

Board of Directors' Meeting (In Public)
AMENDED FOLLOWING MEETING

**Minutes of the Board meeting held on Monday 26th March 2012
 in the Conference Room at The Queen Elizabeth Hospital, King's Lynn**

Present:	
K Gordon (KG) S Green (SG) N Harrison (NH) V Holliday (VH) S Haney (SH) P Wright (PW) M Henry (MH) G Hunnam (GH) G Wilson (GW) D Stonehouse (DS)	Chair Non-Executive Director (Chair of Performance & Standards Committee) Non-Executive Director (Chair of Audit Committee) Non-Executive Director (Chair of Quality & Risk Committee) Non-Executive Director (Chair of Finance & Investment Committee) Chief Executive Director of Operations Medical Director Director of Nursing Director of Finance
In attendance:	
B Cummings (BC) L Proctor (LP) G Rejzl L Fretwell	Director of Performance and Informatics Interim Director - Integration Company Secretary Corporate Governance Officer
Apologies:	J Hillier
58/12	PATIENT STORY
	<p>Mark Girdlestone and Kelly Beattie, both of whom are currently on the Trust's RCN Leadership programme, presented the Patient Story to the Board.</p> <p>The story concerned a female patient who at 73 years old had been in hospital for 6 months (3 of which were at Addenbrookes) following surgery for cancer.</p> <p>The patient reported that she had been happy with her care at the QE. She had been cared for in a side room at Addenbrookes and often felt lonely and isolated. At the QE, the patient had been in a bay, where she had</p>

	<p>regular contact with nursing staff, family and other patients.</p> <p>The patient's story included the following details:</p> <ul style="list-style-type: none"> • Patient was offered help with daily tasks • Patient had limited mobility – physio team helped her to mobilise • Patient very happy with variety and quality of food – inc. portion size. Food supplemented with total parenteral nutrition (TPN) • Hygiene needs catered for by staff – patient had a stoma – never left with bag not being changed • Privacy and Dignity – no one entered curtained area without asking permission • Information – plenty of information given when procedures carried out • Always someone available to answer questions • Good impression and experience of Feltwell <p>The Patient Story presenters reported that in respect of 'learning' from the story, more staff trained in the administration of TPN would be helpful as 'bleep holder' gets called to other areas of the Trust to administer TPN. The Board discussed the capacity issue and implications for critical care. The CEO also urged the team to consider whether there was any applied learning for theatres.</p> <p>The Chair thanked colleagues for their presentation.</p> <p>GW introduced the Board to a 2nd Patient Story, expressed as a song, recorded on DVD. The story concerned the experience of an inpatient with dementia, in particular respect of privacy and dignity.</p> <p>The Chair took the agenda out of sequence and elected to consider item 18 immediately after the showing of the DVD, as the topics were related.</p>	
59/12	18 NHS CONFEDERATION – DELIVERING DIGNITY CONSULTATION REPORT	
	<p>GW presented the paper, "Delivering Dignity - Securing dignity in care for older people in hospitals and care homes. A report for consultation."</p> <p>The Board discussed the issues raised by the report:</p> <ul style="list-style-type: none"> • The report includes challenging recommendations for hospitals relating to the care of older people • The QE treats and cares for a large number of patients with dementia – not just in medical areas • The report picks up the issue of 'leadership' • Need for integration – multi-agency 'hand-offs' stressed as key driver for success – e.g. Community Services and Nursing Homes • The importance of the Board's role in seeing 'dignity' as a key deliverable • Report does not mention Governors. It was noted that the QE's Governors would be likely to want to play a part in this work • Admission avoidance and timely discharge observed as essential in maintaining dignity. 	

	<p>The Board agreed:</p> <ul style="list-style-type: none"> • That while the report was ambitious and the Trust would have work to do, it should nevertheless aspire to deliver the recommendations. • Point 8 – augment with mention of Board’s hearing of patient stories. • Point 18/19 – report should refer to the professional duties of ‘all staff’ • The Trust’s assessment processes would need to be compared with that suggested in the report • The term ‘geriatric’ would need to be defined – it was agreed that this was terminology that should be largely discouraged. • The relationship between age and wellness was often not linked to ‘chronology’ • Point 9 – Care Home recommendations – highlights the need for different sectors to work together e.g. models of acute care being given in care homes – holistic approach covering emotional as well as physical wellbeing. • ‘Making Time’ and the link to the Rapid Access Team in A&E <p>KG summarised the points made by the Board and invited GW to communicate these as the views of the Trust in the consultation response.</p> <p>PW indicated that there was no reason for the Trust to wait until the report was finalised to begin to develop services in response to some of the recommendations. She also noted that some recommendations aligned with work already being undertaken at the Trust.</p> <p>The Board:</p> <ul style="list-style-type: none"> • <u>noted the report</u> • <u>invited GW to respond to the consultation on the Board’s behalf</u> • <u>invited GW to share the Report and the earlier DVD with the Governors and to report through the Quality & Risk Committee in respect of the Trust’s plans for responding to the report through service development.</u> 				GW
60/12	2	MINUTES OF THE MEETING HELD ON 23RD JANUARY 2012			
		The minutes were subject to amendment:			
		Minute 9/12 Action “A paper on from the Joint Academic Venture board is being prepared ...” Action for LP PW.			
		<u>Subject to this amendment, the minutes were agreed as an accurate account of the meeting.</u>			
61/12	3	ACTIONS MONITORING			
		The Actions Monitoring Record was updated, with those actions agreed as complete to be removed from the Actions Monitoring record:			
		Action 97 – current whistleblowing policy fit for purpose			

		Action 112 – PCT infection control review issues e.g. sinks and bays on doors being picked up by Estates Strategy and impacted by ward reconfiguration. The Board acknowledged that any future work on wards would need to consider infection control issues as integral to the process.	
62/12	4	MATTER ARISING - None	
63/12	5	DECLARATIONS OF INTEREST - None	
64/12	6	REGISTER OF INTERESTS	
		The Board reviewed the Register of Directors' Interests. KG reminded Board members of the process and imperative for the declaration of Directors' interests to be up to date. <u>The Board noted the updated Register of Directors' Interests</u>	
65/12	7	URGENT MATTERS (SO 3.6 & 5.2) - None	
66/12	8	CEO'S REPORT	
		PW presented her regular update report. In addition, she indicated that LP's secondment had been extended until the end of June or until the new post of Director of Strategy and Transformation is filled. PW pointed out several key issues relating to her update report: <ul style="list-style-type: none"> • her meetings schedule evidenced outward as well as inward-facing activity. • Sir Neil Mackay had cancelled their meeting but would visit the QE at a later date. • Borough Council discussions on Care & Repair Service – joint working initiatives discussed • WNVCA – potential for increasing the profile of the voluntary sector in the hospital discussed • Air Ambulance – discussion on emergency care on-going • GPs' meeting – very positive and concerned with working more closely with GPs. The need to resolve some communications issues was identified, as was the enormous impact on patients of getting this relationship working well • It was noted that complaints regarding car parking were increasing again • Health and Social Care Bill due to receive Royal Assent on 27/3 • Francis Enquiry likely to report earlier than planned – may be as early as April / May. It was agreed that the Board was in a good position to respond quickly. (Post meeting note: the report will now not be published until Oct 2012) <p>In considering the CEO's report, the Board discussed the following related issues:</p> <ul style="list-style-type: none"> • 2 new Trusts had been judged to be in breach of the terms of their authorisation, including 'Cambridgeshire and Peterborough Foundation Trust'. 	

	<ul style="list-style-type: none"> The Trust had received an unannounced visit from the CQC on 22 March. The team were reviewing the Trust's services in respect of terminations of pregnancy. GW confirmed that the assessment had found the Trust to be performing as it should be in this respect. Monitor's Role and the new Provider Licencing Regime – Board Development session planned and development session also planned for Governors in July 2012, on the implications of the Health and Social Care Act for the Governors The appointment of the out-of-hours provider was observed to be critical for the Trust's services and for the development of its strategy. The Board agreed that the Trust would need to understand what was 'different'. LP to investigate market intelligence concerning out-of-hours contract and bidding. <p><u>The Board noted the update</u></p>	LP
67/12	9 CHAIR'S UPDATE	
	<p>KG reported the following issues in her update:</p> <ul style="list-style-type: none"> The Governors' Council had met since the last meeting of the Board. GC Finance Working Group working well in being the GC Reference Group in respect of the Trust's position with Monitor and the delivery of the Financial Sustainability plans, supported currently by DS, KG and SH Public FT members at 5164 – Membership Strategy target for end March 2012 (5,000) met Board noted resignation of NED Philip Davis in March 2012 <p><u>The Board noted the update</u></p>	
STRATEGIC		
68/12	BUSINESS PLANNING AND IBP DEVELOPMENT PROCESS	
	<p>MH explained that while the Integrated Business Plan (IBP) was to cover the next 3-5 years, the Trust was also required to produce an Annual Plan for submission to Monitor on 31st May 2012. In support of both these processes and in order to engage the organisation and develop a document for use by the organisation at all levels, the Trust is also producing an Annual Business Plan.</p> <p>It was noted that in future years, the Trust's long-term and annual business planning work would begin sooner. Since the process had begun late this year, the Board would be invited to approve the Trust's Business Plan at its next Board meeting. It was explained that each individual division had its own business plan, checked to ensure that it aligned with the corporate objectives and incorporated into the Trust's Business Plan as 'a plan on a page'.</p> <p>KG referred to the timetable for consultation, production and submission of key business planning documents. It was confirmed that the Annual Plan required by Monitor was in essence similar to the annual business</p>	

	<p>plan but was in a prescribed format and was effectively the Trust's granular activity and finance plan for the forthcoming year. KG indicated that the Governors had been engaged in determining the strategic direction for the Trust in 2011 and would be again on 1st May 2012. She added that a small group of governors would also be meeting in April to have a closer look at the Trust's plans.</p> <p>It was noted that the Quality Account had to be reflected in the Trust's Plan. GH indicated that it was necessary to decide how Governors could make their input as there had been criticism of the lack of stakeholder involvement in this exercise. KG reminded GH that the Trust's Plans would be considered at the Governors' Council meeting on 1st May.</p> <p>PW reassured the Board that the plans were ready to be implemented by the divisions from 1st April but that opportunities for refinement and shaping remained. She confirmed further that the Communications Lead has already been engaged in respect of a Communications Plan for dissemination.</p> <p>In response to a query, GH explained that the Quality Account was a backward look at the previous year's achievements and also a forward look at the Trust's quality priorities for the forthcoming period. It was noted that the timetable and draft priorities would be presented to the Q&R Committee in April, after which broader stakeholder involvement would be invited.</p> <p><u>The Board noted the Business Plan process and timetable update and endorsed the 'plan on a page' proposal for assimilating the business plans of the divisions.</u></p>	
69/12	11 VALUES AND BEHAVIOURS	
	<p>Progress in delivering the Values and Behaviours workshops in the Trust was reported to the Board. It was noted that the work was in support of the Trust's Equality Delivery System (EDS) and iCARE work.</p> <p>It was reported that 300 people had been through the interactive training programme to date, delivered in conjunction with the Anne Frank Trust. NEDs were encouraged to attend a training session and GW undertook to circulate workshop dates to the Board. Luton & Dunstable Hospital was interested in learning what the Trust was doing in this regard.</p> <p><u>The Board endorsed the roll-out of the Values and Behaviours Workshops and endorsed the direction of travel in respect of the Trust's EDS and iCARE work.</u></p>	GW
70/12	12 MONITOR ESCALATION POSITION	
	<p>PW updated the Board, noting that the Trust was still in breach of the terms of its authorisation and had attended 2 meetings with Monitor to date. She reported that Monitor was clear that their concern is about the Trust's ability to plan and deliver a plan. PW emphasised that the Trust is working hard to show that we are delivering this year's plan.</p> <p>PW reported that the meetings with Monitor had to date been</p>	

	constructive and that the Trust had received good feedback on the work underway. The Board noted the update.	
71/12	13 CQC JANUARY 2012 INSPECTION POSITION AND ACTION PLAN	
	<p>GW made a presentation to the Board covering the CQC position in respect of compliance with the Essential Standards Outcomes, following a reinspection in January 2012.</p> <p>The report of the re-inspection, published in March 2012, found the Trust to be compliant with the following re-inspected outcomes:</p> <p>01 – Respecting and involving people who use services (previously minor concerns) 04 – Care and welfare of people who use services (previously moderate concerns) 05 – Meeting nutritional needs (previously moderate concerns) 07 – Safeguarding people who use services from abuse (previously minor concerns) 09 – Management of medicines (previously moderate concerns)</p> <p>Moderate Concerns had been raised in respect of Outcome 21 – Records. This area was not inspected at the August 2011 inspection and the issues identified were ones which the Trust was aware of and was already addressing, in common with many other Trusts.</p> <p>It was agreed that the existing action plan was complete and that anything later identified as outstanding would be rolled into the new Action Plan. The NHSLA criteria in respect of records would be assimilated into the review of medical records in response to the CQC inspection and Outcome 21 In respect of next steps, the new records methodology would be piloted in the following week.</p> <p>The highly valuable support from the Governors in respect of the CQC Audits was noted.</p> <p>Following a query concerning whether the target date for a resolution to the Records issues would be met, GW cautioned that there as a lot of work and training to do the ensure that the new systems were introduced effectively.</p> <p>The Board discussed the following related issues:</p> <ul style="list-style-type: none"> • The fact that the Trust faced a ‘red tape challenge’ in respect of medical records – some wards having developed their own records • GW’s very significant achievement in turning round the CQC compliance position so quickly • The IG implications of having notes at the end of the bed – it was confirmed that sensitive information would be kept at the Nurses’ Station with key patient care information kept in a folder at the bed-end to preserve confidentiality • Did the Board have sufficient assurance that exceptions would be picked up in respect of CQC standards compliance? The following 	

	<p>sources of assurance were discussed: - Heat Map, Surveys, Patient Safety Report, Mock CQC Audits (NEDs welcome to join audit teams)</p> <ul style="list-style-type: none"> • Need to ensure that patients with dementia were considered during ward reconfigurations e.g. large clocks • Need to explore staffing levels on wards to understand acuity and align skills mix effectively. • Need for a single 'action plan' to be agreed – oversight at Board to continue • CQC briefings to all staff reported as 50% complete – add to Action Plan • Potential for persistent 'moderate' to result in enforcement action. <p><u>The Board:</u></p> <ul style="list-style-type: none"> • <u>approved the revised Action Plan for submission to the CQC.</u> • <u>commissioned GW to send new Action Plan to the CQC with supporting text</u> • <u>agreed continuing Board oversight of the Action Plan delivery</u> • <u>thanked GW for her considerable achievement in driving improvement since August 2011 inspection</u> 	GW
		GW
INTEGRATED PERFORMANCE		
72/12	14 INTEGRATED PERFORMANCE DASHBOARD AND EXCEPTIONS REPORT COMMENTARY	
	<p>The Board considered the Integrated Dashboard, in particular those items RAG-rated as red or 'red' movement from last month.</p> <p>GW amended figures at:</p> <p>1.5 – Observations – Completeness should read 90%</p> <p>1.12 – compliments should read 63</p> <p>DS confirmed that the Finance data was correct and should have been RAG rated as 'red' since the actual performance was off-track.</p> <p>The Board discussed the rating methodology and the need for an improved 'sign-off' of the performance data reported through the Integrated Dashboard.</p> <p>The local and national positions in respect of readmissions were discussed</p>	EDs

	and the need for clarity in respect of an agreed rate for next year was agreed. The Board noted the Integrated Dashboard and agreed the revisions to be made.	
73/12	15 PERFORMANCE & STANDARDS COMMITTEE CKI	
	<p>SG presented the P&S Committee's Chair's Key Issues. He observed that A&E performance had been close to the line, as was the case regionally. He also drew the Board's attention to the Trust's Choose & Book performance, noting that as an accepted Patient Experience issue, the Trust was making more slots available.</p> <p>In response to a query, clarification was given concerning the status of the Emergency Access Plan and the ECIST work; it being confirmed that the issues were being assimilated into the relevant PODs and that Board visibility would be maintained through exception reporting.</p> <p>Stroke performance was discussed at length and BC & MH confirmed that they had met with the Stroke team in the previous week to address the issues and work towards delivery of the targets.</p> <p>Further to a P&S commission, a workforce paper was presented to the Board concerning appraisal and mandatory training performance. This covered the potential risk and consequences of not meeting target standards and the initiatives in place and planned to remedy any forecast shortfall against the targets. The Board welcomed the format and content of the report, which it was agreed gave valuable additional insight. The Board endorsed work being undertaken to explore the potential to stage appraisals for some staff groups in April and May to link to corporate objectives.</p> <p>It was agreed that appraisal would continue to be signed off until the May Board and included in the year-end figures.</p> <p>The Board queried the potential clinical consequences of a link between mandatory training and clinical issues such as infection control, safeguarding and fire risk, and it was agreed that the methodology should focus on outcomes rather than process. The Board invited IV to reflect clinical and outcome consequences rather than process in the report going forwards, with the revised report with proposals for new targets to be presented to the P&S Committee.</p> <p>It was also agreed that the consequences should be recorded in the risk register.</p> <p><u>The Board noted the CKIs and endorsed the direction of travel in respect of the revised Workforce report, subject to the agreed amendments.</u></p>	<p>IV</p> <p>IV</p>
74/12	16 FINANCE & INVESTMENT COMMITTEE CKI	
	SH reported the F&I CKIs to the Board, noting the following highlights in respect of the February 2012 position:	

- EBITDA underachieved by £0.1m. The cumulative position was an EBITDA shortfall of £1.3m. The overall I & E position was a £0.5m surplus, giving an adverse variance of £0.8m against the original plan.
- EBITDA of £7.0m was forecast cumulative to February. Actual EBITDA of £6.9m meant that the Trust was £0.1m lower than forecast last month, but remained in line with the Trust's cumulative month financial recovery plan.
- The improved delivery of elective flow had continued through February. However, delivery had required the use of waiting list initiatives which alongside bed escalation costs had fully utilised winter pressures contingency. No flexibility existed for other costs e.g. the increased financial cost of the Financial Sustainability Programme in March.
- The Trust was now forecast to achieve EBITDA of £8.2m at year end (FRR of 3) which was £0.1m less than the month 7 forecast. The Trust was forecast to achieve a £1.2m surplus, £0.1m less than previously forecast.
- Elective division income for March remained the most significant risk. The agreed target activity was highly challenging with potential risk of circa £0.2m associated with the enhanced income target. Maximising all activity in the division, whilst maintaining control on cost, especially additional staff sessional payments, would be essential. If the risk materialised, EBITDA at year-end would be circa £8m and the surplus circa £1m.
- In Emergency division, maintaining enhanced patient flow whilst also minimising the cost of escalation was the key action. The division had included £90K in the forecast in relation to a junior doctors re-banding appeal. Without this, EBITDA at year-end would rise by £0.1m to £8.3m.
- EBITDA margin %, I&E surplus margin % and return on assets % matrices all scored a rating of 2 in the month. Since underlying performance and financial efficiency criteria were both scoring 2, the overriding rules would apply and an FRR of 2 scored in the month.
- Current assumptions for EBITDA in March maintained an FRR of 3 although March remained the key month for delivering the financial position/revised forecast EBITDA and FRR of 3. A year-end EBITDA of £8m would secure an FRR risk rating of 3.

Additionally, the Committee's key challenges were reported and further discussed:

- Pay costs, the Committee was satisfied that the nursing costs variance related to escalation capacity
- Consumables – improved budgetary controls expected next year
- SLR roll-out was critical to understanding income and expenditure at a service line level.
- The importance of accurate forecasting and monitoring
- Financial risk
- FRR 2 in February 2012. The committee was satisfied that the original plan would not have achieved an FRR3 in Feb but that the February forecast would have delivered a marginal FRR3

DS provided an update in respect of the 'in-month' position, indicating

	<p>that everyone was doing everything possible to deliver the year-end targets. He noted that EBITDA was nearer £8m than £8.2 but that an EBITDA of £8.2 - £8.3m should not be ruled out at this stage as the Trust often experienced late surges in activity. It was noted that the most recent 'flash report' had reported slightly better elective activity but that this was still not in line with the original plan.</p> <p>MH had met Divisions and additional lists had been identified. However cancelled ops persisted. PW explored the reported reasons for the cancellations.</p> <p>The Board noted that the efforts made in February and improvements in planning would need to be communicated to Monitor.</p> <p><u>The Board noted the F&I CKIs</u></p>	
75/12	16B BUDGET 2012-13 – considered in private session of the Board	
76/12	16C CAPITAL PLAN 2012 - 13	
	<p>The Board considered the Capital Investment plans for 2012 – 13.</p> <p>It was noted that the draft Capital Budget of £9.5m for 2012-13 assumed a £3.5m surplus and the availability and affordability of a £3.5m FT financing facility.</p> <p><u>The Board noted the update and commissioned reconciliation work for the Board in April, prior to approval of the Capital Plan 2012 – 13.</u></p>	
77/12	16A MACMILLAN CENTR BUILDING EXTENSION BUSINESS CASE	
	<p>The Board considered the Macmillan Centre Building extension business case, which had been endorsed and recommended by the Finance and Investment Committee at a total cost of £847K.</p> <p>It was noted that the project would be supported with a £400k donation from Macmillan Cancer Care and £200K from the Trust's Cancer Care Charitable Funds.</p> <p><u>The Board:</u></p> <ul style="list-style-type: none"> • <u>Welcomed the external and internal charitable donations</u> • <u>Approved the business case</u> 	
78/12	17 QUALITY AND RISK COMMITTEE CKIS	
	<p>VH reported the Quality and Risk Committee's CKIs to the Board.</p> <p>The Board considered the CQUIN relating to pressure ulcers, agreeing that the Trust's performance on avoidable pressure ulcers was good and that effective tissue viability nurses are in place. The Board welcomed the fact that the Trust continued to work hard on prevention.</p> <p>The Board supported the CQUIN on pressure ulcers for 2012 – 13.</p>	

	<p>The Trust's position on C.Diff was discussed (41/37 cases ytd with 5 cases reported in the March report). It was noted that antibiotic pharmacists were working on the wards and discussions taking place with the Clinical Support Division concerning backfilling to ensure that antibiotic prescribing guidance remained available.</p> <p>The Board noted that an external challenge and SHA guidance had been received concerning C.Diff. The Trust's antibiotic pharmacist was also the regional adviser.</p> <p>The Chair queried the Trust's learning from other Trusts who were performing better than the QE in this area. The CEO said the action plan needed to be revisited with benchmarking learning assimilated. MH confirmed that the DoH team previously available for external review activities had been disbanded. Only a policy team remained in place, and they had confirmed that the actions proposed by the Trust were the ones they would expect i.e. pharmacist on wards, enhanced cleaning regime, RCA programme. The potential for peer reviews was also explored. It was further noted that the QE's Professor Lynne Liebowitz had been a member of the DoH team.</p> <p>The Board discussed the impact of organisational behaviour and queried what else the Trust could do. GH explained that all doctors had to score 100% on compulsory lectures and that clear expectation in respect of antibiotic prescribing were being communicated trust-wide since the beginning of January. Ribotyping of healthcare and community acquired infection incidence was discussed as was the fact that RCAs had revealed no cross contamination.</p> <p>The Board recognised the likely costs of backfilling the pharmacist position but nevertheless instructed the EDs to progress the issue as a matter of urgency. There was audit evidence that from July / August 2011 antibiotic prescribing had increased on the wards.</p> <p>The EDs' confidence that the incidence of C.Diff could be reduced was challenged. The Trust's plan was reiterated; as was the aspiration to reduce C.Diff incidence to below the 2012/13 ceiling. It was confirmed that the Trust's plans would be submitted to the SHA.</p> <p><u>The Board:</u></p> <ul style="list-style-type: none"> • <u>noted the CKIs</u> • <u>agreed to support the CQUIN on pressure ulcers for 2012 – 13.</u> • <u>Urged the EDs to progress with the backfilling to the antibiotic pharmacist as a matter of urgency</u> 	
79/12	19 SAFEGUARDING ADULTS / CHILDREN - NONE	
	GW reported that advice on whether a recent SI met the definition of a Never Event was awaited from the PCT. GW undertook to report back on the position to the next Board meeting.	
RISK		

80/12	20 BOARD ASSURANCE FRAMEWORK (BAF)	
	<p>The Board considered its strategic risks as set out on the BAF. It was noted that this was a live and dynamic document; updated continuously and that there would inevitably be some report timing issues in respect of particular activities and assurances.</p> <p>Risk 1.6 was queried in respect of the e-coli monitoring. It was explained that e-coli is not subject to ceilings as were MRSA and C.Diff. Although the trust actively monitored incidence through the Infection Control Committee, no run-rate had been added to the BAF as the Trust could not benchmark effectively to identify comparisons or gaps in assurance. It was agreed that MSSA and e-coli should not be reported on the BAF.</p> <p>The RAG rating of Risk 1.4 – QIPP delivery, was challenged. The Board queried whether the RAG rating of Amber accurately reflected the QIPP position locally. GR undertook to revisit with GH outside the meeting.</p> <p>Risk 3c – Cost reduction was also challenged in light of the Trust’s financial position and its failure to achieve an FRR4. It was observed that the risks expressed in the BAF in this respect did not articulate this risk specifically. GR undertook to add the FRR risk to the BAF.</p> <p>The Board endorsed the BAF model as an effective living document. It was agreed that in respect of reporting and risk assessment methodology, the BAF should provide clarity where an action date is exceeded but the residual risk score is not revised.</p> <p><u>The Board noted the BAF and subject to the above amendments, agreed its level of residual risk against its strategic themes and corporate objectives.</u></p>	<p>GR</p> <p>GR/GH</p> <p>GR</p> <p>GR</p>
81/12	21 CORPORATE RISK REGISTER	
	<p>The Board considered the corporate risk register – risks over a risk score of 20. There was one risk in this category; relating to the MRI scanner, which remained on the risk register pending the ‘go live’ date of the new MRI facilities currently being installed.</p> <p>The Board also reviewed the risks originally programmed for discussion at the Quality & Risk Committee (15 and over).</p> <p>Risk no 901 “interruption to cardiology service delivery due to leaks from kitchen above” - BC explained that mitigations taken to reduce this risk i.e. moving service to a different room. The Board agreed that the risk should be removed from the register, as it had been fully mitigated.</p> <p>PW observed that some risks had been on the register for some time. A review of older risks was required as there was the potential for the Board’s acceptance of little or no movement towards target risk to be implied. It was agreed that the Exec. Team would meet the Lead for Risk Management to address the issue.</p> <p><u>The Board:</u></p> <ul style="list-style-type: none"> • <u>noted the Risk Register</u> • <u>Commissioned a review of all older risks</u> 	<p>EDs</p>

GOVERNANCE		
82/12	22	SEAL REGISTER
	<u>The Board noted one entry on the Seal Register since its last review; Execution of a Performance Bond</u>	
83/12	23	FORWARD PLAN
	<u>The Board approved its forward plan</u>	
Date of next meeting of the Board of Directors – in public – 28th May 2012		