West Hertfordshire Hospitals NHS
NHS Trust

Minutes of Part 1 Trust Board Meeting
held on 02 February 2017
Terrace Executive Meeting Room, Spice of Life Restaurant, Watford Hospital

Chair	Title	Attendance
Professor Steve Barnett (SB)	Chair	Yes
Members		
Tracey Carter (TC)	Chief Nurse and Director of Infection Prevention and Control	Yes
John Brougham (JB)	Non-Executive Director	Yes
Helen Brown (HB)	Director of Strategy and Corporate Services	Yes
Paul Cartwright (PC)	Non-Executive Director	Yes
Ginny Edwards (GE)	Non-Executive Director	Yes
Katie Fisher (KF)	Chief Executive	Yes
Jonathan Rennison (JR)	Non-Executive Director	Yes
Don Richards (DR)	Chief Financial Officer	Yes
Sally Tucker (ST)	Chief Operating Officer	Yes
Phil Townsend (PT)	Non-Executive Director	Yes
Dr Mike van der Watt (MVDW)	Medical Director	Yes
In attendance		
Paul da Gama (PDG)	Director of Human Resources and Organisational Development	Yes
Lisa Emery (LE)	Chief Information Officer	Yes
Jean Hickman (JH)	Trust Secretary	No
Tapiwa Songore (TS)	Assistant Trust Secretary(notes)	Yes
Members of the public and staff		
Debbie Foster (DF)	Divisional Manager	Yes
Fran Gertler (FG)	Director of Integrated Care	Yes
Louise Halfpenny(LH)	Director of Communications	Yes
Kevin Howell (KH)	Director of Environment	Yes
Members of the public		Yes

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MEETING MINUTES

	Discussion	Action To Be Taken By	When
01/45	**Opening and welcome**		
01.01	The Chairman opened the meeting and welcomed the Board and members of the public. The Chairman welcomed Debbie Forster, Divisional Manager for Unscheduled Care, who was attending the Board meeting as part of a senior leadership development programme and Fran Gertler, who had recently joined the Trust as Director of Integrated Care.		
01.02	The Chairman advised that due to the importance and strategic nature of the first item on the agenda he would allow questions from the public at the end of the first item to allow the Board to consider public opinion within its decision making process.		
02/45	**Strategic Outline case**		
02.01	The Deputy Chief Executive with support from the Chief Financial Officer presented the Strategic Outline Case (SOC) which set out a preferred way forward for the redevelopment of acute hospital services to ensure that the Trust was able to deliver its services from a safe, fit for purpose and efficient estate infrastructure. She advised that the SOC followed the '5 case model' as set out in Her Majesty's Treasury Green Book and guidance developed by NHS Improvement (NHSI) and summarized the key elements of the SOC and the process by which it had been developed. The Deputy Chief Executive also summarized the key findings of the equalities review and noted that a short paper detailing how stakeholders had been involved in the development of the SOC had also been provided for Board members to provide assurance that appropriate consideration had been given to equalities impacts and that the Trust had fulfilled its duty to appropriately engage stakeholders.		
02.02	Phil Townsend asked how the Board could be assured that the base data in the SOC was reliable and the best available to underpin the SOC. The Chief Information Officer advised that the Trust had worked with PA Consulting to establish and validate the baseline activity data indicated in the SOC. The outputs from the model have been triangulated back to a recognized activity baseline. The assumptions on future activity took into account the Your Care Your Future (YCYF) strategy and the sustainability and transformation plan (STP) footprint and have been sensitivity tested within the SOC. The Deputy Chief Executive advised that the assumptions would be further refined in the Outline Business case.		
02.03	John Brougham asked for further clarification of the rationale for recommending option 10 and 12 in preference to option 6. . The Deputy Chief Executive responded that option 10 and 2 were recommended in preference to a 'pure' option 6 due to better strategic alignment and recognizing strong commissioner and stakeholder support to further develop planned care services at St Albans. In line with the Trust's commitment to deliver care closer to home it was essential that diagnostic and outpatient services be retained / further developed at St		

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	Albans. However further consideration would be given at OBC stage regarding the optimum configuration of surgical procedures, including further review of the potential economic benefits from consolidating all operating to the emergency and specialist care site.		
02.04	Ginny Edwards asked for clarification on engagement with stakeholders and whether their views had been considered. The Deputy Chief Executive noted that stakeholders had been involved in a range of ways in the work to develop the SOC over the previous nine months, as well as building on the extensive stakeholder engagement undertaken in the development of the Your Care Your Future strategic outline case. . Clearly there were a range of views on the best way forward. Most stakeholders favoured 'new build' options over redevelopment options. In respect of location although there was a significant support for the 'Greenfield' option, particularly from Dacorum stakeholders, the majority of stakeholders supported the preferred way forward set out in the SOC, including the Hertfordshire County Council Overview and Scrutiny Committee.		
02.05	Jonathan Rennison enquired on how confident the Trust was in securing the required funding and the plans should funding not be received. The Deputy Chief Executive advised that although public dividend capital (PDC) was highly constrained, there was recognition by National NHS regulatory bodies of the need to invest in the Trust's infrastructure. She also noted that various funding options would be explored, including private capital as set out in the commercial case section of the business case. The Chief Executive confirmed that securing funding would be challenging and that this was one factor that would need to be taken into account at OBC stage when considering the final preferred option – ie might be more viable to raise funding for a phased redevelopment rather than a single 'big bang' redevelopment.		
02.06	Paul Cartwright asked about the level of confidence in delivering the project on time and within the budget. The Deputy Chief Executive informed the Board that further detailed project planning work would be undertaken at OBC stage to establish the implementation approach which would provide the best value for money and affordability. Expert advisory support would also be sought as required. She further assured the Board that both herself and the Director of Environment had experience and expertise in developing business cases and delivering large building projects. The Chief Executive added that the Trust was also actively seeking to learn from other NHS trusts who had delivered similar projects.		
02.07	The Chief Nurse asked if there were any associated equality issues. The Deputy Chief Executive advised that no concerns had been highlighted in an equalities impact assessment; however more data would be received as work progressed and the Trust would continue to work to ensure that potential positive impacts of the changes were maximized and any potential adverse impacts mitigated. The Equalities review had not identified any significant adverse impacts on protected groups.		
02.08	The Board was informed that the Herts Valley Clinical Commissioner Group (HVCCG) would receive the SOC at its March Board meeting.		

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	Question from the public on the SOC		
02.09	The Chairman opened the discussion on the SOC to the public. He advised that two questions had been received prior to the meeting and these had been responded to.		
02.10	Q1. Investment in the hospital facilities was clearly long overdue, why had previous plans to redevelop the site not been delivered and how would plans for the Watford site be taken forward? A1. The Deputy Chief Executive acknowledged that there was an urgent need to secure a plan that all partners could support and ensure successful delivery. The Trust was required to follow NHS business case processes and was following treasury guidance such that a viable scheme could be approved through the formal process required. The Trust was working with Watford Borough Council and Kier, an external partner to ensure the best plans for the redevelopment of the Watford General Hospital site could be achieved, alongside the broader regeneration of the Watford Health Campus. . The Trust would work closely with the Council and planning authority to ensure that any scheme was able to receive appropriate planning approvals at the appropriate points in the process.		
02.11	Q2. What are the future plans for the pathology service? Can the Trust Board please provide assurance to staff working within the service that an appropriate process will be undertaken to consider all options for the future. A2. The Chief Financial Officer advised that a process was underway to review options for the future of pathology services, that this would be a clear and transparent process and that staff would be fully engaged as this work is taken forward. The Deputy Chief Executive advised that the following text would be included within the final version of the SOC: '*In line with Carter recommendations, WHHT is currently considering the future delivery of its pathology services. This SOC assumes that there will be a requirement for some on site pathology provision (a ''hot lab'') but that the majority of the pathology services can be provided from an off-site location. The current facilities at Watford are not fit for purpose and will require substantial investment to modernise. The Trust is therefore undertaking a formal options appraisal process to determine how best to provide the pathology services it needs to support health care in the 21st century. No decisions have been made regarding the outcome of this process, but it is likely that any associated capital investment will need to be sourced through a commercial partnership (there are many ways to do this including a lease / managed equipment service, private finance (PF2) or a fully outsourced model). As such the capital costs associated with modernising pathology are not included within the SOC. Moving pathology services from their current location on the WGH site, retaining core 'hot lab' functions on site, will allow this area to be redeveloped as part of the acute transformation'*		
02.12	The Chairman thanked the Deputy Chief Executive, the planning team, HVCCG, other NHS partners and internal and external stakeholders for their important contribution to the debate.		
02.13	<u>Resolution:</u> • The Board noted the summary of stakeholder engagement and position of key stakeholders. • The Board noted the findings of the equality impact assessment		

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	and approved a recommendation to further develop the approach to equalities in the OBC. • The Board approved a recommendation to support the preferred way forward set out within the Strategic Outline case. Based on the preferred way forward, further analysis would be undertaken in developing the outline business case on the following short list of options to identify a preferred option: • Option 10 – New build emergency and specialised care at WGH site and redevelop planned care at SACH site. • Option 12 – Redevelop emergency and specialised care at WGH site and planned care at SACH site. • Option 13/14 – Do minimum refurbishment of emergency and specialised care at WGH site and planned care at SACH site (for comparison only)		
03/45	**Apologies for absence**		
03.01	Apologies were received from Jean Hickman.		
04/45	**Conflicts of Interests**		
04.01	No further conflicts of interests were received other than those previously circulated.		
05/45	**Minutes of the meeting held on 12 January 2017**		
05.01	Minute 10.2/44: John Brougham asked for the minute to be amended to read: 39.3% of the Trust's patients were over 84 years old compared to the national average of 23.6%. He enquired whether this was taken into account when reporting to NHS Improvement.		
05.02	The minutes were recorded as a true record of the meeting subject to the amendment recorded above.		
06/45	**Board action log from 12 January 2017 and previous meetings and decision log 2016/17**		
06.01	All actions on the log were recorded as either completed or on track to meet the agreed timeframe.		
07/45	**Chair's report**		
07.01	The Chair presented his report to the Board and advised that the Trust has been shortlisted for the HSJ's 2017 Value in Healthcare awards in recognition of the work undertaken as part of a consortium of NHS trusts and Clinical Commissioning Groups in Hertfordshire and Bedfordshire to reduce agency staff spend. He informed the Board that overall savings of over £4.5 million in 11 months for the six trusts had been achieved.		
07.02	The Chairman congratulated Daniel Flynn, Clinical Coding Officer for achieving the best results nationally in the National Clinical Coding Qualification exam in September 2016.		
07.03	Resolution: The Board noted the report.		
08/45	**Chief Executive's report**		
08.01	The Chief Executive presented her report to the Board. She congratulated the maternity team on its successful bid of £79,972 from the Maternity Safety Training Fund. She advised that the money would be used to reduce the number of stillbirths, neonatal deaths, maternal deaths and brain injuries that occur during or soon after birth.		
08.02	Members' attention was brought to continued emergency care capacity		

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	pressures and advised that staff had worked incredibly hard throughout the past weeks to continue to provide good quality care for all patients. She advised that the increased demand had negatively impacted on elective care and some appointments had to be cancelled.		
08.03	The Chief Executive advised that, although the full results were embargoed until later in the year, initial feedback on the latest national staff survey had suggested that the workforce was more engaged, informed and felt more valued that in the previous survey.		
08.04	It was noted that the Trust was working with Watford Borough Council to improve the condition of the car parks which were heavily potholed following a period of wet and freezing weather conditions. The Board was informed that a contractor had been hired to carry out repairs and create a robust and longer lasting solution.		
08.05	Resolution: The Board noted the report.		
PERFORMANCE			
09/45	**Integrated performance report**		
09.01	The Chief Operating Officer presented the integrated performance report and gave a summary of the areas of good performance since the last Board meeting and where improvement was required.		
09.02	Paul Cartwright enquired whether there had been any progress regarding delayed transfer of care (DTOCs). The Chief Executive advised that DTOCs remained a significant issue which resulted in the Trust regularly losing over 70 beds . She advised that the Trust was working closely with partners to address the issue; however HVCCG's financial position and difficult discussions with the Hertfordshire County Council was having a severe impact.		
09.03	Ginny Edward asked for an update on actions to improve patient flow and on the prevention of admissions. The Chief Executive informed the Board that the Local Delivery Board (LDB) was a directors' forum established to focus on addressing system wide issues. A key piece of work being undertaken by the LDB would focus on community based efforts to reduce admissions, including working with GPs to raise awareness of when people should be referred to hospital. The Chief Executive advised that the Trust was also working with Hertfordshire Community NHS Trust (HCT) to ensure more people were cared for in their homes and community settings. She noted that Fran Gertler had joined the Trust as Director of Integrated Care and a key part of her role would be to foster strong partnership working to support the reduction of unnecessary admissions and support timely discharge.		
09.04	Jonathan Rennison enquired on the actions being taken to reduce Venous thromboembolism (VTE). The Medical Director advised that three new initiatives had been implemented; nursing staff were now undertaking ward rounds to assess patients, a mandatory e-learning package had been designed for doctors and new ways of working had been devised, including e-handovers and electronic based assessments.		
09.05	Jonathan Rennison asked whether e-learning would improve mandatory training compliance. The Director of Human Resources responded that whilst the Trust was not meeting the target level of compliance set within the IPR our performance on mandatory training compliance was relatively strong compared to national and local benchmarks. He also noted that		

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	there were some issues with current data recording that tended to slightly underestimate actual performance. The new online tracking system due to be implemented by April would improve this issue.		
09.06	Phil Townsend asked for an update on the position with regard to financial losses from health tourism. The Chief Financial Officer acknowledged overseas patients was an issue; however he advised that the Trust losses were less than the national average of two percent. It was noted that this issue was included within the Audit Committee forward plan for discussion in 2017.		
09.07	In response to a question posed by Non Executive Directors on the difference between medical and non medical appraisals rates, the Medical Director advised that the system used for medical staff was automated and the high appraisal rates were driven by the need for revalidation. The Director of Human Resources noted that the initial results from the staff survey demonstrated some improvement in the quality of appraisals.		
09.08	The Chief Financial Officer gave a summary of the financial position. He advised that the Trust was on track with its financial plan; however the position would be affected by the outcome of an appeal for sustainable transformation funding (STF). He also advised that discussion was still continuing with HVCCG regarding readmission penalties with the possibility of it going to mediation. He assured the Board that focus was on the delivery of the cost improvements to help achieve the control total. An application had been submitted for loan finance to support capital expenditure and the Trust was still awaiting a response from the NHSI. The Chief Financial Officer advised that the Department of Health was currently providing sufficient funds to manage immediate issues and the Trust was following the NHS policy to pay local small business and local suppliers first. He acknowledged that late payments to supplier sometimes incurred a charge however these are minimal. John Brougham noted that there was a significant challenge in Q4 to deliver the planned cost improvements and reduce the run rate deficit in Q4 from an average of £2m per month in Q1-3 to £2m for the whole of Q4. This had been discussed in depth at the finance and investment committee.		
09.09	The Board asked for a message to be sent to staff to thank them for their hard work and dedication during a challenging period.	HB	03/17
09.10	Resolution: The Board noted the report.		
SAFE, EFFECTIVE CARE (BAF RISK 1)			
10/45	**Bi-annual establishment review of adult inpatient areas**		
10.01	The Chief Nurse presented a report on a bi-annual establishment review of adult inpatient areas. She explained that the purpose of this report was to provide evidence to the Board on compliance with requirements set out by the National Quality Board.		
10.02	John Brougham asked for clarification as to how the analysis had taken support staff (e.g. ward clerks and housekeepers) into account. The Chief Nurse explained that the SNCT only included nursing staff, however she undertook to provide additional data on this in future reports. The Chief Financial Officer noted that the difference between SNCT		

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	estimated nursing establishment and actual establishment had increased over time (+23 in 2014, +200 in Sept 16). He also noted that SNCT assumed 7.5 supervisory hours per week whereas WHHT establishments include a full time senior supervisory post. The Chief Nurse noted that a number of different factors accounted for the differences between the SNCT estimates and current establishment / actual worked hours a number of which are summarised in the paper. She undertook to provide an update report to TEC on the supervisory role of the ward sister and to provide a detailed reconciliation in future establishment reviews of the difference between the SNCT estimates and the funded establishment / actual hours worked.	TC	03/17
10.03	The Chairman noted feedback by overseas nurses on the cultural differences between the UK and their countries of origin and asked whether cultural differences were taken into account during induction. The Chief Nurse confirmed that cultural change was a key part of the induction programme and was also considered as part of transitioning into the workforce.		
10.04	Resolution: The Board noted the report.		
11/45	**Assurance report from Safety and Quality Committee**		
11.01	The Board received the assurance report from the Safety and Quality Committee.		
11.02	The Board was informed that there was a national requirement to nominate an Executive and Non-Executive Director to lead on patient safety. It was confirmed that the Medical Director would be the lead Executive and the Trust Secretary would lead discussions to nominate a NED lead.	JH	03/17
11.03	The Chairman enquired whether the amount of work done on complaints would result in the Board seeing improved performance by year end. The Chief Nurse advised that the complaints procedure had been strengthened; all complaints were being triaged using a multi-disciplinary approach and, where possible, the Lead Nurse for Resolution ensured complaints were resolved locally. The triage process included setting a target response time for more complex complaints. The quality of complaints responses was improving and the number of reactivated complaints has reduced over recent months. However, despite these actions being taken, it was noted that it was not expected that the complaints performance target of 85% responded to within agreed timescales would be met by the end of March 2017.		
ACHIEVE FINANCIAL VIABILITY (BAF RISK 7)			
12/45	**Assurance report from Finance, Investment and Performance Committee**		
12.01	The Board received the Finance, Investment and Performance Committee (FIPC) assurance report from John Brougham, Chairman of the Committee. He reported that the Committee had reviewed the SOC and the interim estates strategy and recommended both for approval by Board. He also advised that the Committee recommended the Board ratify the following which have been approved by the FIPC: 1. The interim revenue support loan of £2.3m to cover February 2017 revenue cash requirements 2. The transfer of 0.29 hectares (0.72 of an acre), to Watford Borough		

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	Discussion	Action To Be Taken By	When
	Council in line with the Trust's obligations under the Health Campus agreement		
12.02	Resolution: The Board noted the report and ratified the recommendations made by the Committee.		
DEVELOP A LONG-TERM STRATEGY (BAF RISK 9)			
13/45	**Interim estates strategy**		
13.01	The Deputy Chief Executive presented an interim estates strategy. She advised that the strategy presented an overview of the future of the Trust's key hospital sites which had been aligned with the SOC and other strategies. She noted that accessing funding would be a key constraint in delivering the strategy and there would be an ongoing need for careful prioritization. Alternative funding sources continue to be explored. John Brougham pointed out the importance of aligning the leadership and ownership of the estate strategy and the SOC and the need to provide assurance to the Board through the FIPC. The Director of Workforce asked for confirmation that improvements to staff facilities were included in the interim strategy. The Deputy CEO confirmed that improving staff facilities is included within the detailed project lists that underpin the strategy.		
13.02	Resolution: The Board approved the interim estates strategy.		
GOVERNANCE			
14/45	**Summary report on corporate risk register**		
14.01	The Deputy Chief Executive presented the summary report on the corporate risk register (CRR) which had been discussed in detail at the Integrated Risk and Governance Committee (IRGC). Phil Townsend reported that the IRGC had made recommendations on the CRR and these would be taken into account from the new financial year.		
14.02	Paul Cartwright asked for the Board to be regularly informed on the progress made against the Care Quality Commissions actions. The Deputy Chief Executive assured the Board that controls were in place to ensure progress was monitored. Assurance will continue to be provided to the IRGC. The QIP has been updated to reflect the verbal feedback provided by the CQC following the visit in September and would be further updated once the final written report was received.		
14.03	John Brougham pointed out that risk 3825 should come under PR2 and not PR7. The Deputy Chief Executive undertook to ensure this was corrected in the report.	HB	03/17
14.04	Resolution: The Board noted the report.		
15/45	**Board Assurance Framework 2016/17 update**		
15.01	The Deputy Chief Executive presented the update on the Board Assurance Framework (BAF). She assured the Board that progress had been made to mitigate the strategic risks identified and updates provided against the key milestones for addressing the indentified gaps in controls and assurances. She advised that the IRGC had considered and endorsed the recommendations made by the appropriate committee on the risk rating of each Principal Risk (PR). IRGC recommended that the RAG rating of each risk should remain the same, with the exception of PR6 and PR10.		

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	Discussion	Action To Be Taken By	When
	It was recommended that PR6 relating to controls around business continuity be de-escalated from amber/red to green as the Trust was now fully compliant under the NHS England's emergency preparedness, resilience and response self-assessment. It was recommended that the RAG rating of PR10 be escalated from amber/red to red to reflect the impact of increasing system pressures on performance.		
15.02	John Brougham asked Executive leads to ensure actions within the BAF were kept up-to-date.		
15.03	Resolution: The Board approved the recommendation to the BAF.		
16/45	**Assurance report from Integrated Risk and Governance Committee**		
16.01	Phil Townsend, Chair of the Integrated Risk and Governance Committee gave a verbal report and advised that the IRGC had made recommendations to the CRR and the BAF and these would begin in April 2017.		
17/45	**Any other business**		
17.01	No other business was raised.		
18/45	**Questions from Hertfordshire Healthwatch**		
18.01	There was no representation from Healthwatch in attendance.		
19/45	**Questions from our patients and members of the public**		
19.01	No questions were raised by the public.		
20/45	**Board self evaluation**		
20.01	The Chairman asked the Board to submit comments to the Trust Secretary on the effectiveness of the Board meeting.		
21/45	**Draft agenda for Trust Board meeting to be held 02 March 2017**		
21.01	The draft agenda was approved.		
22/45	**Date of the next Trust Board meeting in public**		
22.01	The next meeting will be held from 9.30am to 12pm on 02 March 2017 in the Terrace Executive Meeting Room, Watford Hospital.		

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