

# The Queen Elizabeth Hospital King's Lynn

NHS Foundation Trust



## Board of Directors' Meeting (In Public)

Minutes of the Board meeting held on 28<sup>th</sup> May 2013  
in the Conference Room at The Queen Elizabeth Hospital, King's Lynn

<b>Present:</b>		
K Gordon (KG)	Chair	
P Wright (PW)	Chief Executive	
S Green (SG)	Non-Executive Director	
V Holliday (VH)	Non-Executive Director	
I Pinches (IP)	Non-Executive Director	
S Haney (SH)	Non-Executive Director	
B Cummings (BC)	Director of Planning and Performance	
G Wilson (GW)	Director of Nursing and Acting Director of Clinical Services	
D Stonehouse (DS)	Director of Resources	
M Blunt (MB)	Interim Medical Director	
L Proctor (LP)	Director of Strategy & Transformation	
<b>In attendance:</b>		
G Rejzl (GR)	Company Secretary (minutes)	
V Scott (VS)	Deputy Director of Communications	
		<b>ACTION</b>
<b>46/13</b>	<b>1. CHAIR'S WELCOME AND APOLOGIES FOR ABSENCE</b>	
	The Chair welcomed the Board, attendees and members of the public to the meeting.	
	Apologies were received from Anita McCallum. Mark Henry's absence owing to sickness was noted.	
<b>47/13</b>	<b>2. MINUTES OF THE PUBLIC BOARD MEETING HELD ON 25<sup>th</sup> MARCH 2013 AND MATTERS ARISING</b>	
	The minutes were amended - Minute 40/13 – 'A&E 4 hour access standard' corrected to '4 hour emergency standard'.	
	Subject to this correction, the minutes were agreed as an accurate record of the meeting. There were no matters arising.	
<b>48/13</b>	<b>3. ACTIONS MONITORING</b>	
	The Board reviewed and updated the Actions Monitoring Record. Item 7, 8 and 9 were agreed as complete and removed from the record.	

Chair: Kate Gordon Chief Executive: Patricia Wright  
Patron: Her Majesty The Queen

*The Preferred Hospital for Local People*



49/13	<b>4. DECLARATIONS OF INTEREST</b>  None.	
50/13	<b>5. URGENT MATTERS</b>  None.	
51/13	<b>YEAR END 2012-13</b>	
	<b>AUDIT COMMITTEE ANNUAL REPORT</b>	
	<p>IP presented the Annual Report of the Audit Committee.</p> <p>In response to a query concerning the Audit Committee's response in respect of its oversight on Clinical Audit, the committee indicated that the link between the Audit Committee and Clinical Audit would be reviewed as part of the Audit Committee's plans for 2013-14.</p> <p>IP referred the Board to the Overall Conclusion statement:</p> <p>"The Committee has reviewed relevant disclosure statements, in particular the Annual Governance Statement, together with the Head of Internal Audit Opinion, External Audit opinion and other appropriate independent assurances and considers that the Annual Governance Statement is consistent with the Committee's view on the Trust's system of internal control. Accordingly the Committee supports Board approval of the Annual Governance Statement."</p> <p><b><u>The Board noted the Audit Committee Annual Report.</u></b></p>	
	<b>2012 – 13 ANNUAL ACCOUNTS, EXTERNAL AUDIT ISA 260 AND LETTER OF REPRESENTATION – SUPPORTED BY THE AUDIT COMMITTEE CHAIR'S KEY ISSUES – 23 MAY 2013</b>	
	<p>The Board reviewed the Annual Accounts, External Audit ISA 260 and Letter of Representation and the accompanying explanatory report, noting non-material changes following a review of 1<sup>st</sup> draft.</p> <p>IP referred to the Audit Committee Chair's Key Issues of 23 May 2013 and confirmed that the Accounts, External Audit ISA 260 and Letter of Representation had been reviewed comprehensively by the Audit Committee.</p> <p>The Board discussed:</p> <p><b>Accounts:</b></p> <ul style="list-style-type: none"> <li>• a technical accounting adjustment on the 'other' line and the explanatory note in the accounts</li> <li>• The Going Concern declaration</li> </ul> <p><b>Auditor's report – ISA 260</b></p> <ul style="list-style-type: none"> <li>• Use of Resources and audit certification – qualified, due to breach in terms of authorisation</li> </ul>	

	<ul style="list-style-type: none"> <li>• Unqualified audit opinion with paragraph relating to going concern on the accounts</li> <li>• Audit of the financial statements and reading of the content of Annual Report (including the Remuneration Report) and review of the Annual Governance Statement key findings -no unadjusted audit differences</li> </ul> <p>The Board commended a much improved process this year and a very 'clean' audit. Lisa Bell and her team were thanked for their work in this respect.</p> <p><b><u>Referring to the recommendations of the Audit Committee, the Board:</u></b></p> <ul style="list-style-type: none"> <li>• <b><u>Received the ISA 260 Audit Highlights memorandum</u></b></li> <li>• <b><u>Approved the Trust's Annual Accounts for 2012 – 13</u></b></li> <li>• <b><u>Approved the Annual Governance Statement for the signature of the Accounting Officer</u></b></li> <li>• <b><u>Approved the Letter of Representation</u></b></li> </ul> <p>The Accounts were duly signed.</p>	
52/13	<p><b>2012-13 ANNUAL REPORT, QUALITY ACCOUNT AND EXTERNAL ASSURANCE ON THE QUALITY ACCOUNT – SUPPORTED BY THE AUDIT COMMITTEE CHAIR'S KEY ISSUES – 23 MAY 2013</b></p>	
	<p>The Board considered the Annual Report, incorporating the Quality Account and the External Assurance on the Quality Account.</p> <p>The Board discussed:</p> <ul style="list-style-type: none"> <li>• Final non-material, presentational amendments to the Annual Report</li> <li>• A significantly improved Quality Account preparation process</li> <li>• The Quality Account's welcome reporting of some good work in 2012-13, including the achievement of CQUINS objectives</li> <li>• The balanced comments of the CQC, West Norfolk CCG and the Governors on the Quality Account</li> <li>• External Assurance on the Quality Account: <ul style="list-style-type: none"> <li>- Limited assurance opinion on the content of the Quality Account</li> <li>- Limited assurance opinion on the reasonableness of mandated performance indicators</li> <li>- Issues identified nationally with requirements to audit the additional mandated indicator: incidents resulting in severe harm (severe harm incidents (numerator) as a % of all incidents (denominator))</li> </ul> </li> </ul> <p>IP referred to the Audit Committee Chair's Key Issues of 23 May 2013 and confirmed that the Quality Account and External Assurance on the Quality Account had been reviewed comprehensively by the Audit Committee.</p> <p>Vee Scott and her Communications Team were thanked for producing a very readable Annual report document.</p> <p><b><u>Referring to the recommendations of the Audit Committee, the Board:</u></b></p> <ul style="list-style-type: none"> <li>• <b><u>Received the External Assurance on the Quality Account</u></b></li> <li>• <b><u>Approved the Quality Account</u></b></li> </ul>	

	<ul style="list-style-type: none"> <li>• <u>Approved the Annual report for publication, subject to some final non-material, presentational amendments</u></li> </ul>	
<b>STRATEGIC</b>		
<b>53/13</b>	<b>7. CHAIR'S REPORT</b>	
	<p>The Chair presented her report to the Board, highlighting specifically:</p> <ul style="list-style-type: none"> <li>• The current NED Recruitment process and the Governors' Council approval of the appointment of Heather Farley as NED from 1<sup>st</sup> June 2013.</li> <li>• Proposals for strengthening relationships between the Board and the Governors' Council</li> </ul> <p><u>The Board noted the Chair's update.</u></p>	
<b>54/13</b>	<b>8. CEO's REPORT</b>	
	<p>PW presented her report to the Board, highlighting specifically:</p> <ul style="list-style-type: none"> <li>• The CQC's visit to the Trust on the 14<sup>th</sup> and 15<sup>th</sup> May and the difference between the scope of this inspection and the recent Dignity and Nutrition Inspection (DANI). PW reported that the May inspection had been an intensive, responsive inspection to triangulate information about the Trust's services from a variety of sources. PW noted that the Trust was expecting the CQC's draft report from 10 days after the visit.</li> <li>• PbR audit – PW reported that the audit findings were largely positive and encouraging</li> <li>• DoH – Francis Inquiry Report response. PW reported that the Trust was assimilating the recommendations</li> <li>• NHS England – Emergency Access pressures. PW explained the national initiatives intended to address Emergency Access issues. PW went on to explain that the Trust continued to experience severe pressures in this respect, and had had a very busy and challenging bank holiday weekend. She reported that a recovery plan had been agreed and that the Trust had been achieving its recovery trajectory until the last couple of weeks. PW emphasised that the Trust's objective now was to get back on trajectory as soon as possible.</li> </ul> <p>The Chair indicated that the Trust was intending to publish a statement in respect of its response to the report of the Francis Inquiry. PW referred to a Trust questionnaire that would be used as part of its 'listening' exercise.</p> <p><u>The Board noted the CEO's update.</u></p>	
<b>55/13</b>	<b>9. ANNUAL PLAN REVIEW (APR) DECLARATIONS</b>	
	<p>BC explained the APR process and timetable for submission to Monitor. She explained further that there remained some work to be completed in respect of the financial elements of the APR, due to the protracted contract negotiations.</p> <p>The Board considered the APR Board Statements and BC explained that where the Board is not able to confirm a statement, then mitigating actions would be</p>	

required.

PW suggested that the executive should draft responses to the Corporate Governance Board Statements, based on the Trust's latest position and the Board agreed that an extraordinary Board should be called to agree the statements and the finalised APR.

In respect of the Finance Risk Indicator Statements, the Board confirmed that it was unable to confirm delivery of an FRR of 3 due in part to the difficult commissioning environment, budgetary position and its 'going concern' declaration. The Board agreed that 2013-14 would be a very challenging year. The Board emphasised that irrespective of the financial challenges, it would not compromise patient safety.

The Board discussed the following related issues:

- Constrained Capital programme
- Liquidity / cash risk. DS reassured the Board that there were however safeguards in place so that staff did not need to worry about being paid
- The need for transformational change and a system-wide approach to delivering longer-term sustainability

In respect of the Targets and Indicators risk declarations, BC explained the rationale for the suggested statement position and the related risks. The Board discussed the following issues:

- CQC – May inspection report pending – so unable to confirm statement currently
- Trust already in 'Red' position due to its breach in the terms of its authorisation / licence conditions
- Ambulance categories – in response to a query, BC explained that the APR template covers all providers and that this category did not apply to the Trust
- C.Diff / MRSA – the Board considered its declaration in this respect, noting the Trust's good record but questioning whether risk should be recognised due to the ceiling for 2013-14 being low at 19, where the ceiling had been 38 last year. The Board considered what had changed and considered also the implications of failing to declare a risk and then breaching the ceiling by a margin as had happened in the year before last. **The Board agreed to declare a C.Diff ceiling risk.**
- The Trust considered its position in respect of compliance action, enforcement action, enforcement notices and moderate concerns.

**The Board:**

- **Endorsed the Finance Risk and Targets and Indicators Risk statements, subject to the identification of a risk on infection control**
- **Tasked the executive to complete the drafting on the Corporate Governance Board statements, reading across from the agreed schedules, for approval at an extraordinary Board to be called before the Monitor submission deadline of 3<sup>rd</sup> June**
- **Agreed that the final APR outcome would be reported to the Public Board meeting in July 2013**

OPERATIONAL	
56/13	<p><b>10. PERFORMANCE REPORT</b></p> <p>The Board discussed the performance dashboard, reporting performance to April 2013 against the Trust's KPIs and key risks to operational performance.</p> <p>BC reported that there were some changes and corrections to the report circulated and that a revised report, addressing these issues had been tabled.</p> <p>The Monitor compliance framework position for Q4 2012/13 was reported as 1, due to the Emergency Access 4 hour indicator. It was reported that since the Trust had failed to achieve the target for a 2<sup>nd</sup> quarter with a 12-month period, then the Trust's Governance risk rating would default to 'Red'.</p> <p>The Board considered the Performance Report by exception under the headings of :</p> <ul style="list-style-type: none"> <li>• Quality &amp; Risk</li> <li>• Workforce</li> <li>• Performance &amp; Standards</li> <li>• Finance</li> </ul> <p><b>QUALITY AND RISK</b> – The Board focussed on the following issues:</p> <p><b>Mortality</b> – the Board referred to concerns in the previous month regarding the crude mortality rate, which had been reported as 24 per 1,000 bed days. This had triggered an urgent review. The Board was reassured to note that the Crude Mortality for April had dropped to 17, which was more in line with expectations. The Board noted however, that the Trust Risk Adjusted Mortality indicator (RAMI) had risen to 101. MBI explained that the Trust's RAMI was generally below its peers and that the Trust's RAMI score had reached that of its peers in March and was above peer in April. MBI noted that the Trust had observed a similar pattern in April last year. He confirmed that the position was currently under urgent review but that to date; no clear trends or patterns had been identified. The following issues and actions were discussed:</p> <ul style="list-style-type: none"> <li>• <b>Additional information requested – 2-year rolling average and crude mortality graph to be presented to the next meeting of the Quality Committee for in-depth review</b></li> <li>• <b>CHKS to be commissioned to review data at HRG level and CoG to review statistical variation – audit to ensure that information reflects the position if applicable</b></li> <li>• <b>Potential correlation of mortality with A&amp;E pressures queried.</b> - Mortality analysis has not identified correlation to date.</li> <li>• <b>Link to increase in cardiac arrest queried</b> – MBI confirmed that he is currently reviewing all relevant notes and to date had identified that significant numbers of patients had presented in cardiac arrest, that there were significant numbers of patients presenting with life-ending illness and that some minor issues had been identified in respect of handover.</li> </ul> <p>The Chair observed that the RAMI position (at 2 sigma position) was very disconcerting and welcomed the planned analysis. She emphasised that the</p>

MBI

BC

Board was taking the issues very seriously and urged a rapid response.

HCAI – good performance was noted.

**Patient Experience** – The Chair observed that the significant improvement in the Friends and Family Test result for April was encouraging and at 56, is one of the highest scores achieved by the Trust. GW reported that the free text issues were recognisable and provided a helpful narrative context to the data. It was noted that comparative data would not be available until July 2013. Poorer performance in respect of A&E was identified as less positive and it was agreed that patients in A&E should be encouraged to complete the surveys as the sample size for April had been very small.

It was observed that the A&E patient experience indicator should be triangulated with comments on NHS Choices, where one report in particular of the experience of a woman suffering a miscarriage was agreed by the Board as very troubling. It was noted that the account highlighted issues that were not just about poor patient experience but also about unacceptable care.

It was suggested that Board must apologise and take steps to ensure that the situation could not happen again. The Board considered the ethical issues related to seeking to identify an individual patient who had made an anonymous report on NHS Choices and BC as SIRO, advised the Board in respect of Information Governance and Caldicott Guardian issues. Duty of candour issues were also discussed. **LP agreed to take up a suggestion to publish the Trust's values in A&E, with an invitation to patients to 'tell us if we fail to deliver'**

LP

VH suggested that the patient's GP should not have sent her to A&E, which was accepted elsewhere as not the right environment for a woman experiencing a miscarriage. **It was agreed that the practice of sending a woman experiencing a miscarriage to A&E would be raised through the monthly clinical meeting with the GGC, which has GP representation.**

MBI

**Mixed-Sex Accommodation** – 4 breaches were reported, relating to patients coming out of CCU, where it had been judged more clinically appropriate for patients to remain in CCU than be moved if no suitable bed was available.

**Complaints** – It was noted that the report contained more narrative in line with Board requirement and the Francis Inquiry report. Ongoing issues in respect of response rates were identified and it was judged that this was linked to current pressures. It was noted that the Trust was seeking to 'triage' complaints and to offer interim and early responses where appropriate. It was felt that complaints were escalating because we do not deal with them quickly enough. Val Newton (Deputy Director, Patient Experience) was handling complaints and PW reported that she expected this pro-active action to improve complaints handling would give better results. **Appropriate roles for NEDs in the oversight of complaints were discussed and PW and KG undertook to develop proposals.**

KG/  
PW

**Serious Incidents** - It was confirmed that the 10 SIs reported in the performance report were not externally reportable. It was further confirmed that there had been no further Never Events since November 2012. **PW reiterated her request for Never Events to be reported by financial year for consistency and ease of performance comparison.** It was observed that there had been an increase in pressure ulcers and that this was related to staffing issues. 6 pressure ulcers had been reported on 1 ward and this was being addressed urgently. It was reported

MED  
DIR.

that a 2<sup>nd</sup> tissue viability specialist had been appointed. 1 fall resulting in serious harm was reported and it was noted that a root cause analysis was underway.

**WORKFORCE** – The Board focussed on the following issues:

**Sickness absence** – it was observed that sickness absence remained high and improvement was a real challenge and a reflection of current pressures on staff. In response to a query concerning the Trust’s approach to issues of anxiety and stress, it was noted that a new Occupational Health Manager with commercial experience had been appointed and that some support was being secured from NHS Employers.

**Nurse vacancies as % of nurses in post** – GW expressed disappointment that a target was indicated as ‘not available’. It was agreed that a target was needed. Ongoing recruitment activities and plans to support the new overseas nurses were reported. GW clarified the position that the new nurses would fill vacancies but not contribute to the Trust’s skills mix objectives. Continuous recruitment plans to address attrition were confirmed.

The impact of the current pressures on staff were reiterated by PW, who confirmed the importance of support for staff, many of whom were undertaking bank work as well as core shifts. Further implications were that managers were being required to undertake front-line duties rather than ‘managing’. PW also observed that in her experience, stress levels change very quickly but that staff had been under pressure for too long.

**Appraisals** – Performance was less than positive in this area and that the Trust needed to get back in track. It was also noted that A4C linked pay spine increments to appraisal. **It was suggested that the process needed to be simplified in order to move the issue along, observing however that the onus for appraisal was on the manager rather than the Human Resources team.**

DS

**PERFORMANCE & STANDARDS**- The Board focussed on the following issues:

**Emergency Care Performance** – The Trust’s failure to achieve the Emergency Care 4 hour target since December was discussed. It was noted that the Gateway letter from NHS England alluded to problems in A&E all over the country. **It was agreed that waiting list size and referral rates would be reported on the dashboard for triangulation of information relating to emergency pressures.** It was reported that there was a lot of work taking place regionally and locally in respect of A&E related issues. PW and GW reported their meeting with the LAT and commissioners to pull together a systemic plan, to be monitored by the Urgent Care Network. **It was agreed that the Emergency Care recovery trajectory would be factored into the Trust’s reporting.** The key factors impacting on the Trust’s Emergency Access performance were identified as staffing, IT, inability to open additional capacity and changes in the health system. PW stressed that it was important for the Trust to get back to 95% performance as soon as possible. VH identified related issues in community and mental health service provision. PW urged a composite and structured approach to recovery to reduce the likelihood of working to multiple action plans.

BC

BC

**Choose and Book** – at 76%, the Trust was reported as ‘ahead of the national curve’. It was reported that the national position in respect of slot availability was worsening.



**Readmissions** – The Board noted a readmission rate of 9.1% as a concern. Internal discharge issues and issues with care providers externally were felt to be contributory. In response to a request for comparator information, it was observed that most national benchmarking on readmissions was done on 7/14 and 30 days readmissions. **BC undertook to establish some peer readmissions benchmarks and report to the next meeting of the Quality Committee.** The Board was also reminded of the readmissions penalty for any patient readmitted to the same specialty within 30 days. BC reported the local agreement on the proportion of readmission likely to be due to a failed discharge, 27% being the national failed discharge proportion.

MBI/  
BC

**18 weeks** – The Board noted a current backlog of 140 patients who had been waiting over 18 weeks for treatment, with some specialties struggling more than others. PW observed that this was a quality issue as the NHS constitution described treatment in 18 weeks as a patient right. She noted a health system protocol preventing the Trust from escalating its A&E problems unless it cancelled elective work, observing that patients on the Trust's waiting lists often had issues of higher clinical urgency than people presenting through A&E. **It was agreed that waiting list size and patients waiting over 18 weeks would be added to the Board's dashboard.**

BC

**Stroke** – The Trust's underlying position on stroke was reported as good and likely to be back on track very soon, following a recent 2 week ward closure due to D&V.

**FINANCE** - The Board focussed on the following issues:

**Income and Expenditure** – the dashboard was corrected to read £1m deficit in April, rather than a £0.1m deficit. It was reported that the position was driven by the run-rate. DS emphasised that the reported deterioration in income could not be sustained and that the Trust must get back on track in respect of planned care as the Trust would not be able to take costs out quickly enough to have a significant short-term positive impact. It was observed that the month one position was worse than last year but not as bad as 2011-12. It was also noted that there had been 2 additional working days in the period this year. The Board discussed the risk in the plan at length. PW observed that while this was an entirely unacceptable position, there had been no loss of control in respect of costs. It was noted that 70% of the Trust's costs related to staff; it was not easy to consider disinvestment in services as the Trust had an obligation to deliver commissioner required services. This resulted in a short-term position where the Trust carried additional risk, having to operate services which were not cost-effective. DS warned of a 'spiral of decline' if the Trust could not get a grip on the current situation.

**BSP** - The Board considered its efficiency programme, noting that £6.7m of efficiency savings had been delivered in 2012-13. Productivity projects requiring transformational change were noted.

**The Board:**

- **Noted the performance report;**
- **Noted the Monitor compliance framework position for Q4 2012/13 as 1, due to the Emergency Access 4 hour indicator but that since the Trust had failed to achieve the target for a 2<sup>nd</sup> quarter with a 12-month period, then**

the Trust's Governance risk rating would default to 'Red'.

QUALITY

57/13 11. THE REPORT OF THE QUALITY COMMITTEE

PW explained the context of the Quality Committee's work commissioned by the Board to undertake a comprehensive thematic review of operational performance, with a particular emphasis on identifying actual or potential quality implications. It was explained that the work had been initiated due to:

- The Board's concerns regarding quality indicators since January 2013
- Increased numbers of complaints
- Crude mortality concerns in March 2013
- Senior nurses' communications on pressures on nursing staff.

Quality Committee had discussed the issues in full and was now reporting back to the Board.

The Chair indicated that in reviewing the recommendations of the report, the Board would be commissioning a follow-up review in June rather than in 3 months as suggested.

The Board noted issues identified by Quality Committee relating to:

- CQC Standards
- National Inpatient Survey Results
- Operational Pressures
- Patient Experience
- Clinical Risk as a Barometer for Concerns
- Critical Care Outreach Team
- Nursing
- Medical

In discussion, the following issues were raised:

- Junior Doctors – it was confirmed that the Trust had received a deanery visit recently and that the planned patient tracking system would help Junior Doctors manage their workload.
- Pace and priorities were agreed as key in tackling the issues identified and this emphasis in the recommendations of the Quality Committee was welcomed.
- Listening Exercises – **it was agreed that a paper setting out the Trust's proposals for Listening Exercises be presented to the Quality Committee in June 2013.**
- The potential to increase mock CQC visits in the organisation

The Board observed that the issues raised by the Quality Committee's review were crucial to the organisation and noted the Quality Committee's conclusions:

"... that there had been an increasing level of concern in the Trust's ability to cope with its operational pressures in recent months. The committee was satisfied that quality risk was being identified and escalated appropriately and that appropriate mitigations were being put in place. The committee stressed

GW

however that the momentum of urgent action to address the operational pressures must be maintained and that the Trust must continue to address the issues both internally and externally with rigour.”

**The Board welcomed the report and agreed the Quality Committee recommendations to:**

- **Continue to make quality its highest priority**
- **Continue to drive internal work to resolve operational issues in the control of the Trust rigorously**
- **Continue its regular review of the Trust’s mortality position, looking for relevant trends**
- **Request regular mortality information by specialty**
- **Receive regular updates on nurse recruitment and staffing levels**
- **Seek assurance on the related action plans and interim additional support for wards, pending the filling of nurse vacancies**
- **Continue to ensure high Board visibility in the clinical areas of the Trust**
- **Continue to support the Trust’s ‘listening exercises’**
- **Continue to monitor the information derived from the Friends and Family Test**
- **Continue to monitor complaints at both a high level and through assurances derived from the Patient Experience Steering Group**
- **Implement plans to develop a methodology for NED oversight of complaints**
- **Continue to support the work of the Governors:**
  - **Patent Experience Committee work plan**
  - **PEAT/PLACE reviews**
  - **CQC Mock Inspections**
  - **Focus Groups**
- **Continue to drive work with healthcare community partners to find a solution to ongoing system-wide emergency access issues**

**The Board commissioned a follow-up review in June 2013**

GW

**RISK**

**58/13 12. RISK REGISTER  $\geq$  20**

The Risk Register was presented to inform the Board of the operational risks scoring 20 and above.

The Board noted risk 941 concerning the risk to the delivery of the Trust’s surplus, noting also that the mitigations were being discussed comprehensively in several related forums.

In response to a query concerning whether there should be a quality risk on the Corporate Risk Register, it was explained that there were several risks relating to quality on the corporate risk register at a residual risk rating of 16, which would be kept under review and escalated as necessary. It was further noted that the BAF also recorded significant Quality risk.

IP queried whether there should be a financial risk relating to cash flow.

	<b><u>The Board noted the risk articulated on the risk register and the mitigations.</u></b>	
<b>59/13</b>	<b>13. BOARD ASSURANCE FRAMEWORK</b>	
	<p>PW explained that the BAF for 2013-14 had been constructed to identify strategic risk to the delivery of the Trust's 3 strategic priorities: Quality, Access and Sustainability. She added that commentary would be added monthly to show risk movement and that the Board would be required to establish its risk appetite in reviewing target risk. GW queried risk 3 and it was agreed that this would be reviewed as part of the monthly executive update of the BAF.</p> <p><b><u>The Board:</u></b></p> <ul style="list-style-type: none"> <li>• <b><u>Endorsed the principal risks to the delivery of its strategic priorities for 2013-14</u></b></li> <li>• <b><u>Agreed the target risk ratings for its strategic risks</u></b></li> <li>• <b><u>Agreed the baseline residual risk ratings for its strategic risks</u></b></li> </ul>	
<b>GOVERNANCE</b>		
<b>60/13</b>	<b>14. SCHEME OF DELEGATION</b>	
	<p>The Board considered the revised draft Scheme of Delegation. The substantive scheme was endorsed, subject to corrections:</p> <ul style="list-style-type: none"> <li>• Reference should be made to the Accounting Officer, rather than the Accountable Officer</li> <li>• FoI is latterly the responsibility of the Medical Director</li> <li>• Reference to Director of Finance should read Director of Resources</li> <li>• Reference to the Trust Board should refer to the Board of Directors</li> </ul> <p><b><u>Subject to these corrections, the Board approved the Scheme of Delegation.</u></b></p>	
<b>61/13</b>	<b>15. URGENT ACTIONS – APPLICATION OF THE TRUSTS SEAL (ELECTRICAL INFRASTRUCTURE CONTRACT &amp; DEDICATION AGREEMENT)</b>	
	<b><u>The Board noted the Urgent Action taken on 8th April to approve the application of the Trust Seal to the Electrical Infrastructure Contract &amp; Dedication Agreement.</u></b>	
<b>62/13</b>	<b>Chair's Closing Comments</b>	
	The Chair thanked Sean Green who had attended his last Board meeting as outgoing NED, having reached the end of his term of office. Sean was thanked on behalf of the Board and the Trust for his loyalty and support.	
	Date of Next Public Board Meeting – Tuesday 23 July 2013 in the Conference Room at 9.00 a.m.	

**SPECIAL RESOLUTION**

**The Board resolved that members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest**

There being no further business, the meeting closed at 12.25pm.