. The chief operating officer responded that this was a challenging area due to patient choice and tertiary pathways. She assured the board that care reasons were being tracked and improvements made to primary care messaging and these		

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	would be available in future reports.		
09.03	Ginny Edwards highlighted that the number of pressure ulcers was gradually increasing and asked when a national programme was due to commence. The chief nurse advised that a thematic review had been undertaken in quarter three and an improvement plan developed. The number of grade three pressure ulcers was reducing in quarter four; however she recognised that the number of grade two ulcers was over an acceptable level. She advised that all trusts had been required to submit improvement plans in February 2017 and further notification of the national programme of work was awaited. The chief nurse advised on the launch of #endPjparalysis work to get patients out of beds as much as possible and which was linked with harm free care and the SAFER discharge work. In addition, the chief nurse noted that the 'perfect week' would be used to raise the profile and support this key piece of work.		
09.04	In response to a question posed by Paul Cartwright, the chief executive advised that the board would be discussing the issue of DTOC in the private session of the meeting.		
09.05	Ginny Edwards queried whether a toolkit to manage E coli had been published as expected. The chief nurse advised that the toolkit was not yet available, however the trust had been advised that the performance target allocated to the clinical commissioning group was a ten percent reduction in cases in 2017/18 and to date the trust did not know what target it would be set as part of that.		
09.06	The chair noted a variation in complaints performance across divisions and asked what action was being taken to bring a consistent level across all areas. The chief nurse responded that the volume of complaints varied significantly across divisions and provided some examples. She assured the board that significant work was ongoing at a divisional level to deliver improvements and there was a clear focus on this issue at TEC and divisional performance meetings. It was noted that the board would receive a detailed report in the private session of the meeting on complaints, litigation, incidents and PALS performance. The divisional director of unscheduled care (USC) added that the USC division was committed to improving its performance with regard to complaints, however the number and complexity of the responses, coupled with resource issues posed a significant challenge to the division.		
09.07	The chair asked for an update on the impact of new IR35 regulations. The director of workforce advised that the trust was working closely with colleagues in the Herts and Beds consortium to establish a joint approach across the area, including contacting agencies to ask them to deduct tax at source.		
09.08	The impact of brexit on the trust's European nurse population was raised and the director of workforce advised that, although there had been a large turnover of EU nurses, many were moving into other roles within the trust. He reported that 104 nurses had been recruited from India; however he warned that they would not be starting in their new roles for two to three months whilst necessary employment checks were completed.		
09.09	The chief financial officer presented a summary of the latest financial position. He advised that at the end of February 2017 the trust's deficit		

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	of £23.6m was in line with the trajectory. He reminded the board that the position assumed successful receipt of sustainability and transformation funding (STF) and full income from an agreement with the Herts Valleys Clinical Commissioning Group (HVCCG) for readmitted patients. The chief financial officer advised that the STF income was at risk as the trust had not met all the required performance standards due to circumstances outside of the trust's control, including DTOC. The trust had appealed against this and was awaiting a decision. It was reported that mediation with the HVCCG had concluded that the trust would not receive the agreed 100 percent tariff for readmitted patients.		
09.10	The chief financial officer informed the board that, despite its best efforts, the trust was unlikely to reach its control total. It was noted that this would be discussed in detail in the private session of the meeting.		
09.11	The board was informed that the trust's accumulative agency spend was lower than the previous year and NHSI had congratulated the trust on this achievement. The chief financial officer reminded the board that, although this was positive, agency spend remained at a high level and the trust must improve its efforts in 2017/18 in order to reduce this further. The board was advised that NHSI had also congratulated the trust on its record level of cost improvement savings of £14.7m.		
09.12	It was reported that the trust's application for £7.5m of capital funding in 2016/17 to support a budgeted spend of £16.1m had been approved by the Department of Health at the end of February 2017. The board acknowledged that due to the lateness in receipt of this funding it would be unable to spend all the funding by the end of 2016/17 and therefore the trust had requested permission from NHSI to allow £2m to be carried over into 2017/18.		
09.13	The chief financial officer completed his report by informing the board that the trust had signed up to an ambitious control total of £15.4m. He cautioned that in order to meet the total a high level of savings must be achieved and the trust would need to receive STF. He noted that NHSI had been made fully aware of the significant challenges to the trust achieving the total, which included a marked reduction in DTOC and in savings linked to social care.		
09.14	Resolution: The board noted the report.		
SAFE EFFECTIVE CARE (BAF RISK 1)			
10/47	Care Quality Commission update a) Quality report b) Progress on quality improvement plan		
10a.01	The chief nurse presented a report which provided a summary of areas identified as outstanding practice in a Care Quality Commission (CQC) inspection in September 2016 and areas where fundamental standards of care had not been met. The paper provided assurance to the board on the immediate actions that had been taken to address concerns raised by the CQC and summarised a programme of work underway to refresh the original quality improvement plan (QIP). The chief nurse advised that the change requests would be received for approval by TEC on 12 April 2017 and reviewed by committees during April 2017, prior to being presented to the board in May 2017 in the QIP update report.		
10a.02	The chair enquired when the CQC would return for a further inspection.		

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	The chief nurses advised that the inspection would be unannounced and was expected to be within the current calendar year.		
10b.01	The chief information officer provided a paper to assure the board that the quality improvement plan was being delivered effectively and the forecast benefits were being realised. She noted that the overall status of the plan in January 2017 and the forecast status in February 2016 were both green. The chief information officer advised that the board would receive a monthly progress report.		
10b.02	The chair asked how staff had reacted to the CQC report. The divisional director of unscheduled care replied that although some staff felt bruised by the CQC inspection process, the majority were well motivated and keen to progress work on the improvement plan. The divisional director for medicine commented that strong messages from the chief executive had helped to combat any sense of disappointment and staff were building on the work which had already been achieved.		
10.10	<u>Resolution:</u> The board noted the report.		
11/47	Hospital pharmacy transformation plan 2017-20		
11.01	The chief operating officer introduced the chief pharmacist, Martin Keble, and invited him to present the hospital pharmacy transformation plan to the board. Martin Keble advised that the trust was required to submit a board approved pharmacy transformation plan by April 2017 in response to recommendations made by the Carter Review. He outlined the work completed to date to improve the pharmacy service, together with a series of milestones over the next three years which aimed to deliver significant improvements to the service. The board considered the proposed plan and asked for clarity on the investment needed to complete the work. Martin Keble advised that the aim of the plan was to provide an overview of the fundamental building blocks and direction of travel of the service and all high level investment projects would require individual business cases to be developed. It was noted that the governance approval process would include consideration and endorsement from TEC and approval by the finance and investment committee. E-prescribing was highlighted as an area which would require significant investment; however it was widely recognised that this would deliver significant positive improvements to patient safety.		
11.02	It was noted that the transformation plan would be monitored by the safety and compliance committee to ensure that the milestones were delivered on time. Executives assured the board that delivery of the plan would be closely monitored at divisional confirm and challenge sessions and by TEC.		
11.03	The non executives asked if there was any merit in exploring revenue sharing with another organisation in order to reduce the demand on capital. The board was assured that all models would be considered to deliver the best commercial case.		
11.04	<u>Resolution:</u> The hospital pharmacy transformation plan was approved as the agreed direction of travel for the service.		
DEVELOP A LONG TERM STRATEGY (BAF RISK 9)			
12/47	Strategy update		
12.01	The chief executive presented a strategy update to the board. It was reported that the trust had met with Jim Mackey, chief executive of NHSI, and fully briefed him on the planning process and assumptions for the strategic outline case (SOC) for the redevelopment of acute hospital services. Ginny Edwards asked for clarity on engagement		

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	plans around the SOC and the chief executive advised that the trust continued to engage with stakeholders and had produced a frequently asked questions document to ensure a clear understanding of the SOC.		
12.02	The divisional director of medicine advised that the new director of integrated care was providing invaluable support to services and was being instrumental in driving forward new initiatives, including a tele-dermatology service.		
12.03	<u>Resolution</u> : The board noted the report.		
GOVERNANCE			
13/47	Summary report on corporate risk register		
13.01	The chief executive presented a paper which summarised the status of the corporate risk register. John Brougham identified inconsistencies with the previous reports and asked for these to be rectified in future reports.	HB	05/17
13.02	<u>Resolution</u> : The board noted the report.		
14/47	Corporate aims and objectives 2017/18		
14.01	The chief executive presented a set of proposed aims, objectives and principal risks for 2017/18, which had been refreshed from 2016/17. The board agreed that the aims, objectives and principal risks continued to represent the approach of the trust; however they needed to be more specific and include measureable targets. It was recommended that each of the objectives be linked to a lead committee and the board receive regular updates to monitor progress against the objectives.	HB	06/17
14.02	<u>Resolution</u> : The board approved the aims, objectives and principal risks.		
COMMITTEE REPORTS			
15/47	Assurance report from safety and quality committee		
15.01	Ginny Edwards presented an assurance report from the safety and quality committee and highlighted three key areas of work. She advised that the committee had received assurance and evidence on the response to the requirements set out within the Patient Safety Alert for nasogastric tube misplacement. The Committee reviewed in detail whether the trust had robust systems for supporting staff to deliver safety-critical requirements for initial nasogastric and orogastric tube placement checks. It was noted that the assessment against 17 safety requirements had shown that the trust was compliant with all but four of the actions. The committee had been assured that outstanding requirements had actions in place to address the gaps and the actions would be monitored through the existing governance processes. The committee asked for the mitigation to be monitored through the underpinning governance and for a further update to be brought to the committee later in the year. It was noted that the committee had endorsed board approval of a hospital pharmacy transformation plan and received an update on the outcome of an external neonatal review and would review further evidence at a committee meeting in April 2017.		
15.02	<u>Resolution</u> : The board noted the report for information and assurance.		
16/47	Assurance report from finance, investment and performance committee		
16.01	The board received a report from John Brougham on the work of the finance, investment and performance committee. He asked the board to ratify the terms and conditions of a £7.5m interim capital support		

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	facility agreement with the Department of Health and approve deficit control totals for 2017/18 and 2018/19. The board gave its agreement.		
16.02	Paul Cartwright questioned whether the cash flow position had impacted on the trust's ability to pay its suppliers. The chief financial officer responded that performance had fallen and not all suppliers were being paid within the 30 day target; however he assured the board that all small companies were continuing to be paid.		
16.03	<u>Resolution:</u> The board noted the report for information and assurance and ratified the terms and conditions of a £7.5m interim capital support facility agreement with the Department of Health and approved deficit control totals for 2017/18 and 2018/19.		
17/47	Assurance report from integrated risk and governance committee		
17.01	Jonathan Rennison gave a verbal update on the latest work of the integrated risk and governance committee. He advised that the committee had met for the final time on 28 March 2017 and gave assurance to the board that all aspect of the work of the committee and any outstanding actions had been transferred across to the new corporate governance structure. He informed the board that the committee had requested that all risks on the risk register be mapped across to the new committee structure.		
17.02	<u>Resolution:</u> The board noted the report for information and assurance.		
ANY OTHER BUSINESS			
18/47	Any other business previously notified to the chairman		
18.01	No business was recorded.		
CORPORATE TRUSTEE			
19/47	Assurance report from charitable funds committee		
19.01	The corporate trustee received a report on the work of the charitable funds committee from Jonathan Rennison. He advised that the committee had considered a draft charity strategy and had acknowledged that, although the development of the strategy was progressing, lead executives were not fully aligned with the direction of travel. It had been agreed that a service line agreement approach would be developed between the charity and the financial team over the forthcoming six month. Jonathan Rennison further informed the board that the draft strategy would be presented to the board in May 2017.		
19.02	Jonathan Rennison provided feedback on an association of charities conference and explained that charities were now expected to clearly demonstrate what impact funding had made on outcomes.		
19.03	The committee asked the board to endorse two requests for funding: 1) £43,920 to purchase omni-beds for the special care baby unit and 2) £25,827 to support the trust to run nationally approved endoscopy training courses at Watford hospital.		
19.04	<u>Resolution:</u> The corporate trustee noted the report for information and assurance and endorsed funding requests of £43,920 and £25,827.		
QUESTION TIME			
20/47	Questions from Hertfordshire healthwatch		
20.01	No questions were recorded.		
21/47	Questions from patients and members of the public		
21.01	No questions were recorded.		
ADMINISTRATION			

Agenda item	Discussion	Lead	Dead-line
22/47	Draft agenda for next Trust Board meeting		
22.01	The draft agenda was approved.		
23/47	Date of next Trust Board meeting		
23.01	The next board meeting will be held at 9.30am to 12pm on 04 May 2017 in the Medical Education Centre, St Albans City Hospital.		