

**Minutes of the Meeting of the Board of Directors held on
Monday 28 January, 2013 at 10.00 a.m. in the
Boardroom, Clinical Skills and Corporate Services Centre,
New Cross Hospital**

PRESENT:	Mr. J. Vanes	Non-Executive Director (Vice-Chairman)
	Ms. C. Etches OBE	Chief Nursing Officer
	Dr. J.M. Anderson	Non-Executive Director
	Mr. J. Holder	Associate 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
	Ms. S. Rawlings	Associate Non-Executive Director
	Mr. K. Stringer	Chief Financial Officer
	Ms. M. Espley	Director of Planning and Contracting
	Ms. D. Harnin	Director of Human Resources
	IN ATTENDANCE:	Mr. J. Emery
Mr. A. Sargent		Secretary to the Trust Board
OBSERVERS:	Mr. M. Swan	Lead Shadow Governor
	Mr. J. Morris	PricewaterhouseCoopers
	Mr. M. Plummer	PricewaterhouseCoopers
	Mr. G. Oakland	PricewaterhouseCoopers
APOLOGIES:	Dr. J. Odum	Medical Director
	Mr. B. Griffiths	LINK
	Ms. J. Viner	LINK
	Mr. R. Young	Wolverhampton CCG
	Cllr. I. Claymore	Wolverhampton City Council

Part 1 – Open to the Public

**MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON
MONDAY 26 NOVEMBER 2012**

TB.4311 RESOLVED: that the Minutes of the meeting of the Board of Directors held on Monday 26 November 2012 be approved as a correct record.

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MATTERS ARISING FROM THE MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON MONDAY 26 NOVEMBER 2012		Action
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| TB.4312 | <p><u>Contracting and Commissioning 2012/13 (Minute TB.4232)</u></p> <p>Mr. Loughton indicated that a date for the informal Board to Board session with the CCG on how local health issues could be progressed was still awaited.</p> | DL |
| TB.4313 | <p><u>Financial Position of the Trust – September 2012 (Minute TB.4239)</u></p> <p>Mr. Stringer confirmed that the minor changes requested had now been included in the monthly Financial reports to the Trust Board.</p> | |
| TB.4314 | <p><u>Trust’s Operating Position (EBITDA) (Minute TB.4284)</u></p> <p>Mr. Stringer confirmed that he had issued to the Non-Executive Directors the relevant chapter from the Monitor Risk Assessment Financial Manual.</p> | |
| TB.4315 | <p><u>Capital Programme 2012/13 – Maintenance at Eye Hospital Site</u></p> <p>Arising from TB.4285, Mr. Loughton confirmed that over hanging greenery adjacent to the Eye Infirmary site had been dealt with.</p> | |
| TB.4316 | <p><u>Report of the Change Programme Board (Minute TB.4286)</u></p> <p>It was noted that the information requested at the November meeting had been included in the report on the Change Programme Board for this meeting.</p> | |
| TB.4317 | <p><u>Performance Report – appointment of Learning Disability Specialist Nurse (TB.4287)</u></p> <p>In response to Dr. Anderson, Ms. Nuttall indicated that this appointment had not yet taken place.</p> | |

BOARD ACTION LIST	
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| TB.4318 | <p>Ms. Harnin reported that the work around staff behaviour and code of conduct was expected to be influenced by the contents of the Robert Francis report into Mid-Staffordshire NHS Foundation Trust which was due to be published early in February. She confirmed that other matters would be brought to a Board Development Session as soon as a slot could be identified.</p> <p>Regarding the item “Organ Donation”, Mr. Loughton informed the Board that he had requested that a special meeting of the Organ Donation Committee be held to examine the Trust’s performance in this matter.</p> <p>RESOLVED: that the report be noted.</p> |
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DECLARATIONS OF INTEREST FROM DIRECTORS AND OFFICERS

TB.4319 There were no declarations of interest at this meeting.

CHIEF EXECUTIVE'S REPORT

TB.4320 Mr. Loughton presented his monthly report, and said that the following policies had been approved by the Trust Management Team on the 25 January:

- CP48 Supervision of all non-Consultant Medical Staff
- IP13 Outbreak of Communicable Infection/Infection Prevention/Serious Incident Policy
- IP03 Prevention and Control of MRSA, VRE and other Antibiotic Resistant Organisms Policy
- IP17 Prevention and Control of Tuberculosis in a Hospital Setting
- CP46 Bed Rail Policy
- OP18 Patient's Property
- Policy Integration – Transforming Community Services
- HR20 Maintaining Professional Registration
- HR26 Employment Checks Policy
- HS12 Decontamination of Medical Devices

Mr. Loughton indicated that there had been thirteen applications for the position of Chairman and that interviews were due to be held on 31 January 2013. The new Chairman, very soon after appointment, would go to Monitor to set the timescale to reactivate the FT application process.

Regarding the Dr. Foster Hospital Guide 2012, Mr. Loughton referred to the improved hospital mortality rates which had been achieved through much hard work over a period of time and had led to there being two-hundred less deaths this year than during the previous year, whereas some of the other West Midlands Trusts had some of the highest mortality rates in the country. He anticipated that this progress would be sustained as one of the benefits to be accrued from seven-day working.

RESOLVED: that the report of the Chief Executive be noted.

FINANCE AND INFORMATION

TB.4321 Financial Position of the Trust – December 2012 (Month 9)

Mr. Stringer presented the Finance Report for December 2012. He said that the Trust's income and expenditure position as at Month 9 was a surplus of £4,224,000, which was £114,000 below the Month 9 plan. The Trust's operating position (EBITDA) was adverse to plan by £289,000. Total income at Month 9 was £283,413,000, which was

above plan by £360,000, but this built in a contingency of £3M in respect of emergency readmissions and non-elective threshold adjustments. Patient care contracting income was showing an under performance of £3,927,000.

Mr. Stringer pointed out that there had been a deterioration in the patient activity income position of £1M. The main issue related to the high level of emergency activity, for which the Trust was paid only 30% of the tariff. The high level of emergencies was impacting on the Trust's capacity to undertake elective activity for which income was lost at 100% of tariff.

The Board noted that the financial risk rating had slipped back slightly to 3.5 overall. Mr. Stringer explained that since the November Board meeting the lead Commissioner had imposed a fine on the Trust because of the under-performance in Accident and Emergency.

Turning to the CIP, Mr. Stringer said that £10,487,000 had been withdrawn from budgets as at Month 9 but that the amount of recurring savings to be carried forward into 2013/14 would pose a significant challenge to the organisation. Mr. Stringer referred to the position on receivables, and assured the Board that every effort was being made to clear the balance of outstanding debt prior to 31 March 2013, when PCTs would cease to exist and it was still unclear who would then hold any remaining debts.

During the discussion of the report the following points were raised:

- Mr. Stringer explained, in response to Mr. Loughton, why the surplus of the Trust would be approximately £7.8M before impairments, and £4.5M after.
- In response to Dr. Anderson's question about whether there were sufficient beds open, Ms. Nuttall said that in her opinion there were sufficient beds but the Trust should consider changing pathways and patient flow within the organisation. She added that the Trust had ninety-four additional beds open to cope with winter pressures and sixty-four patients in step-down beds. It was noted that it was difficult to access step-down beds, or discharge patients from them, over the weekend and at bank holiday periods.
- Dr. Anderson asked whether the Trust could challenge the CCG over its levy of a financial penalty regarding A & E targets given that some of the cases should have been dealt with in primary care in the first instance. Mr. Loughton reminded the Board that approximately 80% of ambulance patients left the Hospital after four hours which highlighted the need to review the pattern of use of emergency care, and the appropriateness of provision within the Community.
- In response to Mr. Kalirai, Mr. Stringer explained that some of the delay in paying suppliers within thirty days was

related to disputes and queries.

- Mrs. Rawlings asked about the overspend on agency staff and how this Hospital compared in this regard with other local hospitals. Mr. Loughton said that this Trust was at the lower end of the scale, employing no agency nurses but needing from time to time to take on medical staff from agencies. Ms. Harnin said that work was ongoing with the SHA to review the rates which agencies charged Trusts across the West Midlands, and that work around the junior doctor contract also impinged on this, as detailed in her report later on the agenda, including the way in which locum and bank staff had to underpin junior doctors under current contractual arrangements. The Board noted that the Trust still aspired to create its own bank of medical staff.
- Mr. Holder asked what level of assurance there was that the Trust would deliver to plan in the next two months. Mr. Stringer acknowledged that it was very hard to predict levels of emergency demand and that some elective activity was assumed to return and that other measures to assist included waiting list initiatives, and money released by the Department of Health for particular one-off projects. Although Divisional control totals had been missed it was expected that these would be back on track by the end of the financial year.
- Mr. Stringer emphasised that there were detailed negotiations underway with South East Staffordshire and Seisdon Peninsular CCG to increase the emergency threshold so as to reflect the level of activity from that locality.

RESOLVED: that the Financial Report for December 2012 (Month 9) be noted.

TB.4322

Standing Financial Instructions – update of Authorised Limits

Mr. Stringer submitted a report which recommended that the Authorised Limits Schedule in the Standing Financial Instructions be updated. These had been endorsed by the Audit Committee.

RESOLVED: that the schedule of Authorised Limits, set out in the Appendix to the report, be approved.

QUALITY AND SAFETY

TB.4323

Patients' Story

The Board watched a DVD recording of the experience of a patient who suffered from Sickle Cell anaemia. This patient required weekly hospital appointments, quarterly meetings with her consultant, and various X-rays and scans inbetween.

In addition, she had a crisis on average every three months, which led to hospitalisation for up to two weeks at a time. She spoke of the difficulties which she faced when admitted to hospital during such a crisis, for example encountering staff who were not conversant with her condition and the need for rapid administration of pain killers which could lead to faster recovery. She sensed that some staff doubted that she was in pain and were slow to offer pain relief. It had reached the stage where she would stay at home for a number of weeks during a crisis to try to avoid being admitted to hospital. She also said that she was aware that staff had been talking about her and had made her feel like an "outsider". She referred to the solid support available within the community, both from family and friends, and also from the Bilston Sickle Cell Centre.

Ms. Etches said that the story underlined the need for patients to receive care in the correct environment wherever possible, and in this case in the host ward where a sickle cell crisis could be treated. She expressed concern over the allegation of sub-standard staff behaviour, although she added that this had taken place over twelve months ago in a ward where the problems being experienced at that time had more recently been overcome by strengthening the leadership, and other measures. Ms. Etches also informed the Board that daily quality review meetings had been instituted approximately four weeks ago, for the period of increased activity, to identify any quality or risk issues.

Mrs. Jaspal-Mander referred to her recent walkabout with Mr. Loughton during which similar issues had arisen, in particular that patients were not receiving the specialist care which they required. Mr. Loughton acknowledged the role of the quality meetings to channel the patients to the most appropriate place in the Hospital for treatment.

Ms. Etches referred to the feedback received from the Leadership Walkabout mentioned, and indicated that she had undertaken a review of two particular patients in terms of the appropriateness of where they had been placed. Ms. Nuttall said that the institution of the quality meetings had been very helpful to the operational side of the Hospital. Mrs. Rawlings asked whether the patient in the story considered that matters had improved during the last twelve months.

Ms. Etches said that she was not aware whether the patient in question had been admitted to the hospital since recording her story.

The Chairman asked whether the Sickle Cell Centre in Bilston received any NHS funding, or whether it relied entirely upon Lottery funding.

Dr. Anderson suggested that in cases such as the one which had been related to the Board, it might assist the patients if they carried a "passport" which they would produce upon admission and which would ensure the appropriate consultant was alerted to their arrival

and their treatment plan, including the administration of pain relief, could rapidly commence. Ms. Etches undertook to look into this suggestion.

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RESOLVED: that the Patient's Story be noted.

TB.4324

Quality and Safety Reports

Ms. Etches submitted the monthly Quality and Safety Report. She prefaced her comments by reminding the Board that December and January had been difficult months in terms of operational pressures and that a rise in the number of complaints for that period would be likely. She drew attention to the reduction in numbers of submissions and overall score for Division 2 for Net Promoter; the significant concern in respect of falls, and in particular the four falls causing serious injury during the period under review; a reduction in the number of health-acquired avoidable pressure ulcers; the introduction of iPads by mid-March, which it was hoped would improve the percentage of deteriorating patients recognised in time; and short term staffing issues, with concerns around medical outliers not staffed to the level desired.

In response to questions, Ms. Etches confirmed that the equipment for recognising the deteriorating patient was now in the Trust, but that staff required training to use it. Mrs. Jaspal-Mander requested information about the target for pressure ulcers for 2013/14. Ms. Etches indicated that it was likely that the target would remain, and that the Trust's ambition would continue as hitherto. Responding to Mr. Kalirai's question about the underlying cause of serious complaints in Division 2, Ms. Etches said that the trends were the same this quarter as they had been in the previous one, and seemed to be mainly around diagnosis especially in one clinical area. Mr. Stringer noted the volume of exception reports, with orthopaedics being the most numerous, and asked whether the Trust was managing the issues presenting in that Directorate. Ms. Etches acknowledged that the Trust had struggled with leadership and staffing levels in orthopaedics, especially around night duties, but that changes were being made as the action plan was implemented and that sustained improvement should be evident over the next three months. Dr. Anderson asked whether too much reliance was being placed on the iPad devices in respect of identifying the deteriorating patients.

She noted that wards already had the use of VitalPac and asked what guarantee there was of sustained improvement with the new devices in place. She wondered whether the key was to have a culture of frequently revisiting patients who were known to be poorly. Ms. Etches said that it was important for nursing staff to think more in terms of personalised care and that the new devices would be easier to use and would assist staff to this end. The Chief Executive pointed out that if the ICT system went down, staff would revert to a manual system of recording observations.

The Chairman commented that the Executive Summary would be most helpful to readers, particularly members of the public, if it used

straightforward language free from acronyms.

RESOLVED: that the monthly Quality and Safety Report be noted.

TB.4325

Never Events

Ms. Etches reported that there had been no Never Events since the previous meeting. The Never Event which had been reported to the November meeting had been the subject of a Root Cause Analysis (RCA) which the Medical Director and herself would review shortly. She pointed out that the key member of staff involved was a locum middle grade doctor, and his previous and current places of work had been contacted. The patient in question had not been harmed, and fifty-two patients also treated by this particular doctor had been offered a review by a consultant or their GP, and it appeared that no other harms had been recorded in their cases due to his actions.

Ms. Etches went on to outline to the Board the unannounced inspection and visit by the CQC a week ago, from which good feedback had been received. Regarding Never Events, the CQC reported that there had been a significant cultural shift in the last six months, having observed extremely good practice in theatres. The inspectors had also commented on evidence that patients in certain in-patient areas inspected were being treated with care and dignity.

RESOLVED: that the oral report on Never Events be noted.

TB.4326

Falls Prevention

Ms. Etches submitted a report which outlined the resources available to the Trust for dealing with falls, the way in which falls were monitored, the reduction in the number of falls, overall hospital falls data and the measures being considered by the Falls Committee to achieve further improvements. With regard to the level of completion of risk assessments by therapy and medical staff, she indicated that each department had been requested to find the most effective method of getting the paperwork completed. She added that the intention was to carry out a further audit of the care bundle for unwitnessed falls in the next two months, to assess the level of compliance.

In response to Mr. Holder's question about patients at risk of falling, Ms. Etches confirmed that there were signs at beds of patients who were deemed to be at risk. Mr. Holder asked whether any changes of practice were required in regard to falls prevention during the night and Ms. Etches responded that the main issue was ensuring adequate staffing levels. Mr. Vanes mentioned the use of soft play mats in paediatrics and asked whether these would be of assistance for patients at risk of falls. Mr. Loughton responded that such mats might raise infection prevention issues, and that they would have to be very thick to protect elderly people from the effects of falls. Ms. Etches undertook to look into the suggestion.

RESOLVED: that the quarterly report on Falls Prevention be noted.

TB.4327

Quarterly Review of Complaints and PALS Activity – Quarter 3 2012/13

Ms. Etches highlighted the review of complaints for the quarter ended December 2012, which included the numbers of serious complaints by Division, numbers of formal complaints by Division, numbers of formal complaints investigated and responded to within the twenty-five working day target, and the number of complaints referred to the Ombudsman and the outcomes. The main themes highlighted in serious and formal complaints were also summarised in the report, along with actions arising from those themes. Dr. Anderson commended the reported improvement around complaints due to attitude and communications. Mr. Stringer expressed appreciation for the graphs in Appendix 1 and requested that the Patient Experience Tracker be developed for the next report.

RESOLVED: that the quarterly report on Complaints and PALS activity be noted.

TB.4328

Safeguarding Children – progress report

Ms. Etches introduced a report which summarised recent work within the Trust for Safeguarding Children together with the Annual Report of the Agency Contribution to the Wolverhampton Safeguarding Children Board.

In response to questions Ms. Etches confirmed that Dr. Kalra was due to retire in April and that internal advertisements had been published for a replacement. She added that the Trust was attempting to standardise the approach for both adult and children's safeguarding.

Mrs. Jaspal-Mander thought it would be good to have one chair for both the Children and the Adult Safeguarding Boards. Ms. Etches went on to inform the Board that commissioning roles in respect of safeguarding were changing and that the CCG hoped to achieve this by the 1 April.

A day conference was planned for agencies to examine opportunities and the work programme for safeguarding for 2013/14.

RESOLVED: that the progress report on Safeguarding Children be noted, and that the Annual Report of the Agency Contribution to the Wolverhampton Safeguarding Children Board 2011/12 be endorsed.

OPERATIONAL PERFORMANCE

TB.4329

Performance Report

The Chairman indicated that the Non-Executive Directors would like

a more detailed look at Accident and Emergency Services during consideration of this report.

Action

Ms. Nuttall submitted the monthly Performance Report and invited the Board to concentrate in particular upon Accident and Emergency performance which, as others had already mentioned during the meeting, had been effected by significant pressure during December and January.

She reported that the situation had eased slightly in the last two weeks, and that elective activity had been re-instated from last week. She reminded the Board that the effect of the pressures on A & E included reduced operating theatre utilisation, cancelled operations and an anticipated rise in the number of complaints. She informed the Board that additional resources had been made available to assist with the situation, and additional staff had been brought in at weekends, especially in Accident and Emergency. The Trust had managed to improve ambulance turnaround times. There had been a daily telephone conference with the Local Area Team and CCG, with Social Care involved in this once a week. Unfortunately, over the Christmas period there had been delayed transfers of care. The Board noted, however, that Social Care were now fully engaged with the Trust.

Ms. Nuttall suggested that the Trust needed to reconfigure its bed stock and staffing, with a shift in favour of medical and away from surgical beds. She also referred to urgent discussions taking place between the CCG and the Black Country Partnership Mental Health Foundation Trust in respect of the pressures upon this organisation from patients who attended A & E with mental health issues. The Board heard that changes were planned by the Commissioner in the SLA with the Mental Health FT which might work in favour of this hospital. Finally, Ms. Nuttall referred to a recent meeting between the Medical Director, herself, and the Acute Physicians regarding clinical leadership and engagement, at which Dr. Odum had spelt out the impact of the recent pressures in A & E upon quality and patient experience, and encouraging doctors to give the maximum support throughout such periods.

Mr. Loughton paid tribute to the work undertaken by staff during this period of extreme pressure. He confirmed that the Trust must now concentrate its efforts to bring about changes to the urgent care system to avoid a repetition of what had taken place during the period leading up to and immediately following Christmas 2012. He suggested that the reduced number of attendances at A & E while there was snow on the ground suggested that this Trust was providing a primary care service for some in the community, which was inappropriate. He also mentioned the increasing numbers of attendees at A and E from South Staffordshire, and said that he expected this trend to accelerate after publication of the next Robert Francis report into Mid Staffs NHS FT. He indicated that all of this underlined the need to press on with the business case for the new Emergency Portal at New Cross.

He also reminded the Board that whilst it was important to meet

targets, such as for ambulance turnaround times, it was also vital for the Trust to ensure the appropriate level of care for patients and that the level of demand recently experienced was far in excess of that for which the current service configuration had been designed.

Action

Mrs. Jaspal-Mander indicated that the Non-Executive Directors had discussed their concerns over this situation in their pre-meeting and asked whether the Trust was able to take advantage of the £300m available nationally for reablement schemes. Mr. Loughton said that Social Care were currently working well with the Trust although there was an argument to be made for the reconfiguration of step-down beds in the City. He stressed that the Hospital could not accommodate patients when they were medically fit to move to step-down settings, however much they might prefer to wait for discharge to the home of their choice. Ms. Nuttall emphasised the need for all of the Trust's partners also to move to a seven-day model of care so that adequate cover from all agencies was available at weekends. It was not sustainable to continue to have two days when it was not possible to effectively discharge patients into other settings.

In response to a suggestion by the Chairman, Mr. Loughton agreed that there was merit in sharing with the whole Board the details around bed stock, care pathways and the general practice scenario in the City, prior to holding the informal Board to Board meeting with the WCCG.

DL/GN

Ms. Nuttall went on to outline other aspects of operational performance during the period under review including three patients in mixed sex accommodation, improving trends for corporate and local induction, and an increase in the take up of smoking quitters in October (but no figures yet available for December).

Mr. Holder asked why the average growth for ambulance conveyances to New Cross in quarter three compared with the same period last year was 12%, in comparison with the West Midlands average growth of 4%. Mr. Loughton suggested that this was partly due to the lower percentage of paramedics on ambulances in Wolverhampton, compared to other areas. Ms. Nuttall informed the Board that NHS 111 was due to be introduced in March as the point of contact for the public in other than life threatening emergencies. National forecasts expected that this would lead to even more ambulance conveyances to hospitals.

RESOLVED: that the Performance Report for December 2012 be noted.

HUMAN RESOURCES

TB.4330

Proposals for changes to Agenda for Change

Ms. Harnin presented a report informing the Board of progress reached by the NHS Staff Council on the main points being jointly proposed to Terms and Conditions under Agenda for Change. She confirmed that it was hoped to implement the changes from the 1

April 2013, before when mechanisms would need to be put in place within the Trust to support the various changes.

RESOLVED: that the report on proposed changes to Agenda for Change Terms and Conditions be noted.

TB.4331

Update on recent Doctors, Dentists Review Body Announcements

Ms. Harnin drew out the main points of her report on the national initiative to introduce new contractual arrangements for junior doctors.

RESOLVED: that the report on announcements by the Doctors, Dentists Review Body in respect of the contract for Junior Doctors be noted.

TB.4332

Review of Clinical Excellence and Distinction Awards

Ms. Harnin introduced a report which summarised substantial proposed changes to the Clinical Excellence Award schemes in order to reward current performance and to focus on outstanding contributions to patient care along with changes to the consultant pay scale linking consultant pay progression to performance rather than time served.

RESOLVED: that the report on the review of Clinical Excellence and Distinction Awards be noted.

TB.4333

Work Experience Scheme – evaluation

Ms. Harnin presented a report which evaluated the recent Work Experience scheme undertaken by the Trust for unemployed people in Wolverhampton. In response to Mrs. Rawlings' question about any benefits to the Trust through undertaking such a scheme, Ms. Harnin said that the scheme had generated a recruitment stream for the Trust and enabled people to undergo work placements during which time their ability and suitability for work within the organisation had been assessed carefully.

RESOLVED: that the report on the key features from the evaluation report into the Work Experience scheme be noted.

BUSINESS PLANNING

TB.4334

Capital Programme 2012/13 – Month 9 progress report

Mr. Stringer reported that the Month 9 position showed a projected outturn position of £23,458,009, which was £804,009 above the revised capital budget of £22,654,000. The actual expenditure position at Month 9 was £945,909 behind plan, but he was confident that the programme would be delivered by year end within the agreed CRL limit.

RESOLVED: that the progress report as at Month 9 for the Capital

Programme 2012/13 be noted.

Action

TB.4335 Estates Strategy 2009/10 – 2018/19 - Quarter 3 update

Mr. Stringer outlined the third quarterly report for 2012/13 on the implementation of the Trust's Estates Strategy, including updates on the integrated Pathology building, the Emergency Portal, the Women's Unit refurbishment, and other projects.

Responding to the Chairman's enquiry about progress regarding car parking, Mr. Stringer said that an outline Business Case was being developed for consideration by the Board, along with development of proposals regarding the most appropriate site and funding arrangements.

RESOLVED: that the Quarter 3 update on the Estates Strategy be noted.

TB.4336 Report of the Change Programme Board

Ms. Espley introduced the update on the the Change Programme Board for Month 9 which included an overall financial position, progress for schemes during December and an assessment of the quality impact of the programme. The report also included a more detailed overview of the High Value schemes. She pointed out that many of the schemes introduced to mitigate non-delivery this year were non-recurrent so that a challenging level of carry forward of recurring savings was anticipated for 2013/14. She confirmed that Directors had now met senior teams from both Divisions to review progress and that project support to Divisions had been increased. A detailed review of schemes for 2013/14 was scheduled to be brought to the Trust Board in February.

RESOLVED: that the monthly report of the Change Programme Board be noted.

TB.4337 Emergency Planning – Quarterly report and Revised Business Continuity Strategy

Ms. Espley submitted the quarterly update on Emergency Planning providing details of activities undertaken during Quarter 3 and a review of the Trust's Business Continuity Strategy.

In response to Mr. Vanes question about whether business continuity arrangements had been used in the last year, Ms. Espley confirmed that they had been implemented during the period of industrial action and the recovery period immediately following that. Ms. Rawlings asked how the Strategy was disseminated to staff. Ms. Espley responded that it was well disseminated, which had been confirmed by the recent internal audit review of arrangements.

RESOLVED: that the progress report on Emergency Planning during Quarter 3 be noted and that the revised Business Continuity Strategy be approved.

TB.4338	<u>Contracting and Commissioning</u>	Action
	<p>Ms. Espley submitted the report on Contracting and Commissioning, which included information on proposed changes to commissioning arrangements and progress with contract negotiations for 2013/14. She highlighted that from 1 April the mechanism to support financial penalties would become more straightforward for Commissioners to apply, and that instead of moving to remedial action plans, the new contract would allow penalties to be applied immediately following the breach.</p> <p>Mr. Stringer said that he did not see how punitive arrangements would necessarily lead to the desired outcomes, and emphasised that it was particularly difficult for the Trust when its performance could be affected by factors outside its own control, for example the number of ambulances arriving at the same time at Accident and Emergency. Dr. Anderson asked whether it was necessary to engage Newtons in the QUIPP Programme (out-patients project). Mr. Loughton said that Newtons would bring an independent perspective to the project.</p>	
	<p>RESOLVED: that the progress report on Contracting and Commissioning 2013/14 be noted</p>	

GOVERNANCE

TB.4339	<u>Board Assurance Framework/Trust Risk Register</u>	GN
	<p>Ms. Etches guided the Board through the monthly report on the Board Assurance Framework and Trust Risk Register, indicating that there remained two red risks (as in previous months) and three red risks on the Trust Risk Register. She also mentioned the new amber risk on the Board Assurance Framework (failure to meet catheter safety CQUIN requirements) and the new amber risk on the Trust Risk Register (management of Policies – version control, publication and archive).</p> <p>In response to a comment by Mr. Vanes, Ms. Nuttall undertook to supplement the details given in the Risk Register around risk 06/2893 (commissioning for GP direct access Pathology services).</p>	
	<p>RESOLVED: that the report on the Board Assurance Framework and Trust Risk Register be noted.</p>	
TB.4340	<u>Trust Management Team – Review of Terms of Reference</u>	
	<p>RESOLVED: that the revised Terms of Reference for the Trust Management Team be approved.</p>	
TB.4341	<u>Standards for Members of NHS Boards</u>	
	<p>Mr. Sargent drew out the salient points of the report on recently published Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England, which built upon existing guidance and codes.</p>	

Ms. Harnin suggested that these should be incorporated in the appointments of Directors of the Trust. Ms. Etches thought that it might be prudent to await the publication of the forthcoming Robert Francis report into the Mid-Staffordshire NHS Foundation Trust, which was expected to recommend further measures for members of NHS Boards.

Action

RESOLVED: that consideration of this matter be deferred pending the publication of the Robert Francis report into the Mid-Staffordshire NHS Foundation Trust and consideration of any implications arising therefrom for members of Boards.

FEEDBACK FROM BOARD SUB-COMMITTEES

TB.4342 Minutes of the meeting of the Trust Management Team held on 26 October 2012

Dr. Anderson commented upon the length of time which it had taken for these Minutes to be submitted to the Trust Board. It was pointed out that Minutes were submitted to Trust Board only after they had been approved by the Committee itself. The Chief Executive suggested that in future all Minutes be submitted to the next available meeting of the Trust Board with a proviso that it be made clear whether or not they had been approved by the Committee in question.

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RESOLVED: that the Minutes of the meeting of the Trust Management Team held on 26 October 2012 be noted.

TB.4343 Minutes of the meetings of the Infection Prevention and Control Committee held on 26 October and 30 November 2012

RESOLVED: that the Minutes of the meeting of the Infection Prevention and Control Committee held on 26 October and 30 November 2012 be noted.

TB.4344 Chair's Summary report of the meeting of the Audit Committee held on 13 December 2012

RESOLVED: that the Chair's report of the meeting of the Audit Committee held on 13 December 2012 be noted.

TB.4345 Minutes of the meeting of the Board Assurance Committee held on 25 October 2012

RESOLVED: that the Minutes of the meeting of the Board Assurance Committee held on 25 October 2012 be noted.

TB.4346 Chair's Summary report of the Board Assurance Committee held on 20 December 2012

RESOLVED: that the Chair's report of the meeting of the Board Assurance Committee held on 20 December 2012 be noted.

TB.4347 Minutes of the meeting of the HR Sub-Committee held on 11 December 2012 **Action**

RESOLVED: that the Minutes of the meeting of the HR Sub-Committee held on 11 December 2012 be noted.

TB.4348 Chair's Summary report of the meeting of the Charities Committee held on 20 December 2012.

Mr. Vanes indicated that the Fund Raising Strategy would be reported to the Trust Board for consideration in due course.

RESOLVED: that the Chair's report of the meeting of the Charities Committee held on 20 December 2012 be noted.

GENERAL BUSINESS

TB.4349 Matters raised by members of the general public and Commissioners

No matters were raised by members of the general public and Commissioners at the meeting.

TB.4350 Date and Time of Next Meeting

It was noted that the next meeting was due to be held on Monday 25 February 2013 at 10.00 a.m. in the Boardroom of the Clinical Skills and Corporate Services Centre, New Cross Hospital.

TB.4351 Exclusion of the 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.

This part of the meeting closed at 1.06 p.m.
