

The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 23 September 2013 at 10.00am in the Board Room, Clinical Skills and Corporate Services Centre, New Cross Hospital, Wolverhampton

PRESENT:	Mr R Harris	Chairman
	Dr J Anderson	Non-Executive Director
	Ms C Etches OBE	Chief Nursing Officer
	Mr S Kalirai	Non- Executive Director
	Ms G Nuttall	Chief Operating Officer
	Ms M Martin	Non-Executive Director
	Mrs S Rawlings	Non-Executive Director
	Mr D Ritchie CB	Non-Executive Director
	Mr K Stringer	Chief Financial Officer
	Mr J Vanes	Non-Executive Director
	Ms R Edwards	Associate Non-Executive Director
	Professor D Kelly	Associate Non-Executive Director
	Ms D Harnin	Director of Human Resource's
IN ATTENDANCE:	Mr A Sargent	Trust Board Secretary
OBSERVERS:	Dr K Ahmed	Wolverhampton City Clinical Commissioning Group
	Councillor J Dehar	Wolverhampton City Council
	Mr M Swan	Lead Shadow Governor
	Ms C Lamyman	Wolverhampton Healthwatch
APOLOGIES:	Ms M Espley	Director of Planning and Contracting
	Mr D Loughton CBE	Chief Executive
	Dr J Odum	Medical Director
	Mr R Young	Wolverhampton CCG

Part 1 – Open to the public

		Action
TB.4667	<p><u>Welcome</u></p> <p>The Chairman welcomed the observers who were attending the meeting, and especially Ms C Lamyman who was the newly appointed General Manager of Wolverhampton Healthwatch.</p>	
TB.4668	<p><u>Chairman's Communications</u></p> <p>The Chairman made the following announcements at the beginning of the meeting:</p> <ul style="list-style-type: none"> On behalf of the Board he extended congratulations to Cheryl Etches upon being awarded an Honorary Degree from Wolverhampton University in recognition in her significant and innovative contribution to health care education. Since the July meeting, the Trust had been successful in its 	

	<p>bid to host the regional organisation of the National Institute for Health Care Research for a 5 year period commencing 1 April 2014. For this reason, Mr Loughton and Ms Espley were in London today to learn how the Trust would take on the host role. The Chairman congratulated officer colleagues who had been involved in the bid.</p> <ul style="list-style-type: none"> • Mr Harris mentioned the successful outcome, on 20 September, of the NHSLA level 3 inspection of the Trust. Ms Etches said that the Trust, which had freely chosen to undergo the level 3 inspection, had received very high praise and many plaudits from the NHSLA inspection team, and that top marks had been scored in every one of the 50 inspection criteria. On behalf of the Board, the Chairman expressed appreciation for the hard work done by staff at every level within the organisation to achieve this splendid outcome. 	
TB.4669	<p><u>Minutes</u></p> <p>RESOLVED: that the minutes of the meeting of the Board of Directors held on 22 July 2013 be approved as a correct record.</p>	
TB.4670	<p><u>Matters Arising</u></p> <p>There were no matters arising from the minutes of the previous meeting.</p>	
TB.4671	<p><u>Board Action Points</u></p> <p>The Board noted that the items relating to Cardiac Arrests, development of a Medical Staff Bank and Patient Experience Strategy would be discharged through the Board Committee Structure. Ms Etches indicated that the focus groups in respect of the Patient Experience Strategy had taken place and the Patient Safety Committee was now taking this matter forward. The Board requested that Staff Behaviour and Code of Conduct remain on the Action Points List for the time being.</p> <p>RESOLVED: that the Board Action Points list be noted.</p>	
TB.4672	<p><u>Declarations of Interest from Directors and Officers</u></p> <p>Professor Kelly indicated that her interests needed to be updated on the register and it was agreed that this would be dealt with outside the meeting.</p> <p>RESOLVED: that the Register of Directors' Interests 2013/14 be noted.</p>	DK/AS

<p>TB.4673</p>	<p><u>Chief Executive's Report</u></p> <p>Ms Etches presented the monthly report of the Chief Executive, and informed the Board that the following Policies had been approved by the Trust Management Committee on 20 September:</p> <ul style="list-style-type: none"> • Antimicrobial Policy • Chaperoning of Patients and Clients Policy • Shared Care Agreement Policy <p>RESOLVED: that the report of the Chief Executive be noted.</p>	
<p>TB.4674</p>	<p><u>Patient's Story (DVD)</u></p> <p>The Board heard the story of a patient who had received treatment from the Oncology Department. She described a number of aspects of her experience which she believed were unsatisfactory, including lack of eye contact and unwillingness to be questioned on the part of the Oncologist, lateness of being seen in appointments and difficulty in ascertaining when she would eventually be seen by a doctor, a lack of empathy on the part of certain staff, failure by the consultant to introduce other staff members during examinations, members of staff watching her undress, and inappropriate questioning in a public place.</p> <p>Responding to the DVD, Ms Etches highlighted that the patient believed that she had been insensitively treated at all levels and had not been treated as an individual. She added that the patient had undergone treatment 12 months ago, since when much work had been undertaken in the Directorate concerned, and which reflected actions taken in response to the 2012 National Cancer Patient Experience Survey. The DVD had been shown at the Directorate Governance meeting, and had visibly affected a number of staff.</p> <p>Professor Kelly noted that a number of staff appeared to have negatively impacted on the experience of this patient, and asked whether this was endemic in the Directorate. Ms Etches said that it would not be fair to say that this was endemic across the Directorate concerned, although it was understood that some elements of her complaint had been occurring within that Directorate more routinely than they ought to have done, and the Directorate had been given cause to reflect upon its practices and attitudes. Ms Nuttall said that the 2012 National Cancer Patient Experience Survey reflected the story told by this patient, but she went on to emphasise that there had been a significant improvement in affairs at all levels within the Department since that time, which was reflected in the latest survey. Ms Edwards said that this was an example of how a number of small matters could build up and spoil the overall experience of a patient. Mrs Rawlings asked whether the ethos in the department, particularly at the upper levels, had really changed for the better. She noted that the risk register contained a new risk for the</p>	

	<p>Oncology Department. Ms Etches confirmed that some improvements had been made, and pointed out that the Department received very many letters of gratitude and appreciation for work done on behalf of patients. She said that the matter on the risk register should be dealt with during the private session of the Board today. Mr Ritchie welcomed the opportunity to hear a patient's story at the beginning of the meeting, and asked whether it would be possible to identify a patient who had been treated within the Department in question more recently so that the Board might gain some assurance that the particular experiences described by this patient could be tested against more recent experiences described by other patients to, hopefully, corroborate the improvement. Dr Anderson stated that the outcomes from the Department were very good and that only a relatively small number of people complained of negative experiences.</p> <p>The Chairman requested that an update on the Department, including assurances of on-going improvements, be given at a future Board meeting, and that a letter be sent to the patient who featured in this story thanking her for expressing her views and indicating that changes were being made.</p> <p>RESOLVED: that the patient's story be noted, and that the Chairman write to the patient concerned expressing appreciation to her for recording her story, and indicating that changes were being made within the Department.</p>	<p>JO/GN</p> <p>RH</p>
<p>TB.4675</p>	<p><u>Never Events</u></p> <p>Ms Etches reported that a further Never Event had occurred in the Gynaecology Department on 13 September, involving a retained foreign object. The 48 hour RCA had been completed on the day, and Dr Odum would be leading an investigation into suspected failings from a medical and nursing prospective. No harm had been caused to the patient.</p> <p>With regard to the recent cardiac Never Event, Ms Etches informed the Board that the investigation had been completed and the draft report would be with Dr Odum in the very near future. The daughter of the deceased patient had been met by Dr Odum and herself and she would also be receiving a copy of the RCA in the near future.</p> <p>Finally, Ms Etches said that in the light of previous never events, the WCCCG had undertaken a visit to the Obstetric Department recently following which they had reported "full assurance" on the Trusts' processes in that area.</p> <p>In response to the Chairman's question about any immediate lessons drawn from the most recent Never Event, Ms Etches said that it was not possible to pre-empt the enquiry, although there appeared to have been some communication issues between the operating theatre and the ward, suggesting that aspects of process had not been fully adhered to and that human error by a number of people might have been involved.</p>	

	RESOLVED: that oral report on recent Never Events in Trust be noted.	
TB.4676	<p><u>Falls Prevention</u></p> <p>Ms Etches presented a report setting out information about the progress of the Trust regarding the prevention of falls. She drew attention to the significant increase in the number of falls in July and August, and went on to describe the improvements so far made including the use of bay/tag nursing.</p> <p>RESOLVED: that the progress report on the prevention of falls in the Trust be noted.</p>	
TB.4677	<p><u>End of Life Care Delivery – Liverpool Care Pathway</u></p> <p>Ms Nuttall explained the background to this paper, and made reference to the letter from the Health Minister in July 2013 recommending action by Trusts to record patients on the Liverpool Care Pathway (LCP). The report set out actions taken by the Trust since that letter and also gave an update on the current national developments around the Liverpool Care Pathway. She indicated that Dr Marlow, Head Palliative Care Consultant, reviewed on a weekly basis the patients on the Liverpool Care Pathway and updated her accordingly. In response to questions by Professor Kelly, Ms Nuttall said that there were relatively small numbers on the LCP, and some of these were managed within the community. She also reminded the Board that the Trust had strong links with the local hospice. Dr Anderson noted that the Trust had suspended the LCP as soon as the review had been announced earlier this year.</p> <p>RESOLVED: that the information set out in the report regarding the actions taken by the Trust in respect of the Liverpool Care Pathway be noted, and that the Chief Operating Officer be confirmed as the Board member with responsibility for leading on the End of Life Pathway, in conjunction with Clinical Leads as appropriate.</p>	
TB.4678	<p><u>Report of the Change Programme Board</u></p> <p>Mr Stringer presented the report of the work of the Change Programme Board for Month 5, highlighting that as at month 5 a total of £7.14M (£1.1M in month) had been removed from budgets against the 2013/14 target of £21.28M, representing 33.5% of the annual amount. He mentioned that this represented an under achievement against the month 5 plan by £400,000, and an under performance for the year to date in the sum of £2.66M. He told the Board that greater momentum was needed in the system to turn the amber risks (valued at £5.088M) from yellow to green rated. He also reported that a consultant had now been engaged to assist the Trust with this work and would commence work on site on 7 October, and that a more detailed report would be brought to the Board</p>	

	<p>Development Session on the 14 October. Mr Vanes noted that NHSLA level 3 was expected to make an impact on CIP, and Ms Etches acknowledged that it was currently rated green for delivery this year. Mr Stringer pointed out that by gaining level 3 the Trust would achieve a 10% improvement in fees paid to NHSLA. Dr Anderson commented on the PID for the reduction in a 0.5WTE band to post in the Heart Failure Team, and thought it unlikely that this would ever be achieved. Ms Etches undertook to re-examine this PID. Professor Kelly welcomed the work of the Clinical Engagement Group, but wondered how affective they were and whether members of staff were given sufficient incentives to understand that savings would improve quality as well as saving money. Mr Ritchie thought that other Trusts managed to achieve their CIP targets and asked whether it would be possible to discuss this with one of the better performing Trusts in regard to their CIP achievements. Mr Stringer indicated that to this end he would approach a Trust in another part of the country which had recently been authorised to work as a Foundation Trust. The Chairman noted the continuing challenge to meet the CIP target this year and welcomed the opportunity for further discussion at the Board Development Session on 14 October.</p> <p>RESOLVED: that the report on the work of the Change Programme Board for month 5 be noted.</p>	<p>CE</p>
<p>TB.4679</p>	<p><u>Board Assurance Framework/Trust Risk Register</u></p> <p>In presenting the monthly report on the Board Assurance Framework, Ms Etches highlighted that Never Events remained a Red Risk and that the Trust Risk Register contained three new risks in the name of the Medical Director, one of which (possible inappropriate Oncological Treatment) would be covered during the confidential part of the meeting. In response to a question, Mr Stringer indicated that the business case for Midwifery staffing had not been considered by the Trust Management Committee on 20 September but that it would be submitted to a future meeting. However, recruitment had already commenced in view of the current critical situation. In response to questions by Ms Edwards, Ms Etches indicated that a combination of sickness absence and vacancies had caused significant pressures in midwifery but that following a recruitment drive all of those who had recently been offered posts at the Trust should be in position by early November, and this should restore the Trust to a 1:30 ratio. Professor Kelly asked whether the Trust was bearing in mind the possibility of additional pressures from the situation at Mid – Staffordshire and planning accordingly. Ms Etches indicated that during the last year there had already been some drift from Stafford and this had prompted recruitment of midwives. Ms Nuttall added that the numbers of bookings were monitored weekly, along with the area from which the mothers originated, and agreed to circulate this information by email to the Non-Executive Directors.</p> <p>Mr Ritchie asked about the risk (3299) regarding Consultant presence dedicated to the labour ward only, and asked whether the</p>	<p>GN</p>

	<p>business case had now been approved. Ms Etches said that this was part of a review of possible reconfiguration of staff in the dedicated labour ward and was not yet ready to be submitted for approval. The Chairman asked whether there were any other Medical Director/Clinical risks which ought to be listed on the Trust Risk Register. Ms Etches said that this was a matter for consideration by the Medical Director when he returned from Annual Leave, and he would consider this in his corporate role as the Medical Director.</p> <p>Mrs Rawlings referred to the risk (019/2719) regarding real time bed management and asked when the long-term review would take place. Ms Nuttall indicated that this was part of an on-going review, linked to the roll out of Safe Hands in November, and it was expected that this development would significantly improve bed management arrangements within the organisation. Ms Nuttall said that she would be in a position to report further to the Board by the end of the calendar year.</p> <p>RESOLVED: that the report on the Board Assurance Framework/Trust Risk Register be noted.</p>	<p>JO</p> <p>GN</p>
<p>TB.4680</p>	<p><u>Robert Francis – Trust Position Statement</u></p> <p>Ms Etches presented a report giving an overview of recommendations from the Francis 2 report in the form of current assurances, further actions identified, and a grade of assurance based on the status of controls in place. She pointed out that this built on a previous report which had been presented to the Board and showed how the Trust was responding to the recommendations in the most recent Robert Francis report. She suggested that this should go to a Board Development Session for open discussion and challenge on how progress was being made and how the Trust’s culture was undergoing the necessary changes. The Chairman requested Directors to submit to Ms Etches any questions about matters of detail. Ms Etches, in response to a comment by the Chairman, said that the current review of “ward walkabouts”, in which Mr Ritchie was involved, would assist in providing assurance that what was written in reports to the Board was actually happening at ward level.</p> <p>RESOLVED: that Trust position paper on the Mid Staffordshire NHS Foundation Trust Public Inquiry Report (Francis 2) be noted.</p>	
<p>TB.4681</p>	<p><u>Integrated Quality and Performance Report</u></p> <p>Ms Nuttall drew out the salient points of the monthly integrated Quality and Performance report. She drew attention to the governance risk rating on the Single Operating Model which was 1.5 for August, reflecting a failure to hit the cancer 62 day wait target and the referral to treatment target for breast symptomatic 2 week wait. The latter was caused by the breakdown of the mammography</p>	

	<p>machine; the former was the result of late tertiary referrals from other Trusts. She confirmed that she was sharing details of the breaches with the Trusts in question and requesting timely referrals in future. With regard to the Mammography machine, she confirmed that this was regularly serviced but that on this occasion a replacement part supplied had also been faulty. Mr Ritchie expressed reassurance that the reinstatement of weekly PTL meetings together with undertaking a review of the Trust's 2 week wait capacity, would result in improvements in the 62 day GP referral to treatment target for cancer. Mrs Rawlings noted that the expectation that Trauma and Orthopaedic would have achieved the thresholds by the end of quarter 3 would coincide with a time when winter pressures were increasing, and asked whether this statement in the report was realistic. Ms Nuttall said that the Trust continued to aim to meet the Trauma and Orthopaedic RTT and that in a bid to make improvements it was proposed to ring fence 22 beds on ward A6 for elective activity. It was hoped that this would meet demand and improve patient experience.</p> <p>Professor Kelly noted that caesarean section rates were still quite high and asked whether these were related to current staffing issues. Ms Etches said that these were for both elective and emergency C-section deliveries and that they fluctuated during the year and were related to the case mix of mothers who came into the Trust. This was being kept under review.</p> <p>Mr Kalirai noted the midwife–birth ratio seemed to be relatively constant, and yet the MLU had closed in September. In response, Ms Etches said that vacancies in the MLU had arisen and recruitment had been delayed although 18 Midwives were currently in process to start work by the beginning of November. However a number of these would be newly qualified. There had also been higher than average sickness rates on the unit and staff had been moved to the neediest areas in the Directorate on a daily basis to ensure appropriate cover, and it was decided ultimately to shut the MLU for a temporary period and to move all staff onto the Delivery Unit. As more new staff took up their positions, the MLU would re-open.</p> <p>RESOLVED: that the monthly Integrated Quality and Performance report be noted, and that the self-certification returns appended to the report be approved.</p>	
<p>TB.4682</p>	<p><u>Accident and Emergency – Update on Action Plan</u></p> <p>Ms Nuttall presented an update on the action plan for the Accident and Emergency Department. Mr Ritchie noted that this Trust had not been successful in attracting any of the additional money made available by Government for Accident and Emergency services, and wondered how those who had been successful would be held to account for their use of that additional resource. He also asked whether this Trust would continue to lobby for additional resource. Ms Nuttall indicated that Trusts that were unsuccessful were still lobbying.</p>	

	RESOLVED: that the update report on the A&E action plan be noted.	
TB.4683	<p><u>Winter Operational Plan</u></p> <p>Ms Nuttall introduced the Winter Operational Plan which had been prepared to deliver sufficient capacity based on a comprehensive assessment of activity during the forthcoming winter months. She referred to the 70 page Health Economy Winter Plan which had been circulated by email during August. That document had been submitted to the WCCCG and the Local Area Team, whereas the report now under discussion would be submitted to the Trust Development Authority by the end of September. In response to a question by Dr Anderson regarding a recent report criticising Trusts in general for excessively moving elderly patients around hospitals, Ms Nuttall said that the Divisional Medical Directors had taken this on board already.</p> <p>RESOLVED: That the Winter Operational Plan be approved and submitted to the TDA by the end of September.</p>	
TB.4684	<p><u>Financial Position of the Trust – August 2013 (month 5)</u></p> <p>Mr Stringer presented the report on the financial position of the Trust at August 2013 which showed a surplus of £1,662k, which was £10,000 above the month 5 plan. He confirmed that the report had been considered by the Finance and Performance Committee on 18 September, and that in future reporting to the Trust Board would be by exception; the format of this report would also be reviewed. He drew attention in particular to the cost of temporary staffing and confirmed that work was in progress to keep this to a minimum. He mentioned an increase in depreciation costs and said that he was working this matter through with the District Valuer. The Board noted that there was now progress regarding the sale of the former Eye Infirmary at Chapel Ash but this was unlikely to be completed by the end of March, and the TDA would be requested to cover that in the Capital Resource Limit in case of slippage on this disposal. He concluded by saying that detailed work with the Divisions would be underway this week regarding the year end position.</p> <p>RESOLVED: that the report on the Trust’s financial Position at month 5 be noted.</p>	
TB.4685	<p><u>Annual Audit Letter</u></p> <p>Mr Stringer submitted the Annual Audit Letter for the financial year 2012/13, which confirmed that the accounts had been given an unqualified audit opinion. Mr Kalirai said that this had been thoroughly discussed by the Audit Committee on 5 September and that the Internal Audit Opinion sat alongside the letter from</p>	

	<p>PriceWaterhousecoopers. In response to questions, Mr Stringer indicated that the Trust currently had no power to change its External Auditor, although after becoming a Foundation Trust the Governors would be able to do this. However, it was possible for an NHS Trust to change its internal auditors from time to time.</p> <p>The Chairman expressed his gratitude to Finance Team for the excellent work done leading to this Annual Audit Letter.</p> <p>RESOLVED: that the Annual Audit Letter for the 2012/13 audit of accounts be noted.</p>	
<p>TB.4686</p>	<p><u>Annual Report and Accounts of the Charitable Funds 2012/13</u></p> <p>Mr Stringer submitted the Annual Report and Accounts of the Royal Wolverhampton NHS Trust Charity for 2012/13 and confirmed that these had been thoroughly discussed at the meeting of the Charity Committee on 29 August. One matter which had occurred at that meeting related to money received for the SIM Ward, and following discussion by the Audit Committee on 5 September it had been agreed to make certain limited changes to the Accounts to reflect the expenditure of this sum during the year. This in turn had been reflected in the Management Representation Letter received from PriceWaterhousecoopers. Mrs Rawlings confirmed that the Charitable Funds Committee had considered this matter and decided that it was an accounting issue which needed to be made clear within the accounts. In response to a question by Professor Kelly, Mr Stringer indicated that the Trustees of the charitable fund were at liberty to choose a different external auditor if they were so minded. Mrs Rawlings however urged caution, given that the charitable accounts were required to be consolidated with those of the main Trust accounts and that there was benefit in having the same external auditor involved throughout the process for both sets of accounts. Professor Kelly asked how rigorous the Trust was in terms of investment management. Mrs Rawlings confirmed that the Charity Committee had regular updates from its investment managers on their work. Mr Stringer said that these had recently been changed having regard to performance in the recent past.</p> <p>RESOLVED: that the Annual Report and Accounts of the Royal Wolverhampton NHS Trust charity for 2012/13 be approved.</p>	
<p>TB.4687</p>	<p><u>Research and Development Host.</u></p> <p>Mr Stringer presented a report on the outcome of the process led by the National Institute of Health Research leading to this Trust being selected as the host of the West Midlands Local Clinical Research Network with effect from 1 April 2014. He emphasised that it would be necessary to establish a separate organisation to that currently existing for Research and Development within the Trust. Mr Vanes paid tribute to those involved in this successful bid and asked whether it would be necessary to provide office facilities for the new organisation and whether there would be any negative impact in terms of relationships with other local Trusts which had lost out as a</p>	

	<p>result. The Chairman indicated that a detailed project plan would be submitted to a future Trust Board and that the Board would have to play a significant role in the governance of the new host organisation. Mr Stringer confirmed that this Trust would have to continue to work closely with other large hospitals in the region in the development and running of the new host organisation, and that this would have a separate accounting and management structure, details of which would be submitted to the Trust Board in due course.</p> <p>The Board expressed gratitude to those involved in the preparation and submission of this successful bid.</p> <p>RESOLVED: that the report on the Research and Development Host be noted.</p>	
TB.4688	<p><u>Mortality</u></p> <p>In response to a question by Mr Ritchie, Dr Anderson suggested that out of hours deaths were part of the 30 day mortality figures. There appeared to be some concern still over coding issues, due to the Trust's low crude death rate.</p> <p>RESOLVED: that the quarterly report on Mortality within the Trust be noted.</p>	
TB.4689	<p><u>Chairman's report and minutes of the meeting of the Trust Management Team held on 19 July 2013.</u></p> <p>RESOLVED: that the Chairman's report and minutes of the meeting of the Trust Management Team held on 19 July 2013 be noted.</p>	
TB.4690	<p><u>Chair's report of the meeting of the Audit Committee held on 5 September 2013.</u></p> <p>Mr Kalirai highlighted the salient points of his report and drew attention in particular to the need for the terms of reference of the Audit Committee and other Committees to be reviewed by the respective Chairs to ensure that unnecessary overlap was eliminated. Mr Ritchie indicated that Ms Etches would be calling a meeting of the Committee chairs to talk through any outstanding matters prior to the October Trust Board, which would be requested finally to sign off all of the Committees' terms of reference and membership.</p> <p>RESOLVED: that the Chair's report of the meeting of the Audit Committee held on 5 September 2013 be noted.</p>	
TB.4691	<p><u>Chair's report of the meeting of the Charitable Funds Committee held on 29 August 2013.</u></p> <p>Ms Rawlings highlighted the main points in her report of the meeting of the Charitable Funds Committee held on 29 August, including the</p>	

	<p>fact that there was no fundraiser in place currently, but that a business case for a replacement was being developed.</p> <p>RESOLVED: that the Chair’s report of the meeting of the Charitable Funds Committee held on 29 August 2013 be noted.</p>	
TB.4692	<p><u>Chair’s Report of the Quality Governance Assurance Committee held on 20 August.</u></p> <p>Mr Ritchie confirmed that the Quality Governance Assurance Committee had met on 20 August and had reviewed its terms of reference, membership and work programmes. The next meeting was provisionally scheduled for 30 September.</p> <p>RESOLVED: that the oral report from the Chair of the Quality Governance Assurance Committee meeting on 20 August be noted.</p>	
TB.4693	<p><u>Chair’s report of the Finance and Performance Committee held on 18 September 2013.</u></p> <p>Ms Martin submitted a summary of the proceedings of the first meeting of the Finance and Performance Committee. She indicated that future meetings were timed to take place on the Wednesday before the Trust Board and that the format of information flowing from the Committee to the Board was now under review. Mr Ritchie noted that the Finance and Performance Committee had identified some operational areas which impacted on the Trust’s finances and which were also considered from a different perspective by the Quality Governance Assurance Committee. He accepted that it was necessary to have clarity over which Committee was primarily responsible for the matters in question.</p> <p>RESOLVED: that the Chair’s report of the Finance and Performance Committee meeting held on the 18 September be noted.</p>	
TB,4694	<p><u>Matters raised by members of the general public and commissioners.</u></p> <p>Dr Ahmed referred to the patient experience DVD and requested that further consideration be given to the effect on patient experience of the use of telephone interpretation services. He indicated that telephone interpreters were unable to show the degree of empathy which was possible with face to face interpretation services.</p> <p>Ms Lamyman of Healthwatch commended the Board on its openness and in particular the willingness to show the patient experience DVD in public session, a practice which was entirely in tune with the thinking in the latest Francis Report.</p>	

<p>TB.4695</p>	<p><u>Any Other Business</u></p> <p>No other business was raised at this meeting.</p>	
<p>TB.4696</p>	<p><u>Date and Time of Next meeting</u></p> <p>It was noted that the next meeting was due to be held on Monday 28 October at 10.00am in the Board Room, in the Clinic Skills and Corporate Services Centre, New Cross Hospital.</p>	
<p>TB.4697</p>	<p><u>Exclusion of Press and public</u></p> <p>RESOLVED: that, pursuant to the provisions of section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, the press and public be excluded from the remainder of the meeting on the ground that publicity would be prejudicial to the public interest by reason of the confidential nature of the business about to be transacted.</p>	

The meeting closed at 11.57am