



UNAPPROVED MINUTES

PUBLIC BOARD OF DIRECTORS' MEETING

Details:**28 May 2012, 09.30 hours**

Meeting Rooms 1 & 2, Trust Headquarters, Horizon Place, Mellors Way, Nottingham Business Park, Nottingham, NG8 6PY

Attendees:

Jon Towler	JT	Chairman (Meeting Chair)
Gary Austin	GA	Non Executive Director
Ian Turnbull	IT	Acting Director of Finance & Performance
Stuart Dawkins	SD	Non Executive Director
David Farrelly	DF	Director of Transformation & Strategy
Karen Glover	KGf	Director of Nursing & Quality
James Gray	JG	Medical Director
Kerry Gulliver	KGu	Acting Director of Workforce
Phil Milligan	PJM	Chief Executive
Gill Newton CBE	GN	Non Executive Director
Peter Ripley	PR	Director of Operations
Andrew Spice	AS	Commercial Director
Pauline Tagg MBE	PT	Non Executive Director
Dermot Toberty	DT	Non Executive Director

In Attendance:

Elizabeth Astbury		KPMG
John Clark		Deloitte
Rebecca Long	RL	Minute taker
David Sharif		KPMG
Karen Sullivan	KS	Trust Secretary
Robert Walker	RWk	Head of Communications

All attendees to this meeting must be aware that access may be given to all minutes and associated documents under the Freedom of Information Act 2000.

The following policies / procedures were approved at this meeting:		Version	ID Code
a	No policies or procedures were approved at this meeting		

Minutes		Action
PB/12/70	CHAIRMAN'S WELCOME AND INTRODUCTION	
	Representatives from KPMG and Deloitte were welcomed to the meeting as observers. Members of the public were also welcomed and thanked for their interest in Trust activities.	
	Jon Towler reported that, in honour of Her Majesty the Queen's Diamond Jubilee, all front line staff with five or more years' service were to be presented with a Jubilee Medal. Support staff with five or more years' service were to be awarded a Jubilee medallion. A Jubilee medal was	

	presented to Peter Ripley for distinguished and long service.	
PB/12/71	APOLOGIES	
	No apologies were received.	
PB/12/72	DECLARATIONS OF INTEREST	
	There were no declarations of interest	
PB/12/73	QUESTIONS FROM THE PUBLIC RELATING TO THE AGENDA	
	It was reported that no questions from the public had been received.	
PB/12/74	MINUTES OF THE LAST MEETINGS	
	<p>The minutes of the meeting held on 19 March 2012 were agreed as an accurate record, subject to the following amendment:</p> <ul style="list-style-type: none"> • Page 9, paragraph 3 – reference to the “patient safety charge” to be amended to read “patient safety incident”. <p>The minutes of the meeting held on 5 April 2012 were agreed as an accurate record.</p>	
PB/12/75	MATTERS ARISING	
	<p>The following updates were noted:</p> <ul style="list-style-type: none"> • Action 04 – It was agreed that this action would be closed. • Action 14 – obtaining information from other organisations had proved challenging, although some data had been received and would be analysed. Full details would be presented to the Trust Executive Group (TEG) and discussed further at the July development session. • Action 15 – as part of the Productive Station project, some stations had already introduced a system of circulating data to staff. The Productive Station project was a large scale initiative which would address this action. It was agreed that this would be marked as closed and removed from the action log. • Action 30 – would be included in discussions under item PB/12/84 – Integrated Board Report. • Action 32 – Internal Audit would highlight any clinical governance issues to the Audit Committee. It was agreed that this action would be closed. • Action 40 – the response from Northampton General Hospital confirmed that plans were in place to address turnaround. This continued to be an issue but delays were now being experienced across the whole Northamptonshire system rather than just at one hospital. • Action 42 – this was addressed within the Chief Executive’s report. • Action 49 – Summary of internal audit activity not yet circulated to Board members; would be circulated prior to July meeting along with 	KS

	<p>the Audit Plan.</p> <ul style="list-style-type: none"> • Action 54 – sharing of estates facilities would be considered as part of the wider Estate Strategy. It was agreed that this action should be marked as closed. • Action 59 – The Workforce Strategy has been updated. The underpinning Workforce Plan would also include key performance indicators. It was agreed that this action should be marked as closed. • Action 60 – Amendments now made to action plan. Action closed. • Action 65 – This had been completed. Action closed. 	
PB/12/76	CEO REPORT	
	<p>The Chief Executive's Report was received for consideration.</p> <p>Health and Social Care Act</p> <p>It was reported that the Health and Social Care Bill had progressed through Parliament and entered statute on 27 March 2012. Details around levels of commissioning had been received; commissioning of 999 emergency and urgent care would be conducted regionally, with a Lead Commissioner representing all commissioning groups. Primary care and 111 services would be commissioned by Clinical Commissioning Groups (CCGs).</p> <p>Hospital Turnaround</p> <p>A letter to Midlands and East Strategic Health Authority (SHA) Cluster and Primary Care Trust (PCT) Chief Executives, which set out the conclusions and recommendations reached at the last meeting, was issued. Responses had been received from four PCTs and further discussions held with the SHA. The Chief Executive of the Lead commissioning PCT had also asked for further information that would highlight the impact on individual patients which is being provided. The regulatory approach to turnaround delays was being discussed with the Department of Health (DH), Monitor and the Care Quality Commission (CQC).</p> <p>Pauline Tagg queried whether staff were being encouraged to report instances where patient dignity had been compromised by turnaround delays. Karen Glover responded that staff flag issues to the central Safeguarding Team. The information would be collated and presented to the relevant Trust(s), although no issues had been flagged since April 2012.</p> <p>Changes to 999 Clock Start</p> <p>It was reported that confirmation had been received that changes to the 999 clock start would come into effect in July 2012 on a pilot basis. The change provided up to an additional 60 seconds to gather key information which would reduce the number of 'double dispatches' (where a fast responder and a traditional ambulance were dispatched to the same call). At the conclusion of the trial period the findings would be reviewed and presented to the DH.</p> <p>Trust Executive Group (TEG)</p> <p>The TEG had been established and had held two meetings to date. Issues would be escalated to the Trust Board on an exception basis. There were no issues to raise at this time. The first meeting of the Performance Committee, which would be the forum where performance in individual areas would be monitored, was scheduled for 29 May.</p>	

	<p>It was agreed that the committee structure charts would be reviewed by the TEG and any necessary amendments made to the detailed responsibilities.</p> <p>Jon Towler pointed out that the ToR of the Investments Committee did not include the requirement to produce an annual report. It was agreed that this would be incorporated.</p> <p>After discussion the Board approved the Terms of Reference of the following committees subject to the above amendment regarding the Investment Committee:</p> <ul style="list-style-type: none"> • Quality and Governance Committee • Audit Committee • Investments Committee • Charitable Funds Committee • Remuneration and Nominations Committee. 	<p>KS</p> <p>KS</p>
PB/12/79	QUALITY ACCOUNT	
	<p>The Quality Account 2011/12 was received for consideration.</p> <p>It was reported that comments provided by Board members had been considered and incorporated. Comments from the Overview and Scrutiny Committees (OSCs) and the Local Involvement Networks (LINKs) had been included verbatim.</p> <p>Karen Glover reported that a statement for inclusion in the document from Lead Commissioners was anticipated later in the week.</p> <p>Gill Newton commented that some of the charts included in the document would benefit from clear labelling as it was sometimes difficult to differentiate between data relating to 2011/12 and that for 2012/13.</p> <p>Stuart Dawkins suggested that the Chief Executive's report could be enhanced by including reference to positive achievements.</p> <p>Dermot Toberty suggested that numerical data to reinforce the Trust's achievements be included on page 3 of the document. It was agreed that this would be incorporated.</p> <p>The Quality Account 2011/12 would be published in June 2012 and would be included on the Trust's website. A condensed summary version would also be produced, as had been done in 2010/11. The document would be circulated to LINKs and OSCs and would also be circulated at community engagement events.</p> <p>After discussion the Board approved the Quality Account 2011/12 for printing, subject to the above amendments.</p>	<p>KGI</p> <p>KGI</p> <p>KGI</p>
PB/12/80	QUALITY BOARD MEMORANDUM	
	<p>The Quality Board Memorandum was received for consideration.</p> <p>The initial self assessment had been completed by the Foundation Trust (FT) Team. For additional scrutiny Pauline Tagg had reviewed the self assessment and made some modifications to the scoring and specific areas of development under each of the four domains. The overall aim was to achieve a score of less than four. It was reported that an action plan had been developed which would be circulated following this meeting. The action plan would also be submitted to the Quality and Governance Committee on a</p>	<p>JG</p>

	<p>quarterly basis. The Memorandum would be reported to NHS Midlands and East in August and the DH in September 2012.</p> <p>It was reported that a confirm and challenge discussion would be included in the Board development meeting on 07 June to review the scoring of the document more fully.</p> <p>After discussion the Board approved the Quality Board Memorandum as a baseline position.</p>	JG
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PB/12/81	ANNUAL PLAN	
	<p>The Annual Plan was received for consideration.</p> <p>The document had been amended based on feedback from the Board and the National Patient Safety Agency (NPSA). The new Board Assurance Framework criteria and a glossary had also been incorporated. A summary document had been developed which included a summary of the activities to be undertaken in each quarter. It was agreed that this would be circulated after this meeting. Once approved, the Annual Plan would be submitted to the Strategic Health Authority (SHA) on 11 June 2012. It would be linked to the Provider Management Regime (PMR) and a continual updating process would be introduced.</p> <p>Peter Ripley pointed out that the tables on page 12 would need to be reviewed in light of the recent clock start change.</p> <p>Kerry Gulliver pointed out that the appraisal rate on page 66 should read 53%, not 66%.</p> <p>Dermot Toberty pointed out that the document mentioned key Strategies but did not state where these could be found. It was agreed that a hyperlink to the Trust's website would be included in the document.</p> <p>Dermot Toberty also commented that the Net Promoter Score (NPS) of +78 seemed high. It was agreed that an explanation of the calculation of the NPS would be forwarded to Dermot Toberty.</p> <p>Pauline Tagg commented that the financial performance table (page 20) did not appear to match the commentary as the table showed an increase in expenditure whilst the commentary showed a reduction in income. It was agreed that the narrative would be clarified.</p> <p>Gary Austin commented that the table on staff turnover (page 67) needed to show a comparison against last year to give a point of reference.</p> <p>Gary Austin also commented that, seeing all the information in one document had highlighted the phenomenal increase in Category A (Cat A) calls and demonstrated that the Trust was managing to deal with a significant increase in activity and that this was not included in the text.</p> <p>After discussion the Board approved the Annual Plan, subject to the above amendments.</p> <p>The confirm and challenge of the document from the SHA would be concluded by 11 June 2012, after which a process for ongoing review would be instigated.</p>	<p>DF</p> <p>DF</p> <p>DF</p> <p>DF</p> <p>KGI</p> <p>IT</p> <p>DF</p> <p>DF</p>
PB/12/82	BOARD CODE OF CONDUCT AND STANDARDS FOR BOARD MEMBERS	
	<p>The Board Code of Conduct and Standards for Board Members report was received for consideration.</p>	

	<p>The document had been amended following feedback from the May Board development session.</p> <p>The document would be circulated and Board members were asked to sign the declaration form to demonstrate their commitment to the Standards for Members of the EMAS NHS Trust Board.</p>	All
PB/12/83	ITEM WITHDRAWN	
	Item withdrawn prior to the meeting.	
PB/12/84	INTEGRATED BOARD REPORT	
	<p>The Integrated Board Report (IBR) was received for consideration.</p> <p>Phil Milligan reported that the IBR was undergoing review and that a new version would be received at the next meeting.</p> <p>Performance Report</p> <p>As part of the review an overview report had been developed to summarise the Trust's performance. It was noted that data for quarter four would need to be revised.</p> <p>Phil Milligan drew attention to page 3 which showed the first report from the Resource Management Centre (RMC). It was noted that sickness absence was reported differently by the RMC as it covered only front line staff and was calculated in minutes which meant that it did not easily link to other sickness absence data included in the IBR. It was also pointed out that there was now a weekly allocation of overtime, which would be included in future reports.</p> <p>It was reported that all Criminal Records Bureau (CRB) applications had been completed and that a discussion had been arranged with the Care Quality Commission (CQC) to determine whether this action, together with an action relating to personal files, could be closed.</p> <p>During discussion Jon Towler commented that page 3 of the report gave figures but did not include any point of reference to give the data context – for example a comparison against total rostered hours. Peter Ripley explained that the aim had been to cover 95% of rostered hours, covering core shifts, but keeping overtime payments down. Future reports should clearly show what the aim was and what was actually achieved. The information in the Performance Report was due to be discussed in detail at the Performance Management Committee scheduled for 29 May 2012.</p> <p>Pauline Tagg commented that the Board needed to see how each element had impacted on service delivery.</p> <p>Dermot Toberty commented that the additional information included in the report was useful, although it would be beneficial to simplify the information to show whether the performance in each area was good or bad. It was suggested that 'smiley' faces could be used to show progress and monthly/quarterly and cumulative targets should be included.</p> <p>Dermot Toberty also pointed out that the report did not mention vehicles, or the challenges around closing Patient Advice and Liaison Service (PALS) matters in a timely manner.</p> <p>Stuart Dawkins requested that a post implementation review and/or update report on the RMC should be submitted to the Board. Jon Towler responded that this had already been incorporated into Board forward planning.</p>	PR

Integrated Board Report

It was noted that the Trust met the targets for both Category A 8 minutes (A8) and Category A 19 minutes (A19) in April.

Peter Ripley reported that a rota review was being conducted in the Emergency Operations Centres (EOCs) to restructure staffing levels at times of highest demand in order to improve Time to Answer performance.

James Gray pointed out that, in terms of the Clinical Quality Indicators (CQIs), the reports showed areas of step change, including around the Asthma CQI. There was some discussion around the CQI for Stroke and it was reported that differences around the definition of the time of onset of stroke was being addressed through the national Directors' of Clinical Care (DOCC) group. There was further discussion on how the Trust should record onset of stroke and it was felt that the current recording rationale should be continued, even if it gave an impression that the Trust was performing less favourably than other Trusts. It was agreed that a briefing paper would be provided for Jon Towler and Phil Milligan to bring additional national pressure to bear on this matter.

Gill Newton commented that performance on pathways for diabetes patients was significantly below peers. James Gray responded that it was specific to hypoglycaemic (low blood sugar) patients and that very few pathways for these patients existed in the EMAS region. Work would be undertaken with the East Midlands Procurement and Commissioning Transformation (EMPACT) Clinical Lead to improve direct access to treatment centres.

Nursing and Quality

Gary Austin pointed out that the reporting timescales for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations were still not being met, despite an increase in the deadline from 10 to 15 days. Karen Glover responded that a dedicated telephone reporting line had been introduced in February and that the matter was a key performance indicator at the Performance Management Committee. The tender process for procurement of an electronic data management solution was ongoing and reporting had also been promoted through the Chief Executive's bulletin; it was noted that there had been an improvement in performance from 41% in February to 61% in March 2012. It was reported that the Performance Management Committee would receive an exception report for incidents which did not meet reporting deadlines.

Pauline Tagg commented that the report showed continued failure to meet deep clean targets, which had been at Amber since at least October 2011. Peter Ripley responded that it was disappointing that no improvement had been seen and explained some of the key challenges around improving performance.

The Board agreed that the rate of progress on RIDDOR and deep clean was unacceptable. It was agreed that there would be discussion with Kerry Gulliver around attending the Operational Governance Group to discuss ways of improving recruitment of Make Ready personnel. An update on progress in these areas would be requested at the next Performance Management Committee meeting.

Performance

Pauline Tagg queried whether below target performance on Green 1 and 2 (G1 and G2) calls would constitute a clinical risk to patients. James Gray responded that a 50 minute response instead of 20 minutes on a G1 call would, most probably, represent a higher risk than a response of 9 minutes instead of 7 minutes on a R2 call. No Serious Incidents had been reported

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	<p>relating to this issue. Pauline Tagg suggested that it may assist the review of G1 and G2 processes to produce evidence of any associated risk. It was agreed that details would be submitted to the Quality and Governance Committee.</p> <p>James Gray queried how persistent problems in Lincolnshire around A19 delivery were being addressed. Peter Ripley responded that work had been undertaken to increase the number of transporting resources within the division. It was acknowledged that there resourcing issues in Lincolnshire and James Gray queried the allocation of funding across the divisions. Phil Milligan suggested that this should be discussed in detail at the Performance Management Committee.</p> <p>Jon Towler suggested that the Executive Team consider the question of balancing funding across divisions.</p> <p>Gary Austin commented that discussion around the IBR had led to considerable discussion around operational delivery, but little time on matters relating to the EOCs, where indicators looked less than favourable. Peter Ripley responded that steps had been taken to address this, with some call handlers being reallocated to other EOC functions, such as dispatching. Monitoring of job cycle times, including allocation time, was being conducted.</p> <p>Phil Milligan agreed that the EOC had previously not been given sufficient scrutiny and reported that an EOC Strategy was being developed which would be peer reviewed by the RAC and an Ambulance Trust. It was anticipated that this would be concluded over the Summer period.</p> <p>Workforce</p> <p>Kerry Gulliver reported that a monthly trajectory had been set for Essential Education (EE) and Performance Development Reviews (PDRs). Divisional trajectories had been set for EE which had taken regional demand issues into account.</p> <p>Dermot Toberty suggested that it would be beneficial to examine sickness absence in its entirety, given the financial cost to the Trust. It was agreed that this would be incorporated into the Board Development plan for discussion within the next eight weeks.</p> <p>After discussion the Board accepted the Integrated Board Report and endorsed the actions contained within it.</p>	KGI
PB/12/85	DIRECTOR OF FINANCE AND PERFORMANCE REPORT	
	<p>The Director of Finance and Performance Report was received for consideration.</p> <p>The report showed that Month 1 was slightly ahead of plan, income was favourable, Pay was slightly over forecast and Non-pay was broadly on plan.</p> <p>Section 7 of the report showed that the Trust was compliant with financial targets, with some variance on the Better Payment Policy.</p> <p>Section 9 included details of budget phasing, the most significant relating to the loss of Patient Transport Service (PTS) provision.</p> <p>It was noted that Section 13 showed that final turnout was £0.5 million above the forecast. This was a result of a significant amount of late funding received in quarter four and some exceptional items relating to value added tax and medical gases.</p> <p>It was reported that there was a risk that there may need to be some adjustment to the final provision for downsizing of Support Services following</p>	

	<p>the loss of PTS contracts. This would be verified by 29 May 2012.</p> <p>During discussion it was noted that additional plans had been identified, including a Mutually Agreed Resignation Scheme (MARS). It was agreed that a statement of assurance around the ability to achieve the £1.6 million Cost Improvement Programme (CIP) savings target would be issued following the 29 May Performance Management Committee meeting.</p> <p>Gill Newton suggested that the positive income variance could be used to fund training for paramedics to raise their risk appetite to support the drive to reduce time spent on scene. James Gray responded that this may not be a cost effective approach and reported that there was work underway with clinical education colleagues to raise awareness on when it is appropriate to spend time on scene and when to convey as quickly as possible.</p> <p>Pauline Tagg pointed out that quality impact assessments (QIAs) for operational efficiencies 1,3,5 and 6 had been reviewed by James Gray and would be submitted to the Trust Executive Group (TEG) but expressed concern that they would not be submitted to the Quality and Governance Committee (QGC) until August. Jon Towler responded that the TEG was the decision making forum with the QGC reviewing QIAs for assurance only.</p> <p>Operational efficiencies in the Resource Management Centre (RMC) had not been as high as had been anticipated as it was agreed that a report, including details on return on investment, would be submitted at the September Board of Directors' meeting.</p> <p>Dermot Toberty pointed out that the figures showed that income was ahead of plan, however, it appeared that this was a proportion of annualised activity rather than actual figures. It was agreed that the figures would be re-checked to verify that they reflected actual income. It was also agreed that run rates would be included in future reports.</p> <p>Dermot Toberty also commented that clearer headings in the Risk and Opportunities section would be beneficial. It was also pointed out that the Board had spent a significant amount of time over 2011/12 discussing forecast outturn but the final outturn position had been much higher than the Board had been informed of over the course of the financial year. It was reported that improving forecasting would be a key objective for the newly appointed Director of Finance. Jon Towler suggested that the Internal Auditors may be able to assist in the process. The Audit Committee would determine what assistance Internal Audit could offer.</p> <p>After discussion the Board endorsed the proposed actions and delegated authority to Ian Turnbull (and, in his absence, Jon Sargeant – Director of Finance Designate) to sign the appropriate documents and supporting papers for the 2011/12 annual accounts. The Board delegated authority to the Audit Committee to approve the 2011/12 accounts and Letter of Representation.</p>	<p>IT</p> <p>PR</p> <p>IT</p> <p>DT</p>
PB/12/56	RESULTS OF 2011 NHS STAFF OPINION SURVEY	
	<p>Kerry Gulliver presented the results of the 2011 NHS Staff Opinion Survey (SOS). The Trust's response rate was 36.9%, with the highest proportion coming from Support Services.</p> <p>It was noted that the top and bottom ranking areas reflected the feedback which had been received from the Big Conversation and the Zeal Cultural Survey.</p> <p>Staff engagement (page 16) was not significantly highly scored but showed a slight improvement on the previous year.</p>	

	<p>In terms of patient experience Karen Glover commented that as most responses had come from Support Services staff, the Trust may implement actions that would not improve performance or quality.</p> <p>It was agreed that a representative from Operations would be invited to join the group which would be looking at triangulating patient safety data.</p> <p>It was reported that there was an opportunity to run a national pilot survey in the next few weeks. The Trust could engage in that although access of front line staff to IT systems may be an issue. It was suggested that this could be overcome by using toughbooks or by posting the survey on the staff area of Insite so that it could be accessed from home.</p> <p>Gill Newton queried how the findings, actions and next steps would be communicated. Kerry Gulliver responded that details would be included in the Local Conversations. Robert Walker responded that no proactive steps had been identified other than reporting through the Chief Executive's bulletin. It was agreed that wider communication than the Chief Executive's bulletin was required and other avenues would be explored.</p> <p>During discussion David Farrelly commented that, as the Trust was already in the process of widespread change, there was an opportunity to drill down and identify specific areas of staff concern. Meetings arranged around the new delivery model could provide a useful forum to facilitate this.</p> <p>It was pointed out that the main drawback of the national survey was the large amount of time which elapsed between the survey being sent out and the results being made available. A local survey would provide a 'temperature' check and allow actions to be put into place at an earlier opportunity.</p> <p>Jon Towler commented that there were positive actions which the Trust had taken, such as the EOC staggering meal breaks, which were not reflected in the report.</p> <p>After discussion the Board accepted the report and approved the action plan</p>	<p>KGu</p> <p>RW</p>
PB/12/87	INFECTION PREVENTION AND CONTROL ANNUAL REPORT	
	<p>Karen Glover presented the Infection Prevention and Control (IPC) Annual Report for consideration.</p> <p>It was reported that measures were in place to address all areas of non compliance noted in the report. It was pointed out that non compliance with premises cleanliness was largely related to the age of the estate.</p> <p>It was highlighted that uptake on IPC education was 68% against a target of 100%. IPC training in 2011/12 had been via workbook, however, for 2012/13 it would be delivered face to face, which should ensure that all staff were captured.</p> <p>Dermot Toberty suggested that, in Section 4.9, it would be beneficial to state how audits were conducted, who was accountable and who was responsible. Karen Glover responded that this information was included in an appendix. It was agreed that the information would also be included in the main body of the report.</p> <p>Jon Towler commented that the report showed that staff had the knowledge and queried how this was tested. Karen Glover responded that this would be done through various audits, including the Observed Practice audit which covered comparison of policy and practice.</p> <p>Jon Towler pointed out that the bullet point on page 6 around out of date consumables gave the impression that the process was weak and queried</p>	<p>KGI</p>

	<p>how this could be strengthened. Karen Glover responded that this had been considered as part of the deep clean process and the feasibility of crews conducting this check was being explored. Concern was expressed around the number of checks that crews had been tasked with. Pauline Tagg commented that, as a practitioner, there was a level of individual accountability which should be reinforced. Karen Glover agreed but responded that biggest challenge to this was ensuring that sufficient capacity was built in to facilitate it.</p> <p>After discussion the Board accepted the Infection Prevention and Control Annual Report and endorsed the 2012/13 work plan.</p>	
PB/12/88	BOARD ASSURANCE FRAMEWORK	
	<p>Karen Sullivan presented the Board Assurance Framework (BAF) for consideration.</p> <p>This was the first time the Board had received the entire BAF in its new format and changes were highlighted.</p> <p>It was suggested that the BAF would continue to be submitted at each Trust Board and Quality and Governance Committee (QGC) meeting; however, it was recommended that it was not necessary that it be submitted at each Audit Committee meeting. Dermot Toberty responded that, as the Audit Committee was required to verify that the Trust had arrangements in place for a BAF, it would be acceptable to receive it annually to coincide with internal audit planning. This was agreed with the caveat that the Audit Committee would be informed on any new risks or existing risks where the risk score had increased.</p> <p>There was some discussion around the 'expected' risk score and it was pointed out that the purpose of the BAF was to set out the residual risk. It was agreed that terminology should be amended to reflect that the risk score shown was the residual risk score.</p> <p>Pauline Tagg commented that, if the BAF was to be scrutinised by the QGC, further clarity of some of the sections would be beneficial, particularly around self assessment levels (categorised as H, M or L). Karen Sullivan responded that additional changes to the format proposed in the report would address that issue.</p> <p>It was noted that the Audit Committee would need to see an updated BAF prior to receiving the Trust's Governance Statement (formerly the Statement of Internal Control).</p> <p>After discussion the Board approved the Board Assurance Framework.</p>	KS
PB/12/89	SAFEGUARDING ANNUAL REPORT	
	<p>Karen Glover presented the Safeguarding Annual Report for consideration.</p> <p>The following key achievements in relation to safeguarding were highlighted:</p> <ul style="list-style-type: none"> • 90% of staff had received safeguarding education for the second consecutive year. 2011/12 focused around the 'Think Family' agenda. The Trust had a workforce that had the knowledge, skills and experience to appropriately safeguard patients and the public thereby improving patient safety and staff well being • The ongoing development of the Learning Disability agenda. There was continuous and progressive stakeholder engagement with much focus on the equality delivery scheme, ensuring there were 	

	<p>reasonable adjustments for our service users.</p> <ul style="list-style-type: none"> • Positive review and feedback from the SHA, Primary Care Trust and Local Safeguarding Children Boards assessment frameworks demonstrated compliance with both national requirements and local arrangements for safeguarding adults and children. • Safeguarding progress and achievements had been showcased at regional events such as the East Midlands Safeguarding Celebration Event in March 2012 and the SHA Launch of the Learning Disability Toolkit in December 2011. <p>The Board commended the Safeguarding Team on the achievements.</p> <p>Karen Glover reported that a positive letter had been received in relation to a recent review of adult safeguarding. It was agreed that the letter would be circulated to Board members.</p> <p>It was reported that good progress had been made around engaging with patients to find out about their individual experiences. Good audit results demonstrated that front line staff had embraced the safeguarding agenda.</p> <p>It was agreed that a letter of congratulations to the Safeguarding Team would be drafted on behalf of the Board.</p> <p>During discussion Jon Towler queried whether a sentence on page 8 (around alternative pathways being developed) implied that some patients were being missed. Karen Glover responded that the Trust operated a very risk averse approach to safeguarding. Staff report all safeguarding concerns, some of which were diverted to pathways as they became available.</p> <p>Jon Towler drew attention to concerns around obtaining feedback from local authorities. Karen Glover explained that this was a risk which the Care Quality Commission had highlighted and related to the requirement for local authorities to provide feedback on all safeguarding referrals made by the Trust. It was reported that a letter had been issued to all Chairs of Local Safeguarding Boards (LSBs) to inform them that this was being actively monitored. Details were reported through the Integrated Quality Report (IQR) which was submitted at each QGC meeting. Feedback to staff was provided internally, regardless of whether local authority feedback had been provided or not.</p> <p>Jon Towler commented that there appeared to be a significant difference in the number of dignity champions across the divisions and suggested a relaunch may be beneficial in some areas. Karen Glover responded that the Safeguarding Team had been working to support divisional managers in this area.</p> <p>It was noted that the report did not highlight the assistance which had been provided by colleagues in Organisational Learning around working with patients with learning disabilities.</p> <p>After discussion the Board accepted the Safeguarding Annual Report and endorsed the priorities and work plan.</p>	<p>KGI</p> <p>KGI</p>
PB/12/90	PROVIDER MANAGEMENT REGIME	
	<p>The Provider Management Regime (PMR) report was received for consideration.</p> <p>This report, which covered April 2012, would be submitted to the SHA at the end of May.</p> <p>It was reported that the governance declaration was currently green and it was recommended that declaration two should be signed as the change</p>	

	<p>process was still at the early stages, performance was inconsistent and independent review had not been completed.</p> <p>Jon Towler pointed out that item 6 on the Board Statements page (around having action plans in place to ensure ongoing compliance with targets) had been marked with a tick; it was agreed that this should be amended to a cross. Although historically marked with a cross, it was agreed sufficient assurance had been received to change Item 9 to a tick.</p> <p>After discussion the Board approved the Provider Management Regime report.</p>	DF
PB/12/91	PATIENT EXPERIENCE ANNUAL REPORT	
	<p>Karen Glover presented the Patient Experience Annual Report for consideration.</p> <p>The following key achievements in relation to patient experience were highlighted:</p> <ul style="list-style-type: none"> • Improved timeliness of complaint responses evidenced by sustained improvement in achieving the revised 20 working day target since 01 January 2012 • Improved quality of responses evidenced by the reduced number of second letters and reduced referrals to the Ombudsman with a reduction in the number that were upheld • Continued development of the use of patient stories at the Board with patients and/or their carers having attended to bring the story to life and personalise their experience • Introduction of local resolution meetings which had helped to provide a more personal response to complainants and fostered a greater sense of ownership at divisional level • Significant reduction in attitude related complaints following the delivery of customer care training in 2011/12. <p>It was reported that the Ombudsman's Report, published in July 2011, had contained a favourable endorsement of the reduction in the number of complaints which had been upheld despite the Trust being among the group of Trusts with the highest number of complaints referred for judgement. It was also reported that there was a move toward increased real-time reporting which had been linked with this years Commissioning for Quality and Innovation Framework (CQUIN) targets.</p> <p>Karen Glover highlighted that there had been an increase in the number of compliments received and a 10% increase in formal complaints. The main themes were similar to the previous year. Results of patient satisfaction surveys had shown scores of 95% satisfaction on Accident and Emergency (A&E) and 93% on Patient Transport Services (PTS). As previously reported, the Net Promoter Score question had been included in the quarter four patient surveys and had yielded high scores for both A&E and PTS.</p> <p>During discussion Gill Newton queried the key risk around the current incident reporting system. Karen Glover responded that incident reporting and complaints were captured on stand alone computerised systems which made aggregated reporting difficult, time consuming and open to error. An integrated system would allow for integrated analysis. The key risk related to training staff in the use of an integrated system which would take six to nine months to deliver. A solution was currently being sourced.</p> <p>Gary Austin commented that the presentation of graphical data in the report had not used a consistent scale/starting point which gave an incorrect</p>	

	<p>impression in some areas.</p> <p>Pauline Tagg reported that patient safety had been examined in some detail at the last QGC meeting and had requested that a target be set. Jon Towler reported that the QGC had also sought further information on the 5% of patients who had reported that their confidentiality/dignity had not been maintained.</p> <p>Jon Towler pointed out that the Complaints section appeared to focus on front line crews when, upon examination, many complaints actually related to the EOC. It was agreed that this should be examined more closely.</p> <p>After discussion the Board accepted the Patient Experience Annual Report and endorsed the priorities and work plan.</p>	KGI
PB/12/92	SERIOUS INCIDENTS REPORT	
	<p>Karen Glover presented the Serious Incident (SI) Report for consideration.</p> <p>The report was received for the first time in March 2012 and suggested amendments had been incorporated.</p> <p>It was reported that 33% of SIs had been reported within agreed timescales and 100% of incident investigation reports had been submitted to the Primary Care Trust (PCT) within agreed timescales. It was noted that the Trust had seven open SIs and 17 awaiting closure by the PCT. Delayed closure by the PCT does not represent a risk to patients. A communications campaign had been developed to promote key messages around incident reporting. The introduction of an incident reporting telephone line had proved positive and the new integrated system mentioned earlier would deliver an electronic reporting solution.</p> <p>A total of 45 SIs were reported in 2011/12. There were no Never Events during 2011/12 or during April 2012.</p> <p>During discussion Dermot Toberty queried whether Employer Liability (EL) claim settlements were included as SIs. Karen Glover responded that there was a regional definition of what was classed as an SI and EL claims did not always fit that definition. It was explained that EL and other liability claims were examined and learning was fed through the Strategic Learning Review Group; in addition, the QGC received a claims report on a regular basis.</p> <p>After discussion the Board accepted the Serious Incident Report and endorsed the actions contained within it.</p>	
PB/12/93	RECORD OF BUSINESS OF SUB COMMITTEES REPORTING TO THE BOARD	
	<p>The Record of Business of Sub Committees Reporting to the Board was received for consideration.</p> <p>It was noted that the Record of Business for the Transformation and Service Improvement Programme Board had been submitted in error as this group reported to the Trust Executive Group.</p> <p>The following additional items were reported in relation to the Audit Committee:</p> <ul style="list-style-type: none"> • The internal audit plan for the next 12 months had been agreed • KPMG would be the Trust's external auditors from October 2012 • Colleagues from the Workforce directorate had attended the meeting 	

	<p>to inform the Audit Committee on progress around sickness absence</p> <ul style="list-style-type: none"> Assets not physically verified were referred back to Finance but the Auditors stated that it was not a material amount The Head of Information Communication Technology (ICT) had attended to discuss Trust systems. <p>After discussion the Board accepted the Record of Business and endorsed the actions identified within it.</p>	
PB/12/94	QUALITY AND GOVERNANCE COMMITTEE ANNUAL REPORT	
	The Quality and Governance Committee Annual Report 2011/12 was received and considered.	
PB/12/95	QUALITY AND GOVERNANCE COMMITTEE MINUTES	
	The minutes of the Quality and Governance Committee meeting held on 04 April 2012 were received and considered.	
PB/12/96	SEALING REGISTER	
	<p>The Register of Sealings for 2011/12 was received for consideration</p> <p>The Board ratified the Register of Sealings for 2011/12.</p>	
PB/12/97	TRANSFORMATION PROGRAMME BOARD MINUTES	
	<p>The minutes of the Transformation Programme Board meeting held on 26 March 2012 were received and noted.</p> <p>The minutes of the April meeting of the Transformation and Service Improvement Programme Board had been submitted to the Board in error as this group did not report to the Board.</p>	
PB/12/98	INVESTMENTS COMMITTEE MINUTES	
	The minutes of the Investments Committee meeting held on 02 February 2012 were received and noted.	
PB/12/99	ANY OTHER BUSINESS	
	No other items of business were raised.	
PB/12/100	CONFIDENTIAL MEETING MOTION	
	The Board resolved that representatives of the press and other 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 (Section 1[2] Public Bodies [Admission to Meetings] Act 1960.	

Details of the Next Meeting

The next Board meeting will be held on 23 July 2012 at 10.00 hours in Meeting Rooms 1 & 2 at Trust Headquarters, Horizon Place, Nottingham Business Park, Nottingham.