The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Board of Directors Meeting (In Public)

Minutes of the Board meeting held on Monday 23rd January 2012 at 9.00 am in the Conference Room at The Queen Elizabeth Hospital, King's Lynn

Present:

K Gordon (KG)	**Chair**
J Hillier (JH)	**Non-Executive Director and Vice Chair**
S Green (SG)	**Non-Executive Director (Chair of HGC)**
N Harrison (NH)	**Non-Executive Director (Chair of Audit Committee)**
V Holliday (VH)	**Non-Executive Director**
P Wright (PW)	**Chief Executive**
M Henry (MH)	**Director of Operations**
G Hunnam (GH)	**Medical Director**
G Wilson (GW)	**Director of Nursing**

In attendance:

B Cummings (BC)	**Director of Performance and Informatics**
J Bate (JB)	**Director of Human Resources and Organisational Development**
L Proctor (LP)	**Interim Director - Integration**
G Rejzl (GR)	**Company Secretary**
L Taylor (LT)	**Infection Prevention and Control Nurse**
L Fretwell	**Corporate Governance Officer**

1/12 PATIENT STORY **Action**

The 'Patient Story presentation featured the experience of a patient with relatively mild dementia, being treated on Oxborough Ward.

The key issues identified by the patient were:

- Filling time
- Being told one thing and another happening
- Having to leave her husband
- Unfamiliar food

Actions taken as a result of the experience of this patient and others with similar conditions and issues:

- Dementia support worker undertaking a range of activities with patients
- Availability of library books and newspapers

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- Access to TV (some patients pass on cards with unused credits)
- Short, focused communications, mindful that patients with dementia often focus only on the information they perceive as important to them
- Food preferences established and liaison with the kitchen and family initiated.
- Competencies set for establishing the nutritional needs of the patient with help of dieticians, supplements available where necessary
- 'This is me' passport – giving key information about patients, their backgrounds and their preferences to assist staff in supporting patients with dementia effectively and to avoid repetition of same questions

The Board asked questions and discussed the issues raised, including:

- Patient had not been discharged as she had gone on to develop D&V and had been moved to another ward, creating a further regrettable but unavoidable orientation problem for the patient
- Older People's mental health services get involved in the care of patients with dementia, particularly where there is challenging behaviour or where capacity assessments are required
- 'Tiptree Box' contents successful in stimulating patients with dementia
- Music is helpful for people finding it difficult to settle in an unfamiliar environment
- Nursing staff utilise patient passport as part of the exercise of getting to know a patient. Case conferences are also used
- The patient had no issue with the quality of the hospital's food; it was an issue about preferences and familiarity

The Chair thanked nursing colleagues for a very useful and interesting 'patient story' insight.

2/12 1. WELCOME AND APOLOGIES

The Chair welcomed members of the public to the meeting

Apologies were received from S Haney & P Davis.

3/12 2a. MINUTES OF THE LAST BOARD OF DIRECTORS' MEETING HELD IN PUBLIC ON THE 28th November 2011

The minutes were subject to amendment.

Subject to the amendments being made, the minutes were agreed as an accurate record of proceedings.

4/12 2b. MATTERS ARISING - CLINICAL PRESENTATION - MORTALITY

The Board received a presentation from the Medical Director on mortality,

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including:

- Hospital data collection
- Measures – HSMR & SHMI

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- Patient risk assignment methodology
- Mortality trends and benchmarks
- The role of the Clinical Outcomes Group (CoG) in auditing all cases connected with 'alerts'
- Outstanding concerns (pneumonia and COPD/ acute bronchitis)
- Actions taken to address areas of concern:
  - Improved Emergency pathways
  - Coding review (pneumonia)
  - COPD/acute bronchitis
    - review clinical pathway, including community elements
    - improved assessments – identify pneumonia earlier, through early senior review, documentation and management plan, care bundle, implementation of E-discharge, death certification

The Board discussed and probed the issues raised in the presentation at length, including:

- The impact of Hospital Episode Statistics (HES) on mortality figures and tariff
- HSMR as a 'barometer'
- HSMR based on 1st diagnosis
- The difference between HSMR & SHMI (significantly, SHMI excludes Palliative Care)
- HSMR dropping nationally
- If rebased, the potential for the Trust's HSMR to be above the national average
- Reasons for Trust currently having a higher crude mortality than its neighbours: impact of very sick patients with complex co-morbidities highlighted. Increase in admissions in over 70s. Liverpool Care Pathway means that fewer patients are being referred to the palliative care team. Trusts with higher palliative care coding have lower HSMR but higher SHMI
- CoG has identified some inconsistencies in respect of documentation
- The time taken from alert to the implementation of a change: it can take some time to change practice following training etc.

The role and impact of the CoG were explored in detail:

Board members questioned the:
- Likely impact of actions initiated by CoG on mortality
- Objectivity of the CoG

it was confirmed that the group is supported by Dr Foster through quarterly external report setting out potential alerts. Other external sources of information include the Quality Intelligence East (QIE) database are also used.

The Board endorsed the key initiatives undertaken at the Trust to improve mortality e.g.

- Improvements in Patient Safety, such as managing the deteriorating patient
- Harm reduction
- VTE initiatives
- Think Glucose campaign

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The Board noted that key elements in improving mortality further were the standardisation of care and the availability of more hospice capacity.

The Board explored the governance arrangements in place to ensure Board visibility of key information in respect of mortality; the roles of the Clinical Governance and Quality & Risk Committees being noted in particular. **The Chair agreed to work with VH to raise the profile of the CoG, which was observed as a crucial element of the governance structure.** **KG/VH**

The Board:

- **Welcomed the presentation**
- **Endorsed the valuable work of the MD and the Clinical Outcomes Group in developing the Trust's understanding or its mortality rates and in implementing changes in practice to address issues raised**
- **Signalled its understanding of the requirement for greater standardisation of care in improving mortality and endorsed the work done to improve patient pathways across the healthcare community**

5/12 3. ACTIONS MONITORING

The Actions Monitoring table was reviewed with updates provided and those Actions agreed as 'complete' approved for removal from the monitoring table.

In relation to several separate actions, it was noted that the Board's work to review and revise its strategy would inform the clinical, estates and workforce strategies.

6/12 4. DECLARATIONS OF INTEREST IN ITEMS ON THE AGENDA

None

7/12 5. URGENT MATTERS (SO 3.6 & 5.2)

None

8/12 6. CHAIR'S UPDATE

The Chair updated the Board in respect of key activities since the previous meeting:

- The Governors' Council Patient Experience Committee meeting 19th January 2012: KG noted that the meeting had been extremely well attended and that this committee was developing well and delivering work of real value to the Trust and its patients
- FT Membership recruitment: KG stressed the importance of achieving the Membership Strategy target of 5,000 public members by the end of March. She reported the work being undertaken by Governors in respect of recruitment and urged Board members to offer time to come into the Trust to recruit new members in the public areas of the Trust
- Governors' Nomination and Remuneration Committee (NED Appointments): KG reported the work currently being undertaken by the committee in respect of the proposed re-appointment to Board positions of both NH and SH. The Governors' Council would consider the

Committee's recommendations at its 1 February meeting.

The Board noted the update.

9/12 7. CEO'S REPORT

PW reported that January had been a very busy and challenging period, but that initiatives implemented just 10 days ago, including the short stay ward, were working well, delivering positive results and had been welcomed with enthusiasm by clinicians.

Other work discussed included:

- The establishment of the West Norfolk Urgent Care Network work
- Ring fencing of elective capacity from 12th January
- Positive start to the KPMG partnership work to date, and project moving at right pace
- NHS Norfolk and Waveney NEDs meeting
- UEA event – the proposed development of Academic Health Sciences Networks across England. These will strengthen joint working between universities and healthcare providers, promote innovation from bench research level to front-line patient care and develop strong education and training networks. Regional interest in building effective networks were described, involving the QE, the Mental Health Trust, Ipswich, James Paget, the N&N and the UEA. It was noted that the Trust also sees itself as part of the Cambridge Network and aspired to be a partner as opposed to a participant in the development of effective networks. **A paper on the Joint Academic Venture Board is being prepared for Board consideration at a future meeting** **LP**
- PiP implants – The Board was reassured that the Trust had not used PiP implants during the time the QE's Clinical Director (Surgery) Peter Gough had been at the Trust (11 years). It was also reported that should women affected by the PiP issues contact the Trust, then they would be advised appropriately
- Health and Social Care Bill progress in the Lords.

The Board discussed the issues raised and welcomed the Trust's intention to raise the profile of the Trust's Research and Development work for the benefit of the Trust's patients.

The Board:

- **Noted the report**
- **Endorsed the direction of travel in respect of the Trust's Research and Development work and Academic Health Sciences Networks aspirations.**

REGULATORY

10/12 8. COMPLIANCE FRAMEWORK RETURN – Q3

BC reported that the return presented for approval related to the period to 31st December. The Board noted that Monitor's guidance had been followed in

respect of the appropriate declarations. The Board debated the following backward and forward looking issues in reaching agreement on the Board Q3 declarations:

- Impact of the current CQC moderate concerns on the Quality Declaration
- Governance Risk Indicators and Targets: overriding position on C.Diff trajectory – automatic 'red' due to 3 consecutive quarters off-trajectory on C.Diff
- Cancer performance: the Board scrutinised the Trust's available intelligence on Cancer waits, mindful that the relevant data would not be submitted until 2nd week in February, and were satisfied that based on known information, the Trust had achieved the targets
- Finance 'forward' position, based on delivery of FRR 3 in Q3 and plans in place to sustain and strengthen the position over the coming 12 months
- The imperative to deliver the plan and restore Monitor's confidence in the Trust

The Board agreed that the Chair's signature would be applied to:

- **Finance – Declaration 1**
- **Quality – Declaration 2**
- **Governance – Declaration 2**

11/12 9. MONITOR ESCALATION POSITION

PW explained that as a result of the Trust's Q2 declaration, members of the Board had been called to attend an escalation meeting with Monitor on 22nd November 2011. This was followed by a letter indicating that Monitor was minded to recommend to the Compliance Board that the QE be found to be in breach of the terms of its authorisation. The Trust had responded to Monitor's letter on 10th January 2012. However, on 18th January 2012, Monitor's Compliance Board found the trust to be in breach.

PW explained that Monitor's concerns related to their confidence in the Trust's ability to get back on track financially and to develop and execute credible, risk assessed plans in the future. Monitor acknowledged the work the Trust had embarked upon to delivery recovery and sustained financial performance in accordance with its plans. It was noted that Monitor was not suggesting any further intervention at this stage.

PW stressed that this was a serious issue for the Trust and for its reputation. She emphasised that the Trust must respond and deliver in accordance with its plans in order to regain Monitor's confidence. She noted that a Press Release was on Monitor's website and would be released to the press today. Plans were in place for communicating the issues to staff and that following several communications, including a letter today, the Trust's Governors would be fully briefed at their meeting on 1st February 2012.

The Chair added that although C.Diff and the Trust's position with CQC had been discussed on 22 November, Monitor had decided on the significant breach in relation to financial delivery, planning and governance which were evidently their principal concerns.

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The Board discussed the issues at length, including:

- The need to take immediate action where short-term opportunities are identified
- The Trust's relationship with its regulator, Monitor
- Lessons learned, e.g. the early reporting of 'risk' to Monitor
- The imperative to get on top of the financial issues without compromising quality and patient care and the evidence that good financial planning and efficiency can improve quality
- The importance of clinical engagement in delivering efficiency and maintaining 'quality'. It was noted that KPMG's approach was in line with this
- Strength of the Trust's controls and sources of assurance

The Board:

- **Noted the update**
- **Agreed the key drivers for restoring Monitor's confidence in the QE**

12/12 10. CQC POSITION AND ACTION PLAN UPDATE

GW presented the action plan to the Board, noting:

- The work required to maintain a strong position in respect of CQC Essential Standards required elements of cultural change, underpinned, for instance, by communication of the strap line 'If everyone does a little, we will all achieve a lot'
- Significant improvements had been identified through the regular unannounced audits
- Adherence to CQC Standards must become 'business as usual'
- CQC Standards guidance issued for doctors in addition to nursing and other staff

The Board examined the Trust's action plan position and in particular those areas at 'amber', and considered risks and mitigating actions being put in place e.g.:

- Cleaning needs to remain high on the Trust's agenda
- Pharmacy: looking at option of drugs (where possible in terms of stability) being drawn up in the aseptic suite rather than on the ward.
- Business case being developed to increase phlebotomy hours
- 'Step-down' ward in place later in the week – staffed according to the needs of the patients
- Rigorous assessment processes in place, identifying work yet to be done or practice embedded where actions remain at 'amber'

The Board:

- **Welcomed the cultural work being undertaken to ensure that CQC Standards Compliance becomes part of 'business as usual' for the Trust.**
- **Were satisfied that the rigour of the ongoing assessment process would identify further risk**
- **Welcomed improved visibility through the proposed inclusion of more 'audit' outcomes on the Board's 'flash reports'.**

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13/12 11. SAFEGUARDING ADULTS DECLARATION

GW reported to the Board that in support of Outcome 7 of the CQC Essential Standards the Trust was required by the CQC to publish a declaration in respect of the its commitment to the Safeguarding of Vulnerable Adults. It was explained that while this was not mandatory, it was good practice.

The Board examined the draft declaration and the Trust's work to address the issues raised by the CQC in their August 2011 inspection.

Following discussion, the Board was satisfied that the declaration did set out the commitment of the Trust and its Board effectively and that any emerging risk would be reported and managed through the risk register and BAF.

The Board approved the Vulnerable Adults Declaration for publication on the Trust's website.

INTEGRATED PERFORMANCE

14/12 12a. INTEGRATED PERFORMANCE DASHBOARD

BC reported to the Board that there had been no significant changes in respect of the Performance Dashboard or Performance Report layout and content since the last report to the Board but that there had been rigorous discussion at the Performance and Standards Committee on this matter. The format and content would be developed accordingly.

The Board reviewed the Trust's performance and trends as reported on the Dashboard, including:

- **Completeness of observations:** the Trust had a plan in place to address this issue, underpinned by monthly meetings. The Board discussed the 'tolerance' in the dashboard reporting and RAG rating and was satisfied that the rigour of 'anything less than 100% being a 'RED'' was appropriate.
- **EMSA:** the Trust is in discussion with the PCT concerning the 1 reported EMSA breach and was making the case that this breach was for clinical reasons.
- **Medical Outliers:** high through the post-Christmas period. The Board welcomed the measures being put in place to address the issues related to high numbers of medical outliers.
- **Readmission Rates:** clinicians being asked to review reasons for readmission, Clinical Outcomes Group looking at areas where there is a high readmission rate – 4% being the contractual tolerance. Penalties apply in respect in some readmissions. **The Board asked for the split between different readmissions to be shown on the dashboard** to enable the Board to identify the potentially greater risk associated with elective readmissions. **BC**
- **Crude Mortality**: the Trust's crude mortality had been lower for the past 3 months than for the same 3 months last year.
- **Norovirus**: no 'outbreaks' declared since Oct 2010.
- **Sickness Absence**: rate attributed to seasonal sickness and the fact that the staff are working exceptionally hard. The Trust's sickness absence rate is below the Norfolk average.

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- **Completeness of appraisal:** concerns remain. '30 minute' appraisal being piloted with some staff groups. The CE appealed to all Directors to look at their reporting areas and at divisional level to encourage the completion of appraisals for all staff. The Board re-affirmed importance of the appraisal process.
- **Mandatory Training: c**oncerns expressed regarding fire, infection control and IG. It was agreed that **further information was required in respect of the Fire Training issues.** In respect of Infection Control, Admin and Clerical and Nursing & Midwifery were the teams achieving the target most consistently. IG training had a very low take-up on medical and dental. BC indicated that she was looking at other ways of delivering this training. GH explained the roll-out of Medical Mandatory Training Days, indicating that the full programme may take up to a year to roll-out fully. The potential for sanctions to be used where staff did not attend mandatory training was discussed, including the potential for staff to be prevented from moving through a pay increment 'gateway'. GH added that this would also be a revalidation issue for doctors. **JB**
- **A&E Performance:** the figure of 92.7% against a target of 95% was discussed, as were the recent changes in respect of the emergency pathway and the expectation that these measures would soon have a positive impact on the Trust's A&E performance.
- **Choose and Book:** C&B was described as a 'patch-wide' issue with a long way to go until the majority of patients wishing to book a slot through 'choose and book' can do so.
- **Stroke and Cancer:** the dashboard reported November data. The Board explored the high risk TIA performance closely and were reassured that the January 2012 data would be likely to show achievement of the 60% target. Performance against this target was not about patient care but about data upload capacity. It was confirmed that Monitor has yet to decide its Stroke Indicator.
- **Day Case Rate:** the Board welcomed the day case rate and queried whether this had reduced pressure on beds elsewhere in the Trust. BC explained that the performance was partly to do with moving suitable elective work into Day Surgery.

The Board discussed Cancelled Operations, noting that this was a major Patient Experience issue and one which had been discussed at length at the Patient Experience Committee of the Governors' Council. The Board considered whether, in light of its impact on patient experience, this indicator should be on the Dashboard. It was noted that Cancelled Ops. performance was reported in the Performance Report, where details were given about the Trust funding patients who had waited over 18 weeks to have their treatment elsewhere, in accordance with the NHS Constitution. The Board endorsed the Trust's commitment to ring fence elective capacity and for urgent electives to be treated with the same priority as emergencies.

The Board:

- **Endorsed work in progress to address areas of underperformance**
- **Commissioned the addition of Cancelled Operations to the dashboard** **BC**
- **Commissioned the splitting out of readmissions categories on the dashboard** **BC**

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15/12 12b. PERFORMANCE REPORT

The Board discussed the issues highlighted by the Performance Report:

The Trust was reported to have achieved the A&E target for Q3, but marginally. The Board received assurances that the following actions were taking place to strengthen the position:

- Trust discussing volume of activity with the PCT
- ECIST recommendations being implemented – very positive early signs
- Urgent Care Network – reconstituted

The Board endorsed the Trust's aspirations to achieve 98% and the clear instruction to divisions that performance at 97% was expected for Q4. The Board also discussed the Trust's difficulties in recruiting A&E Consultants.

The potential financial penalty impact of the reported Stroke contract query was discussed and the Board were reassured that a remedial action plan had been agreed with NHS Norfolk. If the Trust delivered to the target of 60% in January 2012, then the query would be lifted.

The Board:

- **Endorsed the plans in place to recover the Trust's position performance position where necessary**
- **Noted the position in respect of C.Difficile**
- **Noted the position for the Compliance Framework at the end of Q3 as 'Red'**
- **Noted the forecast position for the Compliance Framework at the end of Q4 as 'Red'**
- **Noted the impact of the outcome of the CQC unannounced visit on the Trust and its governance rating.**
- **Commissioned the inclusion of '18 weeks by specialty' performance in the performance report** **BC**

16/12 13. PERFORMANCE & STANDARDS COMMITTEE – CHAIR'S KEY ISSUES from meeting on 18th January 2012.

SG invited the Board to consider issues marked for escalation, in particular:

- **A&E** -
  - 95% target achieved for Q3: marginal achievement.
  - System-wide Emergency Care network pressure in post-Christmas period: system-wide Gold, Silver, Bronze team initiated
  - Short Stay Emergency Care capacity in place
  - Some urgent ops cancelled: - urgent elective now treated as emergencies
  - Emergency Action Plan and ECIST Recommendations to be consolidated
  - The Trust is actively participating in the development of the Emergency Care Network, to be chaired by WN CCG CEO. Aspiration that ECIST will assist in driving system-wide network approach
  - Staff very enthusiastic about changes

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- All electives delivered in previous week
- Thanks recorded to teams for leadership, commitment and hard work.

- **Workforce**

  - Recruitment issues for key grades linked to agency usage and high costs of temporary staff and locums.

The Board welcomed the insights provided by the Chair's Key Issues and:

- **Noted the work being undertaken to improve the Trust's Emergency Care Pathway and align this with the Performance Report in respect of A&E**
- **Noted the extent of the financial impact of not being able to recruit to key grades of staff**

17/12 14. FINANCE & INVESTMENT COMMITTEE - CHAIR'S KEY ISSUES from meeting on 18th January 2012.

KG presented the F&I CKIs. The Board considered the Trust's financial position as discussed in detail at the Finance and Investment Committee, in particular:

- The Trust's delivery of FRR3 in Q3: the Board stressed that the Trust must not take comfort from this achievement and must maintain its improvement ambitions in Q4, especially February and March
- Income: need to maximise the Trust's income for the rest of the year was emphasised, particularly after a difficult start to the year in January. The Board welcomed the news that all electives had been undertaken in the previous week and stressed that this should continue
- Cost-base reduction remained key: the Board endorsed plans to align staffing skills mix with the needs of patients on particular wards, noting that cohorting made this achievable e.g. step down wards not requiring as rich a skills mix as wards with more acute services
- KPMG's financial sustainability partnership: KPMG were looking for 'quick wins' such as tax and VAT savings, as well as longer term opportunities for efficiency.
- EBITDA dropped by £0.25m
- Capital: £800K slippage. The Board considered the implications of the slippage, anticipating that it would be necessary to provide Monitor with additional information. Following discussion, the Board was satisfied that this was natural slippage, rather than a decision to defer projects and expenditure.

The Board:

- **Noted the F&I Committee CKIs**
- **Endorsed the direction of travel in respect of the Trust's recovery and financial sustainability but emphasised that the momentum in respect of both planning and delivery must be maintained and increased through Q4 and into the new financial year.**
- **Agreed to accrue the £800K capital slippage, subject to small urgent works required before the end of the year.**

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18/12 15. QUALITY & RISK COMMITTEE - CHAIR'S KEY ISSUES from meeting on 18th January 2012.

VH presented the Q&R Committee's CKIs, identifying in particular:

- Patient Safety: the Board welcomed the opportunity to have greater visibility of the work of the Clinical Outcomes Group as a key source of quality assurance and the means of identifying issues with the potential of risk to quality
- Nursing Care Complaints: the Board welcomed the planned external review commissioned to compare this year's complaints with last year's
- Infection Control: the Board considered an additional paper on the outcome of a review of C.Diff cases using the revised SHA algorithm. Had the algorithm been applied from the beginning of the year, then the Trust would be on trajectory. It was agreed that this should be communicated to Monitor, although not to have its compliance position recalculated. The maximum C.Diff tolerance for 2012/13 of 30 cases was discussed and the Board agreed that this would be a major challenge for the Trust. The Board welcomed the plans to review antibiotic usage but agreed that the figure would be difficult to achieve unless all the issues were fully understood and that this should be highlighted as a key risk. The Board considered how the target had been derived: baseline of 39% plus a continuous improvement target of 29% (Operating Framework). It was agreed that the Trust should communicate the risk to Monitor and consider the trajectory for next year carefully as it was the cumulative nature of the trajectory that was a key problem. Failure to communicate the risk effectively had been an issue this year. It was noted that in respect of the Trust's contract, the tolerance was 50 C.Diff cases.

The Board:

- **Noted the Q&R Committee's CKI**
- **Endorsed the proposed way forward in respect of those issues raised**

19/12 16. SAFEGUARDING

In private.

RISK

20/12 17. BOARD ASSURANCE FRAMEWORK

GW presented the BAF.

The Board considered the risks to the delivery of the strategic and corporate objectives and the key controls in place. The Board also considered the positive assurances provided and any gaps in assurance and related mitigating actions.

The relationship between the residual risk and target risk RAG ratings was challenged in several areas. **It was agreed that this would be revisited at the next review.** The CEO indicated that the Board needed to tackle the 'red' risk actions and decide whether the Board was prepared to accept the risk. It was agreed that the BAF should be refined before re-presentation. **GR**

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The Board specifically requested that the BAF re-visit:

- 1.10 - QIPP – to be separated out
- 2.3 – outsourcing TEP 10
- 2.8 – issues demonstrating gap in assurance in respect of costs control to be flagged 'red'

The Board:

- **Agreed its strategic risks**
- **Agreed its key controls**
- **Commissioned additional work in respect of the RAG rating methodology**

21/12 18. RISK REGISTER

The Board considered the Risk Register ≥ risk score 20.

The Board considered in particular:

- MRI scanner:clinical risk. It was agreed that the risk remained while the work to install the additional capacity was in progress. The Board agreed that timing of the additional capacity coming on line was critical.

The Board:

- **Noted the risk register**
- **Endorsed the mitigating actions being taken to address high scoring risks.**

QUESTIONS FROM THE PUBLIC

A member of the public observed that their experience of the A&E department had been that the staff do their best and that there was little point in appointing an additional consultant unless bed availability issues were tackled.

The Chair thanked the member of the public for her observations and reminded the public and the Board about the Trust's Emergency Care Pathway review work.

GOVERNANCE

22/12 19. BOARD FORWARD PLAN

The Board agreed its forward plan.

23/12 MINUTES (previously circulated by email)

- F&I Committee Meeting minutes - 23rd November 2011
- Healthcare Governance Committee minutes - 23rd November 2011
- Trust Executive Board minutes - 8th November and 13th December 2011

No further issues raised

THE NEXT PUBLIC BOARD MEETING WAS CONFIRMED AS MONDAY 26TH MARCH 2012 AT 9.00 A.M. IN THE CONFERENCE ROOM

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 12.15pm

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