

**Minutes of the Meeting of the Board of Directors held on  
Monday 22 April 2013 at 10.00am in the  
Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital**

<b>PRESENT:</b>	Mr R Harris	Chairman
	Dr J M Anderson	Non-Executive Director
	Mrs B Jaspal-Mander	Non-Executive Director
	Mr S Kalirai	Non-Executive Director
	Mr D Loughton CBE	Chief Executive
	Ms G Nuttall	Chief Operating Officer
	Dr J Odum	Medical Director
	Mrs S Rawlings	Associate Non-Executive 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
<b>IN ATTENDANCE:</b>	Dr J Cotton	Head of Research and Development
	Ms C Hall	Deputy Director of Nursing
	Ms D Preston	Head of Emergency Planning (part)
	Mr A Sargent	Trust Board Secretary
<b>OBSERVERS:</b>	Mr M Swan	Lead Shadow Governor
	Mr B Griffiths	Wolverhampton LINK
<b>APOLOGIES:</b>	Cllr I Claymore	Wolverhampton City Council
	Ms C Etches	Chief Nursing Officer
	Mr R Young	Wolverhampton City Clinical Commissioning Group
	Dr K Ahmed	Wolverhampton CCCG
	Ms J Viner	Wolverhampton LINK/Healthwatch

**Part 1 - Open to the Public**

**MINUTES OF MEETING HELD ON MONDAY 25 MARCH 2013**

- TB. 4467      **RESOLVED:** That the minutes of the meeting of the Board of Directors held on Monday 25 March 2013 be approved as a correct record, subject to the following amendments:
- The words “to purchase the levels of activity” being amended to read “to purchase some levels of activity” in the penultimate sentence in minute TB.4436
  - The third paragraph in TB.4384 (25 February 2013) to read as follows:

“Dr Anderson said that it would be good practice for the patient to expect a visit the next day to the ward if the patient had been admitted by the consultant who had broken the news of cancer to a patient, or a telephone call by the consultant to their home if not admitted to answer questions the patient might have. This would be in addition to the Specialist nurses’ role in supporting the patient. “

### **MATTERS ARISING**

TB.4468 Cost Improvement Programme  
In respect of minute TB.4434, Mr Stringer said that the arrangements for giving the Board a detailed presentation on CIP for 2013/14 had yet to be determined (ME/KS).

### **BOARD ACTION LIST**

TB.4469 It was noted that a report on Medical Staff Bank was now scheduled for the June meeting of the Trust Board. Ms Nuttall indicated that the item regarding Pressure on Emergency Services was likely to be dealt with at a Board Development session in May (GN). The Chief Executive indicated that the presentation on Safe Hands would be scheduled for the September Board Development Session (CE).

### **DECLARATIONS OF INTEREST FROM DIRECTORS AND OFFICERS**

TB.4470 There were no declarations of interest at this meeting.

### **REPORT OF THE CHIEF EXECUTIVE**

TB.4471 Mr Loughton reported that the following policies had been approved by the Trust Management Team at their meeting on 19 April:

- OP53 - Missing Patients Policy
- CP55 - CJD Policy
- HR27 – Consultant Medical Staff Study and Professional Leave Policy
- HS03 - Sharps Policy
- OP08 – Complaints Policy
- OP01 - Development and Control of Trust policy and procedural documents
- OP26 - Security policy
- OP31 – Legal Services Policy
- CP04 – Discharge Policy
- CP05 – Transfer Policy
- HS01 – Management of Health & Safety

**RESOLVED: That the report of the Chief Executive be noted.**

## **PATIENTS' STORY**

TB.4472 The Board watched a DVD recording about a patient who had received treatment on ward D18 for cancer of the oesophagus. Her son and daughter-in-law, Mr and Mrs Priest, attended the meeting for this item. The Board heard how the patient in her final days had allegedly been left alone for periods of time, nurses had not responded to requests for help, food had been offered inappropriately, there had been little support from the MacMillan nurses, and the family had undertaken routine care including daily washing the patient's hands and face, and washing her hair. Responding to the story, Ms Hall said that the DVD had been played to staff on the ward who had been distressed to find out how the family had perceived the standard of care provided to their dying mother. Ms Hall noted that one of the issues raised was the apparent lack of communication between the family and the staff, and the ward sister had undertaken to carry out further training with her staff to improve this aspect of care in future. She confirmed that at the time of recruitment potential nursing staff were now tested on their personal ethic of caring and compassion, and the Trust's "Proud to Care" sessions for all Band 6 nurses were to be rolled out to the lower grades. The Chairman enquired what assurance the Board could take that steps were being taken to avoid a repetition of the concerns raised by this family. Ms Hall referred to the "6 Cs" programme which was being shared with matrons at the present time. This was designed to reinforce basic standards of nursing care within hospitals.

The Chairman invited Mrs Priest to comment. Mrs Priest told the Board that the family had felt let down by the treatment of her dying mother in law in the hospital, and that the family hoped that this would not be the experience of other patients in future. She thanked the Board for the opportunity to share the story, and, noting that an action plan had been put in place, requested how she could be assured that measures put in place now would continue to be observed so that standards remained high in the future. Dr Odum noted the failings described throughout the patient's care in the hospital, and commented that with the diagnosis of the terminal condition with which she suffered, there were particular treatments available to alleviate symptoms such as vomiting, and the palliative care team should have liaised with nursing staff on the ward in order to provide the most appropriate care for such a patient. Mrs Priest responded that at an initial meeting they had been told that there was no treatment available for her mother in law's cancer, and that support from palliative care nurses had been minimal. Dr Odum said that the Trust would look into these matters, and expressed particular concern given that end of life care was one of the Trust's strategic priorities. Ms Hall said that the family would be invited to observe progress on the wards from time to time in the months to come.

Mr Loughton expressed concern over the nature of this complaint given the good record of Ward D18, and the fact that complaints were seldom received in respect of the MacMillan or palliative care nurses. He also reminded the meeting that the Trust reviewed 100% of deaths of inpatients, and found suboptimal care in approximately 11% of those cases. Overall, the Trust knew that 96% of people found their care to be good or better, and this story featured one of the unfortunate

4% of patients. Mr Loughton also mentioned that this Trust was one of four cancer centres in the West Midlands.

**RESOLVED: That the patient's story be noted.**

## **QUALITY AND SAFETY REPORT**

TB.4473 Ms Hall drew out the salient points of the monthly Quality and Safety Report. She asked the Board to note that: there had been one never event reported in month; the number of acute falls per 1000 bed days had increased marginally in the surgical wards, and there had been three falls causing serious injury; the number of avoidable health acquired pressure ulcers had continued to reduce; the percentage of late observations had increased Trust wide to 11.78%; there had been deterioration across the Trust in the percentage of patients confirming that they had been involved with their care; the number of cancelled operations remained high, and had deteriorated further since the previous report, indicative of the hospital's capacity problems; there had been a continued deterioration in non-elective length of stay in orthopaedics and cardiothoracic services which had affected the divisional outcomes overall in the scorecard. Commenting on the Division one scorecard, Ms Hall told the Board that it was now clear that patients did not like being moved around the hospital and did not feel involved in decisions regarding these moves. With regard to the red rated indicator for non-elective length of stay, Ms Hall commented that this reflected, in part, the fact that patients were being treated in the wrong areas of the hospital in relation to their particular needs. With regard to the Division 2 scorecard, and the red rated indicator about the percentage of people responding that they were being involved as much as they wanted to be in the decisions about their care and treatment, Ms Hall reported that the Trust had received £1M from the Commissioner to support Band 7 nurses to become supervisory again and in that capacity to be freed up to speak to patients on wards.

In response to a question by the Chairman, Mr Loughton said that the Trust had no strategy to deal with the non-elective length of stay in orthopaedics, and referred to the continuing high level of pressure in accident and emergency services, with the highest ever recorded number of attendances (370) on one day in the last week, which included 133 ambulances arriving. He added that the CCGs were indicating that it could take up to 3 years to get a grip on demand management, which was unacceptable given that the whole system was under such pressure and this organisation in particular was running at occupancy levels which were inefficient. He acknowledged that the organisation could have done better in regard to cancelled operations and confirmed that it remained the aspiration to undertake elective surgery, adding that the Trust was managing to perform better than a number of neighbouring acute trusts in this regard. Mr Loughton mentioned his discussions with social services about 24-hour working, and similar discussions with private nursing homes.

Mrs Jaspal-Mander said that the problems now described would require resolution at a national not local level. Mr Harris noted some success with A and E targets and the intention to invest in some temporary measures to improve the situation there. Dr Anderson asked whether the introduction of additional beds in A and E would have a detrimental knock-on effect in the EAU, which was already under

pressure. Dr Odum acknowledged the risk that by opening more capacity in A and E, blockages could ensue elsewhere in the hospital, and that expanded capacity might also attract further ambulance arrivals here. Mr Loughton highlighted the need to turn ambulances around as quickly as possible. He mentioned also that due to the pressures being experienced it was not possible to admit patients from other areas to specialties such as cardiology at present.

Dr Anderson noted with disappointment the deteriorating numbers of appraisals in Division I, which were attributed to pressure on consultants. Mrs Rawlings enquired about the turnover and recruitment of nurses. Ms Hall reported that the Trust managed to recruit 98% of its graduate nurses. Ms Harnin told the Board that monthly turnover of nurses was running at approximately 15, which was fairly healthy. Mrs Rawlings referred to a recent walkabout on two wards, during which she had been made aware of a lack of cover due to staff sickness, which was causing further pressure on staff. She had also been told that one Ward was unable to obtain bank staff to cover. The Chief Executive said that nurses and midwives were being recruited to the Trust. Ms Hall said that the recent skill mix review had been benchmarked with national data, and that the supervisory status of the band 7 nurses should assist matters to be resolved, although she acknowledged that there were issues around sickness absences, which might be partly attributed to the movement of staff following the closure of the Vascular Ward. Mr Loughton also reminded the Board that the high level of dependency of a number of patients within the hospital added to the pressure on nursing staff.

The Chairman said that the Board should have requested the information about net promoter scores which was now available through NHS Choices so that it knew what the public knew.

**RESOLVED: That the monthly report on Quality and Safety be noted.**

#### **QUARTERLY REVIEW OF COMPLAINTS AND PALS ACTIVITY – QUARTER 4 2012/13**

TB.4474 Ms Hall drew out the salient points from this quarterly report. In response to a question by Mr Vanes, Ms Hall confirmed that the emphasis was on getting the initial response to complainants correct rather than responding within a set period of time, and that there was now an increased tendency to meet complainants face to face to talk through issues raised and to establish how they would like their complaints to be dealt with.

**RESOLVED: that the quarterly report on Complaints and PALS activity be noted, and that in future the report include a breakdown of activity by each ward, as is done on the NHS Choices website.**

#### **NEVER EVENTS**

TB.4475 Ms Hall reported that there had been one Never Event since the February meeting. This had come to light only recently, and related to surgery which took place in 2010. The patient had agreed to return for further surgery in the next week in order to rectify the situation (which was related to an instrumental delivery in Maternity). Further details would be reported to a future meeting of the Board (CE).

**RESOLVED: That the oral report on Never Events be noted.**

### **CARING SCIENCES RESEARCH REPORT**

TB.4476 Ms Hall presented a six monthly report setting out the recent activity in Caring Sciences Research. Mr Vanes asked whether there were practitioners in other locations. Ms Hall confirmed that there were, for example, certain nursing home staff were involved in research into infection prevention, and she hoped that it would be possible to try to involve staff employed in residential homes and the hospice in research in due course.

At this juncture, Mr Loughton referred to the recent visit to this Trust by Dr Peter Carter of the Royal College of Nursing. Dr Carter had met shop stewards, without management being present, and had subsequently expressed his good impression of a workforce who were engaged and well motivated, and who viewed the Chief Nursing Officer and Chief Executive with respect. Mr Loughton also agreed to show to the Board a film which Dr Carter had presented about the care of the elderly and which would be used in induction of staff to the organisation in future (DL/CE).

**RESOLVED: That the report on the Caring Sciences Research be noted.**

### **RESEARCH AND DEVELOPMENT REPORT**

TB.4477 Dr Cotton attended to present the quarterly progress report on Research and Development, and drew out the main points for the Board, highlighting that it had been a good year for the Department, with a very significant reduction in the length of time taken to get trials approved by other Departments. The Chairman asked whether the scale of research and development work was commensurate with the size of the organisation. Dr Cotton said that although the Trust was better in this regard than many in the area, there was scope to double or triple the amount of research being undertaken here, and the main barrier to this was lack of dedicated research time for clinical researchers. In response to a further question from the Chairman, he confirmed that research and development was in the interests of patients, in that patients who took part in clinical trials did better than patients who did not, and that patients gained access to new treatments often only when engaged in clinical trials. He added that it would not be necessary to make very large changes in the organisation to achieve big gains for R and D.

**RESOLVED: That the progress report on Research and Development be noted.**

### **ORGAN DONATION**

TB.4478 Dr Odum presented a report on the Trust's performance in regard to organ donation. The report stated that the Midlands Organ Donation Services Team had released information indicating that they had achieved an increase of 50% or more in the number of deceased donors after circulatory death in 2012/13, and that in 2012/13 this Team had facilitated a total of 150 donors, representing an 87.5% increase in total donors since 2007/08. However, despite an increase in the number of potential organ donors identified at RWT, there had been a noticeable

reduction in the number of potential donors referred to the Senior Nurse-Organ Donation, which had resulted in a lower conversion rate of potential to actual donors. The Board heard that with a change of clinical leadership in place the Trust was now poised to make more progress.

**RESOLVED:** That the report be noted.

### **QUESTIONS FROM PRESS AND PUBLIC**

TB.4479 On behalf of LINK, Mr Griffiths requested that the opportunity for the press and public to ask questions revert to its former position, namely near to the end of the public agenda. The Chairman agreed to this request.

Mr Griffiths referred to the Patient Experience DVD. He said that the description of a lack of care chimed with the findings by HealthWatch, and asked whether the action plan might be shared with the Board. Mr Loughton confirmed that the action plan would be monitored, with the family being invited to observe progress on the ward, adding that in this case there seemed to be unusual factors at play given that McMillan had been named as an uncaring organisation. Mr Griffiths noted that the Trust analysed satisfaction levels of patients who were still in the hospital and who may be reluctant to honestly express their views, and he expressed surprise at the level of satisfaction recorded for patients in A and E. Mr Loughton said that he hoped to be able to work with HealthWatch in the future to try to reduce the amount of abuse of the A and E service.

The Chairman indicated that although 96% of patients expressed satisfaction with the services they received, the Board was concerned about any patients who felt that they had received a poor service from this organisation. With regard to A and E-services, these were by their nature challenged and under pressure to cope, and to obtain excellent feedback from patients was more challenging.

### **BOARD ASSURANCE FRAMEWORK/TRUST RISK REGISTER**

TB.4480 Ms Hall submitted the monthly report on the Board Assurance Framework and Trust Risk Register, highlighting that there were currently 12 risks on the Board Assurance Framework, and 39 in the Trust Risk Register (one of which was red rated). There had been little change from the previous month.

**RESOLVED:** That the report on the Board Assurance Framework and Trust Risk Register be noted.

### **APPOINTMENT OF CHAIR OF AUDIT COMMITTEE**

TB.4481 **RESOLVED:** That Mr Surrinder Kalirai be appointed as Chair of the Audit Committee with immediate effect.

(Note: Mr Kalirai left the meeting for this item)

### **FINANCIAL POSITION OF THE TRUST - MARCH 2013 (MONTH 12)**

TB.4482 Mr Stringer introduced the monthly report on the Trust's financial position, and said that the income and expenditure position at month 12 was a surplus of

£7,023,000, which was £2,480,000 above the full year 2012/13 plan. He said that this was a deterioration of £195,000 compared to the month 11 position. At month 12 £12,963,000 had been withdrawn from budgets under the Cost Improvement Programme, which represented 85% of the total, but £3.678M of this was achieved non-recurrently. All of the figures reported were of course subject to audit. He expressed gratitude for the work of corporate Directors in achieving these results.

Mr Loughton reflected on the good result now reported, and Mr Vanes expressed satisfaction that despite a difficult year the Trust had achieved such a good surplus. However, he was concerned about the Cost Improvement Programme and asked whether other trusts had experienced similar difficulties during the year. Mr Stringer said that comparative data was not available in this regard although he knew anecdotally that colleagues elsewhere had experienced similar difficulties.

The Chairman asked Mr Stringer to explain how the Trust had achieved the EBITDA position despite underachieving on the cost improvement programme. Mr Stringer replied that the EBITDA reflected good progress on contract negotiations, among other things, without which the final EBITDA position would have been far less rosy.

**RESOLVED: That the report on the financial position of the Trust at month 12 (March 2013) be noted.**

### **CAPITAL PROGRAMME 2012/13**

TB.4483 Mr Stringer reported that the month 12 position showed an underspend of £246,396 against the Capital Resource Limit (CRL) of £22,824,910.

**RESOLVED: That the report on the progress of the Capital Programme 2012/13, as at month 12, be noted.**

### **PROPOSALS FOR REGULATION OF NHS CHARITIES**

TB.4484 Mr Stringer submitted the report outlining the new regulatory framework for NHS charities. There were two options available and the Charitable Funds Committee recommended retaining the current constitution of the Trust Charity.

**RESOLVED: That the recommendation of the Charitable Funds Committee to retain the Trust Charity as presently constituted be supported, subject to review in March 2014.**

### **CHANGE PROGRAMME BOARD**

TB.4485 Ms Espley submitted an update of the progress of the Change Programme for month 12 (March 2013) which gave an overall financial position, the view of the progress for schemes during March, and an assessment of the quality impact of the programme. The report also included a more detailed overview of the high value schemes and an update on the CIP for 2013/14. She referred to the financial details which had been submitted earlier in the meeting during the report on the Trust's Financial Position at month 12. She added that Mr Vanes and Dr Anderson were due to examine CIP quality impact assessments during the next week, following which arrangements would be made to give Non-executive Directors a fuller understanding of the CIP challenges for 2013/14 and 2014/15.

**RESOLVED: That the report of the Change Programme Board at month 12 be noted.**

#### **DELIVERY OF ESTATES STRATEGY 2009/10-2018/19: QUARTER 4 UPDATE**

TB.4486 Mr Stringer presented the report on the Estates Strategy for Quarter 4, 2012/13. In response to a question by Mr Vanes, Mr Loughton confirmed that tenders had now been returned for the car park, and the construction of a multi-storey building appeared to be the cheapest option. The business case would be reported to the Trust Board at the earliest opportunity, for approval.

**RESOLVED: that the quarterly report on delivery of the Estates Strategy be noted.**

#### **EMERGENCY PREPAREDNESS ANNUAL REPORT 2012/12**

TB.4487 Ms Preston drew out the main points from this Annual Report. Mr Loughton commented that care should be taken to ensure that communication tests were undertaken at times when disruption to hospital life could be kept to a minimum. Mr Vanes questioned the red rated indicators for business continuity performance. Ms Preston said that some of these indicators were classed as red because the Business Continuity Plan was out of date, and there was a process in place for these. The Chairman asked whether the hard work evident from the report helped the Trust in its day-to-day operations. The Chief Executive referred to recent problems with the pathology IT system, which had not functioned for three days, which had led to contingency plans being brought into use. He stressed that these plans had to be in place, up-to-date, tested and reliable, and that they did bring operational benefits to the organisation.

**RESOLVED: that the Annual Report on Emergency Preparedness be noted.**

#### **CONTRACTING AND COMMISSIONING**

TB.4488 Ms Espley introduced this report. She highlighted, among other things, the commissioner's QIPP at an estimated cost of £4.7M, and the Quality Matters process which had been well received. In response to a question by Mr Stringer in respect of the intention to tender for diabetic retinopathy services later this year, she advised that details of the service specifications were still awaited and she would inform Mr Stringer outside the meeting of the estimated value of the contract (ME). Mrs Rawlings asked whether there were any financial implications arising from the delays in finalising contracts for 2013/14. Ms Espley indicated that there would be no financial implications adverse to the Trust, as all of the commissioners had exchanged letters of intent by the end of March.

**RESOLVED: That the progress report on contracting and commissioning be noted.**

#### **TRUST'S STRATEGIC PRIORITIES 2012/13**

TB.4489 Ms Espley introduced an annual report on the Strategic Priorities of the Trust, namely Urgent Care, Care Of Older People and End Of Life Care, and confirmed that they would continue throughout 2013/14. Mr Harris noted the scale and complexity of each one and asked whether the Trust was moving as fast as it could on each priority. Ms Espley said that each was at a different stage, but that each had a degree of pace and energy, and external stakeholders were being engaged. It was noted that these had been adopted as priorities for clinical commissioning groups, and had also been the national priorities for the last few years.

Mr Vanes asked whether there had been any local discussions about the Liverpool care pathway. Ms Hall replied that the end of life pathway worked well here and that the Trust worked closely with Compton Hospice. The Chief Executive emphasised in this connection the need for good communication between patients, relatives and clinicians. Dr Odum confirmed that there had been discussion within the consultant community, which had no issues with the Liverpool pathway, and he confirmed also that there were good end of life care pathways in place in this Trust. He added, however, that there were ongoing discussions about the ability to extend DNARs (do not attempt to resuscitate) from community settings into the hospital setting, given that the circumstances in each could be different. Dr Anderson added that much work remained to be done with commissioners to prevent inappropriate admission of elderly people into hospital when they could be managed well within the community, if given appropriate resources. She mentioned the use of residential settings in other areas which were a step above residential homes and a step below hospice care. Mr Loughton suggested that in some cases the relatives of patients needed to accept that admission to hospital at the end of life was inappropriate and that they should prepare for the relative to have a dignified death in the most appropriate setting. The Chairman asked how often this matter was reported to Board. Ms Espley replied that this was an annual report. Following discussion it was agreed that there should be a progress report every six months.

**RESOLVED: that the progress in improving services for patients as outlined against each of the three strategic priorities be noted, and that further progress reports be submitted every six months.**

#### **PROPOSED REPORTING ARRANGEMENTS FOR QUALITY AND PERFORMANCE TARGETS 2013/14**

TB.4490 Ms Nuttall presented a report which recommended the Board to approve the way in which performance indicators would be reported during 2013/14. Dr Anderson expressed concern over the proposed removal of 16 indicators from the monthly reports given the amount of time spent by the Board looking at these indicators in the past. She noted that they related to matters which impacted upon patient experience and asked whether they would be reported to any forum at which a Non-executive Director was present. Ms Nuttall said that although some of them would still be recorded and monitored, not all would come to the attention of Non-executive Directors in any formal setting. The Chairman said that if a new Governance Committee was established by the Board then some of the detail might be considered in that forum. The Chief Executive reminded the Board that the recent review of governance was recommending that in some cases there be a reduction in the level of detail reported. Mr Vanes said that information governance Toolkit, A and E, and length of stay indicators should not be removed. He went on

to mention a recent safeguarding peer review where the Director of Public Health had expressed concern over infant mortality rates in the city, and he went on to reflect that there seemed to be a lack of indicators regarding young people and children specifically. Dr Odum agreed to report to the Board in due course on perinatal mortality (JO).

**RESOLVED: That the proposed reporting arrangements for quality and performance targets for 2013/14 be approved, with the proviso that the 16 indicators proposed for removal be reported to the Board by exception only.**

## **PERFORMANCE REPORT**

TB.4491 Ms Nuttall submitted the Performance Report for March 2013 and year end 2013/14. She said that overall the Trust had performed well on the key standards. Mention was made again of the challenges experienced during the last month particularly in A and E. The Board noted that targets had not been hit in respect of health checks and smoking quitters. Mr Vanes noted that further information in respect of some of the indicators, for example around health visiting, was given in the report on the Board Assurance Framework and Trust Risk Register, which he thought helped the Board to triangulate the information. The Chairman enquired as to the importance of the information on the National NHS Performance Framework Quarter three overall results, in the context of the application for FT status. Ms Nuttall said that it was very important. The information was sent to the NTDA every month, and Monitor examined it quarterly.

**RESOLVED: That the Performance Report for March 2013 be noted and that the Chairman and Chief Executive be authorised to sign the self-certification and Board Statements on behalf of the Board for submission to the NHS Trust Development Authority.**

## **2012 NATIONAL NHS STAFF SURVEY RESULTS**

TB.4492 Ms Harnin introduced this report. Ms Rawlings noted that 55% of staff had chosen not to respond to the national staff survey, and asked whether Chat back elicited a better response. Ms Harnin replied that the staff seemed more inclined to respond to a survey produced by their employer. That said, she pointed out to the Board that the Trust was above average in 23 out of 28 indicators. Mr Loughton mentioned that Chat back enabled staff opinion to be monitored down to ward level, and in the past this had enabled some proactive work to take place in response, particularly where staff appeared to be disaffected. Responding to a question by Mr Vanes, Ms Harnin said that Chat back had been removed from the list of CIP schemes. Answering the Chairman, Ms Harman said that the results of the 2012 National staff survey placed this organisation within the top 20% of NHS trusts. Mrs Rawlings asked whether there was any correlation between staff satisfaction levels and complaints received against the organisation. Ms Harman said that no strong correlation had yet been identified. Mr Loughton added that sometimes the results of this survey and Chat back served as a pointer to ward managers who were not performing well in a number of ways.

**RESOLVED: That this report be noted.**

**MINUTES AND CHAIRS' REPORTS FROM BOARD COMMITTEES**

- TB.4493      **RESOLVED:** That the Chairs' reports and minutes of the following Committees be noted:
- (a) The minutes of the meeting of the Trust Management Team held on 22 March 2013, together with the Chairman's report
  - (b) Chairman's summary report and minutes of the meeting of the Infection Prevention Committee held on 22 February, and the draft minutes of the meeting held on 22 March 2013
  - (c) Draft minutes of the meeting of the Human Resources Sub Committee held on 19 March 2013

**DATE AND TIME OF NEXT MEETING**

- TB.4494      It was noted that the next Trust Board meeting was due to be held on Monday 20 May 2013 at 10am in the Clinical Skills and Corporate Services Centre, New Cross Hospital.

**ANY OTHER BUSINESS**

- TB.4495      No other business was raised at the meeting.

**EXCLUSION OF THE PRESS AND PUBLIC**

- TB.4496      **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 1.30pm.**