Present:
Katey Adderley (KA) Non-Executive Director
Carol Bode (CB) Non-Executive Director
Shane DeGaris (SDG) Chief Executive
Soraya Dhillon (SDh) Non-Executive Director
Richard Grocott-Mason (RGM) Medical Director
Karl Munslow Ong (KMO) Chief Operating Officer
Theresa Murphy (TM) Director of the Patient Experience & Nursing
Lis Paice (LP) Non-Executive Director
Pradip Patel (PP) Deputy Chairman and Non-Executive Director
James Reid (JR) Interim Chair
Craig Rowland (CR) Non-Executive Director
Paul Wratten (PW) Finance Director

In Attendance:
Claire Gore (CG) Director of People
Nick Jenkins (NJ) Programme Director
David Coombs (DC) Trust Secretary (minutes)

Apologies:
David Searle (DS) Director of Strategy & Business Development

Also Present:
Margaret Southcote-Want (MSW) Matron*
Clare Bambrough (CBa) Ward Sister*
Melissa Mellett (MM) Assistant Director of Operations, Women’s & Children Division
Toni McConville (TMcC) Assistant Director of Communications
Don Dakin Public Governor
Four members of public

* for item 04/09/2014

01/09/2014 Chair’s announcements

JR welcomed all to the meeting. JR announced that on 16th September the Council of Governors appointed Richard Sumray as the Trust’s new substantive Chair. JR stated that Richard is an experienced NHS Chair and will take up the role
on 1st November 2014. JR stated that the Council of Governors have also appointed Richard Whittington as a Non-Executive Director to replace Craig Rowland who leaves the Trust on 30th September 2014 after serving two terms of office. JR stated that Richard Whittington is a former senior audit partner at KPMG with experience in estates and capital development.

JR also welcomed NJ to the meeting. JR stated that NJ is on secondment with the Trust as part of the Secretary of State’s Fast Track Executive programme, from his role as Consultant in Emergency Medicine at Heatherwood & Wexham Park NHS Foundation Trust.

02/09/2014 Declaration of Hospitality or Amendments to Register of Interests
None declared.

03/09/2014 Minutes of the last Meeting
The draft minutes of the Board meeting held in public on 27th August 2014 were approved as an accurate record.

04/09/2014 Actions Log
The Board reviewed the actions arising from the Board meeting held in public on 27th August 2014 and those outstanding from previous meetings.

CB asked for an update on the timescale for the completion of the three actions that had a timescale to be confirmed.

In relation to action 12/08/2014, RGM stated that the challenge is providing information in a meaningful format for the Board. RGM suggested that it may be helpful to discuss this further at a Board Seminar and highlighted that it links to the work on seven day services. JR supported this proposal.

In relation to action 11/07/2014 (b), CG stated that the outcomes of the leadership 100 programme will be reviewed once the programme is complete and therefore the timescale for this action should be the start of the next financial year.

In relation to action 15/05/2013 (b), CG stated that the timescale for this is October 2014 and a proposed revised report would be provided to CB shortly for comment.

The Board noted the update and agreed that those marked ‘XX’ could be closed.
05/09/2014 Declaration of Any Other Business

None declared.

06/09/2014 Patient Story and Putting People First

TM welcomed MSW and CBa to the meeting who outlined the patient story of a 59 year old gentleman who had been an inpatient on Grange ward for 10 weeks. MSW stated that the patient had worked in the service industry and was familiar with the challenges of mass catering. The patient felt that overall the quality of catering was pretty good, however the choice was limiting for long-term patients. The patient also reported that the portions from the options on the cultural menus were larger than those on the standard menu.

MSW stated that the patient felt that overall the ward was well run and he had confidence in the substantive staff. MSW stated that the patient reported overhearing conversations between staff, including comments from substantive staff around the use of agency staff. MSW outlined the learning and actions taken in response to the feedback. The issues around catering have been discussed with facilities, and the expectations around confidentiality and discretion have been reinforced to staff.

CBa stated that on admission the patient could not walk and was in a great deal of pain. However he was able to leave the hospital walking. CBa stated that this progress was very fulfilling for staff.

CB thanked MSW and CBa for the patient story and stated that the Board may wish to consider the scope for patients attending the Board. CB asked whether this case is representative of the feedback received. MSW stated that the division has seen a significant reduction in formal complaints, but needs to get better at capturing positive feedback.

SDh asked whether the feedback was a surprise; MSW stated that the issue around the difference in portion size was. MSW stated that confidentiality remains a challenge when patients are in bays and therefore staff must remain vigilant on this issue.

PP congratulated the team for the positive outcome for the patient and also the learning from the feedback. PP asked whether action could be taken quickly to address the issue around portion size. MSW stated that in areas where bulk service is not used, then patients could have the option of a second meal or a sandwich to supplement their main dish.

JR complimented the division for the reduction in complaints.
TM presented the Putting People First report that included the Trust's performance in the Family and Friends Test (FFT) in August. TM stated that whilst the outpatient FFT is not nationally implemented until April 2015 the Trust has began a phased implementation in six high volume outpatient areas. TM stated that from next month ‘always and never’ events will be included for the outpatient surveys.

PP stated that ophthalmology FFT results for the Hillingdon site are a concern. PP stated that he understood there are issues around the level of demand for the service and therefore it is imperative staff communicate with patients about waiting times. SDG stated that there is also an issue about the size of the department, and therefore it is important to look at how to mitigate this issue in the short term whilst the strategic issue is being examined.

CB asked how the ‘always and never’ events are selected for the report. TM stated that any highly negative comment is included, whilst the positive comments reflect recurring themes.

CB noted that discharge, in particular the waiting times for medication, are recurring themes in patient feedback. CB noted that this has been an area of focus for some time and asked when the initiatives underway on this issue will begin to have an impact. KMO stated that this is one of the key patient experience issues for the Trust. KMO stated that whilst the focus has been on pharmacy, this is not the overriding issue. KMO stated that the Trust is looking at how to condense the whole discharge process, but the challenge is the availability of doctors to process the discharge. KMO stated that the forthcoming ‘perfect week’ will help examine how the patient journey can be improved and how bottle-necks can be addressed. KMO stated that TM is also exploring the scope for nurse-led discharges. RGM stated that the implementation of an electronic prescribing system would significantly improve the process as prescriptions could be completed during the ward rounds. KMO stated that in the meantime, the Trust is looking at a series of actions that could each lead to incremental improvements.

JR stated that discharge is frequently raised by Governors and members of the public; JR strongly encouraged more to be done on this issue and stated that progress should be regularly reported to the Board.

JR stated that the Board will discuss later in the meeting the pressures facing the hospital; JR stated that given these it is very impressive how the FFT results have been sustained. JR paid tribute to the Trust’s staff for continuing to deliver good quality care.
The Board reviewed the report and noted:
1. The improvements in the overall scores across all areas.
2. Actions planned or underway in response to the feedback from the FFT.

07/09/2014  Chief Executive’s Report

SDG presented the report that updated the Board on a range of local, regional and national publications and developments.

SDG highlighted that the Trust is now on monthly financial reporting to Monitor. SDG stated that Monitor recently reported that the Foundation Trust sector recorded a financial deficit for the first time ever in the last quarter, whilst Monitor, NHS England and the NHS Trust Development Authority (TDA) have written to Trusts to highlight the importance of continuing to deliver national performance targets. SDG stated that these two developments highlight the pressures facing the NHS. PW stated at the end of the first quarter, 80% of acute Foundation Trusts were in deficit.

The Board noted the report.

08/09/2014  Shaping a Healthier Future Update

KMO presented the report that provided an update on the implementation of the Shaping a Healthier Future (SaHF) programme.

KMO stated that a revised version of the outline business case (OBC) was submitted into the SaHF assurance process on 15th September. KMO stated that the central SaHF team will finalise the sector-wide Implementation Business Case (ImBC) by the end of October 2014, and phase 2 of the OBC completion is unlikely to start until after this, likely to be March 2015.

KMO stated that whilst the timescale for the OBC has been delayed, the transition to deliver the SaHF programme is already underway, with two A&E departments closing on 10th September. KMO stated that on 26th November Ealing CCG will make a strategic commissioning decision on whether to enact the contingency plans for the closure of maternity and paediatric inpatient services at Ealing Hospital.

JR stated that whilst the potential maternity changes had been regularly discussed at the Board, there has been less discussion on the potential paediatric changes. JR asked for further information on what is proposed. KMO stated that whilst the SaHF decision making business case (DMBC) set out the end point for five years time, it did not outline the process for reaching that position. KMO stated that the DMBC assumed no
additional paediatric beds were required as these would be offset by a shift in care to the community. KMO stated that additional beds are however required in the transition as the paediatric changes will occur before the out of hospital shift occurs. KMO stated that the Trust has submitted its requirements to the central team. JR stated that the Board will continue to need to be updated on this issue. RGM highlighted that Dr Abbas Khakoo, the Trust’s Joint Medical Director, is the paediatrics lead for the SaHF programme.

SDh noted that the closure of Ealing Hospital’s maternity services could take place in March 2015, with a decision taken in November 2014 and then confirmed in January 2015. SDh asked whether the Trust is monitoring the incremental drift of bookings before this time. KMO stated that this is being closely monitored by the divisional leadership team and there is a concern about the reduction in the time between the final decision and the implementation date. KMO stated that this is being highlighted to the SaHF team.

SDh asked whether theatre capacity is sufficient. KMO stated that the team have undertaken modelling and there is sufficient theatre capacity should the overall number of births increase to the proposed 6,000 a year.

JR asked MM for any comments. MM stated that the division are over-recruiting midwives, in particular to ensure that extra capacity is in place should bookings start to increase in January. MM stated that paediatrics is more of a concern and is an area of close focus. CG stated that the Trusts in North West London have agreed strict controls on approaching midwives working at Ealing Hospital and therefore the Trust is looking at recruiting at national events.

CB asked about the impact of the closures of the two A&E departments. KMO stated that the Trust is tracking this issue daily. KMO stated that it is too early to say if there is a definitive trend, however to date there has not been a significant increase in out of area patients attending Hillingdon’s A&E department. KMO stated the monitoring has not examined whether there is an increase in Hillingdon patients attending the hospital’s A&E who in the past may have gone to Northwick Park or Ealing Hospitals.

The Board noted the report.

**09/09/2014**  
**Safer Staffing: Planned & Actual Staffing Levels**

TM presented the report that outlined the planned and actual staffing levels for each inpatient ward in August.

CB asked what is being undertaken to move to a position
whereby the Trust is better able to predict future staffing requirements. TM stated that the Trust’s Programme Management Office (PMO) is helping with a piece of work to forecast staffing requirements based on acuity, dependency and patient volumes. TM stated that it is important to be mindful of the impact on staffing of the 50-60 additional beds that are open. TM stated that the Trust’s paediatrics department have developed a tool for staffing based on acuity and dependency.

CR asked about the attrition rate; TM stated that the Trust is losing about ten members of nursing staff a month. TM stated that the Trust has revamped the exit interviews process. The key messages are that the Trust is a good place to train, but there is an issue about how the Trust develops nursing staff and the movement of staff between wards.

LP asked whether there is an increase in the numbers of black and minority ethnic (BME) staff being recruited. TM stated that the new nursing graduates employed by the Trust come from a diverse background. CG stated that the Trust’s overall workforce is representative of the local population, apart from the management roles. CG highlighted that the Trust is part of the London-wide work on ‘unconscious bias’ in recruitment.

The Board:
1. Reviewed and noted the information contained in the report and the actions in place to achieve and maintain safe staffing levels.
2. Noted the ongoing impact of the number of extra capacity beds currently open and the potential for this to expand as the season progresses.

10/09/2014 Quality and Operational Performance Report

KMO presented the quality and operational performance report for August.

KMO stated that the non-elective activity pressures have not subsided and Hillingdon Hospital’s A&E department receives the second highest volume of ambulance conveyances in North West London. KMO stated that the Trust’s performance against the four hour emergency care target dropped in August, however he remains hopeful that the Trust will meet the target for the quarter overall.

KMO highlighted that as outlined in the report, a decision has been taken to postpone the work to install secondary glazing on Jersey and Kennedy wards until after Christmas. KMO stated that given the activity pressures it was not felt possible to close the wards to enable this work until the additional beds from the Acute Medical Unit (AMU) come on line.
TM presented the quality report and stated that unfortunately the rate of patient falls increased for the fifth consecutive month. TM stated that given the increase in frail elderly patients there is increased ‘specialising’ of patients with additional nurses to provide 1:1 care. TM stated that much work is being undertaken to increase the completion of VTE assessments in the medicine division.

JR stated that given communication and attitude represent the ‘C’ and ‘A’ of the Trust’s CARES values, it is disappointing that these are both in the top three categories of complaints. TM stated that due to the activity pressures the Trust has had to employ more agency nurses. TM stated that whilst this is not the sole factor, the stretch in the system is impacting in this area.

SDh asked what actions are being taken to mitigate the impact of the deferral of the secondary glazing works. KMO stated that a number of temporary measures will be taken and there will be heightened daily checks at times of bad weather. SDG stated that he was very reluctant to defer this work and stated that he is very clear the estates, operational and nursing teams must very closely monitor this issue and mitigate the impact as much as possible. SDG stated that if necessary, the beds will have to close at times of poor weather.

SDh stated that the soon to be launched patient safety collaboratives will be looking at falls and VTE assessments, and asked what the Trust is doing in these areas. TM stated that the Trust has a falls group with senior clinical attendance, with falls risk assessments undertaken. TM stated that the Trust is also exploring the scope for a falls specialist nurse. TM stated that in terms of VTE, the Trust is looking to simplify the assessment form. TM stated that VTE assessments are routinely completed; the issue is about documenting these. TM stated that an electronic solution would improve the position. RGM stated that once the wireless network is in place, the forms could be completed electronically in real-time. RGM stated that the Trust made a bid to the Technology Fund for such a solution.

CR asked whether there are signs of further winter funds being made available. KMO stated that further funds may potentially be made available and he would keep the Board updated on this issue.

KA asked about the target vacancy rate for nursing staff and the current nursing vacancy rate. CG stated that 8% is felt to be a realistic target. The Trust is seeking to overrecruit and have a lower vacancy rate. TM stated that the current nursing vacancy rate is about 14%.

JR stated that there are issues with several of the performance
indicators in the report, which are a function of the activity levels. JR stated that he understands the Executive team are monitoring these closely. JR praised the significantly improved performance on complaints since the level of challenge from the Board on this area last year.

SDh referred to the commentary around theatre productivity and stated that this indicates there are wider issues to look at in relation to theatres. KMO agreed that there are issues around productivity and stated that ideally male day-care would be next to theatres rather than in the annex corridor. KMO stated that this would mean moving an inpatient ward to the annex corridor. SDh asked whether there are actions for the short term whilst the long-term issue is addressed. KMO stated that there is a medium term solution, but he could not provide a short-term solution.

The Board noted the report.


PW presented the finance report for August and stated that in the year to date the Trust has a deficit of £0.6m which is £0.6m behind plan. PW highlighted that as previously noted, due to the current financial performance and the limited headroom before the continuity of services rating reduces to a 2, the Trust has been moved to monthly financial monitoring by Monitor.

PW referred to the Monitor report on the performance of the FT sector in the first quarter of the year and stated that this highlights two issues relevant to the Trust: the costs of agency staff and the level of cost savings that are being delivered.

PW stated that it should be noted that the Trust’s performance in terms of EBITDA (earnings before interest, tax, depreciation and amortisation) and savings is positive compared to the FT sector.

PW stated that the area in which the Trust is vulnerable is its cash position. PW stated that due to the historically financially challenged health economy the Trust has not been able to build cash reserves, and it is this vulnerability which has led to the Trust moving to monthly reporting to Monitor.

JR noted that the Trust has flagged the cash position with Monitor and asked whether Monitor have provided any assistance. PW stated that the Trust is starting to explore with Monitor whether the Trust could apply to the Independent Trust Financing Facility (ITFF) for a working capital loan. PW stated that this would be unprecedented as the ITFF usually provides loans for capital investment.
JR stated that the Trust requires a cash injection to provide resilience; it does not require a bailout to remain viable. PW stated that he has highlighted the perverse situation whereby the Trust would have received funding if it was in major distress.

PW stated that the on plan financial performance in August was due to a rates rebate. PW stated that without this the Trust would have been outside of the revised plan set at the end of the first quarter as this was based on beds closing in August. PW stated that moving forward, the Trust will not be able to rely on non-recurrent measures and therefore the forecast position is under strain. PW stated that the activity levels also constrain the Trust's ability to generate additional income from undertaking activity for other organisations.

PW stated that the Trust today met with commissioners to explicitly set out the activity pressures, and the financial and operational implications of these. PW stated that the Trust will continue with these discussions and also raise the issue with NHS England about extra capacity funding.

JR highlighted the importance of the reforecast position for the next Board meeting to inform the Board's submission to Monitor.

KA stated that whilst much of the overspend is due to activity, there is also an overspend in estates and facilities. PW stated that the condition of the estate continues to have a financial impact. PW stated if the backlog maintenance work cannot be completed then this generates pressure on the revenue budget. PW stated that the activity pressures also mean that the Trust is opening up areas of the estate that then need investment.

The Board noted the report.

12/09/2014  **Transformation and QIPP Update**

KMO presented the update on the 2014/15 QIPP programme and stated that the year to date variance against the £9m plan is £307k and £16k against the £7.5m plan. KMO stated that the current risk adjusted forecast is £7.2m.

KMO stated that the report presents a prudent forecast on the year-end position. KMO stated that now the Trust has greater certainty that the over performance will be paid at the agreed marginal rate, he believes that the Trust will be able to deliver £7.5m for the programme. JR stated that this would be a very good achievement for the Trust.

PP noted the significant impact of the activity pressures on the QIPP programme and stated that he would therefore welcome a
‘deep-dive’ on the mid year position at the Transformation Committee. PP stated that he would like to join the visit to Tees, Esk and Wear Valleys Foundation Trust to learn about their transformation programme.

The Board noted the report.

13/09/2014 Recruitment and Retention Progress Report

CG presented the report that provided an update on the Trust’s recruitment and retention strategy.

CG stated that there has been a step-change in the Trust’s recruitment, which has been a multi-disciplinary effort. CG stated that even this current level of recruitment will not resolve the challenges facing the Trust. CG stated a vacancy tracker has been put in place which can be used to forecast staffing requirements in line with CB’s comments earlier in the meeting.

KA asked whether the staff recruited at the recruitment fairs are generally newly qualified. CG stated that there is a mix, depending on the time of year of the recruitment fair. KA stated that given the Trust has adopted a revised approach to recruitment it is important to be mindful of the impact of this on the balance of the Trust’s staff.

TM stated that the Trust has been very proactive in recruiting staff in Scotland, Wales and Ireland, but London will be facing a shortfall of band five nurses, and in certain specialities band six and seven nurses.

PP asked whether nursing staff with potential to develop into leadership roles are identified and receive coaching and mentoring support, preferably from non-nursing staff. CG stated that the talent management process included band six and seven nurses and so they will each have development plans. CG stated that quarterly reviews of the development plans will shortly commence at the divisional level, and they will also be examined at a Trust-wide level.

SDG stated that whilst the position has improved it is important not to be complacent. SDG stated that this focus on recruitment has to remain and the Trust must be competitive in terms of what it can offer to assist with recruitment and retention. SDG stated that the communications team have undertaken an excellent piece of work to raise the profile of the Trust as part of the recruitment campaign.

KA asked whether the availability of staff accommodation is having a positive impact on recruitment. CG stated that the first phase of the refurbishment of the Mount Vernon accommodation is nearing completion, and will aid the Trust in
recruiting staff from outside of London. KA stated that it would be interesting to gauge the level of demand and whether the accommodation could be exploited further.

The Board:
1. Noted the report and welcomed the progress to date. 
2. Agreed that there should be a progress update in three months time.
3. Agreed that the nursing vacancy and turnover rates should be added to the monthly people dashboard.

14/09/2014  Research & Development Annual Report and Strategy

RGM presented the research & development (R&D) annual report for 2013/14 and the proposed R&D strategy for 2014-2019.

RGM stated that whilst the Trust has not traditionally had a research and development strategy, it is now proposed to increase the number of patients recruited into studies and the number of specialties that recruit into these studies. RGM stated that if the strategy is approved then a business case will be developed to increase the R&D team’s capacity.

SDG stated that he strongly supported the strategy and stated that increasing R&D at the Trust will have positive clinical benefits. LP also strongly supported the strategy and cited the patient benefits.

SDh stated that increasing R&D at the Trust will help recruit high quality staff. SDh recommended that the R&D strategy includes multi-disciplinary working and not just clinical trials. SDh asked whether the Trust has considered seeking associate teaching status. SDG stated that this has not recently been considered but could be something to explore.

KA asked if there is a reason why the Board should not agree the strategy. SDG stated that the risk is that patients could be put at risk if R&D is expanded without sufficient capacity to oversee this work, which would also be a reputational risk to the Trust. SDG stated there is also a risk that R&D could become a distraction to staff. SDG stated that the business case would need to show how these risks would be mitigated.

CB stated that the strategy did not articulate the level of ambition and the vision of what the Trust wants to achieve. CB stated that the strategy articulates why the Trust should increase R&D but not the drivers for this approach. SDG stated that these aspects could be picked up in the business case. SDG stated that the next time the Trust’s strategy is agreed it may be appropriate to give greater prominence to R&D.
PP asked whether the strategy should have greater reference to out of hospital care and integrated care. SDG stated that the first phase is to increase the level of resources supporting R&D so that the Trust is not declining studies. SDG stated that once this is in place, the Trust could look at whether to expand the scope of R&D including potentially linking in with the Imperial College Health Partnership.

The Board noted the report and endorsed the research & development strategy.

15/09/2014  **Patient Led Assessment of the Care Environment (PLACE) 2014 Results and Improvement Plan**

PW presented the report that updated the Board on the 2014 results for the Trust compared to those for the whole of the country and provided the Trust’s PLACE improvement plan.

The Board:
1. Noted the 2014 PLACE Trust and national average assessment scores.
2. Endorsed the PLACE improvement plan that has been developed with the PLACE Improvement Group.

16/09/2014  **Meeting the Nutritional Needs of Patients**

TM presented the report that provided a summary of the Hospital Food Standards Panel’s report on standards for food and drink in NHS hospitals, and the Trust’s position against these.

SDh asked whether food wastage is monitored. TM stated that the amount of food eaten would generally only be monitored for at risk patients. TM stated that the aim is to develop the role of the ward housekeeper so that they would be more able to feedback if they felt that the food was not appropriate or could be improved.

The Board:
1. Noted the report.
2. Agreed that there should be a section on nutrition added to the quality & safety report received by the Quality & Risk Committee.

17/09/2014  **Care Quality Commission Inspection**

TM presented the report that updated the Board on the Trust’s preparations for the Care Quality Commission (CQC) inspection of the Trust that is commencing next week.

TM stated that she has been clear that staff should be transparent with the inspection team. SDG stated that staff
should showcase where the Trust is doing well but also articulate where there are challenges. SDG highlighted that there will be over 40 members of the inspection team.

The Board noted the report.

18/09/2014 Communications Report

CG presented the report that outlined communications activity from the last six months. CG stated that there has been a significant increase in the level of positive media coverage and a doubling in the website traffic.

CB stated that the report outlines a very good set of activities, and moving forward she would like to see how the Board could measure the impact and outcomes of these, for example in terms of staff engagement and retention.

SDh queried that the equalities impact assessment (EIA) statement on the front of the Board paper stated that there was no impact on equalities. SDh stated that she would have expected this to draw out the question of whether the Trust’s communications are meeting the needs of local patients. CG stated that this relates to a wider point about the use of EIAs on Board papers; SDG agreed and stated that this is a point for the Executive Team to consider.

SDG stated that TMcC has done an excellent job and there has been a significant shift in the Trust’s communications activity.

The Board:
1. Noted the report and welcomed the positive achievements.
2. Agreed that future reports should start to include information on the outcomes and impact of these activities.

19/09/2014 Updated Board Committee Membership

JR presented the item and stated that as noted at the start of the meeting CR reaches the end of his second term of office on 30th September 2014, and the Council of Governors have appointed Richard Whittington to replace CR. JR proposed that RW takes up CR’s positions on the Transformation Committee and Audit & Assurance Committee, whilst PP takes on the role of Chair of the Transformation Committee.

The Board agreed the following changes to the Board Committees with effect from 1st October 2014:
1. Pradip Patel becomes the Chair of the Transformation Committee.
2. Richard Whittington joins the Transformation Committee and Audit & Assurance Committee.
20/09/2014 **Board Governance Review**

JR presented the summary report from KPMG’s Board governance review. JR stated that the recommendations were broadly positive; the recommendations will now be developed into an action plan for the Board’s consideration.

The Board:
1. Noted the report and KPMG’s conclusions.
2. Agreed that an action plan should be developed for further discussion on how to address the areas highlighted for further strengthening the Board’s governance.

21/09/2014 **Use of the Trust Seal**

None reported.

22/09/2014 **Questions from the Public**

Mrs Davis thanked CR for his long service to the Trust and wished him well for the future. Mrs Davis asked how many staff accommodation units have been brought back into use at Mount Vernon and whether the refurbishment is now complete. PW stated that the refurbishment is being completed in phases, and he would find out the total number of accommodation units at the site.

Mrs Davis referred to the reference in the Quality & Operational Performance Report about staff repairing air mattresses. Mrs Davis asked why the Trust’s charitable funds cannot be used to purchase new mattresses. JR endorsed these comments and stated that as Chair of the Charitable Fund Committee he has pushed divisions to spend the charitable funds held in their respective areas.

Mr Bishop asked why the Trust’s annual report was much longer than that of North West London Hospitals NHS Trust given that organisation is a larger Trust. JR stated that THH is subject to a different set of requirements as to the information that must be included in the annual report given it is a Foundation Trust. JR added that the Trust wants to be open and transparent and he believes the public would wish to hear more rather than less.

Mr Bishop asked why the Executive Directors’ pay increased at a time when the wider staff pay did not increase. JR stated that the Board of Directors Remuneration Committee sets the salaries for the Executive Directors and considers a range of factors including taking account of remuneration in other Foundation Trusts and the Trust’s performance. JR highlighted that unlike the rest of the Trust’s staff, the Executive Directors do not receive annual incremental pay increases.
Mr Bishop referred to the remuneration report of North West London Hospitals NHS Trust (NWLHT) and stated that THH’s Chief Executive should receive a smaller salary than that paid to his counterpart in NWLHT Trust given the size difference between the two Trusts. JR highlighted that the disclosures in the NWLHT annual report may not include the salary paid to the post-holder for his duties at Ealing Hospital NHS Trust.

Mr Bishop asked why at a time of financial restraint had the Trust paid external agencies, Veredus and TMP, to assist with the recruitment of a new Chair and Non-Executive Directors and nursing staff. JR highlighted the important role of the Chair and stated that the Trust does not have the specialist expertise to identify suitable candidates. CG stated that TMP are only used to assist nursing recruitment in certain areas where the Trust does not have the relevant expertise. CG stated that the general recruitment is undertaken by the Trust’s own team, with TMP used to assist where it is hard to recruit staff, such as in paediatrics.

Mr Bishop asked why the North Public Constituency has the same number of Governors as the South Public Constituency despite being much smaller in terms of members. JR stated that the allocation was based on the population size.

Mr Bishop highlighted that there are three times more female staff in the Trust than male staff, however the majority of the Board members are male. JR stated that over the last year the number of female Board members has increased, and the Trust is also seeking to increase the number of women in management roles.

Mr Bishop noted that ten nurses are leaving the Trust every month and asked how many are being recruited. CG stated that 28 have started this month, with 23 due to start next month.

Mr Bishop stated that when the issue was previously discussed it was stated that the windows in the tower block were not safe. SDG stated that the issue is about balancing the risk to the Trust’s patients as a whole. SDG stated that given the unprecedented number of patients attending A&E, the Executive Team have taken the view that is in the interests of all of the patients to keep as many beds available as possible.

Mr Bishop asked why the activity report in the finance report includes a trend for September 2014 when this activity has not yet occurred. PW stated that this is a forecast trend.

Mr Bishop asked how many Saturday clinics are held at the Trust. KMO stated that he did not have such information to hand. Mr Bishop asked why outside staff would be running such
clinics. KMO stated that the Trust has a number of staff who are jointly appointed with other Trusts who may run clinics.

Mrs Cook asked what is meant by falls with harm. TM stated that there are a set of criteria, including different aspects of pain.

Mrs Cook about the incidence of pressure ulcers. TM stated that there were 13 grade two ulcers, but no grade 3 or 4 ulcers last month.

Mrs Cook stated that she was not surprised to read about a lack of pillows and stated that this was previously an issue at the Trust. TM stated that the Trust does have a good supply, but there is a challenge to ensure pillows are returned to the relevant ward after a patient transfers between wards.

Mrs Cook referred to her question at an earlier Board meeting about the planning permission for Bevan ward and asked whether JR had an answer. JR stated that unfortunately he did not.

Mrs Thomas thanked CR for all of his work at the Trust. Mrs Thomas stated that the gentleman who collapsed at the Annual Members Meeting was subsequently on Grange ward for a week and was very pleased with the care received.

Mrs Thomas provided negative feedback on the patient transport staff and stated that she had also heard of a case where a booking request was declined as the patient had dementia. Mrs Thomas stated that whilst staff in a clinic had been very helpful she did not have good feedback around staff in the Trust’s booking centre. Mrs Thomas stated that she was also offended by the comment by a senior doctor at the Annual Members Meeting about ‘bog standard’ strokes. JR apologised for the offence caused.

Mrs Thomas stated that information about the Trust can be displayed on community notice boards in the Heathrow Villages, to which she has access.

Mrs Thomas asked whether the Trust is looking to recruit staff from Central Middlesex and Ealing Hospitals. CG stated that there are strict protocols in place on this issue to ensure these hospitals services can maintain their services until the agreed date of service changes.

Mrs Thomas referred to the papers for the July Board and asked why there were nine doctors for whom there were issues around the engagement with the appraisal process. JR assured Mrs Thomas that this issue was discussed at length at the July Board meeting. RGM stated that this has now been addressed.
Mrs Thomas highlighted a reference in a Board report to the space constraints in the A&E department following the expansion of the Urgent Care Centre (UCC), which are impacting on the Trust’s A&E performance. Mrs Thomas highlighted her disquiet at this situation given the UCC was imposed on the Trust. Mrs Thomas stated that the hospital is facing number of pressures as a result of the CCG and the limitations of services in the community. Mrs Thomas highlighted the need for the Board to take this issue up with the CCG and stated that the hospital must be supported by health and social care services in the community.

Mr Dakin stated that he wished to record positive feedback around the patient transport service.

23/09/2014 Any Other Business

JR highlighted that this is the last Board meeting for both CR and RGM.

JR stated that RGM is taking up the role of Divisional Director of the Heart Division at Harefield Hospital, which is testament to RGM’s expertise. JR paid tribute to RGM’s contribution to the Trust, as a Consultant, as a Clinical Director leading the work on the Acute Medical Unit, and latterly as Joint Medical Director. JR stated that RGM’s job share partner, Dr Abbas Khakoo, will be taking over as the Trust’s sole Medical Director.

JR paid tribute to CR’s significant and extensive contribution to the Trust in his eight years as a Non-Executive Director. JR cited CR’s achievements, including as Chair of the Finance & Investment Committee and the Audit & Assurance Committee. JR stated that CR was always able to give a very balanced view and he will be missed by the Board and Trust.

CR stated that it has been a privilege to hold the position for the last eight years. CR paid tribute to PW who had been the Trust’s Finance Director for this whole period and stated that this stability from PW has greatly benefited the Trust. CR thanked the public for continuing to be involved and show great commitment to their local hospital. CR urged the Trust to continue with its open and honest approach.

Date of Next Meeting

The next meeting is scheduled to take place on Wednesday 29th October 2014, at 2.00pm in the Board Room, Hillingdon Hospital.
James Reid
Interim Chair

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Date