

North Tees and Hartlepool NHS Foundation Trust

**Minutes of a meeting of the Board of Directors
held on Thursday, 26 January 2012 at 1.30pm
at the University Hospital of North Tees**

Present:

Paul Garvin, Chairman*	Chairman
Brian Dinsdale, Non-executive Director*	BD
Rita Taylor, Non-executive Director*	SH
Steve Hall, Non-executive Director*	RT
Michael Bretherick, Non-executive Director*.	MB
Alan Foster, Chief Executive*	CE
Clare Curran, Director of Human Resources and Education/Company Secretary	DoHR&E/CS
David Emerton, Medical Director*	MD
Carole Langrick, Deputy Chief Executive/Director of Strategic Development*	DCE/DoSD
Kevin Oxley, Commercial Director	CD
Sue Smith, Director of Nursing, Patient Safety & Quality*	DoN,PS&Q
Neil Atkinson, Acting Director of Finance	Act DoF
Lynn Kirby, Associate Director of Operations	Ass DoO

In attendance:

Claire Young, Head of Communications HoC
Sarah Hutt, Private Office Manager

Norman Mackey, Hospital User Group Representative (HUG)
J Cherrett, Councillor, Stockton Borough Council
Tracy Walker, Hartlepool Mail

BoD/1080 Apologies for Absence

Apologies for absence were received from Ken Lupton, Non-executive Director* and Julie Gillon, Director of Operations and Performance.

BoD/1081 Minutes

Resolved: that the minutes of the meeting held on 24 November 2011 be confirmed as an accurate record.

BoD/1082 Declaration of Interests

There were no declarations of interest on open agenda items.

BoD/1083 Matters Arising

a. BoD/1055 Industrial Action

The DoHR&E/CS provided an update following the day of planned industrial action that took place nationally on 30 November 2011. A positive relationship had been maintained with union representatives and a protocol agreed for the provision of * voting member

services. Overall the organisation coped well and the Service Recovery Plan was ongoing.

Resolved: that, the information be noted.

b. BoD/1055 Winter Planning

The CE reported that the Trust had been congratulated by North of England SHA Cluster for the number of frontline staff having received the flu vaccination, which had made it the leading trust in the region.

Resolved: that, the information be noted.

c. BoD/Any Other Business

The HUG Representative reported that there was still an issue with regards to the renewal of concessionary car parking tickets for patients or relatives, which had been reduced from three months to one month in error. The CD confirmed that the matter had been rectified following the last meeting, but would follow it up again.

Resolved: CD to follow up and resolve.

BoD/1084 Chairman's Report

a. Consultant Appointments

The Chairman reported that since the last meeting one appointment had been made to the position of Consultant Bariatric Surgeon, Mr Rao, to support the new Bariatric Services that the Trust was operating. It was noted that interviews for a Consultant Spinal Surgeon were taking place the following day on 27 January 2012. The Chairman also reported that following interviews on 14 December 2011, Lynne Hodgson had been appointed as the new Director of Finance, Information and Technology and was expected to be in post by the end of March. Lynne was currently at Gateshead Health NHS Foundation Trust.

b. Out of Hours Patient Experience and Quality Standards (PEQS) Panel

The Chairman placed on record his thanks to the Board of Directors who had taken part in the night time PEQS Panel on 8 December 2011. The visits, which had been very useful had taken place on both hospital sites; North Tees and Hartlepool. A number of issues had been highlighted and remedial actions taken. It was agreed that further visits would be arranged. The Chairman placed on record his thanks to the senior nursing staff who had taken part.

c. Bribery Act

The Chairman reported that the CE, DoHR&E/CS and he had met with the Trust's legal advisers, Ward Hadaway to discuss hospitality and gifts to ensure that the Trust fully meets the requirements of the Bribery Act in this regard. The proposals once finalised would require the approval of the Board of Directors.

d. NHS North of England Chief Nurse visit

The Chairman reported that Jane Cummings, newly appointed Chief Nurse for NHS North of England Strategic Health Authority Cluster, had recently visited the Trust to see the work undertaken regarding quality improvements and met with members of the Board, which had been positive.

d. Liaison Meeting

The Chairman reported that he and the CE had met with Steve Wallace, Chair, NHS Tees and Stephen Childs, Interim Chief Executive, NHS Tees on 23 January 2012 to discuss the provision of services in the areas the Trust serves, including contract arrangements for 2012/13.

Resolved: that, the information be noted.

BoD/1085 Chief Executive's Report

a. Chris Willis

The CE was pleased to announce that, following her secondment to NHS North East, Chris Willis would be returning to her position as Chief Executive of NHS Tees on 1 March 2012. She would be working with Stephen Childs, Interim Chief Executive on a part-time basis to facilitate a phased handover during February.

b. NHS Structure

The CE reported on the proposed national and local structure of the NHS. It was anticipated there would be a national NHS Commissioning Board, headed by Sir David Nicholson, and four SHA Cluster Sectors. There would be 50 Field Force Local offices operating in PCT Cluster areas, a potential 230 Clinical Commissioning Groups (CCG), 25 Commissioning Support Units to support the CCGs, which may be privatised at a later date. In the North of England SHA Sector it was anticipated there would be 14 Field Force offices, 70 CCGs and 4 Commissioning Support Units.

In response to a member's query the DCE/DoSD explained that it was unclear how many of the proposed CCGs the Trust would develop close working relationships with, as arrangements were still undecided. However, the Trust would work with CCGs in each of the areas it serves.

c. Hartlepool Health Scrutiny Forum

The CE reported that three of the Trust's consultants, were meeting with Hartlepool Health Scrutiny Forum that day regarding cancer awareness. In particular, they would be discussing rates of cancer in the Hartlepool area, methods of early detection and screening, and the impact of smoking cessation services. Its overall aim was to raise the awareness of the public. In addition, on 9 February 2012, it was expected that the Scrutiny Forum would be considering new health services in Hartlepool, to be provided by the Trust.

d. Bowel Screening

The CE reported that the Department of Health (DH) had formally announced an extension to the Bowel Screening Programme, which the Trust was involved in. The

Programme would now include the use of flexible sigmoidoscopy to assist in the early detection of cancer. The DH had requested expressions of interest from organisations by 25 February 2012 and formal bids to be submitted by 4 March 2012. An investment of £60m was being made by the government nationally for the programme.

e. Spinal Services

The CE reported that Phil Wilson, MP for Sedgefield had secured an adjournment debate on 18 January in the House of Commons, regarding spinal services and the Spinal Support Group at the Trust, which raised the profile of the Trust's work.

f. Hartlepool Borough Council

The CE reported that the Trust had reached an agreement with Hartlepool Borough Council to work in collaboration regarding a transport project, which would identify areas that could become more efficient and save the Trust money. The project was expected to be over a two year period and would analyse all aspects of transport.

g. Frank Cook

The CE reported that he had attended the funeral of Frank Cook, former Labour MP for Stockton North, on behalf of the Trust, who had sadly died. He placed on record his thanks for the support Mr Cook had given to the Trust and the new hospital project.

Resolved: that, the information be noted.

BoD/1086 Patient Safety and Quality Report

The DoN,PS&Q presented the Patient Safety and Quality Report. She explained that from the PEQS panel in December, a total of 83 patients and/or relatives had been interviewed and overall the quality score remained high. A night time PEQS Panel was undertaken by the Board of Directors on 8 December 2011. Although many of the areas visited scored 100%, a number of issues had been identified. The DoN,PS&Q sought to provide assurances that some of the issues had been resolved immediately, and the remainder were being dealt with as part of a robust action plan, which was acknowledged by the Board of Directors. Following the visit on 8 December regular unannounced PEQS Panels would be undertaken by all senior clinical matrons and ward matrons during the day and at night time. It was also expected that further unannounced visits would be made by the Board of Directors.

During the Care Quality Commission's (CQC) unannounced visit on 16 November 2011, one of its inspectors took part in a PEQS panel at the University Hospital of Hartlepool and provided positive feedback regarding the review process. As part of the CQC unannounced visit, six areas were visited over a two day period, and standards were assessed against five key outcomes. Informal feedback was positive and the Trust awaits the formal report.

The DoN,PS&Q explained that Dr Foster had rebased its data in relation to mortality data, which had resulted in an annual increase in mortality ratios across the country. The Trust's rebased data showed that in September 2011 all cause mortality was at 98 and 93.5 for rebased HSMR. She further explained that the 2011 Dr Foster Good Hospital Guide used four indicators for mortality and identified the Trust's mortality

ratio 'as expected' for each indicator. The Trust had been noted in the Good Hospital Guide for reducing mortality ratios.

The DoN,PS&Q explained that a management restructure had taken place within the Nursing, Patient Safety and Quality Directorate. In relation to the nationally reported issue of PIP breast implants, the Trust had identified seven patients who had received the type of silicone implant in question, with no patients recording any problems. The CE reported that where necessary the Trust was arranging for patients to receive corrective treatment promptly.

Resolved: that, the information be noted.

BoD/1087 Infection Prevention and Control Report

The DoN,PS&Q presented the Infection Prevention and Control Report and drew members' attention to the key issues. She explained that MRSA bacteraemia rates had remained at zero since April 2011. With regards to Clostridium Difficile, the Trust remained over trajectory with 55 cases this year to date, as at 31 December 2011, and 1 case reported in January 2012. The Trust had also reported a number of noro virus cases in January which were being monitored. The DoN,PS&Q reported that the Task and Finish Group continued to meet to monitor the implementation of a number of actions, including continuing to review antibiotic prescribing and use of Proton Pump Inhibitors (PPI), in support of the C Diff year end target of 59 being met.

An external assessment was carried out on 13 September 2011 to review the processes implemented by the Trust to achieve the challenging C Diff target. The assessment has provided commissioners, NHS Tees, with assurance that the Trust is doing all it can to achieve the target. The CQC did not report any concerns regarding cleanliness or management of infection during its unannounced visit.

The DoN,PS&Q referred members to the report, in appendix 7, of the Quarter 3 Compliance Report to Monitor, which provides a detailed analysis and subsequent assurances of the actions taken by the Trust to improve its position regarding C Diff.

The DoN,PS&Q explained that in depth reviews of each C Diff case highlighted that the cases were unavoidable and all processes had been correctly adhered to. Dialogue was ongoing with GPs to tackle the community acquired cases, which were in greater numbers than the hospital acquired cases.

Resolved: (i) that, the report be noted; and
(ii) that, the performance to date regarding C Diff be acknowledged; and
(iii) that, national data regarding hospital acquired C Diff cases per 10,000 bed days be provided within all future reports.

BoD/1088 Emergency Transfer of Inpatient Gynaecology Services

The MD reported on the transfer of inpatient gynaecology services from the University Hospital of Hartlepool to the University Hospital of North Tees, from the first week in January 2012. The transfer had been necessary due to an unexpected absence of senior medical staff, preventing the provision of out of hours, on call medical cover, which was required to ensure a safe service.

It was unclear how long the transfer would remain, however, it did not affect gynaecology day case services at the University Hospital of Hartlepool, which would operate as normal. Data regarding estimated numbers of patients for this year, on both sites was provided. The service changes had been communicated with Overview and Scrutiny Forums in Hartlepool, Stockton and Durham and local MPs; Iain Wright and Ray Morris, who would continue to be kept informed of the situation.

Resolved: that, the measures taken be noted.

BoD/1089 New Hospital Update

The CD provided an update regarding the proposed new hospital project. A revised outline business case (OBC) incorporating private finance initiative funding (PFI) had been submitted ten months ago. The DH were reviewing the OBC and focusing in particular on affordability and long term financial model viability. The Treasury were carrying out a review of PFI schemes and evidence gathering was expected to conclude in February with new guidance to be issued in approximately May. No schemes would be approved until the review was concluded. There were six priority schemes that were awaiting approval. The Trust would be required to review the proposed scheme in line with the new guidance. The CD explained that in addition to the PFI review, new value for money (vfm) guidance had been issued, in relation to publicly funded schemes.

The Trust was exploring other funding options including pension funds, and the DH Trust Financing Facility, set up to assist foundation trusts with planned schemes. The CE confirmed that the Board of Directors would be kept informed regarding progress, to assist with setting a timescale to pursue an alternative solution if the new hospital, was not approved or if it was not financially viable.

Resolved: that, the information be noted.

BoD/1090 Capital Programme Performance 2011/12 Report

The CD reported on the performance of the 2011/12 Capital Programme, which had funding of £7.11m. Work included: a new access lounge at the University Hospital of North Tees; improvements in sterile services to meet latest quality standards; and ward improvements at both hospital sites. Additional medical equipment had been purchased for Maternity and Urology services. Following the successful implementation of electronic data management (EDM) in maternity services, it would now be rolled out across the Trust. Work is ongoing at health centre sites to facilitate the digital breast screening trailers. In critical care at the University Hospital of North Tees, two single rooms have been reinstated to increase bed capacity. The Medical Rehabilitation Day Unit is being relocated to part of the former accident and emergency department at the University Hospital of Hartlepool, in addition to the Cardiac Investigation Unit. An additional CT scanner is being installed at the University Hospital of North Tees.

The CD reported that it had been announced that estate owned by Primary Care Trusts would be placed into a national property company of the DH; Peter Coates and Ben Masterson would be directors.

It was noted that a Wilburs café would open in the Outpatients Department at the University Hospital of North Tees, in the space currently used by the League of Friends, who were opposed to the plans. Dialogue has continued with the group and the Trust has asked for their involvement in the design of the new café and to work

in the café once it has opened, but these offers have been declined. A petition has been raised with approximately 3,000 names. The CD reiterated that due to the £40m challenge costs this new venture will assist in increasing income to the Trust. The Wilburs café at the University Hospital of Hartlepool continues to be very successful, and it was anticipated that the capital investment required for the new café would be repaid over a few months. It was noted that the outpatient café had been a very good venture, but patients are now looking for more extensive services. The CE reported that Stockton LINKs had requested details of the proposed plans.

The Chair acknowledged that the Trust is committed to delivering the best services and standards for its patients, whilst acknowledging the difficult financial climate and requirement to increase income where possible.

The CD confirmed that the issues identified as part of the night time PEQS panel, regarding windows in wards in the tower block at the University Hospital of North Tees were being rectified. The installer of the windows had carried out inspections.

Resolved: that, the information be noted.

BoD/1091 Reference Costs 2010/11

The Acting DoF reported on the Reference Costs for 2010/11 recently published by the DH. Reference Costs have been collected since 1998 and represent an average cost to the NHS for the provision of a defined service in a given financial year. It was noted that not all hospital activity is included within reference costs e.g. breast screening. In addition, a Reference Cost Index (RCI) is produced annually, which provides a comparison of costs at an aggregate level for each NHS provider. Reference Costs use case-mix adjusted measures known as Healthcare Resource Groups (HRGs), which are defined by clinicians and reflect clinical practice. HRGs provide organisations with the ability to understand the activity it undertakes in terms of the type of patients they care for and the treatments they undertake. They are currently used as a means of determining fair and equitable reimbursement for care services delivered by providers under the Payment by Results tariff. The 2010/11 reference costs will inform the 2013/14 tariff.

The Acting DoF explained that the RCI shows the actual cost of an organisations case mix compared with the same case mix delivered at a national average cost. An organisation with costs equal to the national average will score 100. The Market Forces Factor (MFF) represents the differences of unavoidable costs faced by organisations e.g. land and buildings, to provide a consistent basis to compare overall scores. It was noted that the running costs of two sites would impact the Trust's score and that it was below the mean pre MFF score of 89 and with the application of the MFF, still below the mean at 94.

The CIP programme was being aligned against the reference costs and areas of inefficiency would be addressed. Furthermore, reference data should be used in conjunction with additional performance management data.

The Acting DoF reported that the Patient Level Costing System (PLICS) programme being developed would identify resource consumed within a patient's care, which can be compared against other episodes of care, with a view to eliminating waste e.g. longer than average theatre time. It would also enable financial performance at directorate level to be compared, identifying which are profitable and which are not.

He explained that the Trust is reasonably efficient currently given it operates from two sites, however, going forward it will become increasingly difficult to achieve necessary efficiencies. The CE reiterated the value of organisations implementing the PLICS programme when transforming services, given that the tariff for 2013/14 is driven by reference cost data from 2010/11 so it is difficult to undertake any benchmarking. It was anticipated that the PLICS programme would be operating in approximately 12 months time.

In response to a member's query, it was noted that the community services data was not currently broken down by constituent areas and its low score was in relation to district nursing and health visiting. The CE reported that discussions had taken place with commissioners, regarding contracts being reflective of the changes taking place where the number of acute admissions are reducing, but the number of services being commissioned in the Community increases and care pathways are altering. It was unknown what the national position was in relation to community services, however, the Trust's low score suggests that it provides the services cheaper than other organisations.

Resolved: that, the information be noted.

BoD/1092 Corporate Dashboard Exception Presentation and Compliance and Performance Report, as at 31 December 2011

The Ass DoO presented the Compliance and Performance Report as at 31 December 2011, and drew members' attention to the key issues. She explained that performance against key operational standards and trajectories remained relatively positive. There had been a slight increase in non elective activity, with the main areas of pressure being Paediatrics and Medicine. There had been 580 patients treated via ambulatory care, which was 12.1% of the total emergency admissions, and an increase of 151% compared to the same period last year. There had been an overall decrease in A&E attendances and performance against the 4 hour Emergency Care Target remained above the standard of 95%. The Trust has continued to perform well against the four new quality outcome indicators, as defined in the Operating Framework 2011/12 (December 2010) however 'unplanned returns within 7 days' are reporting slightly outside the 5% tolerance due to data categorisation issues.

There had been no cases of MRSA bacteraemia reported, however, the Trust was above trajectory at the cumulative quarter 3 end position for C Diff. A total of 4 cases had been reported in December 2011 against a month end target of 5. The Trust performed well against the RTT access standards in December and against all of the cancer pathway standards in November; a provisional quarter end position indicates that all aggregate targets have been achieved. Work is ongoing across all directorates to continually improve and streamline pathways, to manage process delays, to reduce waits and to validate information to support performance management.

The Ass DoO reported that the Operating Framework for 2011/12 indicates that two stroke measures of performance will be introduced in 2011/12; however, these are still to be finalised. The proposed indicators will be integrated into the Monitor Compliance Framework for 2011/12. Following a member's query it was agreed that clarification was required regarding the date of introduction for the new indicators.

Positive performance was noted for Non-medical cancelled operations, below the CQC target of 0.8% and the Annual Operating Plan tolerance of 0.7%, with all

patients readmitted within the required 28 days. In addition, the performance against the smoking at delivery target and breast feeding at delivery target had been positive, with quarter end positions of 22.44% and 48.81% respectively.

The Trust continued to report a comparatively outlying performance regarding New to Review ratios and was above target for New Outpatient DNA rates and Review DNA rates. Following a member's query regarding the current position, the Ass DoO explained that work was ongoing to continue to make reductions and that significant improvements had been made as a result of the automated reminder services and the introduction of partial booking processes for reviews. On a positive note the Trust continued to report Choose and Book Appointment Slot Issues well below the 2011/12 Commissioners target of 4%, with 1.98% for December.

A high level review of the CQC Quality and Risk Profile for November reported a neutral to green range against all outcomes, with no areas being a red risk.

- Resolved:** (i) that, the performance against the key indicators be noted; and
(ii) that, clarification be provided regarding commencement date for new stroke indicators.

BoD/1093 Finance Report, as at 31 October 2011

The Act DoF presented the Finance and Contract Performance Report as at 31 December 2011. He explained that the Trust's overall risk rating was 3, which was consistent with the Annual Plan, which had been submitted to Monitor. The Trust's income position was a surplus of £1.827m for the period which was £275,000 ahead of the planned surplus (£1.552m) for the period to date.

He further explained that the overall income position was an underperformance of £47,000, with income from the Primary Care Trusts being behind plan by £296,000 for the period, which was due to the pressure of readmission penalties with respect to NHS County Durham and Darlington and underperformance in relation to the contract. Income from other patient care was reported over recovered, by £192,000, primarily relating to the enhanced accident recovery scheme. In addition, non patient care income was operating ahead of plan by £56,000, for the period to date.

With regards to expenditure, pay budgets were reporting an under spend against plan of £830,000, after the phased element of the £1.3m non-recurring Cost Improvement (CIP) Target was taken into account. The Act DoF explained that the main risk to pay budgets continued to be recourse to locum staff at premium rates with £856,672 spent covering the areas of Accident and Emergency, Medicine, Obstetrics and Gynaecology, Orthopaedics, Radiology and Surgery. With regards to non-pay £198,000 was over spent for the period to the end of December 2011. Slippage on reserves was being utilised on the challenging CIP target for the year.

The gross CIP target for 2011/12 of £15.851m, had been reduced by £12.939m to a balance of £2.912m, as a result of schemes actioned during the financial year to date. The Act DoF emphasised that the delivery of this challenging target was the main area of financial risk for 2011/12, with performance to date falling circa £399,000 behind target, however, it was anticipated that the Trust would achieve the target by the year end. A detailed analysis regarding the current CIP position had been undertaken.

The Act DoF reported that the Trust had generated an EBITDA of £8,462 at month 9, which was £185,000 ahead of plan. A margin of 4.3% had been achieved. Below the line items were working to plan, and overall income and expenditure was ahead of plan. There had been a decrease in cash to £22.899m and the net current assets had increased to £13.151m.

In response to a member's query the Act DoF explained that the continued recourse to locum staff was largely due to staff absence in relation to sickness, maternity leave, career breaks etc.

Resolved: that, the current position and performance to date be noted.

BoD/1094 Quarter 3 Human Resources and Education Directorate Report

The DoHR&ED/CS presented the Quarter 3 Human Resources and Education Directorate Report and drew members' attention to the key issues. The Trust had seen a reduction in its staffing base line from 5816 to 5521 compared to the same period last year, which was in line with the Trust's aim of reducing its staffing costs and was reflective of the outcomes of various reviews and continued vacancy control measures. The outcome of the management review that commenced in September 2011 was that 24 band 8 posts had been removed from the Trust's structures. Following the management review, the Trust has identified additional areas, which need to be reviewed, and a further 9 reviews are planned to commence in quarter 4.

The new workforce planning tool continues to be piloted in Surgery and Anaesthetics and will be rolled out to other Directorates from Spring 2012. Workshops were being planned to increase managers skills in workforce planning to ensure that the workforce of the future has the skills and competencies required, and meets all workforce needs of the Trust.

Sickness absence remained a concern, however it was 4.84% in November and 4.59% in December, which was a reduction on recent months and the same period last year. Work was ongoing to assist in the management and reduction of sickness levels. The number of missed appointments with Occupational Health continues to increase and is significantly higher than in the previous year. Discussions were taking place with trade unions regarding initiatives to reduce non attendance. There had been an increase in the number of absences categorised as other and unknown, this was due to incorrect coding on the SVL forms, which was being reviewed.

The DoHR&E/CS summarised that mandatory training levels were being maintained and the Trust was on track to achieve the year-end target. Work was ongoing with Ian Clough, Assistant Director of Non Clinical Risk and Sterile Services to mitigate the risk regarding non compliance of the manual handling target. The Trust had received the results of two surveys relating to medical education and training; Your School, Your Say and GMC Trainee and Trainer. The response rate for the Your School, Your Say survey had been high and the results had been positive. With regards to the GMC Survey a number of areas had achieved a very high score, compared to the national mean and in particular, Anaesthetics scored the highest amongst all the Trusts in the Region in the areas of handover and hours of education per week, but were also 2nd and 3rd respectively nationally. This was particularly pleasing as Anaesthetics have had to work hard to address changes to their delivery of training.

The DoHR&E/CS reported that the number of disciplinary cases had continued to increase. There were currently 3 tribunal cases ongoing.

Resolved: that, the information be noted.

BoD/1095 Assurance Framework Quarter 3 2011/12

The DoN,PS&Q presented the Quarter 3 2011/12 Assurance Framework Report and explained that the report reflects reviews against identified risks to the Trust which are within the Risk Register or Trust objectives. The DoN,PS&Q provided details of the changes by exception for quarter 3. BD reported that the Audit Committee had approved the Assurance Framework.

Resolved: that, the Quarter 3 Assurance Framework Report be approved.

BoD/1096 Compliance Report to Monitor Quarter 3

The Ass DoO presented the Quarter 3 Compliance Report to Monitor and drew members' attention to the key issues. She explained that following application of Monitor guidelines regarding priority weighting and thresholds for core standard performance, the Trust had achieved an overall aggregate score of 1, which was within the amber-green banding range and was attributable to the Trust meeting all but one relevant trajectory target in quarter 3. The Ass DoO pointed out that the Trust had surpassed the C Diff quarter end cumulative target position, and an exception report giving full root cause analysis, actions and proposed mitigation plan to reduce future risk had been provided. The Monitor Compliance Framework outlines that any breaches of three consecutive quarters for a weighted governance indicator can result in Monitor considering red rating the Trust and further escalation procedures, however, this is at Monitor's discretion.

The Ass DoO recommended that the Board consider the current outlying performance position with regard to the C Diff target in quarter 3 and cumulatively, and that the Board declare that this target has not been met over the period. The Board was also asked to consider the quality governance framework and the requirement to declare ongoing compliance with quality and legal requirements. Finally the Board were asked to delegate responsibility to the Chairman to sign the statements of self certification, governance declaration and quality declaration contained in appendices 5 & 6 on behalf of the Board.

It was noted that updated information was required in relation to the new hospital project, in addition to the appointment of a new Director of Finance, Information and Technology.

Resolved: (i) that, the information be noted; and
(ii) that, the Board sign Declaration 2 of the Governance Statement; and Declaration 1 of the Quality Statement; and
(iii) that, the Board delegate responsibility to the Chairman to sign the statements and declarations.

BoD/1097 Business Planning 2012/13 Report

The Ass DoO presented the Business Planning Report 2012/13 and drew members' attention to the key issues. In 2011/12 the revised Business Planning Template was successfully implemented in line with Monitor's requirements for the Annual Plan and was incorporated into the Trust's Performance Improvement Framework. It was agreed to use the same format for the 2012/13 Business Plans, with the addition of a

new CIP template to provide more robust CIP planning and information. It was noted that the Trust's business planning cycle was linked to the Trust's Strategic planning cycle, identifying key dates and milestones that cover the setting and reviewing of the strategy.

Resolved: that, the information be noted.

BoD/1098 Charitable Funds Annual Accounts 2010/11

The Acting DoF presented the Charitable Funds Annual Accounts 2010/11. The Accounts and Annual Report have been prepared in line with Charity Commission guidance and comply with the Charities Act 1993. The Accounts and Trustee's report have also been independently reviewed by Deloitte. He explained that the Trust opted for an independent examination of the 2010/11 Annual Accounts as the Trust's gross income fell below the full audit requirement thresholds of circa £500,000.

The Acting DoF reported that the net assets of the Charity had decreased by £165,000 to £1.438m, demonstrating a commitment by the Trust to utilise existing funds. The increased expenditure of £185,000 had been partly offset by an increase in the market value of the Charity's investment portfolio by £20,000, limiting the net movement to £165,000. Donations had declined during 2010/11 and reflect the variable nature of the Charity's income and wider economic climate. However, this trend reversed in 2011/12 due to a significant legacy. Using funds, the Charity made significant purchases of medical equipment and supported staff training thus ensuring the funds were used as per the wishes of the donors.

Resolved: that, the Accounts be noted.

BoD/1099 Any Other Business

There was no other notified business.

BoD/1100 Date and Time of Next Meeting

Resolved: that, the next meeting be held on Thursday, 26 April 2012 at 1.30pm in the Boardroom, University Hospital of Hartlepool.

BoD/1101 Exclusion of Press and Public

Resolved: that, representatives of the press and other members of the public be excluded for 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).

Signed:



Date: 26 April 2012

Meeting closed at 3.35pm