The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 20 May 2013 at 10.00am in the Board Room, Clinical Skills and Corporate Services Centre, New Cross Hospital

PRESENT:	Mr R Harris	Chairman
	Dr J M Anderson	Non-Executive Director
	Ms C Etches	Chief Nursing Officer
	Mrs B Jaspal-Mander	Non-Executive Director
	Mr S Kalirai	Non-Executive Director
	Ms G Nuttall	Chief Operating Officer
	Dr J Odum	Medical Director
	Mr K Stringer	Chief Financial Officer
	Mr J Vanes	Non-Executive Director
	Ms M Espley	Director of Planning and Contracting
	Ms D Harnin	Director of Human Resources
IN ATTENDANCE:	Dr M Cooper	Director of Infection Prevention and Control (part)
	Mr A Sargent	Trust Board Secretary
OBSERVERS:	Mr M Swan	Lead Shadow Governor
	Councillor J Dehar	Wolverhampton City Council
	Mr B Griffiths	Wolverhampton LINk
APOLOGIES:	Mr D Loughton CBE	Chief Executive
	Mrs S Rawlings	Associate Non-Executive Director

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TB.4516	**Minutes of meeting held on Monday 22 April 2013** **RESOLVED: That the minutes of the meeting of Board of Directors held on 22 April 2013 be approved as a correct record**.	
TB.4517	**Matter Arising: Contracts for 2013/14 (TB.4488)** Ms Espley reported that the contract for Diabetic Retinopathy was worth just below £1M.	
TB.4518	**Board Action Points** Ms Harnin indicated that the report on the development of a Medical Staff Bank was now scheduled for TMT in July and Trust Board in September. Ms Nuttall reported that a presentation on pressure on Emergency Services was now scheduled for the June Board	

	Development Session, and Ms Etches indicated that it was provisionally expected that Safe Hands would form part of a Board Development Session in September. She went on to explain that the RCN film on the Care of the Elderly would be shown to the Board but that there was some delay in obtaining a copy. Finally, she reported that in respect of cardiac arrest (local never events) work was on going on obtaining assurance that patients who had suffered cardiac arrests had experienced no deficit in care leading to that event, and that a new Committee for Managing the Deteriorating Patient had been tasked to carry out an audit. **RESOLVED: That the Board Action Points list be noted**.	
TB.4519	**Declarations of Interest from Directors and Officers** The Board noted that the Register of Directors' Interests would be amended before the next meeting to reflect recent changes in membership of the Trust Board. **RESOLVED: That the Register of Directors' Interests 2013/14 be noted.**	
TB.4520	**Chief Executives' Report** On behalf of the Chief Executive, Ms Etches reported that the following policies had been approved by the Trust Management Team on Friday 17 May: • Children's Did Not Attend/No Access Policy • The Use of Safety Check Lists for Patients undergoing surgical and interventional procedures. • HS26 Fire Safety Policy • HS32 Smoke Free Policy • HS13 Latex Policy • HR06 Grievance Policy In response to a question by the Chairman, she indicated that the Trust Management Team had exercised their authority to approve new policies and amendments to existing policies. She also confirmed that policies could be made available for any Non-Executive Director to read, and that they were available on the Trust's intranet site. **RESOLVED: That the report of the Chief Executive be noted**	
TB.4521	**Patients' Story** The Board listened to a CD recording in which a patient who had been admitted for the birth of her twins described how, leading up to and including the delivery of the babies, staff had been informative,	

	friendly, and helpful and had put her at ease. Once she had been admitted to the Maternity ward, however, she felt that staff had demonstrated a poor attitude towards her with inadequate communication, and being less supportive. She felt that they put pressure on her to feed her babies every three hours, but did not respond to her request for clean linen, and they appeared to assume that because she had already had a child she did not need to be assisted in bathing and feeding her newly born infants. Ms Etches commented upon how a generally positive experience could be marred by one or two aspects of poor practice. She commented also that there had been some issues around leadership on the ward in question, and that work was now underway to rectify them. Mr Vanes expressed surprise over the alleged lack of support and leadership, and on the alleged absence of advice and guidance on breastfeeding. Ms Etches concurred that the Trust had specialist breastfeeding midwives in the organisation, although this story might merely reflect a lack of leadership in that area. Mrs Jaspal-Mander asked whether staffing levels in that ward were being reviewed. In response, Ms Etches said that this ward had not come to her attention as an area which was short of staff although they had felt the lack of the Band 7 Supervisory role there. Overall, she believed that it was not a staffing matter but a cultural one. Responding to a question by the Chairman, Ms Etches said that a key learning point for the organisation was the important role for Band 7 nurses in leadership positions, and she confirmed that the report would be shared with the Senior Managers Briefing, and also the Band 8A senior nurse briefings, in due course. The Chairman noted that there was an issue around communication with the mother, namely clarifying before she was admitted what she was likely to receive in the hospital, and Ms Etches acknowledged that staff appeared to have assumed that because the mother already had a child she would not require help in respect of feeding and bathing the new children. She went on to say that there was sometimes a mismatch between what the public expected and what was likely to be delivered (for example the length of stay) and that normally efforts were made to tell people these things prior to their admission. **RESOLVED: That the patient's story be noted**.	
TB.4522	**Infection Prevention Update** Dr Cooper attended for this item, and presented an update on infection prevention for the year 2012/13. He highlighted the achievements during the year, including that the MRSA bacteraemia objective of zero for 2012/13 had been breached by a single case in November, the Trust had finished within its *C. difficile* objective for the year, and new record low numbers of RWT attributable MSSA bacteraemias and MRSA acquisitions had been reported for the year, but the Device Related Hospital Acquired Bacteraemias (DRHABs) target had been missed. Mr Vanes noted that the volume of patients	

	attending the hospital had grown during the year, and wondered whether the graphs reflected that background information. Dr Cooper agreed that the data analyst could try to reflect that in future. Mr Vanes also asked how other Trusts were performing in regard to Infection Prevention. Dr Cooper replied that in respect of MRSA, a few smaller Trusts were recording none, but larger Trusts were recording higher numbers than here. He added that it was difficult to obtain data on DRHAB infections, which were not normally collected by other Trusts. Mr Vanes asked whether there were any particular concerns which Dr Cooper wished to share with the Board. Dr Cooper replied that there were various new bacteraemia which were resistant to all or virtually all antibiotics which were licensed for use and four of these had appeared in the Trust during the last year. Two of them had been acquired by patients while abroad, but the two other cases could not be accounted for. He confirmed that the Trust worked with the Health Protection Agency nationally to try to discover the sources of these infections. With regard to the new viruses which were being reported in the news media, the Chairman asked what more the Trust could do to anticipate them and to prepare for them. In response, Dr Cooper said that apart from adopting very stringent measures it was difficult to take any further action. He affirmed the continuing importance of good hand hygiene, a clean environment, good antimicrobial stewardship, and the decontamination of medical devices in this and in every other hospital, in order to minimise the risk of infection. The Chairman indicated that this was a good report which indicated good performance as a Trust, but left no room for complacency, and the hard work must continue. Ms Etches asked about the challenge of the *C. difficile* target for the next year. Dr Cooper said that it was a very tough target for 2013/14 and that if the target was not achieved, not only would the reputation of the Trust be damaged, but there would be a significant financial penalty applied. He went on to indicate that a new treatment for C. difficile was available which could reduce recurrence of the disease in the same patient, but it cost £1600 per course, and a business case would need to be approved if this were to be introduced within the organisation. Dr Cooper also said that the Trust was examining evidence that probiotics could reduce the incidence of antibiotic related diarrhoea, and again a business case for their use would have to be approved. Dr Anderson asked whether the Trust was a victim of its own success with regard to infection prevention, given that other less well performing Trusts might be given less demanding targets than this one. Dr Cooper agreed with this assessment, and said that despite efforts it had not been possible to change the targets set for the Trust. The Chairman noted these comments but affirmed that from the patient's perspective the aim must be to have very low rates of infection. Dr Cooper agreed that the focus of the Trust was always on what was best for patients. Mrs Jaspal-Mander said that this was an example of having correct processes and good leadership in place, and a positive example of how things could work well within the organisation. Ms Etches commented upon the very severe Norovirus outbreak recently experienced, which was described in the report.	

	RESOLVED: The update on Infection Prevention be noted.	
TB.4523	**Never Events** Ms Etches presented a report which reviewed the two most recently reported Never Events. She said that although the incidents gave rise to concerns, there was now a culture of openness and honesty within the Trust which meant that these were being reported and investigated appropriately. The Chairman noted that Monitor had criticised the Trust for aspects of its handling of Never Events and asked whether those concerns had now been addressed. Ms Etches indicated that Monitor had focused on the extent to which the Board had escalated its processes to identify trends and to take preventative measures in respect of Never Events. The incidents detailed in the report were separated by a period of three years, and were unlikely to be part of a trend. She added that the second of those reported had occurred even though processes had been put in place which should which should have prevented it from happening. The Chairman asked whether the procedures for identifying, reporting and investigating Never Events were now adequate. Ms Etches replied that they were adequate in terms of surgical never events, but there were many other kinds of Never Events and these had not yet been addressed to the same degree as surgical ones had. Mrs Jaspal-Mander noted that there continued to be examples of consultants attending for a job interview who showed a limited grasp of what Never Events were, and their implications. The Chairman asked whether it was necessary to do more to raise awareness of Never Events among Consultants. Dr Odum said that the Chief Nursing Officer and he had given presentations to surgical and medical staff on several occasions. Mr Harris requested that further thought be given to whether any more could be done in regard to informing and training Surgical and Medical staff about Never Events, and that an update be submitted to a future meeting. Dr Odum mentioned that the GMC was now taking a greater interest in Never Events. Ms Etches expressed concern over their stance in case it made staff more secretive about reporting, for fear of attracting sanctions. She emphasised the need for an open culture in this regard and for a sustained focus on Never Events, including looking out for trends emerging in this organisation. She also reminded the Board that most of the harms caused to patients did not stem from Never Events, but from other types of incident. **RESOLVED: That the report on Never Events be noted**.	**JO/CE**
TB.4524	**Safeguarding Children: Progress Report** Ms Etches presented a progress report on the work programme for safeguarding children, setting out the local requirements in response to the recent publication of two national key Safeguarding Children	

	Documents. She emphasised that this work could only be done in partnership with other agencies such as the local authority and the WCCG. She added that the Senior Nurse who had undertaken this work on behalf of the provider and commissioner was shortly moving to the WCCG in a full-time capacity and that the Trust would then review its model for engagement with Safeguarding issues. Mr Vanes confirmed that he had been involved in the recent Peer Review and was satisfied that there were no gaps in the contribution made by RWT. He added that Mrs Jaspal-Mander had taken an interest in safeguarding matters on behalf of the Board, and asked the Chairman to give thought to appointing a Non-executive Director to take a greater interest in this work going forward. **RESOLVED: That the progress report on Safeguarding Children be noted.**	**RH**
TB.4525	**Clinical Audit Annual Report** Dr Odum submitted the Annual Clinical Audit report, which outlined clinical audit activity in the Trust during 2012/13, demonstrated the different types of audits conducted and their individual completion rates. The report also outlined the plans drawn up by the Clinical Audit Committee to improve the audit completion rates and action plan implementation, and included the HealthCare Quality Improvement Partnership (HQIP) guide for Boards and NHS partners in respect of Clinical Audit. Dr Odum said that clinical audit was crucial to the work of the organisation, and was linked to appraisals and evaluation. Mr Vanes expressed disquiet about the completion rates reported, which were lower than the Board would have expected, and asked where this was normally discussed within the governance structure. Dr Odum said that quarterly reports were considered by the Clinical Audit Committee, which in turn reported to the Compliance Committee and from there to the Board Assurance Committee. He said that the issue around the lack of completion of audits only became evident towards the end of the calendar year. Ms Etches added that quarter 4 had been difficult for the whole organisation and that it was possible that the pressure around clinical activity may have had a detrimental effect on audit activity during that period. Dr Anderson inquired about the degree of support given to divisions for the audit process. Dr Odum said that there was reasonable support for directorates although some were performing better on audits than others. Mr Kalirai asked for assurances that actions were eventually carried out within timescale. Dr Odum said that such an assurance could not yet be given because this was not being audited, and that clarification was required. Noting that a report on clinical audit was expected at Trust Board on 6 monthly basis, the Chairman requested reports more frequently, if matters deteriorated. **Resolved:** That the Annual Report on Clinical Audit be noted.	

TB.4526	**Revalidation of Medical Staff – Quarterly update** Dr Odum presented the quarterly progress report on the revalidation of medical staff, and assured the Board that overall good progress was being made. Ms Harnin referred to the appendix to the report which comprised a Handbook for Boards and Governing Bodies on "Effective Governance to Support Medical Revalidation", and indicated that this was important background information to be read as preparation for the FT application process, and that Board members should expect to be asked the kinds of questions set out in this handbook. Mr Kalirai asked for information about the process for the revalidation of locum medical staff. Dr Odum responded that this lay with the body to which they were affiliated, and that some locum agencies were known to carry out appraisals and make recommendations. An issue arose around locums employed for short periods of time and the GMC was making recommendations on how these medical practitioners could undergo revalidation. In response to a question by the Chairman, Dr Odum said that there was significant support for the revalidation of medical staff within this organisation. **Resolved**: **That the quarterly update on the revalidation of medical staff, including the Handbook for Boards and Governing Bodies entitled "Effective Governance to Support Medical Revalidation" be noted.**	
TB.4527	**Report of the Change Programme Board** Ms Espley introduced the monthly report of the Change Programme Board, highlighting that at month 1 a total of £3.17M had been removed from budgets, against the 2013/14 target of £21.28M. The report showed the monthly phasing of the plan and the Board noted that 65% of the CIP was programmed to be achieved in the last 6 months of the financial year, which posed a potential risk to the Trust. This was under review by the Change Programme Board. She indicated that the Trust had recruited someone to assist with service redesign and transformation in connection with the Cost Improvement Programme. Mr Vanes noted that CIP had been discussed in depth at the Board Development Session on 13 May, and he referred again to the discussion at that time regarding the composition of the Change Programme Board, and in particular the degree of leadership around CIP given by the Medical Director and Chief Nursing Officer. He also referred to the report by PricewaterhouseCoopers on the Review of Governance, which had again highlighted the expectation that cost improvements must be reviewed and agreed by Medical Directors and Directors of Nursing. Ms Espley said that the terms of reference of the Change Programme Board would be kept under review, but stressed that the Medical Director, Chief Nursing Officer and Deputy Chief Nursing Officer currently served on the Change Programme Board and the issue was therefore whether any more divisional clinical representation was required at this time. She believed that	

	current composition of the Board was sufficient to satisfy Monitor, although she chaired it rather than a lead clinician. Ms Etches stressed that the whole Trust Board was collectively responsible for the Cost Improvement Programme and should continue to challenge when appropriate. **Resolved: That the report of the Change Programme Board be noted.**	
TB.4528	**Contracting and Commissioning Update** Ms Espley drew out the salient points of her report on progress with the LDP discussions with the main commissioners. She confirmed that all the contracts had been signed on 2 May and that the contract value included the two quality improvements which had been negotiated, in respect of seven day consultant working and the supervisory band 7 nurses. She also highlighted that there were a number of agreed CQUIN schemes for CCG and Specialised Services contracts for 2013/14, payments for which would be withheld at the start of the year and released quarterly if the Trust hit the appropriate milestones. She confirmed that performance against CQUINs would be reported on quarterly basis to the Board. Mr Stringer informed the Board that specialised services could become a significant challenge at national and local level in the next round of contract negotiations. In response to a question by Mr Harris, Mr Stringer indicated that it was not assumed in the budget that 100% of the CQUIN payments would be recovered, but that a prudent estimate was made for this purpose. **Resolved: That the Contracting and Commissioning update report be noted.**	
TB.4529	**Board Assurance Framework/Trust Risk Register.** Ms Etches presented the report on the Board Assurance Framework and Trust Risk Register, highlighting that there was one new risk (device-related hospital acquired bacteraemia case increase), and overall little movement since last month. She added that all high amber risks not on the Trust Risk Register were being reviewed to ensure that they were being managed appropriately. Dr Anderson referred to risk 2828 (performance issues within the TO directorate) and said that during the recent walkabout there had been very positive feedback from this area, and there was evidence of sustained progress. **Resolved**: **That the monthly report on the Board Assurance Framework and Trust Risk Register be noted**.	
TB.4530	**Review of Quality Governance – External Review by Price Waterhouse Coopers** Ms Etches and Ms Harnin jointly presented a summary of the Review of Governance undertaken by PricewaterhouseCoopers between January and April 2013, and highlighted the main findings and	

	recommendations, together with the proposed timescale of implementation. Mr Vanes noted that in an earlier Board Development Session a representative of PricewaterhouseCoopers had referred to the wide span of control across the divisions, but noted that this was not mentioned in the final report. Ms Etches said that she could not explain why this had been omitted, but advised that there was a presumption against significant structural changes being introduced on top of all the other significant changes which would arise from the Review as well as from elsewhere. Mr Vanes also asked what an escalation process would look like. Ms Etches said that the Executive Directors were more involved in operational matters and that as such they were more likely to assume how escalation would operate, but that as the whole Board developed a more strategic approach a more formal escalation process would have to be developed. Mr Swan indicated that the Governors still felt the need for more training and development for their role. Dr Anderson said that there were some strengths in the way in which the Board had operated, and it must not stand too far apart from operational issues. **Resolved: That the presentation summarising the findings of the Governance Review at RWT be noted**.	
TB.4531	**Annual report of the Board Assurance Committee** Ms Jaspal-Mander presented the annual report of the Board Assurance Committee which had been received by the joint meeting of the Audit Committee and Board Assurance Committee on 25 April 2013. **Resolved: That the Annual Report of the Board Assurance Committee be received.**	
TB.4532	**Robert Francis Mid Staffordshire NHS Foundation Trust Public Inquiry Report – Trust Position Paper** Ms Etches presented a position paper on the recommendations from the Mid Staffordshire NHS Foundation Trust Public Inquiry Report, and said that of the 290 recommendations, 102 directly applied to this Trust, and consideration had been given to the remaining recommendations in so far as they might impact upon the Trust in the future. She reminded the meeting that there had been some discussion relating to the report and its recommendations at each meeting since February and that the recommendations had also been considered as part of the response to the external Review of Quality Governance. It was proposed to map the recommendations to existing and future programmes of work and to schedule this Trust wide overview for a future Board discussion, when the future direction of travel would be discussed. The Chairman commented on the	**CE/HD**

	importance of the Francis report, and thought it would be helpful for the Board to consider the recommendations which could apply to an individual Trust and identify the ones which it was meeting. Ms Etches said that assurances could be mapped against the Performance Accelerator and that further discussion could be had on a future occasion. Mr Vanes noted that in 2010 there had been a more co-ordinated approach to the earlier Francis report among providers and commissioners, whereas now the situation appeared to be more fragmented. Ms Etches noted with disappointment that there was no representative of the WCCG at today's meeting, although she was able to confirm to the Board that the CCG was undertaking quality visits on a regular basis and providing feedback to the Trust. Ms Espley told the Board that the Health and Wellbeing Board had made the Francis report one of their themes for the year and were planning to host an event with a number of local provider organisations. The Chairman stressed the need for the Board to understand where it stood on the recommendations, and that Monitor was likely to test the Board on this point. He accepted that it would be on the agenda for the next Away Day. **Resolved: That the Trust position paper on the Mid Staffordshire NHS Foundation Trust Public Inquiry Report be noted**.	**CE**
TB.4533	**Integrated Quality and Performance Report.** Ms Nuttall presented the Integrated Quality and Performance Report, in the new format. She highlighted that the A & E standard had been missed, and mentioned that the incomplete RTT had been achieved, with the exception of General Surgery and Orthopaedics, which was due to cancelled operations during the period under review. She referred also to the delayed transfer of care target which had been adversely impacted by delays in assessment and delays in NHS care (primarily waiting for transfer to West Park Hospital). Ms Etches highlighted the increased number of complaints during April, the four mixed sex accommodation breaches, the highest ever net promoter score, the continuing challenges around falls with harm, the safety thermometer, and the increasing numbers of Caesarean-section rates. The last named was being attributed to changed guidance received by Maternity for inducing labour. Dr Anderson noted that although VTE assessments were high there also remained high numbers of VTEs, and this had been the case for 4 months in a row. Ms Etches said that since December 2012 the sustained increase in pressure had combined with high numbers of patients with co-morbidities, but further evidence was being gathered to clarify the position. Ms Etches went on to refer to late observations and said that the new hand-held touch pads appeared to be making a significant impact. Ms Harnin referred to the sickness absence rates referred to in the report, and indicated that there had been sustained improvement across the Trust. Mr Vanes appreciated the new format of the report, but suggested more text on the pages might assist the new Non-executive Directors to understand the context of the	

	indicators. He asked about the rate of referrals to the NNU, and Ms Etches said that each case was reviewed. Mr Vanes also asked about the pattern of safeguarding incidents, and Ms Etches said that she was not aware of any increase, but acknowledged that concerns were being reported more readily. The Chairman suggested that safeguarding children should be included in future reports. Mr Kalirai asked whether the graphs could be extended to cover a 13 month period. The Board congratulated the officers on the new format of this report. **Resolved: That the Integrated Quality and Performance report be noted.**	**CE**
TB.4534	**Update on Accident and Emergency Performance** Ms Nuttall presented an in depth analysis of factors that had affected the Trust's performance against the Accident & Emergency four hour standard, which had been specifically requested by the Chairman, following discussions in the March and April Board meetings. She confirmed that A & E had not met the standard in April, and that there was now growing national media attention on performance across the country. She reported that the NTDA were monitoring the Trust's Action Plan. Ms Nuttall indicated that consideration was being given to introducing twice daily ward rounds. The Chairman asked whether she felt that she had the support of others in the organisation in order to be able to deliver the necessary recovery plan. In response, Ms Nuttall said there was a high degree of engagement and support across the organisation, but added that the Board must be aware that the organisation had been and continued to be under very significant pressure and the two highest days of attendance so far recorded had been in April and May this year. She stressed that the organisation was not focussed primarily on targets but on doing what was right for patients. In response to a further question by the Chairman regarding the safety of the service, Ms Nuttall indicated that incidents and complaints were measured, and that the additional nursing staff employed in the off load area were a good development. Overall, she summarised that the service was safe but was not yet providing the ideal patient experience. The matter continued to sit on the Trust's Risk Register and as such to be reviewed monthly. Dr Anderson referred to twice daily ward rounds and said that in her experience the availability of the Pharmacy Service could be a significant delaying factor if discharge took place late in the afternoon. To counter any difficulty in this regard, she used to try to identify early in the day any patients who might be discharged and to make arrangements early for prescriptions to be available. Dr Odum added that through a twice daily ward round the consultant would be able to ensure that things identified in the morning visit had been followed up. Ms Etches said that the benefits of investing in advanced Nurse Practitioners must be appreciated. Mr Kalirai asked whether the walk-	

	in centres had also experienced growth in activity. Ms Nuttall said that they had, but not to the extent that the Accident and Emergency department had, and she undertook to attach a graph to the report for the June meeting. Mr Kalirai said the commissioners needed to explain their proposals in regard to the levels of growth being reported. Ms Nuttall said that in the last few days the Trust had received a letter requesting that a joint health economy recovery plan be established for the Accident & Emergency department, to include social care provision, and to be co-ordinated by the CCG. The Chairman thanked Ms Nuttall for this report, and asked that it be provided to the Board on a quarterly basis. **Resolved**: **That the report giving an in depth analysis of the Accident & Emergency four hour standard be noted**	**GN**
TB.4535	**Trust Strategic Goals Update Q4 2012/13.** Ms Espley submitted a Q4 assessment against the business outcomes contained within the Trust's Strategic Goals for 2012/13. Ms Nuttall said that there still needed to be a discussion about how progress could be reviewed during the year ahead. **Resolved**: **That the report be noted**.	**GN**
TB.4536	**Financial Position of the Trust at month 1 (April 2013)** Mr Stringer presented the financial position of month 1 (April 2013), which showed a surplus of £601,000, which was £211,000 below the month 1 plan. Income was above plan by £292,000, at £32,123,000, and 15% of the total CIP target for the year had been withdrawn from budgets during the month (£3,168,000). He reported that there were no significant trends but that capacity issues had resulted in excess costs for beds in medicine with a high number of cancelled elective operations. **Resolved: That the financial report for Month 1 be noted**.	**GN**
TB.4537	**Capital Programme 2013/14 – Month 1** Mr Stringer introduced the progress report on the Capital Programme for April 2013, and highlighted an underspend of £138,444 in the month. He added that the new Pathology laboratories were expected to cost £688,000 above the projected cost, mainly due to the delays incurred in obtaining SHA approval to the scheme, which had resulted in a significant increase in material costs. **Resolved: That the report on the Capital Programme for month 1 (April 2013) be noted**.	

TB.4538	**Reference Costing 2012/13** Mr Stringer presented a report which informed the Board of the requirements of the Reference Cost process, laid out by the Department of Health. **Resolved**: **That the costing process for the Reference Cost submission for 2013/14, as set out in the report, be approved**	
TB.4539	**Audit Committee Review of Activities 2012/13** Mr Kalirai submitted the report on the activities of the Audit Committee during 2012/13. **Resolved**: **That the report be noted**	
TB.4540	**Feedback from Board Committees** The Board noted the feedback from the following committees: - (a) Chairman's report and minutes of the meeting of the Trust Management Team held on 19 April 2013. (b) Chair's Summary of the meeting of the Infection Prevention Committee held on 22 March, and draft minutes of the Infection Prevention Committee held on 26 April 2013. (c) Draft minutes of the meeting of the Joint Audit and Board Assurance Committees held on 25 April 2013 (d) Minutes of the meeting of the Board Assurance Committee held on 28 February 2013 (e) Draft minutes of the Board Assurance Committee meeting held on 25 April 2013 (f) Draft minutes of the meeting of Charity Committee held on the 19 March 2013.	
TB.4541	**Any Other Business – Retirement of Mrs Jaspal-Mander from the Board.** The Chairman reported that this was the final meeting attended by Mrs Jaspal-Mander as a Non-executive Director of the Trust, and he thanked her for her dedicated service over the last 8 years. Ms Etches said that of the directors in post when Mrs Jaspal-Mander at started in June 2005, only Mr Loughton and she remained. She described how Mrs Jaspal- Mander had been part of the Board while the organisation had gone through many challenges and changes, and described how she had played a particular role in driving changes in Maternity services, and more recently in the Quality and Safety Committee, and latterly as chair of the Board Assurance Committee. Ms Etches also paid personal tribute to Mrs Jaspal-Mander's support of herself and fellow executive directors, and expressed her good wishes for her future. Mrs Jaspal-Mander replied suitably, thanking the Trust for the opportunity to serve as a Non-executive Director. Dr Anderson said that she would be arranging a farewell dinner	

	sometime in June. **Resolved**: **That the thanks of the Board be placed on record for the contribution of Mrs Jaspal-Mander though her work as a Non-executive Director during the last 8 years.**	
TB.4542	**Matters raised by members of the press and public.** No matters were raised by members of the press and public	
TB.4543	**Date and time of next meeting** It was noted that the next meeting was due to be held on Monday 24 June 2013 at 10.00am in the Clinical Skills and Corporate Services Centre, New Cross Hospital.	
TB.4544	**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 1.35pm.