St George's Healthcare NHS
NHS Trust

MINUTES OF THE TRUST BOARD

18 December 2014
H2.5 Board Room, 2nd Floor, Hunter Wing, St George's Hospital

Present:	Mr Christopher Smallwood	Chair
	Mr Miles Scott	Chief Executive
	Mr Steve Bolam	Director of Finance, Performance and Informatics
	Mrs Wendy Brewer	Director of Human Resources and Organisational Development
	Dr Ros Given-Wilson	Medical Director
	Ms Jennie Hall	Chief Nurse
	Dr Judith Hulf	Non-Executive Director
	Mr Peter Jenkinson	Director of Corporate Affairs
	Professor Peter Kopelman	Non-Executive Director
	Mrs Karen Larcombe	Acting Director of Strategic Development
	Mrs Kate Leach	Associate Non-Executive Director
	Mr Eric Munro	Director of Estates and Facilities
	Ms Stella Pantelides	Non-Executive Director
	Mr Mike Rappolt	Non-Executive Director
	Mr Martin Wilson	Director of Improvement and Delivery
	Ms Sarah Wilton	Non-Executive Director
In attendance:	Mr David Flood	Lead Nurse for Safeguarding Adults
	Mr James Taylor	Assistant Trust Secretary
Apologies:	None	

14.269 Chair's opening remarks

Mr Smallwood welcomed all to the meeting.

Mr Smallwood noted that this was the last Board meeting for Dr Given-Wilson who, during her time at the Trust, had placed it on a new, more professional footing that operated as an effective going concern. Dr Given-Wilson's hard work had resulted in many achievements and had made an enormous contribution to the Trust and South West London as a whole. On behalf of the Trust Board, Mr Smallwood wished Dr Given-Wilson every success in her future endeavours.

Dr Given-Wilson responded by thanking the Board for their good wishes, noting that St George's was a great Trust in which to have worked, and that she had derived much pleasure from doing so.

14.270 Declarations of interest

Mr Rappolt requested that his appointment as a Trustee of St George's Hospital Charity be noted. **James Taylor**

14.271 Minutes of the previous meeting

The minutes of the meeting held on 27 November 2014 were approved as an

accurate record, subject to the following amendments:

- Chief Executive's Report (page 3): Mr Smallwood requested that, in the paragraph relating to "24 hours in A&E", the minute referred to it as a "morale boost" for the Trust rather than a "moral boost."
- Finance Report (page 9): Mr Smallwood requested that the minute be amended to reflect simply the fact that the divisions had attended Finance & Performance Committee to discuss forecast outturns;
- Children's and Women's Strategic Outline Case – Children's and Women's Hospital (page 13): Mr Munro requested that the minute show that the required investment was unsuitable for PFI funding because it related to refurbishment, rather than the reason being the amount of money involved.

14.272 Schedule of Matters Arising

Chief Executive's Report – branding

It was agreed that Mr Jenkinson would provide an update on the strapline 'rationale' and agreed appropriate usage in due course. **Peter Jenkinson 26.02.15**

Quality and Performance Report

Mr Wilson agreed to recirculate the Emergency Department action plan to Board members. **Martin Wilson ASAP**

It was agreed that the date for finalisation of the thematic review of failure to act on test results and an update on work done would be provided to the January Board meeting. **Jennie Hall 29.01.15** In response to Mr Rappolt's query regarding the delay on what was an important piece of work, Dr Given-Wilson reported that the original review had been a gap analysis which had identified a number of issues. This had resulted in the drafting of standard operating procedures for each area, which were to be considered at the January meeting of the Patient Safety Committee. In response to Mr Rappolt's point regarding associated risks in the absence of agreed SOPs, Dr Given-Wilson reported that some actions had already been taken, as well as picking up on some historical issues; Ms Hall added that all relevant staff were aware of the need to finalised SOPs that would work in practical terms.

Report from the Quality & Risk Committee

Mr Rappolt questioned why the date for proposals for the appropriate forum to which the Equality & Human Rights Committee should report would be presented to the Board was marked as "to be confirmed." Mr Scott confirmed that the matter would be considered at the next Trust Board meeting. **Peter Jenkinson 26.03.15**

Workforce Performance Report

In response to a question from Mr Smallwood, Mrs Brewer reported that, from January 2015, reports would include actions and also target expectations in terms of recruitment every month.

Children's and Women's Strategic Outline Case – Children's and Women's Hospital

Mr Scott confirmed to Mr Rappolt that the refurbishment of Children's and Women's Outpatients would take place, but not as part of the proposal regarding the fifth floor.

14.273 Chief Executive's Report

Mr Scott presented the report to the Board and invited questions and comments from Board members. In doing so, he further updated the report:

- *Foundation Trust application:* It had been hoped that a decision on the Trust's application would be reached at the meeting of Monitor's executive committee held on 17 December, but this had not been the case. The executive committee had agreed that the Trust was well-led, that it met the qualifying criteria and had an appropriate business plan; however, there had been concern expressed regarding cash headroom and the Trust's ability to handle any future downturn. In response, the Trust had already applied for a loan for working capital and was exploring the possibility of a working capital facility.

  Monitor wished to receive confirmation of this arrangement, together with a revised Working Capital Memorandum. Having met with Monitor last week, Mr Scott and Mr Bolam were working through the practicalities, in order that one of the two possible January slots for consideration of the Trust's case might be taken.

- *Sign up to safety:* Mr Scott introduced the update by noting that this was a national campaign, for which Ms Hall was the clinical director across the whole of South London. Ms Hall reported that the principal objective was the improvement of safety levels across the whole of the NHS. The Trust had signed up to the initiative in summer 2014, with work taking place to produce a three year improvement plan and the possibility of NHS Litigation Authority funding. Work was ongoing to examine the detail contained within the five generic themes that had been identified: handover, the World Health Organisation's checklist in theatres, "deteriorating patients", medication safety and the safety thermometer. Preparing the Trust's submission had involved a range of stakeholder engagement – Ms Hall agreed that the submission would be shared with Board members prior to it being formally sent out.

  Jennie Hall January 2015

  In response to Mr Rappolt's question regarding the basis of the five themes that had been identified, Ms Hall reported that triangulation with themes that have arisen from claims already received was taking place, in order that the drive for improvement was not a matter of beginning from first principles but using information already gathered. Ms Hall reported to Ms Wilton that the initiatives identified in the submission would form the basis of the revised Quality Improvement Strategy. There was the possibility of a 5% reduction in the Trust's SLA contribution in the event that the required target was achieved.

- *St George's – Partners in the African Patient Safety Movement:* Mr Scott introduced the item by noting that the Memorandum of Understanding which underpinned the partnership had now come to an end. Ms Hall reported to Mr Rappolt that the partnership was cost neutral as the Trust received funding for its involvement; some staff members' time was utilised as part of the project. Dr Given-Wilson added that areas such as hand hygiene, waste management and safer surgery were focuses of the partnership to improve patient safety.

  Mr Scott believed that a process for approving similar future initiatives was required.

  ACTION: The Board endorsed the continuation of the partnership and therefore the continuation of the Memorandum of Understanding.

- *South West London Collaborative Commissioning:* This provider-led work had resulted in another meeting of the four trusts, after which funding had been secured from commissioners over January and February to work up a

delivery document and resource plan, with a programme director who would have access to SWL Collaborative Commissioning resources. The work programme would include making the case for change, as well as other initiatives such as the Medical Directors in each organisation looking at intervention in out of hours Radiology. New service models would be examined to make significant improvements in services such as ambulatory care; a simulation event would also look at the integrated business plans of the four trusts, in order that key strategic choices could be identified. Finally there had recently been agreement between the parties to explore a response to the tendering exercise for community services in nursing.

In response to Ms Wilton's question regarding the appropriate parties being involved, Mr Scott reported that, whilst other stakeholders such as Surrey Downs, the Royal Marsden or Epsom & St Helier should not be discounted, the four trusts had agreed between themselves that the main focus of the work was on imperatives for those four providers that were not necessarily imperatives for others. Nonetheless other stakeholder engagement needed to be mapped out – draft proposals would be provided to the Board at its next meeting. **Miles Scott 29.01.15**

- *Joint working with St George's University of London – update from the Joint Implementation Board (JIB):* The Board's recent meeting had reviewed joint branding – although sign off on a strapline had been agreed, a document outlining appropriate usage was required. A further proposal had been agreed to initiate a clinical academic group in Cardiology, with a view to the Trust and the University becoming part of a single faculty with single leadership, reporting to both organisations. Proposals for such arrangements would be brought to a future Board meeting. **Miles Scott TBC**

  Professor Kopelman added that a visual identity for 'St George's was required; additionally there was some sensitivity around the use of 'St George's Healthcare Partners,' which would be addressed through the JIB.

ACTION: The Board noted the report.

Quality and Performance

14.274 Quality and Performance Report

Mr Bolam presented the performance element of the report and invited questions and comments from Board members. In doing so, he highlighted the following points within the report:

RTT performance results were only available for the month of October at the time of writing the report. The Trust was currently in 'managed breach' mode, with the expectation that targets would be met once again in January 2015. The Trust had also missed the 62 day cancer standard during October – it was anticipated that recovery would occur during the rest of the quarter.

Some Outpatient data had been recorded in the report for the first time – Board members were invited to indicate what further information would be useful to them.

In terms of the Emergency Department (ED), Mr Bolam reported that the Trust had achieved 92.17% against the four hour waiting standard during November, but the situation had deteriorated in December. Mr Wilson reported that 87% had been achieved during the during the month so far, which was similar to many

other trusts in London and across the country, due to winter pressures, both in terms of volume but also acuity. Work had been taking place to improve patient flow – he thanked staff within the department who were working in difficult circumstances.

Mr Smallwood echoed Mr Wilson's gratitude to staff, noting that acuity of patients was the main issue, rather than their numbers. Dr Hulf agreed, noting that this reflected the quality of care that was being provided outside the Trust, which was not optimal; Mr Smallwood added that the number of general practitioners in the UK being fewer than in Europe did not help matters. Mrs Leach wondered if this was one instance where the success of the programme '24 Hours in A&E' worked against the Trust, as people would attend where they have viewed good treatment being carried out.

Mr Wilson reported to Ms Wilton that a plan to deal with the Christmas and New Year period was in place, to ensure that all areas that were operational would be covered. With some shifts currently unfilled, there was a need for a daily redeployment of staff. Ms Hall added that such choices were made by clinical decision makers, with operational leadership being provided by Mr Wilson and herself, in conjunction with the Workforce team and being managed very tightly.

In response a request from Mrs Leach, Mr Wilson agreed to share the analysis of three years of ED trends with Board members. **Martin Wilson ASAP**

Mr Wilson confirmed to Ms Wilton that a decision about a medication error and, in particular, whether it constituted a Serious Incident would be made by the end of the day.

In response to Mr Rappolt's question as to whether South West London Collaborative Commissioning might focus on the breach of the 62 day cancer wait standard, Mr Scott reported that the target was consistent across all members of the London Cancer Alliance; it should also be noted that contracts in this areas were organisation-specific and so could not be delegated in any way.

Ms Hall presented the quality element of the report and invited questions and comments from Board members, noting that the early date of this meeting during the month meant that not all of the usual data had been received in time for incorporation, and so would be added to the January report. In doing so, she highlighted the following points within the report:

The NHS 'Sign Up To Safety' video on patients managing their own safety had now been published – Ms Hall agreed to forward the web link to Board members. **Jennie Hall ASAP**

Effectiveness Domain

Mortality and SHMI performance continued to be strong for the Trust, with the recent national rebasing leading to a rise in the HSMR. The Trust's reporting for the National Epilepsy Audit was largely in line with national averages.

Ms Pantelides reported that a presentation she had viewed recently at the King's Fund had highlighted mortality among children in London as a concern – she wondered whether data could be broken down by age to identify trends. Dr Given-Wilson responded by reporting that the Mortality Monitoring Group examined breakdowns of data, which showed a long running signal in the 0 to 4 age group, which seemed to stem from risk issues in neo natal centres. It was difficult to achieve a proper risk assessment – it was not an issue of care. Professor Kopelman noted that the concern related to mortality among children in

London – not just children in hospital. It was agreed that a Board session outside of a formal meeting on Mortality should be arranged as part of the Board development programme. **Peter Jenkinson TBC**

Safety Domain

Safety Thermometer performance declined to a point below national average performance during the month, caused in large part by an increase in old pressure ulcers – work was taking place with Community Services, as well as a focus on validation of VTE data. The pressure ulcer profile remained consistent, with a reduction in grade 2 ulcers but a number of co-morbidities being reported. Deep dive reviews were ongoing in both the Surgery and Community divisions.

In terms of Infection Control, the number of MRSA bacteraemia cases had not increased for a four month period. One additional C-Difficile case meant that the Trust's performance remained ahead of trajectory.

Focus was now being placed on Safeguarding of both adults and children, in particular the improvement of training compliance at level 3.

Experience Domain

Challenges continued in terms of response rates for complaints – the Trust was not alone, but improvement was required. Sustainable performance in Quarter Four would be achieved using performance management, with divisions overseeing the process on a weekly basis. No conclusions should be drawn from a drop in complaints numbers during the month, but this was encouraging given the recent intervention work in the relevant areas – Outpatients, Trauma & Orthopaedics and Neurology, amongst others.

In response to a question from Mrs Leach, Ms Hall confirmed that the average length of time to respond to complaints had reduced, with no backlog to report at present. Any complaints that did not receive a timely response were only missed by a matter of days; some may require an extension of time that was agreed in advance with the patient and/or their family.

In response to Mr Smallwood's question regarding Friends and Family Test results, Ms Hall acknowledged that the figures were disappointing, but that work was ongoing to ascertain the reasons for current lack of engagement by some patients.

In response to Ms Wilton's concern at the statistic that 10% of patients fail to attend their Outpatients appointments, Mr Wilson confirmed that a paper would be brought to the January Board meeting on work being done to improve the situation. Mr Rappolt reported a recent positive experience where he had been called in advance as a reminder for his Outpatients appointment. **Martin Wilson 29.01.15**

In response to Mr Smallwood's question regarding the call centre, Mr Wilson reported that the statistics related to the time between making a call and speaking to a person. There was still some way to go in terms of signposting calls, with more than 250 services being available within the Trust. Mr Munro reported to Mr Rappolt that the need to expand the number of call centre staff had necessitated a move into the larger space afforded by the Trident Business Centre, following a major telecommunications investment to ensure that concerns highlighted earlier in 2014 were properly resolved.

Well Led Domain and Ward Heatmap

The average fill rate for the Trust was 90.7% across inpatient areas, which represented a slight decrease. Staffing alerts that had been implemented across the Trust now occurred twice daily.

Ms Pantelides believed that these results were reassuring. In response to her question regarding the 11% fill rate reported in Neonatal, Ms Hall reported that this related to healthcare assistant staff working at night. In response to Ms Leach's point about the table not being particularly legible, Ms Hall confirmed that the template was nationally prescribed and thus could not be changed.

ACTION: The Board noted the report.

14.275 Adult Safeguarding Report

Mr Flood reported that, in terms of performance, one case that had been investigated following an alert, out of a total of 35 alerts during the reporting period, had resulted in a report being made to local social services, as well as sharing the information in the local area and across the safeguarding network.

The new enacted Care Bill would have wide-ranging implications for safeguarding in the Trust, with some uncertainty of its scope at present, which would hopefully be alleviated by briefings in the spring. Additionally the recent Supreme Court judgement relating to Deprivation of Liberty Safeguards would significantly affect authorisation numbers – as a result, the team was intending to bid for staff resource to deal with the expected increase.

In response to Ms Wilton's point that the CQC inspection in February 2014 in relation to the provisions of the Mental Capacity Act 2005 only made reference to Queen Mary's Roehampton, rather than the St George's Hospital site, Mr Flood reported that considerable work at been carried out at the Roehampton site in terms of provision of additional training. There was still work to be done, with ongoing discussions with the training team and a survey to be sent to staff, as the challenge was to train all staff at the appropriate level across the whole of the Trust. In response to Ms Wilton's request for assurance, Ms Hall agreed to provide an oral update on achieving training targets across the Trust to the next Board meeting. **Jennie Hall 29.01.15**

Ms Hall thanked Mr Flood for his huge commitment and great support in the field of safeguarding throughout behalf of the Trust.

ACTION: The Board noted the report.

14.276 Finance Report

Mr Bolam reported that the projected surplus of £2.34m meant that the Trust was behind plan, with a further £218k adverse movement during the last month. With the Trust extremely busy, over-performance had occurred, which now amounted to £16.5m for the year. Pressure on pay and non-pay expenditure had led to cancellations of elective procedures. The forecast for the year end was a £4.45m surplus, provided every monthly target was reached from this point, which was therefore extremely challenging. The associated risks had been reported to the TDA.

Cash, which at Month 7 had been £13m, was now at £19m, with the expectation that it would reach £20m by year end. In terms of capital, action had been taken to reduce IT overspending, with £1.5m additional funding expected to assist with

provision of the IT portal. The Trust was £2.6m behind the targets of the CIP programme – a great deal of work with the divisions would take place during the final four months of the financial year.

Mr Smallwood reported that the recent meeting of the Finance & Performance Committee had acknowledged the increasing challenge of meeting financial targets. The committee agreed two reviews of actions that were being taken to achieve the dual aims of hitting the projected surplus and running with higher levels of cash. The committee had also agreed that an external audit of cash management should be conducted, with particular reference to the ongoing situation of the failure by NHS England (NHSE) to pay its bills.

In response to Ms Wilton's question regarding NHSE as a Trust debtor, Mr Bolam reported that the situation would not deteriorate; however both NHSE and local commissioners were challenging the Trust in terms of its data quality – the 'task and finish' groups that had been set up had yet to complete their work, which gave NHSE a reason to withhold payments in the meantime. Mr Scott added that this was a permanent and ongoing situation that needed to be factored in to future thinking. In response to Mr Rappolt's point that the circumstances were somewhat ludicrous, whereby one part of the NHS was in debt to another, Mr Scott reported that many representations had been made; Mr Bolam added that the Trust operated within a contractual framework that was also shared with commissioners.

Ms Pantelides questioned whether, as a provider of so much specialist work, the Trust could exercise greater leverage with funders than other providers. Mr Scott responded that the Trust had a good relationship with commissioners, which was not the case with many other similar partnerships.

Mr Bolam concluded his report by noting that the Trust was talking to NHSE and local commissioners regarding year end settlements, which could include full and final payment ahead of March 2015 and thus would be of considerable benefit to the Trust.

ACTION: The Board noted the report.

Governance

14.277 Workforce and Education Committee Report

Ms Pantelides highlighted the following key matters discussed at the last Workforce and Education Committee meeting:

- In terms of recruitment, patience was needed to see the workforce strategy work programme taking effect – the committee would monitor and then highlight progress to the Board as appropriate. Some ideas were raised at the meeting in terms of the Trust's profile within the market, which would hopefully lead to concrete proposals in due course;
- The meeting had concentrated on education issues, including Sarah Hammond's work on broadening the Foundation Programme. The committee had been impressed with the amount of work being done, involving both nurses and doctors and including early exposure for newly qualified doctors to experience working within community services. The three new community service posts had been lost by acute areas where performance had been poor recently.

- The Trust had secured funding of over £400k from HESL for training programmes in areas such as genomics, women's services and mental health nursing;
- The recent cut in SIFT funding was a disappointment, together with a reduction in numbers of medical students, although there was already a reported shift in students away from the London area;
- Cleave Gass had reported the disappointing results of the recent GMC survey in relation to bullying and harassment in three specialties, although the level of detail given was unhelpful;
- In terms of the CIP programme, the original target of £4.6m had been reduced to £1.2m, with take up of only £0.75m reported. In particular the job planning project had been adversely affected by an unwillingness to upset staff – this had implications for other CIP schemes, particularly with targets rising in the next year.

In response to Mr Smallwood's question regarding how to support the divisions with their increased CIP targets during the next year, Mr Wilson reported that there were three strands that needed to work in tandem:

1. Collective confidence that the activity will deliver accordingly – a clear vision for improvement;
2. Methods and tools to ensure minimal staff upset;
3. Ensuring that decisions are made against all divisions through the central channel of the CIP Programme Board – a clearer compact between individuals and teams.

Mr Wilson added that the Service Improvement resource was working, but better reporting was needed, with a need to focus on fewer areas and more transparency in outlining the Trust's current position.

Mrs Brewer added that the reintroduction of the Programme Board would lead to greater discussion upon further work, including greater income generation. A significant reduction in staff sickness during the last year had meant a reduction in money spent; additionally, efficiencies through e-rostering, shift management and administrative cost savings had taken place, with the opportunities for other schemes still to deliver.

Mrs Leach saw a parallel with the deliberations of the Trust's Commercial Board, where plans were agreed but not delivered to their full potential. It was an organisational issue that more work was needed to support plans once they were promulgated. Mr Rappolt believed that the Board needed positive assurance that the 2015/16 CIP programme targets could be reached before budgets for the next year could be agreed.

Dr Given-Wilson reported, in terms of job planning, it was challenging for local Care Group Leads to change job plans without central support from the Human Resources department on matters such as interpreting guidance, use of on-call notes and good practice more generally. Mrs Brewer agreed with the point, noting that Claire Low, the Medical HR Manager, was leading work in this field across all of London, ensuring greater collaborative working.

In response to Dr Hulf's point regarding the Foundation Programme, Professor Kopelman advised that community services engagement for new doctors would form only one part of the Foundation Programme in addition to the other (acute)

divisions. Dr Given-Wilson added that Sarah Hammond had done much to ensure that the community services posts were useful for training purposes. Additionally, at divisional level there was now clinical director input in terms of training focus, with much feedback also being received from postgraduates as well as Foundation doctors.

Professor Kopelman also noted that SIFT funding had been rebased some three years ago.

Mrs Brewer reported to Dr Hulf that the Workforce & Education Committee would be examining the results of the GMC survey and address issues where possible.

ACTION: The Board noted the report.

14.278 Risk and Compliance Report

Mr Jenkinson reported that the report for this month did not constitute a detailed review, but there were a number of points to note:

- Work had been taking place to split out capacity risks into four discrete areas – from January 2015 there would be a process for QRC to examine each, which would provide greater assurance to the Board;
- Risk ratings were agreed prior to controls being applied;
- The CQC Intelligent Monitoring Report would be considered by QRC at its next meeting – whilst the CQC report was itself difficult to read, the detail was more legible within the Board paper. Ms Hall added that the report provided additional information on Mortality that Board members might find useful.

Mr Wilson confirmed to Mr Smallwood that a discussion on capacity service improvement would take place at QRC, followed by a paper for consideration at the next Board meeting. **Martin Wilson 29.01.15**

ACTION: The Board noted the report.

General Items for Information

14.279 Care and Environment progress report

Mr Munro reported that the report included information about the new departure lounge in Grosvenor wing, the first phase of the new Neonatal Unit, a new Gamma camera in Lanesborough wing and new ventilators for Paediatric ICU.

In response to Mr Rappolt's question regarding expenditure of £313k for 166 Roehampton Lane, Mr Munro explained that the need to expand Paediatric Outpatient services had necessitated a move into a building owned by Wandsworth Council.

ACTION: The Board noted the report.

14.280 Use of the Trust Seal

Mr Jenkinson reported that there had been two uses of the Trust seal since the last Board meeting:

1. Grant of lease for Queen Mary's Hospital, Roehampton:
    - Escrow agreement

- Lease
- Works agreement

2. Lease agreement for Mapleton units relocating into the Trident Business Centre

ACTION: The Board noted the use of the Trust Seal.

14.281 Questions from the public

In response to a question from a member of the public on the Trust's surplus, Mr Smallwood responded that the surplus did not constitute a profit – rather, it was money that the Trust needed in order to fund its capital programme. Mr Scott added that efficiency targets were set annually by central government, which meant that there was an ongoing need to improve productivity or be paid less for doing the same amount of work. The CIP programme was therefore about greater efficiency without affecting patient care.

In response to a question from a member of the public on sickness absence caused by rising anxiety levels amongst staff, Mr Scott reported that the Trust's sickness levels were not unduly high in comparison with other trusts. A lot of initiatives were being taken forward, such as Listening into Action and LIAISE (PALS for staff members), plus an increase in awareness of methods of raising concerns confidentially. The Occupational Health team monitored teams at a granular level to identify trends. Mrs Brewer added that sickness levels had decreased over the last year; outliers tended to vary over time.

In response to a question from a member of the public, Mr Wilson reported that, as part of the Trust's change programme, efforts were made to manage new approaches, so as to minimise staff being upset by those proposed changes.

In response to a member of the public's point that there appeared to be no BME representation on the Trust Board, Mr Smallwood agreed that it would be desirable, but appointments could only be made from among those people who applied to become directors. Applications were not received from BME candidates – active efforts were being made across London to improve the situation. Mr Scott added that many forms of diversity were not physical, and so to assume a lack of diversity on the Board as currently constituted was not necessarily a conclusion that could be drawn.

In response to a question from the public on what an additional £10m could mean for the Trust, Mr Scott and Mr Bolam explained that the current funding arrangements meant that this was not something that would happen – any increase in the Trust's surplus simply meant slightly less pressure could be applied to existing resources.

Mr Smallwood concluded the discussion by noting that the Trust and its Board members operated in the context of where it currently found itself.

14.282 Any other business

There was no other business.

14.283 Date of the next meeting

The next meeting of the Trust Board will be held on 29 January 2015 at 9.00am.