

**SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST  
UNCONFIRMED**

**MINUTES OF THE SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST (THE TRUST)  
BOARD OF DIRECTORS MEETING HELD ON FRIDAY 30 SEPTEMBER 2011 IN THE BOARD ROOM,  
NEWARK HOSPITAL, COMMENCING AT 9.30AM**

<b>Present:</b>	Ms T Doucét (TD)	Chairman (from item 11/226)
	Mr S Grasar (SG)	Non-Executive Director
	Mr D Heathcote (DH)	Non-Executive Director
	Mrs B Jones (BJ)	Non-Executive Director
	Mr D Leah (DL)	Non-Executive Director
	Mr I Younger (IY)	Non-Executive Director
	Mrs C White (CW)	Chief Executive
	Dr N Ali (NA)	Executive Medical Director
	Mrs S Bowler (SB)	Executive Director of Nursing & Quality
	Mr A Marshall (AM)	Acting Director of Finance (to item 11/234 iv)
<b>In Attendance:</b>	Ms S Brewin (SBr)	Deputy Divisional Director, EC&M (for item 11/225)
	Mrs L Dadge (LD)	Commercial Director
	Mrs S Harrison (SH)	Interim Company Secretary
	Mr J Marsh (JM)	Public Governor (Lead Governor)
	Mrs L Palmer (LP)	Divisional Director, Corporate Development (for item 11/226)
	Mr L Radford (LR)	Training, Education and Development Manager (for item 11/224)

**11/219 CHAIRMAN'S WELCOME AND INTRODUCTIONS**

A quorum being present, BJ declared the meeting open and confirmed that the meeting had been convened in accordance with the Trust's Standing Orders.

**11/220 APOLOGIES FOR ABSENCE**

None.

**11/221 BOARD OF DIRECTORS RESOLUTION**

The Board of Directors resolved "that representatives of the press and other members of the public be excluded from this part 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" (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).

**11/222 EQUALITY DELIVERY SYSTEM**

KF explained that the Equality Delivery System (EDS) is an NHS-wide performance and quality assurance framework and its adoption by individual trusts is intended to assist NHS organisations to improve equality performance in service delivery and workforce, and ensure that it is embedded throughout the Trust's activities. Work will include focus on patient experience and will be picked up in future Care Quality Commission (CQC) reviews. Objectives for work will cover areas within both the CQC and EDS action plan. CW noted that the development and implementation of EDS is being monitored by the Diversity and Inclusivity Committee and the Workforce Sub-committee, with oversight by the Executive Management Committee.

All NHS organisations are expected to have adopted the EDS and prepared and published their

Equality objectives by April 2012, and the Trust is on target to achieve this.

JW noted that the East Midlands has been the lead region for the development of EDS, and said that the Trust would access any additional support and guidance made available.

The Board noted the proposal to adopt the NHS EDS and supported the development and implementation of the EDS in 2011. The Board requested that the Annual Equality and Diversity Report be an agenda item on the October Board meeting. **KF**

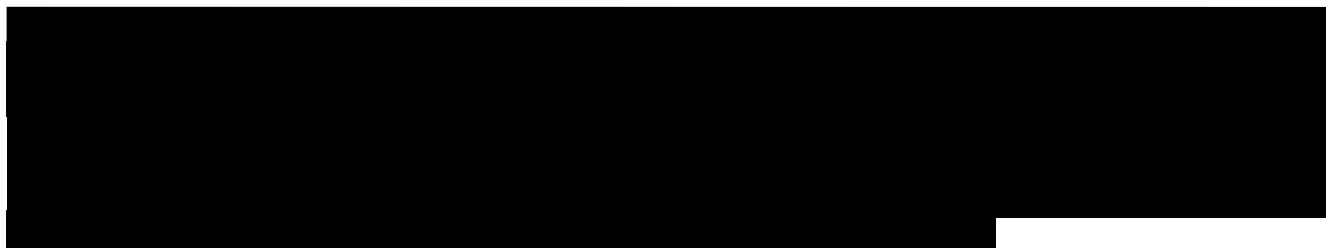
KF to keep DH, as Board Equality and Diversity lead, updated on progress with EDS implementation. **KF**

## **11/223          PRODUCTIVE NOTTINGHAMSHIRE – BOARD UPDATE**

CW introduced discussion of the Productive Nottinghamshire Update following the Nottinghamshire Executive Team (NET) meeting held in August 2011, which covered the following areas:

- Programme and Workstream update
- Finance update
- Achievements
- PMO update – Mid Year Review
- Membership of the NET

CW said that the paper identified areas of financial progress across partner agencies, and noted that actions listed for SFHFT did not fully reflect the actions taken to date by the Trust. An update on key workstreams was outlined:



**Health Informatics:** CW said that there were significant opportunities for savings within this workstream and diagnostic work had explored opportunities and options to be taken forward.

**HR Shared Services:** KF said that she was happy with proposals to share transactional HR work across the health community but would wish to keep some services in-house.

Risks of slippage in saving plans across Nottinghamshire were discussed. These included median waiting times where there is a mismatch in savings achieved and assumptions for both referral to treatment and A&E standards. JW said that SFHFT was undertaking increased activity and costing errors had been identified in reporting which were to be addressed. It was noted that independent sector providers were excluded from the elongated waiting times initiative.

IY requested that for future reports, a clear summary of progress made over the last month and performance against the year to date targets would be helpful to focus Board discussion, and that mitigating actions planned or underway to address slippage should be outlined.

CW is to feedback comments from the Board on the issue of independent sector providers being excluded from workstream QIPP savings plans, the Board's request for a clear summary of progress made each month, and that detail of mitigating actions being taken to address slippage should be outlined. **CW**

The Board NOTED the Productive Nottinghamshire Report, progress being made across the county and considered the implications for Sherwood Forest Hospitals NHS FT.

**11/224            TRAINING, EDUCATION AND DEVELOPMENT ANNUAL REPORT 2010/11  
(Lee Radford (LR) in attendance)**

LR gave a summary of the report which gives an overview of the main successes the Training, Education and Development department achieved in 2010/11 and the key training priorities for 2011/12.

The Board welcomed the 22% increase in staff attendance on the revised mandatory training programme to give a 60% compliance standard as at the end of August 2011. LR updated that this had risen to 65% as at the end of September 2011, the year end target being 75%.

Key Training, Education and Development Priorities for 2011/12 were outlined in detail as documented in the report.

SB raised a query relating to infection control training. LR said that external funding for the dedicated post had now been withdrawn and he was working with Sue Bottomley to ensure momentum on infection control training is maintained. It was noted that an infection control nurse is to be appointed in October 2011. It was confirmed that funding is secure for preceptor training until June 2012.

The approach to Leadership and Management Development was tabled and LR said that this is based upon the NHS Leadership Quality Framework. LR outlined the model and said that the programme was to target service line managers, with the first cohort starting in December 2011. In response to a query from SG, LR confirmed that the programme had received accreditation from West Notts College at ILM level 4.

LR confirmed that in-house resource and external specialist trainers are to be used to deliver the Leadership and Management Development programme. KF explained that there is no recurrent support to deliver the programme but that in-house resource is to be identified following a restructuring process.

DH put forward the view that senior managers should be engaged in the programme to ensure essential skills were developed throughout the workforce. KF said that middle managers had been identified as a key group to influence change, but would ensure there was also focus by senior management.

IY queried how the effect of implementing the programme would be measured by the Trust. LR explained that participants would undertake work based projects as part of the programme and as such there would be identifiable deliverables and outcomes that could be measured.

IY raised concern over the delay in developing the programme, which had been identified as a priority earlier in the year. KF noted the undue delay, and explained that this was due to the fact that additional support to develop and deliver the programme had not been identified and prioritised. Target groups for implementation of the Leadership and Management Development programme are to be clarified, and the timeline for the programme is to be brought back to the December Board meeting.

**KF**

Income generation through the hiring of training facilities was noted and marketing activities for the Education Centre discussed. LR reported that a marketing coordinator is currently being recruited to take forward this work. JW suggested that the facilities and courses delivered at the Education Centre could be used as a focus for wider Trust communications and marketing, and LR is to liaise with Steve Jardine to progress this.

**LR/JW/  
SJ**

LR confirmed that he was working with the Corporate Development Team to ensure adequate car parking spaces were allocated to support large events held at the Education Centre.

The Board NOTED the Training, Education and Development Annual Report 2010/11, welcomed the significant progress outlined and reiterated support for the aim for the Education Centre to become a regional centre of educational excellence.

**11/225            WINTER PLAN**  
**(Sue Brewin (SBr) in attendance)**

SBr said that the Trust was required to develop a Winter Resilience and Flu Plan and submit a final winter plan, ratified by the Trust Board, to East Midlands SHA by 30 September 2011.

In developing the Winter Plan, the Trust had undertaken wide engagement and had ensured lessons learned from the experiences of last winter were reflected in the Plan. The role of the SHA Cluster was confirmed to include system overview and comparison of approach across the health communities to ensure consistency and identify best practice.

In response to a query from DH, SBr said that she believed that there was a sense of shared support across the health community, especially on the issue of escalation and de-escalation triggers, and that this was a key improvement on the experience from winter 2010/11.

It was confirmed that limited affordability to provide the agreed resource was an issue that the Trust could learn from last winter's experience. It was explained that the financial detail in the 2011/12 Winter Plan was not finalised, but includes an allocation to match last year's spend. It was noted that much of the planning for the forthcoming winter includes flexing existing resources and timely recruitment, and thus avoiding agency costs.

IY suggested that it would be helpful to ensure that patients were aware of potential changes to services as outlined in the Winter Plan. The Trust is to consider its communication/information to patients on expectations during winter pressures, including use of discharge lounges.

**JW**

The Board RECEIVED the final plan for approval and onward submission to East Midlands SHA on 30 September 2011 and APPROVED the expenditure as detailed in the financial schedule.

**11/226            CQC REPORT AND ACTION PLAN**

SB reported that CQC identified during their visit in May 2011 that King's Mill was not meeting all the essential standards of quality and safety, and had scored 11 points for non-compliant standards. In response to the CQC findings an action plan has been developed incorporating improvement actions from the three individual reports received from the CQC and incorporating learning points to ensure that best practice is implemented across both King's Mill and Newark sites. Where there are compliance or enforcement actions Monitor will score trusts a governance risk rating of 2.0 where the CQC has imposed compliance actions, but will not score minor concerns. The implications for the Trust's overall governance risk rating for quarters 1, 2 and 3 were noted and discussed.

SB said that good progress had been made with implementing the action plan and that EAU had taken action immediately following the CQC visit. EAU continues to hold a separate plan in addition to the overarching plan and monitors progress weekly.

Action taken by the Trust in the two areas where moderate concerns were raised, namely complaints and management of medicines, were outlined. It was noted that following support from senior clinicians including Dr Ali and Mr Gie, there had been 100% compliance in meeting complaints response deadlines during the past four weeks.

SB and CW have met with the new CQC inspector for the East Midlands to give an update on progress and to register that the Trust now considers itself to be compliant against the essential standards of quality and safety. The Trust has requested that CQC reassess the Trust in October, with the aim of confirming the Trust's ongoing compliance in order to remove the Monitor compliance points. It was confirmed that a full review would be undertaken for the two moderate concerns and a review of evidence only would be undertaken for the minor concerns raised.

SB confirmed that the letter to CQC outlining the Trust's confidence that it now met all standards of quality and safety and the request for reassessment had been copied to Monitor. AM explained that the compliance points would be applied in 'real time' (a recommendation from the review of Mid Staffordshire NHS Foundation Trust) and that as such, any declaration made by the Trust at the end of Quarter 2 would be subject to a real time override as a result of the CQC reassessment, and would be duly updated on the Monitor website.

SB raised concerns that there was evidence of lack of action against required actions arising following internal audit reviews relating to the compliance areas assessed. It was noted that all outstanding internal audit actions were now regularly reviewed and actions were to be regularly followed up to ensure completion. It was also noted that the internal audit review of the outcomes in the same Division assessed by CQC had given the Trust assurance on the outcomes where CQC had identified non-compliance. This issue had been raised and discussed at the Audit Committee meeting of 18 August 2011.

It was noted that a rolling programme of assessment against each outcome would be undertaken and this was to be a key role of the Deputy Director of Nursing once appointed. This rolling programme of assessment will be monitored by the Audit Committee.

**DL**

Areas of focus would include learning disabilities, consent, safeguarding children and adults. It was noted that Nursing Metrics would help in providing information to support evaluation of performance in these areas in future.

TED NOTED the contents of the CQC Report and supported the action plan.

**11/227 CAR PARKING**  
**(Lorraine Palmer (LP) in attendance)**

Following the decision not to implement the contractual tariff in April 2011, discussions have been ongoing on two key elements; the impact to the current financial year on not implementing the contractual tariff and the future charging structure of the car parking tariff. LP said that options for the car parking tariff and charging structure had been discussed at several Trust fora including the Council of Governors, the Executive Management Committee and the Car Park User Group.

Data presented on current usage analysis was discussed and it was noted that currently 40% of parking at the hospital is free of charge (used by disabled and concession drivers). The impact of the current tariffs and charging structures for 2011/12 was identified to result in an adverse impact of £280,659. The deficit can be mitigated by the part year effect of the increase in staff parking permits, and the effect of introduction of fees for disabled and concession users from November 2011 would leave the Trust facing an adverse impact of £91,591.

The contractual income guarantee payable as part of the PFI arrangement was discussed and LD said that a process for invoicing for these costs had not yet been agreed. Project Co have however agreed the deficit figures as outlined.

Income generation projections for years 2 and 3, based on the full year effect of staff parking permit and the introduction of fees for disabled and concession users, was noted. LD was asked to rework

**LD**

these figures to ensure full effect of all relevant factors affecting car parking income were incorporated.

The Board APPROVED by majority vote that charging be introduced for disabled and concession users. It was agreed that further discussion on proposed increases in parking charges would be reviewed later in the meeting when details of options, as presented to the Council of Governors meeting in July 2011, were available.

## **11/228            MANAGEMENT OF ASBESTOS**



LD said that the asbestos risk associated with the site should be kept on the Trust's risk register indefinitely and all records relating to management of the site should be retained. **LD**

LP reported that SFS are undertaking a full asbestos survey for the retained estate. R Dabbs is to be asked to present an update to the October Board meeting on progress against the action plan for the Dukeries site and implications for the wider retained estate. **LD/R Dabbs**

The Board NOTED the actions taken to date and the ongoing management controls to ensure the Dukeries building is safe and secure and risks are mitigated.

## **11/229            CHAIRMANS REPORT**

### ***i) Protocol for Investigation of Alleged Breaches of Conduct (Governors)***

TD said that the protocol had been developed by a group of the Trust's Governors, chaired by the Senior Independent Director, to add clarity to the stated provisions within the Trust's Constitution and the Council of Governors Standing Orders. The protocol was discussed at the Council of Governors meeting of 18 August and the protocol had been updated to reflect comments made.

The Council of Governors had also resolved that the majority requirement to uphold a change put before the Council of Governors should be a simple majority vote. DH reiterated that a revision was required at 4.14.2 as well as 4.14.5 of the Council of Governors Standing Orders to reflect the simple majority voting resolution.

SH to ensure that both revisions are made to the Council of Governors Standing Orders. **SH**

The Board APPROVED the amendment of the standing orders to reflect the simple majority resolution.

KF confirmed that the protocol reflects procedures that would be followed for breaches of conduct for Trust staff. DH undertook to share the Protocol with other foundation trusts. **DH**

The Board APPROVED the Protocol for Investigation of Alleged Breaches of Conduct (Governors). The protocol is to be circulated to all Governors with meeting papers for next meeting (17 November) along with an up to date Code of Conduct. A renewed declaration against the code of conduct would

also be requested.

## **ii) Monitor Meeting**

TD reported on a recent meeting with Monitor, attended by CW, AM, LD, MW and TD. Discussions had included updating Monitor on the Trust's financial position, turnaround strategy, the management team and CQC developments. Monitor had indicated they felt that the Trust had taken all steps possible to manage the current financial situation, noted good progress made and supported ongoing work to take forward the turnaround plan. Potential risks and mitigating actions taken had been discussed.

Monitor had noted the outcomes of the McKinsey PFI review, and that these supported the Trust's reported position. Informal meetings will continue to be held with Steven Hay, Monitor Chief Operating Officer and the Chairman.

## **11/230 MCKINSEY PFI REVIEW**

TD outlined the background to the report produced by McKinsey, who had been appointed to review the impact of the Trust's PFI project on operational efficiency. The Board discussed the high level findings following their assessment of financial sustainability. It was noted that the review had identified good efficiency and productivity and the findings supported the view that the Trust was sustainable, with health community support.

Assumptions made within the report relating to cost improvements and productivity opportunity, and methodology followed during the assessment were discussed. It was recognised that there was further opportunity to divert revenues to the Trust and the report is to be shared with the SHA Cluster and DH, and advice sought on driving forward with the health community

It was confirmed that the Trust's CIPs were broadly aligned over the McKinsey's work. The results of the review were felt to be helpful and endorse the work being undertaken at the Trust as well as help to initiate a joint strategy across the health community.

McKinsey are to be asked to attend future Board meeting to discuss working with the health community and clinical strategy implications. **TD**

The Board NOTED the report and received assurance from the report's findings.

## **11/231 CHIEF EXECUTIVE'S REPORT**

### **i) Mansfield Community Hospital Asset Transfer**

CW gave an overview of the paper summarising the financial and operational risks associated with the transfer of Mansfield Community Hospital (MCH) to Sherwood Forest Hospitals NHS Foundation Trust. It was noted that SFHFT was the largest single user of MCH and as part of Transforming Community Services (TCS) MCH may transfer to SFHFT. Although transfer guidance specifically excludes PFI estate from transfer, as MCH is part of the overall PFI contract which is with SFHFT, it is considered that the SHA Cluster and Department of Health will support the transfer.

CW said that she had met with Deborah Jaines and Andrew Kenworthy who had indicated support for the proposal, and they were seeking legal advice on the feasibility of the transfer. However, it was noted that the PCT Cluster had not referred to the transfer of MCH in their legacy document prepared for the SHA during September 2011. CW undertook to liaise with MW and ask the PCT to put in writing their agreement in principle to the transfer, subject to legal issues. **CW**

The Board AGREED that should transfer not be an option, the Trust should explore the removal of the asset from the PFI to minimise risks.

The Board NOTED the issues raised and requested that further due diligence detail (including occupants and site costs) is sought for discussion at October Board meeting. **CW**

#### **11/232 PFI UPDATE**

[REDACTED]

[REDACTED]

#### **11/233 NEWARK REVIEW UPDATE**

JW gave an overview of the briefing on the implementation of the Newark Review and engagement with the Social Care and Health Standing Committee at Nottinghamshire County Council. Negative news stories featured within the Newark Advertiser were noted, and it was suggested that the Trust should focus on communicating about services and developments at Newark, in addition to the communications activity led the PCT. Board members agreed that a PR campaign/wider communications plan should be developed focusing on the vision for the future for Newark. IY suggested that new methods of engaging with key stakeholders should be explored, and that this should include local authorities, newsmedia and Trust members. **JW**

TD undertook to work with MW to spend time with Newark staff to get staff views and to develop the vision for the future at Newark and share the Trust's business and service strategy. **TD/MW**

The Board NOTED the progress on implementation and the concerns of the Social Care and Health Standing Committee, particularly noting the local leaders' views around public confidence.

#### **11/234 EXECUTIVE PERFORMANCE REPORT**

##### ***j) Executive Director of Finance***

AM gave an overview of the report, noting that financial performance to month 5 had been discussed in detail at the Finance Committee meeting on 28 September 2011. Slippage on capital expenditure was explained to be due to the delay on the Renal Scheme and remains outside of the 25% tolerance level that Monitor applies to capital spend variances. Failure to rectify this by the end of September (Q2) may result in Monitor requiring a resubmission of the 2011/12 capital plan. To mitigate against this an assessment of progress on the Renal Scheme was made on 29 September and plans are in place to raise an invoice by the end of September.

##### ***j) Chief Operating Officer Report***

JW gave an overview of the report highlighting that the Key Performance Indicator Summary, against the Monitor Compliance Framework, suggests a potential risk of a red rating for quarter 2. This would put the Trust at a point of likely or significant breach of authorisation. The risk of compliance points for CQC compliance and C difficile were discussed. The impact on C difficile targets of the transfer of the three community hospitals under TCS was raised and it was suggested that this could be explored. **JW**

The additional high risk relating to 62 day cancer (classic) and 2 week wait for cancer referrals were also outlined. JW reported that she had worked with GPs to outline the importance that they make



cancer referrals at the appropriate time and it is hoped that the risk will reduce to an amber red rating.

CW noted the red rated status of CQC standards for midwifery and that improvement was not evidenced over recent months. JW gave assurance that action was being taken relating to both the smoking during pregnancy and the breastfeeding initiation rates targets.

Work by Theatres and Procurement to reduce prosthesis expenditure was welcomed.

The Board CONSIDERED the compliance rating and potential ramifications. TD noted that the best case scenario, should all planned actions be successful, would result in an amber-green rating for the Trust, but that an amber-red rating could be expected.

The Board NOTED the new community services dashboard and the actions to deliver target performance before 2012/13, and also NOTED the significant progress outlined in the Key Updates section of the report.

## **ii) Executive Director of Nursing and Quality**

SB outlined details of the Executive Summary of the Report. Issues detailed in the Quality and Safety section of the report were highlighted. These included updates on MRSA incidents (none to report) and Tissue Viability. It was noted that the data upload, relating to HSMR Hospital Mortality Data, expected to be completed by 23 September has now been subject to further delay.

SB updated on discussions with Commissioners relating to the community paediatric backlog. This has been reviewed and assurances given that the Trust has been taking robust action to manage and review the backlog.

NA said that the Trust was on track to participate in the core audits arranged by the National Clinical Audit and Patient Outcomes Programme. The audits were noted to be of benefit to the Trust as they were a source of assurance on clinical activity. It was noted that participation in clinical audit has been made a part of all job plans for medical staff.

TD raised the issue of reporting of clinical audit activity and output to the Trust Board. The Audit Committee and Clinical Governance Committee were asked to review Clinical Audit information reporting to the Board.

**SB/DL**

DH queried the issue of validation reports as detailed under the Failure of Equipment section of the Nursing and Quality Report. LD confirmed that an action plan had been developed and a proactive process had been established for requesting assurance from SFS that the necessary works have been undertaken. LD gave assurance that a robust process was now in place to ensure validation reports were in place.

CW queried the cost of a suitable replacement system for adult resuscitation boxes. It was confirmed that the replacement system would be a cost for the next financial year and details would be outlined as part of developing a business case.

NA reported that a group was meeting monthly to analyse mortality data and a clinician lead was reviewing all deaths occurring at the Trust. An analysis of mortality rates is to be prepared for the next Quality and Risk Group.

**NA**

Following the Trust's submission of the action plan for the Clinical Pathology Accreditation (CPA), evidence to demonstrate the Trust's compliance against the action plan has been submitted to the CPA. TD requested a briefing to update on the Andrology service accreditation and associated risks.

**SB**

TD noted the serious incident outlined at 4.11.2, relating to a breach of patient confidentiality. Further detail is to be prepared for TD to outline the reasons why the breach of confidence was not reportable to Information Commissioner. **SB**

The Board NOTED the content of the report from the Executive Director of Nursing and Quality.

**iv) Executive Director of Human Resources Report**

KF gave an overview of the report. The decrease in the Trust's establishment was noted to be due to the impact of the recent MAR scheme and CIP savings. Trust sickness absence levels have increased from July 2011, and KF said that these would be closely monitored as they did not follow established annual patterns.

It was noted that the new Trust On Call Agreement is to be implemented from 1 October 2011 along with new arrangements for staff progression through pay Gateways. An ongoing report is to be drawn up to monitor the effect of this Gateway policy, to include quantifying cost savings arising due to staff who do not progress through Gateways.

Work to increase the level of completed appraisals was noted and it was requested that an update on appraisals should to be scheduled for future Board meeting. **KF**



**KF**

Directors APPROVED the month 5 EPR and the actions being taken to address the risks and issues identified therein.

**v) Board Assurance Framework**

The Board discussed the BAF. Executive Directors are to review the BAF and associated reporting process with input from External Audit. This session would include training for Executives in updating the BAF to ensure consistency of approach. **CW/SH**

It was also agreed that the BAF should drive the Audit Committee agenda. DL undertook to ensure this was taken forward and confirmed that the Committee would focus on ensuring gaps in assurances are being addressed and would review the high risks register. DL agreed that the Audit Committee should take place every six weeks in future. A further meeting of Audit Committee members would be held to review future plans of the Committee. **DL**

It was agreed that TD, MW, DH and DL were to be involved in next agenda setting meeting of the Audit Committee. **DL**

A Board awareness session is to be arranged on BAF/risk management framework. **CW/SH**

The Board NOTED the 2011/12 Board Assurance Framework and relevant actions taken to September 2011 and changes in risk ratings to the August BAF report.

**vi) Nursing Quality Metrics**

SB gave a presentation on Nursing Quality Metrics highlighting the background to the project and the Trust's approach. The initiative involves measuring the quality of nursing care through the dimensions

of safety, effectiveness and compassion and was noted to be an East Midlands priority. SB demonstrated the system which enables analysis of outcome by category, Division and question and thus allows 'ward to board' information flow.

Early results have highlighted areas for action including pain management and medication storage and custody, and steps have been taken to review practice in these areas to ensure improvements are made. Evidence of improvement has been shown in nutritional assessment and falls assessment.

The Quality and Risk Group are to discuss how best to present Nursing Metrics information to the Board.

**BJ/SB**

CW said that she had been involved in the clinical 'back to the floor' implementation of the initiative and said that the reviews undertaken had prompted a review of nursing documentation. IY queried whether the information collection process gave opportunity for additional comments raised by patients. SB said that she was working to develop this capability into the process.

The Board NOTED and welcomed the implementation of Nursing Quality Metrics within the Trust.

**vii) Quality and Risk Group**

CW reported that the group had met and discussed the CQC action plan in depth. The group planned to focus on elements of 'Best Care' and explore how the Board may be assured that this is provided throughout the Trust. Opportunities to engage with specialties and to work towards cohesive Board reporting were to be key aims of the group.

It was requested that objectives and terms of reference for the group should be brought to the October Board meeting.

**CW/SB**

The Board NOTED the verbal update from the Quality and Risk Group.

**viii) Strategy and Turnaround Group**

CW said that an initial meeting had been held and clarification of the group's remit was requested. The Board discussed the remit of the group and agreed that it should include focus on:

- Financial sustainability and turnaround
- Market share issues
- Future planning
- Any Qualified Provider threats and opportunities
- The Core Business Review
- Service line economics

The Board AGREED that by the end of November sessions should be held for Executives, Non Executive and the whole Board to fully clarify the remit and role of the group.

**JW/CW**

TD requested that the Annual Plan and Annual Planning should be scheduled for discussion at a future Board meeting.

**JW**

The Board NOTED the verbal update from the Strategy and Turnaround Group.

**11/235 CAR PARKING**

Further to discussion at 11/227 and Board approval that parking charges be introduced for disabled and concession users, details of increased charges, as previously presented to the Council of

Governors, were reviewed.

The Board AGREED the following charges by majority vote:

<b><i>Duration</i></b>	<b><i>Charge</i></b>
One hour	£1.50
2-4 hours	£3.00 (from £2.50)
4-6 hours	£5.00 (from £4.50)
Daily rate	£6.50 (from £6.00)
Weekly rate	£10.00

The Board AGREED that these charges are to be implemented from 1 November and will be reviewed in February 2013.

Details of the car parking amended tariff and charging structure is to be communicated to Governors and staff. **LD**

**11/236 MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 31 AUGUST 2011**

Directors were requested to forward comments on the minutes to SH by close of play 4 October 2011.

**11/237 ACTIONS AND DECISIONS FROM PREVIOUS MEETINGS**

Directors were requested to forward comments on the minutes to SH by close of play 4 October 2011.

**11/238 BUSINESS CALENDAR 2011 AND 2012**

To be circulated before the October Board meeting.

**TD/SH**

**11/239 MINUTES OF NOMINATIONS COMMITTEE HELD ON 12 JULY 2011**

Directors were requested to forward comments on the minutes to SH by close of play 4 October 2011

**11/240 MINUTES OF REMUNERATION COMMITTEE HELD ON 12 JULY 2011**

Directors were requested to forward comments on the minutes to SH by close of play 4 October 2011.

**11/241 MINUTES OF FINANCE COMMITTEE HELD ON 26 AUGUST 2011**

Directors were requested to forward comments on the minutes to SH by close of play 4 October 2011.

**11/242 REPORT FROM THE FINANCE COMMITTEE HELD ON 28 SEPTEMBER 2011**

A report outlining actions arising from the Finance Committee held on 28 September 2011 was tabled and will be circulated to all Board members and Finance Committee members by email. Comments on the actions points were requested to be forwarded to SH by 4 October 2011. **All/SH**

**11/243 MINUTES FROM THE AUDIT COMMITTEE HELD ON 18 AUGUST 2011**

Directors were requested to forward comments on the minutes to SH by close of play 4 October 2011.

**11/244 ANY OTHER BUSINESS**

LD presented details of an authorisation of revenue expenditure request relating to TCS Estates Overhead Pass Through Costs which in accordance with the Trust's Scheme of Delegation, is required to be authorised by the Board of Directors.

The Board APPROVED the revenue expenditure as outlined.

**11/245 DETAILS OF THE NEXT MEETING**

The next scheduled meeting of the BofD would take place on Monday 31 October 2011 commencing at 9.30 am, venue to be confirmed.