The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 22 July 2013 at 10.00am in the Board Room, Clinical Skills Corporate Services Centre, New Cross Hospital

Present:	Mr R Harris	Chairman
	Dr J Anderson	Non-Executive Director
	Ms C Etches OBE	Chief Nursing Officer
	Mr S Kalirai	Non–Executive Director
	Mr D Loughton CBE	Chief Executive
	Ms G Nuttall	Chief Operating Officer
	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 M Espley	Director of Planning and Contracting
	Ms D Harnin	Director of Human Resources
In Attendance:	Ms H Davis	Head of Strategy and Service Redesign
	Ms K Cantrill	Head of Portfolio & Programme Services - ICT Shared Service (part)
	Dr B Singh	Lead Clinician – IT (part)
	Dr H Sullivan	Consultant – Women and Children's Services (part)
	Ms V Whatley	Lead Nurse Infection Prevention (part)
	Mr A Sargent	Trust Board Secretary
Observers:	Mr G Howells	Healthwatch
	Mr M Swan	Lead Shadow Governor
	Mr R Young	Wolverhampton City Clinical Commissioning Group
	Ms L Birchall	NHS Trust Development Authority (TDA)
	Ms K Blackshaw	NHS TDA
	Ms D Gamble	NHS TDA
Apologies:	Councillor Dehar	Wolverhampton City council
	Mr B Griffiths	Wolverhampton Healthwatch
	Ms M Martin	Non-Executive Director
	Dr J Odum	Medical Director

Part 1 - Open to the public

TB.4618	**Welcome to New Directors and Members of the Public** The Chairman welcomed the observers who were attending the meeting. He also welcomed to their first meeting Ms R Edwards and Professor D Kelly, recently appointed Associate Non-Executive Directors. He also congratulated Professor Kelly who had recently been named by the HSJ as one of the top 50 inspirational women in Health Care in the UK.	
TB.4619	**Minutes** **RESOLVED: that the minutes of the meetings of the Board of Directors held on 24 June and 27 June 2013 be approved as a correct record.**	
TB.4620	**Matters arising** There were no matters arising from the minutes of the two previous meetings.	
TB.4621	**Board Action List** The Board noted that some of the outstanding items were on the agenda for today's meeting, and that other items had been closed. The Chairman indicated that it was still intended to hold a Board to Board with WCCCG. Regarding cardiac arrests, Ms Etches reported that the Deteriorating Patient Group was investigating this matter and that a further report would be available in due course. With regard to the Robert Francis Report, Ms Etches confirmed that work was underway to look at the themes, the assurance processes, and the evidence of compliance with those processes. It was also noted that the arrangements for monitoring the Trust's progress against its own Strategic Objectives continued to be a matter for discussion. Ms Harnin added that, arising from the Away Day on the 4 July, an outstanding matter for action related to obtaining learning profiles for the Chief Executive and Professor Kelly. **RESOLVED: that the Board Action List be noted.**	**DH**
TB.4622	**Declarations of Interest from Directors and Officers** **RESOLVED: that the Register of Directors' interests 2013/14 be noted.**	

TB.4623	**Chief Executive's Report** Mr Loughton presented his monthly report, and informed the Board that the following policies had been approved by the Trust Management Team on 19 July: • HR11 Protection of Pay and Conditions of Service Policy. • IP17 Prevention and Control of Tuberculosis in the Hospital Setting. • Non – Elective Surgery Policy. • IP03 Prevention and Control of MRSA, VRE and other Antibiotic Resistant Organisms. • CP55 Control and Management of Transmissible Spongiform. Encephalopathies, including Creutzfeldt Jacob Disease (CJD) Policy. • Risk Management Reporting and Patient Safety Policy. **RESOLVED: that the report of the Chief Executive be noted**.	
TB.4624	**Patient's Story and Hospital Inspections (report by Sir Bruce Keogh)** Ms Etches indicated that a patient's story would not be presented to the Board this month. Instead, she reported that Professor Sir Bruce Keogh KBE had published his report "Review into the Quality of Care and Treatment provided by 14 hospital trusts in England" on 16 July, prior to which the Local Area Team had made a presentation to the Chief Nurses in this area to explain the process which had been followed in those reviews. She said that the Trust had begun to examine the themes in the 14 Keogh reviews in order to identify themes which were held in common and themes which were specific to certain Trusts, and to examine the position of this organisation in response to those reviews. Then, during the last week, the CQC had announced its hospital inspection regime which would initially look at 18 Trusts, 6 of them in the high risk category, 6 in the low risk category, and 6 others (including RWT). It was expected that the process followed by the inspection teams would replicate the regime established for the Keogh reviews and that a large team of reviewers who had been trained in hospital inspections would come to this Trust at some time between August and December 2013. Mr Loughton expressed his belief that the inspection by the CQC would be timely and would dovetail with the discussions with the TDA, and potentially Monitor, as the Trust reapplied to be authorised as a Foundation Trust. He reminded the Board that the Keogh reviews had criticised mortality figures in a number of Trusts, all of which demonstrated again that mortality was a matter which must be taken seriously and acted upon. Professor Kelly noted that one of the themes of the Keogh reviews was shortages of staff and she had noted that this Trust employed high numbers of agency and bank staff. Ms Harnin undertook to respond to this comment in connection with a later report on the public agenda.	

	Responding to a question by Ms Edwards, Ms Etches said that it was expected that the visit would be unannounced. Noting some of the issues raised in the Keogh review, Dr Anderson indicated that it might be timely to re-examine, and potentially seek to renegotiate the contract for, local arrangements for the provision of vascular surgery. Ms Harnin said that the contract for this service was now operational but the scope and timing of periodic reviews had been built into it. Ms Nuttall commented that the Medical Director receives frequent reports from the vascular surgeons on issues which were coming to light and has regular conversations with his counterpart at The Dudley Group FT. **RESOLVED: That the oral report on the forthcoming inspection of the Trust by the CQC, and informing the Board of the recently published report by Sir Bruce Keogh, be noted.**	
TB.4625	**<u>Never Events – Training and Awareness</u>** Ms Etches introduced a report which described the training and awareness in place for staff in relation to Never Events. The Chairman enquired whether the training was sufficiently focused on the individuals most likely to be involved in a Never Event. He also noted that reliance appeared to be placed upon staff gaining access to the Hospital Intranet for aspects of the training, and asked whether this was actually read by sufficient numbers of staff. Ms Etches contended that the approach was 360 degrees rather "scattergun" and was targeted at those who needed to be influenced, such as junior doctors, including through Trust induction and various levels of Never Event awareness training. Mr Vanes referred to the report submitted to the June meeting which had stated that the operating theatre where the Never Event had taken place would transfer to the managerial jurisdiction of the main group of operating theatres. He asked whether there had been any progress in this regard, and Ms Nuttall indicated that the change would be in place by the end of August. Ms Rawlings asked for an assurance about the effectiveness of this training and awareness-raising. Ms Etches emphasised that the surgical safety check list related to only one of 25 possible Never Events, and that staff needed to maintain a broad knowledge of them all. Ms Rawlings indicated that she would be undertaking a management walkabout later this week, when she would question staff about this matter. **RESOLVED: that the report on training and awareness in place for staff in relation to Never Events be noted.**	
TB.4626	**<u>Complaints and Patient Advice and Liaison Service (PALS) Activity for Quarter 1 2013/14</u>** Ms Etches submitted the quarterly report which contained information about the themes of complaints by division, and those received through the Patient Advice and Liaison Service during the first quarter 2013/14. She highlighted the themes which had been identified during the period under review, and reminded the meeting that some of these	

	might reflect surge pressures and in particular the number of cancelled operations. She added that in June the Quality and Safety Committee had received an audit report on the discharge process and checklist, which had demonstrated some improvements in completion of the checklist which in turn suggested a better quality of discharge for patients. There was a disappointing score on the Friends and Family test for May and further thought was being given to how better to collect the data. Mr Ritchie asked how the category "general care" related to "clinical treatment". Ms Etches replied that general care included how long the patient had been waiting for their buzzer to be answered, the length of wait to be taken for an x-ray, complaints about food, and other more general concerns. Mr Loughton said it would not be feasible or necessary to break this down further because upon initial examination of complaints it soon became evident in which category they belonged. In response to Mr Ritchie's question about projects which could lead to improved communication and information, Ms Etches said that the report was saying that 21 staff hours had been saved, and this meant that time was being invested in direct patient care rather than paper work. Mr Ritchie then asked whether elective surgery was still being cancelled. Ms Etches said that the busiest month so far this year was July. Ms Nuttall added that some orthopaedic cases were still being cancelled and that this was not due to medical outliers, but was due to the complexity and case mix on the ward, which was leading to increasing lengths of stay. It was anticipated that the expansion of the Appleby Day Case facility in August would allow additional day cases and so relieve some of the pressures. Mr Loughton added that the Trust was reviewing the possibility of purchasing capacity in another hospital in order to deal with the backlog of elective cases and that if by October the current levels of outstanding work had not been reduced then this option would have to be seriously pursued. Mr Ritchie referred to the Inpatient Friends and Family Test Scores and Response Rates by Ward, and asked whether the better performing wards were able to provide learning points for the others. Ms Etches indicated that good leadership was one factor, but another factor was how well the wards had been established. She cited, for example, a particular ward which had been opened as an extra capacity area and for which the staff had be brought together rapidly with little time to develop as a team prior to the ward opening. Mr Ritchie went on to express disappointment about the relatively low response from patients of Maternity D10 ward. Ms Etches referred to changes of leadership in this ward which might lead to improved results over time. Mr Kalirai referred to a recent ward visit on A6 (Trauma and Orthopaedic) for which PALS feedback had been quite positive, although the issue of bed availability had arisen because a number were occupied by patients with high levels of dependency and consultants had made a plea for more beds, and expressed concern over discharge rates. Professor Kelly asked for the figures to be put into the context of the percentage of the total number of patients seen and how the Trust rated against other Trusts of similar size. She also noted that the dashboard indicated that responses to buzzers had been consistently	

	rated red for some time. Ms Etches said that the rate of complaints was running at 0.3 per cent, whereas the national bench mark was 1 per cent. The Chairman requested that the percentage be shown in future reports. Ms Etches added that the indicators chosen, such as regarding length of time to answer a buzzer, were deemed to be a good general mark of patient experience. She also said that indicators had improved in June against previous months but that further improvement would be the ambition.	**CE**
	Ms Edwards referred to the Friends and Family Test chart shown on page 6 of the report and requested that the information for future meetings be enhanced in order to show the total number of local and national organisations against which RWT was being compared.	**CE**
	Mr Harris referred to the cancellation of operations in Trauma and Orthopaedics and asked whether a plan was in place to resolve the situation. Ms Nuttall confirmed that a plan for RTT time had now been signed off by the commissioners. The CCG had to submit a system-wide winter plan to the Local Area Team by the end of July, and the Trust was actively engaged with this. The Chairman appreciated the way the inpatient Friends and Family Test scores were broken down by ward, and asked whether action was taken in response to feedback at the lower end of the response rates. Ms Etches confirmed that individual wards were informed of the views of friends and family but that it was important to increase the response rates to obtain a broader sense of opinion. She confirmed, in response to Mr Ritchie, the Friends and Family was a stand-alone test. She also said that the timing of this test, which was done just before patients left the hospital, might not be the best time because often they were anxious to go home, but that once they had arrived home they might reflect more deeply upon their experiences and issues might then come to mind, but by then were too late to be reflected in their responses to the Test.	
	Dr Anderson repeated her previously expressed concerns over the lack of information leaflets and general communication levels. She said that there was no substitute for oral information but it remained good for patients to be able to read information leaflets about their condition and the proposed treatments, in their own time.	
	Ms Etches undertook to attempt to give a further breakdown of the theme “information” in the next complaints report.	**CE**
	RESOLVED: that the quarterly report on complaints and PALS activity be noted.	
TB.4627	**<u>Patient Experience Strategy</u>** Ms Etches presented the updated Patient Experience Strategy for approval by the Board. She highlighted a growing emphasis on the use of social media, which could provide faster receipt of patient opinion and feedback and potentially increase patient satisfaction if appropriately responded to. She acknowledged that this was only one facet of gauging patient experience. She said that there would be a local action plan drawn up for implementing the Strategy.	

	Mr Ritchie asked whether the Trust Board would continue to have a responsibility for this Strategy in the new governance structure. Mr Loughton said that as accountable officer he was held responsible for complaints, and added that a national review of complaints in the NHS was underway. Dr Anderson expressed the view that patient experience should be at the heart of what everybody did and should therefore be embedded in all staff training. It should also be embedded in the staff selection process. Dr Kelly asked whether any clinicians had been consulted on the Strategy. Ms Etches said that although not every clinician in the Trust had been consulted, the divisional and directorate management teams, which included clinical staff, had been consulted. Professor Kelly echoed the point made by Dr Anderson, and wondered whether the divisional and directorate management teams might be rather too management-focused for this purpose. Mr Loughton emphasised that in this Trust there was no division between clinical staff and managerial staff. Professor Kelly continued to emphasise that frontline staff were critical in patient experience, and that this Strategy was a significant piece of work with which they must be engaged. Ms Harnin indicated that she was undertaking some work in respect of values-based recruitment which would be reported to the Board in due course. Ms Etches agreed to organise some focus groups and invite frontline staff to comment on this Strategy. Dr Anderson suggested that the document be reduced in size to make it of greater use to staff. **RESOLVED: that the Patient Experience Strategy be approved, subject to the use of focus groups to engage with frontline staff, and subject to a progress report being submitted to the Board in due course.**	**CE**
TB.4628	**<u>Infection Prevention Annual Report 2012/13</u>** Ms Whatley attended the meeting for this item and gave a brief presentation on the highlights of the work of Infection Prevention and Control in the Trust during 2012/13. Mr Ritchie noted the good progress reported, and said that many other Trusts would be delighted to have achieved the progress made by this Trust. Mr Loughton said that this had been a journey over several years, linked to financial recovery and patient experience, and that the effort would be maintained going forward. Ms Etches said that clinical staff were doing a very good job and that the organisation had continually invested in Infection Prevention activities in recent years, and would continue to consider ways of driving this forward. Mr Vanes said that there had been a report in the community of increased thefts of cheese and meat and wondered whether unsanitary meat storage might raise the risk of microbiology problems. **RESOLVED: that the Infection Prevention Annual Report 2012/13 be noted.**	
	<u>Perinatal Mortality 2012</u>	

TB.4629	Dr H Sullivan attended to present a report on Perinatal Mortality in New Cross Hospital. She indicated that each death was taken seriously and every case was reviewed. She also said there had been a hiatus in national and regional data and for a time national bodies had ceased to record this, and were only just recommencing the process. She also alluded to an inconsistent approach taken by external bodies in recording the data. In response to Mr Ritchie's question about why the report referred to the best and worst instead of a rolling average, Dr Sullivan said that all external bodies corrected the data differently and provider organisations were not able to find out what corrections had been made in respect of their figures. For that reason, the information had been submitted with "the worst" included in the report. She added that it was anticipated that EMBRACE would undertake to correct local regional data consistently, starting in 2014/15. She agreed to look at deprivation factors and data related to Trusts in the North West of England, as suggested by Mr Ritchie. Professor Kelly commented on terminations between 12 and 16 weeks, but Dr Sullivan said that statistical information on these was not available. Mr Loughton pointed out that these were undertaken by a private contractor, and that certain quality standards were built into the process although he accepted that given the high rates of terminations in this area it might be timely for Public Health to focus on this again. Ms Edwards commended Dr Sullivan for the report, but regretted the difficulties being described in obtaining comparisons with regional and national data. Dr Sullivan was requested to provide a further report on comparative information between Trusts and on the national data in due course. **RESOLVED: that the report on Perinatal Mortality at New Cross Hospital be noted.**	**JO**
TB.4630	**<u>Revalidation of Medical Staff – Quarterly update</u>** In the absence of Dr Odum, Ms Harnin presented this report and emphasised the progress in making positive recommendations for 15 Doctors (all of whom had been approved by the GMC) and the appointment of Dr Brian Mckaig as Associate Medical Director for Revalidation and Professional Issues. Professor Kelly expressed an interest in the notification of early concerns and sought clarification around structures or processes for those. Ms Harnin confirmed that processes were in place but that no early concerns so far been raised. **RESOLVED: that the report on the progress in revalidating medical staff be noted.**	
TB.4631	**<u>ICT Five – year Strategy</u>** Mr Stringer submitted the ICT five–year Strategy for approval. He confirmed that it had been considered by the ICT Strategy Board and then endorsed by the Trust Management Team on 19 July. He added that this Strategy had been through a process of robust challenge	

	across the organisation, particularly with clinical staff who had strong views on ICT support. Dr Singh attended for this item and outlined how the Strategy was aligned to the Trust's strategic objectives and was linked to a focus on individual patients. The Board noted the aspiration for patient records to be paperless by 2016/17 and also that when implementing the strategy a number of choices would have to be made about priorities. Ms Cantrill gave some further background information about the Integrated Electronic Patient Record which was at the core of this Strategy, and in respect of which very good progress had been made in recent months, with GPs now being able to access individual patient records directly from their surgeries. Ms Edwards asked how the Strategy would impact on clinical coding. Mr Stringer replied that the data quality related to clinical coding was always critical, but that generally speaking the less paper in the organisation the better and that a higher quality of record keeping and note taking would be of benefit to the coding process. Professor Kelly noted that the increased use of electronic communications would call for a corresponding increase in security levels. She noted that GMC guidelines already existed for the use of social media, and expressed the hope that these would be adopted where appropriate. She also asked whether emergency plans were in place given that ICT was business critical. Dr Singh said that there was a full business contingency plan in the Trust. He also said that the Trust complied with all data governance issues and had an appropriate audit trail in place. In response to Mr Ritchie, Dr Singh said that bespoke systems relating to e-prescribing in use in a certain local Trust could not be shared with other trusts. In response to a question by Mrs Rawlings, Dr Singh confirmed that the integrated systems would be helpful in improving the level of e-discharge letters being sent to GPs, and that the limited resources available would be allocated in line with strategic direction and patient need. The Board requested a more in depth presentation on the strategy at a future Board Development session. **RESOLVED: that the ICT 5 year strategy be approved.**	**KS**
TB.4632	**<u>Financial Report June 2013 (month 3)</u>** Mr Stringer presented the report on the financial position of the Trust at June 2013. He drew attention to: the Trust's income and expenditure position at month 3 which was a surplus of £1,273,000 (£111,000 above the month 3 plan); total income of £94,887,000 (£869,000 above plan); contract patient care underperforming by £141,000; elective surgery around £1M below plan; and D2 expenditure £0.8M above plan (primarily due to unfunded capacity because of emergency pressures). He also explained that the plan submitted to the TDA by the end of March 2013 had been superseded by subsequent developments which was the reason why he had to report to the TDA on one set of variances, and on another set to the Board.	

	In response to Mr Ritchie's question about the deduction for the emergency threshold, Mr Stringer referred to the on-going national discussions about whether to adhere to the 2008/09 level or to bring it up to date. Mr Young indicated that the Urgent Care Board was considering this locally, and he hoped for resolution in the next couple of months. Ms Edwards noted the over-spend on pay, and asked about the sufficiency of the amounts included in the budgets. Mr Stringer said that it was not possible to plan for vacancies when developing budgets for staffing. In response to Mr Kalirai, Mr Stringer confirmed that the first full year forecast was due in September. Dr Anderson asked whether there was a particular problem with vacancies affecting dialysis. Ms Nuttall informed the Board that the renal contract allowed for some growth but at present the service was underperforming against the contract. She was not aware of any particular problems with the outreach service. **RESOLVED: that the financial report for June 2013 be noted**.	
TB.4633	**<u>Capital Programme 2013/14 – month 3 progress report</u>** Mr Stringer submitted the monthly progress report on the delivery of the capital programme. The Board noted that although the monthly expenditure position represented an underspend of £578,077 in the month, the outturn projection equated to an over–commitment of £4,459,555 which related mainly to the approval of the A&E/paediatric extension and the additional two storeys for the multi storey car park for which no funding had so far been allocated. It was noted that if additional funding was not forthcoming, the Programme would need to be reviewed. **RESOLVED: that the monthly progress report on the Capital Programme 2013/14 be noted.**	
TB.4634	**<u>Integrated Quality and Performance Report</u>** Ms Etches drew out the salient points of the monthly integrated Quality and Performance Report insofar as it related to patient safety and patient experience. Ms Nuttall then highlighted a number of operational performance issues, including: two specialties (orthopaedics and general surgery) not meeting their referral to treatment time (RTT) targets (a recovery plan for which had been shared with the WCCCG); demand at A and E continued to present challenges, and the first ever 12 hour breach at this Trust had occurred in June. Ms Nuttall gave some background details for this breach and the Board noted that it had led to closer working with the Mental Health Partnership Foundation Trust which was also experiencing significant pressure of demand. Mention was made of the escalation process which had been improved in the light of this incident. Mr Loughton commented on the excessive removal of beds from mental health providers, an issue which was being taken up nationally. Mr Young told the Board that in the light of the incident the whole local health economy had learnt lessons; he stressed that the case had extraordinary features.	

	In response to further questions and comments by Non-executive Directors, the following points were made: • Mr Ritchie questioned the number of falls with harm in June, as the summary said there had been two, whereas the graph on page 9 suggested a higher figure. He agreed to ask Ms Etches to clarify this after the meeting. • Regarding the Safeguarding referrals (page 11) Mr Loughton confirmed to Mr Ritchie that the Trust worked very closely with (local authority) Children's Services, particularly in respect of children yet to be born. He also said in response to Professor Kelly that the Safeguarding Adults cases could include referrals made within the hospital. He added that there was no evidence of a pattern of safeguarding issues or referrals from any particular care homes at present. • Mr Loughton confirmed to Mr Ritchie that the Trust did not employ agency nurses. Ms Harnin added that the geographical location of the Trust worked in its favour in regard to recruiting nurses, but also said that turnover was relatively low. • Professor Kelly thought that the Trust could see an increase in the number of medical errors with the new intake of junior doctors on 1 August. • Dr Anderson asked whether the use of the word "traumatic" could be reviewed in the commentary about the admission of full term babies to the neo natal unit, as medically speaking this may not be an accurate description of every case. **RESOLVED: that the integrated Quality and Performance Report for June 2013 be noted.**	**CE** **CE**
TB.4635	**<u>General Update by the Director of Human Resources</u>** Ms Harnin outlined the contents of her general update report. She pointed out that the organisation continued to be under some duress and yet was able to record improved levels of sickness absence. In response to a question raised earlier by Professor Kelly in respect of staff shortages (linked to her question arising from the Keogh report), Ms Harnin said that in general the staff turnover in the organisation was low, and certainly below the national average, and that in some areas the decision had been taken to invest in a higher level of nursing cover. Mr Loughton said that the Trust kept records whenever it failed to fill a shift, on a ward by ward basis. He added that the Keogh review highlighted instances of chronic on-going shortages which were not known in this Trust, although on occasion it had been known to open short term capacity but then to struggle staff it appropriately. Dr Anderson noted the improved sickness absence rate and asked whether there had been similar improvements around the region. Ms Harnin said that it was not possible to obtain comparative data on this. She reported that staff on the wards appreciated the current sickness	

	absence policy, which made it more difficult for persistent malingerers. Mr Ritchie asked for an update on the possible changes nationally to incremental pay progression. Ms Harnin said that there had been talk of implementing this for the police force and local government officers but as yet no details had yet emerged in respect of NHS staff. Ms Edwards asked whether any more could be done to avoid injuries at work, for example, by improved training. Ms Harnin said that the Occupational Health and Wellbeing policy/strategy provided fast track referrals for staff. **RESOLVED: that the general update report by the director of Human Resources be noted.**	
TB.4636	**<u>Delivery of Estates Strategy 2009/10-2018/19 – Quarter 1 Update</u>** Mr Stringer presented the quarterly update on the delivery of the Estates Strategy. **RESOLVED: that the report on delivery on the Estates Strategy during quarter 1 of 2013/14 be noted.**	
TB.4637	**<u>Change Programme Board</u>** Ms Espley submitted her monthly report updating the Board on the work of the Change Programme Board. She highlighted that at month 3 a total of £4.37M had been removed from budgets against the total for the year of £21.28M, representing a cumulative underperformance of £2.4M. The shortfall related to the current gap in identifying all schemes for this year, as well as slippage on ones already identified and approved. In outlining the actions being undertaken Ms Espley noted that an exercise to identify new schemes to close the gap had resulted in the identification of 35 new schemes which were currently in development. She also noted that external support had been sought. To help identify further opportunities. Ms Espley also drew the Board's attention to the quality impact summary for PIDs which was at appendix C and noted the QIA themed review in addition to the QIA of individual schemes. In response to a question by Mr Vanes, Ms Espley confirmed that schemes for 2014/15 had been identified and previously shared with the Board. Further outline schemes for 2015/16 and 2016/17 had also been developed. It was noted that for the future years there was the requirement to deliver large scale service redesign. Responding to Mr Kalirai's question about the scope for using commercial activity to raise income, Ms Nuttall confirmed that this was being considered, such as by providing catering for other hospitals, shared back office functions and service developments such as pathology. Professor Kelly asked about the organisational culture in respect of CIP and whether there were any incentives to encourage staff in this regard. Ms Espley said that historically the financial recovery plan	

	which the organisation had had to implement a few years ago had established the importance of financial viability, and in the more recent past the CIP had targeted the usual "obvious" areas for reductions. She noted that a discussion had taken place with senior clinicians at the Trust Management Team meeting regarding the importance of achieving CIP. Ms Nuttall said that there were no corporate incentives regarding CIP although the divisions had introduced some. Mr Loughton stressed that central to the delivery of CIP must be a drive to improve patient experience and clinical outcomes. **RESOLVED: that the report of the Change Programme Board be noted.**	
TB.4638	**<u>Emergency Planning – Quarter 1 update</u>** Ms Espley presented the quarterly update on Emergency Planning, and told the Board that this report demonstrated how the organisation was delivering against its statutory duties. She went on to confirm that the relevant sections of the plan had been activated the previous week when there had been a level 3 heat wave alert. She also highlighted the reviewed Emergency Preparedness and Resilience Strategy which was submitted for approval. In response to a comment by Ms Edwards, Ms Espley invited her to meet with the Emergency Preparedness Officer to gain more information on this area of work. **RESOLVED: that the report on activities undertaken for Emergency Planning during quarter 1 be noted, and that the revised Emergency Preparedness Resilience Strategy be approved.**	**ME**
TB.4639	**<u>Contracting and Commissioning Update</u>** Ms Espley introduced the progress update on the contractual relationship with the Trust's commissioners. She asked the Board to note that all NHS contracts had been signed and that, in regard to CQUIN, robust structures were now in place to monitor and manage the performance of each of these schemes. Mr Ritchie requested that, in future reports, the actual target for indicators rated amber should be specified, along with the anticipated progress towards hitting the target. **RESOLVED: that the update report on Contracting and Commissioning be noted**.	**ME**
TB.4640	**<u>Board Assurance Framework/Trust Risk Register</u>** Ms Etches submitted the monthly report on the Board Assurance Framework and the Trust Risk Register. The Board noted that there remained one red risk on the Trust Risk Register. The Board also noted her response to a question, that in respect of the risk "failure to reduce never events", the level of risk was stated to be red, but that if the actions were implemented as set out in the report the rating would move from red to green; and everything possible was being done to	

	this end. **RESOLVED: that the report on the Board Assurance Framework and Trust Risk Register be noted.**	
TB.4641	**<u>Governance Committee Structure</u>** Ms Etches submitted a report which set out the proposed committee structure and draft terms of reference for consideration. She requested members of the Board to communicate with her any significant issues which she would then discuss with the Chairman. She indicated that the agenda for the first meeting of each of the committees would include its terms of reference, which would inform its work programme for the year ahead. **RESOLVED: that the proposed committee structure and draft terms of reference of the Trust Committees be approved, and that following further discussion between the Chief Nursing Officer, Chairman and the Non-executives, and review at the first meeting of each Committee, they be resubmitted to the Board on 23 September for final approval.**	**CE**
TB.4642	**<u>Appointment of Vice Chairman and Senior Independent Directors and Assignment of Non – Executive Directors to Committees</u>** The Chairman reported that he had now discussed and considered the appointment of Non-Executive Directors to the Board committees. He also recommended that Mr Vanes continue to be Vice Chairman of the Board and that Dr Anderson continue to be the Senior Independent Director. **RESOLVED:** **a. That Mr Vanes continue to serve as Vice Chairman of the Board.** **b. That Dr Anderson continue to serve as Senior Independent Director.** **c. That the following Non-Executive Directors be appointed to serve on the Quality and Safety Committee:** **David Ritchie (Chair)** **Dr J Anderson** **R Edwards** **R Harris** **Professor D Kelly** **S Kalirai** **d. That the following Non-Executive Directors be appointed to serve on the Audit Committee:** **S Kalirai (Chair)** **D Ritchie** **J Vanes** **R Edwards**	

	e. That the following Non-Executive Directors be appointed to serve on the Finance and Performance Committee: **M Martin (Chair)** **R Harris** **S Rawlings** **J Vanes** **f. That the following Non-Executive Directors be appointed to serve on the Charities Committee:** **S Rawlings (Chair)** **S Kalirai** **J Vanes** **g. That the following Non-Executive Directors be appointed to serve on the Remuneration Committee:** **R Harris (Chair)** **J Anderson** **M Martin** **S Rawlings** **D Ritchie** **S Kalirai** **J Vanes** **h. That the following Non-Executive Directors be appointed to serve on the FT Steering Group:** **R Harris (Chairman)** **S Rawlings** **J Vanes** **i. That Dr Anderson continue to serve on the Patient Safety Improvement Group and that Ms Edwards be appointed to sit on the Quality Standards Action Group.**	
TB.4643	**<u>Feedback from Board Committees</u>** Directors commented unfavourably on the insertion of the word "draft" as a watermark in a style which made minutes illegible, and requested that a less intrusive form of watermark be used in future. **RESOLVED:** **a. That the minutes of the meeting of the Trust Management Team held on 21 June 2013 be noted.** **b. That the minutes of the meetings of the Infection**	

	Prevention and Control Committee held on 31 May and 28 June 2013 be noted. **c. That the Chair's report and draft minutes of the meeting of the Audit Committee held on 6 June 2013 be noted.** **d. That the minutes of the meeting of the Board Assurance Committee held on 25 April 2013 be noted.** **e. That the draft minutes of the Board Assurance Committee held on 27 June 2013 be noted.** **f. That the minutes of the meeting of the Human Resources Sub Committee held on 25 June 2013 be noted.**	
TB.4644	**Matters Raised by Members of the General Public and Commissioners** No matters were raised by the general public or commissioners.	
TB.4645	**Any other Business** **Accident and Emergency Facilities** Mr Loughton referred to his recent experience in the Accident and Emergency Department in another hospital when his mother had suffered a very severe stroke, and said that it had reinforced his view that commissioners must give serious consideration to moving towards a model in which hyper-acute stroke units were the norm across the Black Country, for the sake of patients. Ms Espley said that in the last few years three submissions had already been made to Government for the development of hyper-acute stroke units, but this had not yet been progressed by the Centre.	
TB.4646	**Date and Time of Next Meeting** It was noted that the next meeting was due to be held on Monday 23 September at 10am in the Clinical Skills and Corporate Services Centre at New Cross Hospital.	
TB.4647	**Exclusion of Press and Public** **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 grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business about to be transacted.**	

The meeting closed at 1.25pm.