The Chair welcomed Andrew Abbott, Courtyard Group, accompanied by Helen Munro; Mr Barrie Morris, Grant Thornton; Ruth Fitzjohn, Gloucestershire PCT, Tamar Thompson, Great Western Ambulance Service and Mark Haslam, a Medical Trainee interested in management issues.

**ACTION**

211/08 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

212/08 **MINUTES OF THE MEETING HELD ON 26 SEPTEMBER 2008**

These were AGREED and signed as a correct record.

213/08 **MATTERS ARISING**

There were no matters arising.

214/08 **MINUTES OF THE MARKETING COMMITTEE MEETING HELD ON 4 SEPTEMBER 2008**

Mr Dobbin informed the Board that the Minutes had already been presented at the previous Board meeting.
215/08 MINUTES OF THE RISK MANAGEMENT COMMITTEE MEETING HELD ON 6 OCTOBER 2008

Mr Evans remarked that there was nothing particular to draw to members attention and invited questions and comments. No comments were made.

The minutes were NOTED.

216/08 MINUTES OF THE AUDIT COMMITTEE MEETING HELD ON 7 OCTOBER 2008

Mr Phillips informed the Board that Mr Evans had joined the Audit Committee and attended the meeting on 7 October. He noted the following:

- 004/08 Agenda for Change: A joint paper by Mr Shaw and Mr Smith would be presented to the next meeting of the Audit Committee before coming to the next Main Board meeting
- 061/08 Annual Audit Letter: This was to be covered as a separate item later in the meeting

The minutes were NOTED.

Ms Lord joined the meeting

217/08 MINUTES OF THE CORPORATE CITIZENSHIP COMMITTEE MEETING HELD ON 13 OCTOBER 2008

The Vice Chair informed the Board that the Carbon Footprint topic was the subject of a separate paper to be taken later in the meeting. He noted that the Corporate Citizenship Committee would be considering the environmental issues relating to the Trust’s vehicles at a later date and the Board would be kept informed.

The minutes were NOTED.

Mr Cottrill joined the meeting

218/08 MINUTES OF THE EMPLOYMENT COMMITTEE MEETING HELD ON 20 OCTOBER 2008

Mr Takolia noted that this was the first meeting of the Employment Committee he had chaired and highlighted the following matters:

- 041/08 Employer of Choice: The Committee did not approve the proposals set out in the paper. Instead they requested a presentation and the opportunity for wider discussion relating to the IIP process and the links with the OD programme. A further report would be brought to the Board.
- 046/08 Policy Ratification: The Committee noted that timescales for policy ratification had not allowed it to consider fully the financial implications of any policy changes and developments. The number of policies received for ratification at one moment was questioned and the Director of Corporate Governance & Facilities agreed to examine the issues.

The minutes were NOTED.

MT

219/08 PERFORMANCE AGAINST TARGETS

The Director of Service Delivery presented the report and highlighted:

- Referrals: September’s figures showed a downturn in referrals and October’s showed a continuing trend. The reduced numbers will feed through the system and help reduce future waiting lists
- 18 weeks: The target was achieved in October and with referrals decreasing this augured well for the future. The forecast throughput
for November and December was high making the 18-week target a continually challenging goal
– 13 weeks: No progress had been made against the 13-week target because of the capacity problems and the previously higher than anticipated referral rate
– Diagnostics: Waits continued to fall; the forecast for the Over 4-Week Wait would be zero by January 2009
– A&E: Achieving the 4-hour A&E performance was demanding in the current circumstances and was not consistently achieved (see below)
– Theatre Efficiency had improved because of systems efficiencies

The Chair thanked the Director of Service Delivery for his report.

The Board NOTED the report.

220/08  4-HOUR WAIT IN A&E PERFORMANCE

The Director of Service Delivery explained that the purpose of this paper was to update the Board on the progress made against the action plans, first presented to the Board in June. He noted that:
– the targets applied to offloading ambulances as well as A&E
– Quarter 2 saw improvements and the deterioration in performance in Quarter 3 coincided with the increased levels of admissions. This impacted A&E and the Ambulance turnaround performance
– the Action Plan was updated on a regular basis and the commitment from across the health and social care community was a noted feature of the activity

The Chair thanked the Director of Service Delivery for his summary and invited comments from the Board. In discussion:
– The Chief Executive contextualised the situation by noting that the Trust had admitted approx 800 patients per week last year, that the rolling average this year was 850 and two weeks ago there were 926 admissions
– Professor Thompson thanked the Trust for the considerable efforts it had made to work with the Ambulance Trust in order to reduce the handover delays: she commented that the improvements to date would not have been possible without such cooperation
– Ms FitzJohn, Chair of the PCT, noted that progress had been made in many areas as a result of members of the healthcare community aligning interests: this resulted in improved experience for service users
– Mr Takolia asked if minor injuries were filtered out. The Director of Service Delivery explained that major and minor injuries were streamed and that the challenge was coping with the volume of minor injuries when the teams were busy with major injuries. He noted that there was a need to ensure space was available for ambulances to off-load patients
– Ms FitzJohn described one small example of the commissioning process working with the Trust and explained that GPs were invited to review orthopaedic referrals to ascertain if other types of treatment were available in a primary care setting.

The Board NOTED the report.

221/08  REPORT OF THE FINANCE DIRECTOR

The Finance Director presented his report to the Board and highlighted its evolving format. He then invited questions:
– Mr Phillips noted that the format was an improvement but that he would like to read more about projected year-end outcomes
Mr Smith noted that because of the way Payment by Results functioned the Trust was effectively running some activity at a loss; receiving only 50% of the national tariff (c. £2m in a full year). He explained that this issue would be addressed nationally in 2009/2010.

Mr Evans asked if the funding release plans were reflected in the remedial action plan and asked how these were progressing. The Director of Finance explained that the plan included theatre efficiency which would need to be a significant contributor in helping achieve the year-end target.

Mr Phillips drew attention to the Corporate Governance & Facilities overspend and noted that energy, food and waste costs had significantly increased costs. The Director of Corporate Governance & Facilities agreed and noted that the Legionella cases earlier in the year had also added to the increased costs. He noted that energy costs were procured on a variable tariff and were expected to reduce next month. The Director of Clinical Strategy noted that the Trust needed to be more sophisticated about how it developed future projects particularly in relation to energy consumption. The Chair suggested that the Corporate Citizenship Committee might like to take this as a topic for future discussion.

In further discussion, the Board considered:

- the cost of Agency staff. The Nursing Director explained that the requirement for Agency nurses was discussed at Divisional level for authorisation and noted that national recruiting problems with NICU and RMN exacerbated the problem.
- the current economic climate. Mr Dobbin noted that there was no direct discussion in the Finance Director's report. The Chief executive noted that the Chancellor had remarked that the country would not be back in financial balance until 2015. He expected efficiency savings to rise from 3% per year to 3.5% in 2010 and beyond that and informed the Board that the new planning system to be introduced in February would be looking to identify specific savings rather than be aspirational in nature. The Chair commented that the impact of the global market collapse and its impact on the Trust would be a major topic at the Board Away Day in February.

The Board NOTED the report.

222/08 PREVENTION AND CONTROL OF HEALTHCARE ASSOCIATED INFECTION

The Nursing Director updated the Board on the progress of the Control and Prevention of Health Care Associated Infection. She highlighted:
- it had been 77 days since the last case of MRSA attributed to the Trust.
- the countywide WEB group has been disbanded and replaced by a Trustwide group.
- the next HCC unannounced visit will take place between 31 Jan - 31 Mar 09.

In discussion, the Chief Executive noted how well staff were doing in controlling and preventing c.Diff. There were currently 14 reported cases (in November) whereas at this time last year there were 60 cases. Mr Phillips commented that the Trust needed to publicise this more widely and suggested the home page of the website might be a good vehicle for this. Prof Thomson remarked that she had heard positive
comments about the Trust’s Infection Control screensaver from another Trust outside the county.

The report was NOTED.

223/08 DEVELOPING THE PERFORMANCE MANAGEMENT FRAMEWORK

The Director of Clinical Strategy explained that the purpose of the presentation and paper was to seek authorisation to proceed with developing the Performance Management Framework further. She then invited Mr Abbott from the Courtyard Group to present to the Board.

The Board discussed the seven strategic objectives and considered:

- Mr Takolia's observation relating to the wording of the second strategic objective. The Chief Executive noted that the National Patient Safety Campaign used the same wording as was being proposed and the Director of Clinical Strategy agreed to review the phraseology to present it as a more positive sounding statement.
- the importance of the conceptual clarity of the strategic objects against captured compliance and the need to communicate this effectively to staff.
- the robustness of the framework to accommodate ongoing programmes.
- Mr Phillips observation relating to the wording of the sixth strategic objective. The Director of Clinical Strategy agreed to review the phraseology.
- how the Board would use the Strategic Objectives. Mr Evans noted that the seven objectives would give the Board the right level of strategic overview but would also need to be supported by accessible background data. The Director of Clinical Strategy reported that work was continuing to ensure that the rules and weighting were correct and Mr Abbott noted that this was effectively exception reporting with source data providing the requisite granularity when required.
- the intellectually challenging nature of the framework and the need to present it in a simplified format. The Chief Executive suggested the Board take this as an agenda item at the Board Away Day in February.

The Chair thanked the Director of Clinical Strategy and Mr Abbott for their presentation and invited the Board to consider the recommendations in the report. The Board ENDORSED the seven strategic objectives and invited the Director of Clinical Strategy to try to consolidate the 23 critical success factors and strive for clarity throughout.

224/08 PROPOSED WOMEN’S SERVICES REDEVELOPMENT AT GRH

The Director of Clinical Strategy drew the Board's attention to the executive summary at the start of the report and noted the report was to assure the Board of the robust and complete nature of the business case. In particular, she highlighted the:

- existing service profile (the confirmation of the need for redevelopment).
- strategic context and drivers for change (including standards for maternity care and centralisation of consultant led obstetrics and neonatology at GRH).
- capacity planning (SW figures showed increasing birth-rate but locally numbers seemed to be relatively stable).
- investment benefits and constraints (the agreement with the
contractor to accept risk shifts and the current changes in the construction market that may achieve shared savings)

– workforce plan
– project management arrangements

The Director of Clinical Strategy noted that the business case met the objectives and capital costs previously agreed by the Board and invited questions. The Chair commended the high quality of the papers.

The Finance Director raised two points;

– firstly; the relatively high environmental energy assessment. The Director of Corporate Governance & Facilities explained that the project was located on a limited site with modest natural light sources and that this increased energy costs
– secondly; that reasonable savings had been identified and that these were lower than two year’s ago, even after allowing for the retention of Delancey

Ms Caitlyn Lord, a member of the public Maternity User Group, noted her concerns relating to capacity and how the plans seemed to have been developed without the involvement of the PCT. She remarked that this link seemed to be missing and stated that if the PCT had been involved a different perspective might have been presented. The Director of Clinical Strategy agreed that a link was necessary and explained that both the Public Health Information Unit and Mr Nick Brakewell of the PCT had been involved in the process. She noted that there were other groups too that contributed to the process and that this report focussed purely on the physical building. The Chair thanked Ms Lord for her engagement and remarked that the report included detail of stakeholders involved in the project development.

The Board AGREED the recommendations of the report.

Ms Lord left the meeting

225/08  ANNUAL REVIEW OF STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS

The Director of Corporate Governance & Facilities explained that the Board’s endorsement of the proposed amendments was required and he summarised the key changes to the Trust’s Standing Orders:

– Changes to the number of executive and non-executive directors
– Addition of the Senior Independent Director as a member of the Governance & Nominations Committee
– The inclusion of the Reservation of Powers (formerly Appendix 2 in Standing Financial Instructions)
– The reviewed thresholds noted in the Reservation of Powers

The Board ENDORSED the proposed amendments to Standing Orders.

The Finance Director remarked that both Standing Orders and the Standing Financial Instructions had been recommended for agreement by the Audit Committee and highlighted the proposed amendments to the Standing Financial Instructions. Mr Evans asked if Audit Item 3 on page 7 needed to be more specific regarding the Audit Committee involvement in the selection of an internal audit service provider. The Director of Finance agreed to pick up this change.

The Board ENDORSED the proposed amendments to Standing Financial Instructions with the additional change to page 7.
**226/08 REWARD AND RECOGNITION - ACTION PLAN**

The Interim Director of Human Resources explained that the purpose of the paper was to seek the Board’s agreement to the two Reward & Recognition project briefs presented. He noted that the project briefs had been developed after direction from the Board following the submission of the OD Action Plan.

In discussion, the Chair stated that the viability of part of the first project brief relied on the appraisal system operating at 100%. In addition, the Project Board should report to the Trust Board rather than the Trust Management team.

The Board **AGREED** the project briefs.

**227/08 COMMUNICATIONS PLAN**

The Director of Clinical Strategy presented key elements of the Communications Plan and asked the Board to note:

- the need to align resources appropriately between internal and external communications elements
- paragraph 3.3 – the priorities for communications to our external stakeholders

In discussion the Board considered the significance of the website to external communications and the need to balance the use of IT with sufficient hard copy support.

The Board **ENDORSED** the Communications Plan.

**228/08 CHIEF EXECUTIVE’S REPORT**

The Chief Executive highlighted:

- that Gill Brook, Head of Patient Experience, would take up her post in January 2009
- that with the appointment of the Director of Safety and Head of Patient Experience he had asked that the Patient Experience and Patient Safety reports were reviewed and revised reports would be produced in quarter 4 of this year
- that The Nursing Director was organising de-cluttering in Chemotherapy Outpatients as part of the Continuous Improvement programme
- the new planning system launched by the Executive Team
- the appointment of two new consultants in Breast Surgery
- his ongoing negotiations to develop the satellite radiotherapy units with Herefordshire and Worcestershire. He informed the Board that the Director of Clinical Strategy was to head-up the project team and that the topic would come back to the Board for discussion. He noted that this was a large and complex case and would require significant funding and he would ensure that the PCT was involved in the project.

The Board **NOTED** the report.

**229/08 ANNUAL AUDIT LETTER**

The Chief Executive introduced the Annual Audit letter and highlighted:

- Section 1: The 5 bullet points that showed the accounts had been properly prepared according to good practice, were complete and were consistent with the financial information provided by the Trust
- Section 2.1: The opinion that the accounts were a fair and true view of the Trust’s financial affairs
- Section 2.3: The reported surplus which did not change during the audit process
- Section 2.6: The report included all the mandatory elements required by Monitor
- Section 2.14: The key conclusion that sufficient arrangements were in place for the Trust to satisfy itself that its systems of internal control were adequate and effective and weaknesses identified by internal audit would be looked at
- Section 2.15: The local counter fraud service had made progress on implementing the recommendations made by auditors
- p7: The Trust met the requirements of the 5 key responsibilities

The Chief Executive explained that, as the Trust Accounting Officer, he was content with the report and would follow up the minor technical matters.

The Chair invited Mr Barrie Morris, representing the Trust's External Auditors, to comment. Mr Morris noted that there were a few improvement opportunities and that it was interesting to see how the work on the Performance Management Framework was contributing towards this work. He commented that there was scope to sharpen the Directors Report, noted that the Trust had accepted a number of recommendations and highlighted the Trust's positive progress in a number of areas.

The Chair thanked Mr Morris and the Board **NOTED** the report.

### 230/08 EPIQ FUNDING RELEASE PROGRAMME

The Director of Service Delivery explained that the paper was designed to set out existing projects and projects that were about to be initiated. He highlighted the key points and the Board **NOTED** the report.

### 231/08 REGISTERING WITH THE CARE QUALITY COMMISSION

The Director of Corporate Governance & Facilities explained that the purpose of the report was to make the Board aware of the new regulatory body for Health, Mental Health and Social Care and to explain the registration requirements and arrangements. He noted that the conditions of registration were exclusively around HCAI and a key affecting factor would be the HCC unannounced visit to take place between 31 Jan -31 Mar 09.

The Board **NOTED** the report.

### 232/08 CARBON FOOTPRINT ASSESSMENT

The Director of Corporate Governance & Facilities explained that the declared intention of the Government is for the NHS to be carbon neutral and Building Regulations set a requirement for energy monitoring to be in place in large organisations such as NHS Trusts. He noted that the significant challenge was to reduce the Trust's carbon footprint.

In consideration, the Board discussed the concept of carbon neutrality and the need for the Trust as a large landowner to investigate alternative energies.

The Board **RECEIVED** the report and **NOTED** the NEAT assessment for the Women’s Services Redevelopment project.
233/08 ANY OTHER BUSINESS
There was no other business to discuss.

234/08 DATE OF THE NEXT MEETING
The next meeting of the Main Board of the Gloucestershire Hospitals NHS Foundation Trust will be at 9.00 a.m. on Friday 23 January 2009 in the Boardroom at 1 College Lawn, Cheltenham.

235/08 QUESTIONS FROM THE PUBLIC
Mr Philip Cottrill, a member of the public, noted that he had attended the last Board meeting and stated that he was still being abused by the NHS. He complained that he had attended an appointment on 26 November and had not received the treatment that he had been promised during his meeting with two Directors after the last Board Meeting. The Chair explained that it was not appropriate to discuss Mr Cottrill’s personal medical treatment in public and invited Mr Cottrill to once again meet with the Nursing Director and the Director of Service Delivery after the meeting.