

**TRUST BOARD OF DIRECTORS (PUBLIC)**

Minutes of the Public Meeting on Tuesday 24<sup>th</sup> November 2015 at 2.00 pm  
Held in the Main Boardroom, Diana Princess of Wales Hospital

For the purpose of transacting the business set out below

**Present:**

Dr J Whittingham	Trust Chairman (Chair)
Mrs K Jackson	Chief Executive
Dr K Dunderdale	Deputy Chief Executive
Mrs K Griffiths	Chief Operating Officer
Mr M Hassall	Director of Finance
Mr L Roberts	Medical Director
Mr N Gammon	Non-Executive Director
Mr S Shreeve	Non-Executive Director
Mr A Bell	Non-Executive Director
Mrs A Shaw	Non-Executive Director
Mrs L Jackson	Non-Executive Director

**In Attendance:**

Mrs W Booth	Director of Performance Assurance & Trust Secretary
Mrs J Heaton	Interim HR Director
Mrs P Clipson	Director of Strategy & Planning
Mr J Johal	Director of Estates & Facilities
Mrs J Loughborough	Quality Matron (for the patient story)
Mr C Ferris	Head of Safeguarding
Miss C Mason	PA to the Trust Chairman (for the minutes)

**Public Agenda**

Dr Whittingham welcomed everyone to the meeting and declared the meeting open at 2.05 pm. Dr Whittingham welcomed Governors, Mr Grinnell and Mo Dobson to the meeting and congratulated Mr Grinnell on his recent re-appointment as Lead Governor.

**1. Apologies for Absence**

Apologies were received from Mrs Filby with Mr Ferris in attendance to represent. Dr Whittingham advised that Mr Deans was in attendance for agenda item 8.1 'HLHF update', that Mr Cowling would be in attendance for item 7.7.2 'Infection Control Annual Report' and that Mr Urwin and Mrs Broom would be in attendance for item 9.2.2 'Annual Medicines Management Report 2014-15'.

**2. Chairman's Remarks**

Dr Whittingham noted the attendance of two of the Trust's public governors and outlined the conduct of the Board's meetings in public.

**3. Declaration of Interests**

Dr Whittingham invited members to draw the Board's attention to any conflicts of interest relating to specific agenda items or to any updates to their formal annual declarations. None were received.

**4. Approval of Minutes from the Board meeting held on 24<sup>th</sup> November 2015 - NLG(15)474)**

Members noted that Mrs Bates' title was incorrect and should state Head of Professional Development and Research. Subject to this amendment, the minutes of the previous meeting were approved as an accurate record and will be duly signed by the Chairman.

**5. Matters Arising from the Minutes:**

There were no matters arising from the previous minutes.

**6. Chief Executive's Monthly Update for March 2015 – (NLG(15)475)**

Mrs Jackson referred members to her report. She confirmed that the Trust had failed to achieve the national A&E 95% 4 hour wait target and had achieved 93.6% in October. The Trust's staff were making great efforts to maintain performance under continued operational pressure. Mrs Jackson recognised the hard work of all the staff involved. Mrs Jackson went on to report that the Trust achieved the referral to treatment (RTT) 18 weeks waiting time target. Based on provisional data the Trust is also achieving six out of seven of the national cancer waiting time targets. The breach relates to the 62 day wait urgent GP RTT target. Mrs Jackson asked members to note that while the initial indications were that the Trust would achieve this target for both Quarters 1 and 2, the operation of the post-breach allocation agreement between the Trust and Hull & East Yorkshire Hospitals means the Trust now reports a failure in both quarters. Mrs Booth is leading on work to ensure that the Trust reports on improved performance in Quarter 3 and will bring an update back to the Board through TGAC. Mrs Jackson reported that a number of members of the Executive Team had attended the HYMS monitoring visit on 4<sup>th</sup> November. Mrs Jackson felt the visit was positive and invited Mr Roberts to comment. Mr Roberts felt that the relationship between the Trust and HYMS had improved markedly. He understood that HYMS considered that the Trust provides their medical students with a good experience. There remains considerable scope for further development in particular in terms of consistency between the Trust's sites and in ensuring that sufficient teaching time is built into job plans. Mrs Jackson drew members' attention to the recent Quarter 2 sustainability challenge session and asked members to note the good progress being made reflecting the commitment of the Executive and Senior Managers. Mrs Jackson reported that she had attended a Prime Minister's briefing at Number 10 yesterday. The PM had briefed attendees on the government's intentions on integration, 7 day services and the need for innovation. He had also announced £3.8b of additional funding for the NHS as now reported in the press. Mrs Jackson felt that this was clearly good news but was cautious about the detail at this stage. In response to a query from Dr Whittingham, Mrs Jackson expected details to become available during December including in terms of timing.

Dr Whittingham thanked Mrs Jackson for her report and invited further comments or questions. None were received.

*Board Action;  
The Board received the Chief Executive's monthly update.*

## **7. QUALITY AND SAFETY:**

### **7.1 Patient's Story – Cordelia's Story**

Dr Whittingham reminded members that the Board's policy on patient stories was that members should listen to the story but should defer any reflections or decisions on the story until the end of the Quality and Safety section of the agenda and therefore until item 7.9 of this agenda. Mrs Loughborough confirmed that the patient story was an audio clip and was regarding Cordelia's 10 week stay on ward 24 at SGH. Members listened to the audio clip.

**At the request of Dr Whittingham, members agreed to vary the order of the agenda to deal with agenda item 7.7.2 'Annual Infection Control Report' at this point.**

### **7.7.2 Annual Infection Control Report – (NLG15)483)**

Mr Cowling drew members' attention to the report and reminded members that the hygiene code requires the Board to receive a regular annual report on infection control. Mr Cowling proposed to take the report as read and invited comments or questions. Referring to the graphs of comparative antibiotic usage (page 25 onwards), Mr Bell noted that some of the graphs appear to show that the Trust has a different pattern of usage of certain antibiotics to other comparator Trusts. Mr Cowling agreed and explained the reasons for the differences. In the main Mr Cowling felt that the differences were clinically justified. However, Mr Cowling advised that he would like to reduce the usage within the Trust of Carbapenems because of the emergence world-wide of resistance to this vital class of antibiotics. Mr Cowling advised that part of the issue was over-statement of the real extent of allergy to penicillin. Dr Dunderdale agreed and advised that further developments to WebV would be of assistance by making the patient's notes available immediately at the time of admission to enable staff to check if the patient was really allergic to penicillin. Mr Bell referred to the report on hospital acquired MRSA and MSSA infections and asked if the ratio between these infections was as expected. Mr Cowling confirmed that it was and advised that only a very small number of patients with a *staphylococcus auerus* infection will actually have MRSA. Mr Gammon pointed out that the Infection Control Committee had not been a sub-committee of the Board for the full year and suggested that this needed to be reflected in the report. Dr Whittingham referred to the *summary & highlights* page and was concerned about the reference to "worry signs of complacency" and asked what action is being taken to address this issue. Dr Dunderdale advised that the Trust needed to ensure that there was full engagement with the Root Cause Analysis (RCA) which is under taken into each incident and which leads to an action plan or which is fed into the wider Trust plan. Mrs Jackson recognised Dr Whittingham's concerns and felt that while the achievement was very commendable, the Trust could not afford to be complacent. She felt that the re-establishment of Infection prevention and Control Committee as a sub-committee of the Board would be helpful. Dr

Whittingham understood that Viv Duncanson will shortly be retiring and asked for an update on progress on recruitment of Viv's successor. Dr Dunderdale confirmed that Mr Maurice Madeo would be joining the Trust next week.

Dr Whittingham thanked Mr Cowling and Dr Dunderdale for their report and invited further comments or questions. None were received.

*Board Action;*  
*The Board received the Annual Infection Control Report.*

**Mr Cowling and Mr Vicca left the meeting at 2.50 pm.**

#### **7.2.1 Quality Development Plan and KPI's – (NLG(15)476)**

Mrs Booth drew members' attention to the report and confirmed that the majority of actions are complete. The QDP will be refreshed once the Care Quality Commissions (CQC) report of their recent inspection has been received, which Mrs Booth expected in December. Mrs Booth invited comments or questions. Mr Gammon referred to action CQC53 on page 22 and felt that the RAG rating of clinical supervision of nursing staff as "on target" for achievement of the 95% target by end of December was optimistic and that the target was unlikely to be achieved. Mr Ferris advised that Mrs Filby is considering future plans for this target including the link to the forthcoming nurse revalidation issue. Mrs Booth confirmed that the report would be revised to reflect that this action is not on target.

Dr Whittingham invited further comments or questions and none were received.

*Board Action;*  
*The Board received the Quality Development Plan and KPI's.*

#### **7.3 Serious Untoward Incidents including 'Never Events' – (NLG(15)477)**

Mrs Booth drew members' attention to the report and confirmed that there had been 3 new SUI's since the date of the last meeting and no new never events. Mrs Booth reminded members that the investigations into all of the SUIs will be reported through Trust Governance and Assurance Committee (TGAC).

Dr Whittingham invited comments or questions and none were received.

*Board Action;*  
*The Board received the report into Serious Untoward Incidents including 'Never Events'*

#### **7.4 Director Visit Feedback (Announced and Unannounced) – Quarter 2 – (NLG(15)478)**

Mrs Booth reminded members that this is the regular report to the Board of announced and unannounced Directors' visits to the Trust's wards and departments. She proposed to take the report as read and invited comments

or questions. Dr Whittingham confirmed that he had drawn the attention of Quality & patient Experience Committee (QPEC) to the 2 issues from the report, which were RAG rated at “red”.

Dr Whittingham invited further comments or questions and none were received.

*Board Action;*

*The Board received the report of Directors visits for Quarter 2*

#### **7.4.1 Revised Director Visit Arrangements – (NLG(15)479)**

Mrs Booth asked members to note that the report provides a brief update on progress on the review of the format of Directors’ visits and the supporting preform. She advised that Kathryn Helley is leading the review on Mrs Booth’s behalf and expected that the revised process and schedule will be available in January.

*Board Action;*

*The Board received the update on revised Director Visit arrangements*

### **7.5 Staffing Reports:**

#### **7.5.1 Staffing Capacity and Capability on our Wards – (NLG(15)480)**

Mr Ferris summarised the report. He asked members to note that 7 wards had reported staffing levels below the 80% threshold during October. The table in section 3 provides a schedule of these wards and the actions taken to ensure that the wards remain safe. He also summarised the process of regular daily ward by ward reviews. Finally, he drew members’ attention to the variation in roster templates at Ward 6 in GDH, which has fewer patients than expected leading to the need to review the roster templates which would be undertaken over the next couple of months. Mr Ferris invited comments or questions. Dr Whittingham was concerned that the review of roster templates at Goole seemed to have been a constant theme over several months and felt that it was now necessary to get to a clear position. Mrs Jackson agreed and will ask Mrs Filby to resolve the issue. Dr Whittingham also noted that the statement in section 3 that “< 80% compliance was reported in 4 wards” should be corrected. Dr Whittingham went on to refer to the “action taken” column in the table in section 3. He felt that the action taken shown in the table was helpful but that an important element was specific assurance to the Board from the Chief Nurse that those actions mean that the ward remains safe. Mrs Jackson agreed and suggested adding an extra column to the table. Mr Ferris confirmed that he would action this with Mrs Filby. Mr Ferris went on to explain that the wards reported in section 3 were safe. In support of Mr Ferris’ assurance, Dr Dunderdale referred members to Appendix A and to the report on each ward’s performance against the Nursing Dashboard and the other assurance measures.

Dr Whittingham invited further comments or questions and none were received.

*Board Action;  
The Board received the Staffing Capacity and Capability on our wards report.*

**At the request of Dr Whittingham, members agreed to further vary the order of the agenda to deal with agenda item 9.2.2 'Annual Medicines management Report 2014-15'.**

### **9.2.2 Annual Medicines Management Report 2014-15 – (NLG(15)489)**

Mr Urwin advised that this year's report has a new title of "Medicines Optimisation" reflecting the recent national shift in focus from "management" to "optimisation". Mr Urwin presented the report and invited comments or questions. In response to a query from Mrs Shaw, Mr Urwin explained that Area Prescribing Committee (APC) (section 6 of the report) has agreed a single medicines formulary to be used by the Trust and by N and NE Lincs primary care. He advised that the APC has been effective in providing a single forum for primary and secondary care doctors to agree local policy on the clinical use of medicines to treat patients across the whole of northern Lincolnshire. However, he confirmed that the NE Lincs CCG had decided to withdraw from APC effective October 2015 and summarised the likely consequences. Mrs Jackson advised that a meeting is being arranged between the organisations' CEOs to ascertain the position. Mrs Jackson understood that the N Lincs CCG were keen to maintain APC. There was general concern from members about the issue and support for continuation of APC. Dr Whittingham asked Mrs Jackson to keep the Board advised of progress in her discussions with the CEO's. Mrs Jackson agreed and felt that this was also an issue for the HLHF Programme Board. Mrs Booth commended the medicines management team on progress made particularly with training compliance. Dr Whittingham referred to the Trust's good performance on stock-holding but asked whether there was any downside (to patients) for example in terms of reduced availability. Mr Urwin assured Dr Whittingham that medicines are made available in good time. There is however, some evidence that medicines have sometimes not been ordered by the wards or are in the ward but not located. In response to a query from Mr Roberts, Mr Urwin confirmed that such issues are fed back to the wards. In response to a further question from Mr Roberts, Mr Urwin confirmed that there is evidence that junior doctors are becoming more reliant on the pharmacists in ensuring that patients' medicines are reconciled. Mr Roberts confirmed that he would pick this up with Mr Urwin outside of the meeting. Mr Bell congratulated the pharmacy team on their innovative approach. Mrs Griffiths agreed and suggested that the Trust should make use of more of the teams' initiatives in internal and external comms and PR.

Dr Whittingham invited further comments or questions and none were received.

*Board Action;  
The Board received the Medicines Optimisation Strategy Annual Report 2014-15.*



Mr Urwin and Mrs Broom left the meeting at 3.30 pm.

#### **7.6 Lampard Report – Updated Action Plan in Response to the Savile Investigation – (NLG(15)481)**

Mr Ferris summarised the report and confirmed that the report provides an update on progress on the Trust's action plan in response to the recommendations made by Kate Lampard's independent report to the Secretary of State following the Saville affair. He drew members' attention to Recommendation R12 and the need for a revised date for the Trust's policy as regards the management of external charitable donors and fund raisers. Dr Whittingham noted that this issue was under discussion through Charitable Funds Committee and stressed the importance of robust governance arrangements with 3<sup>rd</sup> party organisations which the Trust does not control but which it may permit to have access to the hospital for charitable purposes.

Dr Whittingham invited further comments or questions and none were received.

*Board Action;  
The Board received the updated action plan following the Lampard report.*

#### **Reports from Board Sub-Committees:**

#### **7.7 Quality and Patient Experience Committee (QPEC):**

##### **7.7.1 QPEC Highlight Report, November 2015 – (NLG(15)482)**

In his capacity as Chairman of the committee, Mr Bell summarised the committee's highlights report. In particular, he advised that the committee had agreed to highlight its support for the integration of the Trust's two current end-of-life work-streams into a single work-stream reporting to Mortality Performance & Assurance Committee (MPAC). The committee also highlighted their concern about the quality of death certificates but understood that Mr Roberts was looking into this and organise appropriate additional training. The committee had also noted and welcomed the agreed establishment of a new bereavement service under the line management of the chaplaincy and understood that the new service would provide advice on the accurate completion of death certificates. Finally, Mr Bell reported that the committee had received an update on progress on the implementation of the critical care strategy and was concerned about some of the difficulties being encountered as reported by the Associate Medical Director for Surgery and Critical Care. Mr Bell advised that QPEC would continue to monitor progress on this matter and hoped to see early progress on the issues as reported. Mrs Jackson confirmed that Executive Team have received a similar report and have agreed a plan of action to address the issues.

##### **7.7.3 Board Challenge**

Dr Whittingham invited further comments or questions on the committee's highlights report or the supporting papers. None were received.

*Board Action;  
The Board received the QPEC highlight report.*

## **7.8 Mortality Performance Assurance Committee Highlight Report, November 2015 – (NLG(15)484)**

In his capacity as Chairman of the committee, Dr Whittingham summarised the committee's highlights report. In particular, Dr Whittingham drew members' attention to the advice received by the committee from Mrs Simpson, confirmed by Mr Roberts and Mrs Filby, about the consolidation of the Trust's two current end-of-life work-streams into a single work-stream reporting to MPAC as regards mortality improvement and to QPEC as regards the patient experience. The committee had also been advised on the process and timescale to establish the new work-stream. Dr Whittingham advised that the committee also wished to highlight the progress being made to appoint a clinical lead for Cardiology (to lead the cardiology work-stream) and the progress made by Mr Roberts in appointing a successor to Mrs Simpson (as Trust Mortality Lead). Dr Whittingham apologised that the MPAC minutes for November were once again late and confirmed that these would be circulated after the meeting. Dr Whittingham invited comments or questions. Mr Shreeve added that it was good to see the level of clinical engagement in mortality improvement work generally and end-of-life in particular.

### **7.8.2 Board Challenge**

Dr Whittingham invited further comments or questions on the committee's highlights report or the supporting papers. None were received.

*Board Action;  
The Board received the MPAC highlight report.*

## **7.9 Reflection on a Patient Story – (Verbal)**

At Dr Whittingham's request, Mrs Loughborough advised that she felt that this was a really positive patient story and that she would take the story and the feedback back to the Trust team. Dr Whittingham invited further comments or questions. Mr Bell agreed that this was a very positive story and felt that the only negative comment was regarding the water checks. Mrs Shaw also agreed but pointed out that the patient could not think of a named nurse, which was concerning given that her stay was 10 weeks. Mrs Heaton remembered that the patient had reported a good relationship with the ward sister and deputy. Mr Gammon felt that the story was a great tribute to the ward. There was a further discussion about the ward's administration of cannulas. Dr Dunderdale advised that she would speak to the ward regarding the use of picc insertions as an alternative for long stay patients. Following a further brief discussion, Dr Whittingham asked Mrs Loughborough to thank Cordelia on the Board's behalf for allowing the Board to hear her story. Mrs Jackson confirmed that she would also write to ward 24. Dr Whittingham invited further comments or questions and none were received.

## **8.1 Healthy Lives, Healthy Futures Update – (NLG(15)485)**



Dr Whittingham introduced Mr Deans to the meeting and reminded members of Mr Deans' role in providing a regular independent update to the Board on progress on HLHF. Mr Deans drew members' attention to his presentation and reviewed each slide. He referred members to the slide summarising to the timeline for the submission to Monitor of a plan to achieve sustainability and emphasised the importance of engagement and support from all of the HLHF CEO's and Accountable Officer's (AOs). He expected that the Trust Board would receive the plan at its meeting planned for 16<sup>th</sup> December. He also drew members' attention to the slide summarising current outstanding issues and opportunities. Mr Deans invited comments or questions. Referring to outstanding issues, Mrs Jackson asked members to note the importance of workforce and estates rationalisation. Mr Deans agreed and acknowledged that these two large areas of work remain outstanding. Mr Deans also pointed out the need for an agreement on future leadership and resourcing of the HLHF PMO. Mrs Jackson reported that she would be attending the meeting of the HLHF AO's scheduled for the following day and felt that this meeting would be pivotal. As regards the way forward, Mrs Jackson asked members to note the importance of agreement on the balance between critical mass (to sustain local services) and place and the extent of integration of the acute sector with the community. Dr Whittingham pointed out the importance of leadership and therefore of agreement on Mrs Jackson's continued role as HLHF AO.

Dr Whittingham invited further comments or questions and none were received.

*Board Action;*

*The Board received the update on Healthy Lives, Healthy Futures.*

**Mr Deans left the meeting at 4.00 pm.**

## **8.2 Together Incorporation Documents – (NLG(15)486)**

Mrs Booth reminded members of earlier discussion and agreement about the establishment of Together Ltd and confirmed that the documents provide the final signed version of the Together incorporation documents. Mrs Jackson confirmed that preliminary meetings of the interim Together board were taking place. Dr Whittingham referred to earlier discussions and the need to establish robust governance connections between the Trust Board and the Together Board. Mrs Jackson agreed and confirmed that she expected proposals on this issue to be considered by the Trust Board by April 2016. Mrs Booth advised that PR and comms will support the launch of Together Ltd in the New Year also.

Dr Whittingham invited further comments or questions and none were received.

*Board Action;*

*The Board received the Together Incorporation Documents.*

## **8.3 Health Tree Foundation Official Launch – (Verbal)**

Mr Hassall advised members that the Trust's charitable funds had been re-launched under the Health Tree Foundation "brand". There are good early signs of strengthened engagement and improved income generation. Good ideas were coming forward from staff, patients and the public on the use of charitable funds to improve patient care. The Trust will be more focussed in the way it uses charitable funds and is committed to using charitable funds to make the patient experience the best it can be. Mr Hassall emphasised the importance of the health Tree Foundation as a powerful tool to strengthen engagement and connection between the Trust and the wider community and to encourage innovation.

Dr Whittingham thanked Mr Hassall for his report and invited comments or questions. None were received.

*Board Action;*

*The Board received the update on the Health Tree Foundation Official Launch.*

## **9. COMPLIANCE MONITORING**

### **Reports from Board Sub Committees;**

#### **9.1 Resources Committee**

##### **9.1.1 Resources Committee Highlight Report, November 2015 – (NLG(15)487)**

In his capacity as Chairman of the committee, Mr Gammon summarised the committee's highlights report. He took the report as read and drew members' attention to a number of highlights in particular. He confirmed that the committee had received a briefing on the current month (month 7) finance report and had discussed some of the significant risks associated with it. The committee wanted to highlight the liquidity risk and the need for the Trust to manage its capital programme so as to minimise as far as possible the requirement for working capital support from the DoH. The committee also agreed to highlight the current income risks and the uncertainty regarding the further cash top up from the Treasury via Monitor and the Trust's ability to manage the forecast deficit position. Mr Hassall agreed and added that he believed that Monitor are clear that the Trust is doing everything it can to manage its financial position. Mr Gammon went on to ask members to note that the Committee had received and approved the IP Telephony Tender. Finally, Mr Gammon asked members to note the improved format of sustainability report. Mr Gammon invited comments or questions and none were received.

##### **9.1.2 Board Challenge**

Dr Whittingham invited comments or questions on the committee's highlights report or the supporting papers. None were received.

*Board Action;*

*The Board received the Resources Committee highlight report.*

## **9.2 Trust Governance and Assurance Committee (TGAC):**

### **9.2.1 TGAC Highlight Report, November 2015 – (NLG(15)488)**

In her capacity as Chair of the committee, Mrs Shaw summarised the committee's highlights report. She reminded members about the Chief Executive's earlier report on the Trust's compliance with 6 out of the 7 national cancer waiting time targets and confirmed that the committee received a report on the work being undertaken by Mrs Claire Jenkinson in relation to this issue. She went on to report that the committee was advised that the new national system for the revalidation of nurses will be implemented from April 2016. Mrs Davies had briefed the committee to provide a level of assurance on the Trust's preparedness and the committee had asked the Chief Nurse to provide a formal report to a future meeting. Mrs Shaw advised that the committee had received details of a proposed Governance time out which would be focussed and ensuring that the Trust's clinical Groups have in place the necessary controls and assurance. Mrs Booth confirmed that the time-out was being scheduled for the end of December/early January. Finally, Mrs Shaw drew members' attention to the committee's highlights report on proposed changes to response time targets for complaints as proposed by Mrs Booth. Mrs Shaw invited further comments or questions and none were received.

### **9.2.3 Board Challenge**

Dr Whittingham invited comments or questions on the committee's highlights report or the supporting papers. None were received.

*Board Action;  
The Board received the TGAC highlight report.*

## **10. ITEMS FOR APPROVAL**

### **10.1 People and OD Strategy – (NLG(15)490)**

Dr Dunderdale advised that the paper was for ratification and had been approved by the Resources Committee. Mr Gammon confirmed that Resources Committee recommended approval by the Board. Following a brief discussion there was general support for the revised People and OD Strategy.

*Board Action;  
Members approved the People and OD Strategy.*

### **10.2 Vision and Values – (NLG(15)491)**

Dr Dunderdale advised that the paper was for ratification and had been approved by the Resources Committee. Mr Gammon confirmed that Resources Committee recommended approval by the Board. Following a brief discussion there was general support for the revised Vision and Values statement.

*Board Action;  
Members approved the Vision and Values Statement.*

### **10.3 Approval of Revisions to NED Sub-Committee Chair and NED Challenge Roles – (NLG(15)492)**

Mrs Booth advised members that the 6 year terms of office of 3 members will come to an end next year. Dr Whittingham advised that discussions are underway with the members concerned as to their intentions in order to inform proposals to the Council of Governors. He advised that the paper proposes transitional and succession arrangement for chairmanship and membership of the Board's sub-committees in order to ensure that they continue to operate effectively in support of the Board. The paper also makes parallel recommendations on the structure and ownership of NED challenge roles. Mrs Booth advised that, in addition to the paper, Mr Gammon has volunteered to become a member of the Audit Committee in order to meet the requirement for 3 lay members. Dr Whittingham noted the need, following approval of the proposal, for discussion and agreement on the timing of implementation.

*Board Action;  
Members approved the proposed revisions to NED sub-committee chair and NED challenge roles.*

### **10.4 Re-establishment of Infection Prevention Control Committee as a Board Sub-Committee – (Verbal)**

Dr Whittingham referred to earlier informal discussions about the need for the Board to consider re-establishing Infection Prevention & Control Committee (IPCC) as a sub-committee of the Board for an initial [6 MONTH] period. Dr Whittingham advised that the previous paper (NLG(15)492) assumed the Board's approval of this proposal and recommended that IPCC should be chaired by Mr Shreeve with Mr Bell as deputy chair. The committee are to meet monthly. Following a brief discussion, members approved the proposal

*Board Action;  
Members approved the re-establishment of IPCC as a sub-committee of the Board for an initial period of 6 months.*

## **11. Matters to be Included in the Board Briefing for Governors**

Members agreed that the following matters should be included in the Board briefing to Governors;

- a) HLHF update
- b) Official launch of Health Tree Foundation
- c) Complaints
- d) People and OD strategy
- e) Revised vision and values
- f) NED sub committees
- g) IPCC
- h) Together

## **12. Trust Board Action Log - Public**

Members reviewed and updated the Trust Board action log.

### **13. Items for Information**

The following items for information were received and noted;

- 13.1 QPEC Minutes, November 2015 – (NLG(15)494)
- 13.2 Monthly Quality Report, November 2015 – (NLG(15)495)
- 13.3 Mortality Performance Assurance Committee Minutes, November 2015 – (NLG(15)496)
- 13.4 Monthly Mortality Report, November 2015 – (NLG(15)497)
- 13.5 Resources Committee Minutes, October 2015 – (NLG(15)498)
- 13.6 Month 7 Finance Update – (NLG(15)499)
- 13.7 Sustainability Plan Update – (NLG(15)501)
- 13.8 PWC 6 Month Review of Sustainability Programme – (NLG(15)502)
- 13.9 Monthly Staffing Report, November 2015 – (NLG(15)503)
- 13.10 TGAC Minutes, November 2015 – (NLG(15)504)
- 13.11 Complaints Analysis Report – Quarter 2 (July to September 2015) – (NLG(15)505)
- 13.12 Performance Report, October 2015 – (NLG(15)506)

### **14. Any Other Urgent Business**

There were no items of Any Other Urgent Business.

### **15. Date and Time of Next Meeting**

Date: Tuesday 22<sup>nd</sup> December 2015  
Time: To be confirmed  
Venue: Lecture Theatre, DPOW

*Dr Whittingham thanked everyone for their attendance and contributions and declared the meeting closed at 4.30 pm.*