

Trust Board

Minutes of the Trust Board meeting held in public on **Wednesday 13 January 2016** at **10:00** in Meeting Rooms 1-3, Cancer Centre, The Churchill Hospital.

Present:	Dame Fiona Caldicott	FC	Chairman
	Dr Bruno Holthof	BH	Chief Executive
	Professor Sir John Bell	JB	Non-Executive Director
	Dr Tony Berendt	TB	Medical Director
	Mr Paul Brennan	PB	Director of Clinical Services
	Mr Alisdair Cameron	AC	Non-Executive Director
	Mr Christopher Goard	CG	Non-Executive Director
	Professor David Mant	DM	Associate Non-Executive Director
	Mr Mark Mansfield	MM	Director of Finance and Procurement
	Mr Mark Power	MP	Director of Organisational Development and Workforce
	Mr Geoffrey Salt	GS	Vice-Chairman, Non-Executive Director
	Mr Andrew Stevens	AS	Director of Planning & Information
	Ms Catherine Stoddart	CS	Chief Nurse
	Ms Anne Tutt	AT	Non-Executive Director
	Ms Eileen Walsh	EW	Director of Assurance
	Mr Peter Ward	PW	Non-Executive Director
In attendance:	Ms Susan Polywka	SP	Head of Corporate Governance and Company Secretary

TB16/01/01 Apologies and declarations of interest

No apologies for absence had been received.

The Chairman welcomed Governors, Members, public and staff to the meeting.

No declarations of interest were made.

TB16/01/02 Minutes of the meeting held on 11 November 2015

Minutes of the meeting held on 11 November 2015 were approved as a true and accurate record of the meeting.

TB16/01/03 Matters Arising from the minutes

There were no matters arising that were not covered on the Action Log or agenda.

TB16/01/04 Action Log

The Board reviewed the status of actions recorded on the Action Log

In relation to Trust Procedures for Raising Concerns, the Director of Organisational Development and Workforce confirmed that the job description for the role of local Freedom to Speak Up Guardian was being developed, noting that Dame Eileen Sills had now been appointed by the Care Quality Commission [CQC] as the new national Freedom to Speak Up Guardian for the NHS. The Board confirmed that it was

content that the Trust should proceed with recruitment to the post of local Guardian, without needing to wait for the publication of national guidance.

Action: MP

The Trust Board agreed the status of the actions presented on the Action Log.

TB16/01/05 Chairman's Business

The Chairman reported that on 12 January 2016, she and the Chief Executive, together with the Regius Professor of Medicine, had attended the admittance of the Vice-Chancellor of the University of Oxford, Professor Louise Richardson, noting that she would be the first woman to hold that post in the 900 year history of the University.

The Vice-Chancellor was reported to have displayed an interest in further development of the relationship between the Trust and the University, and had included specific references to healthcare in the speech which she delivered.

The Chairman confirmed that she had written a letter of thanks to the out-going Vice-Chancellor, Professor Andrew Hamilton.

In other business, the Chairman stated that the Trust was aware that recent commencement of the Hospital Energy Project had created difficulties for some local residents in Headington. She acknowledged that, with hindsight, the Trust should have talked and listened to local residents earlier.

Although the legal responsibilities lay with commercial contractors, the Trust apologised for its failure to have engaged early enough with members of the public. A joint liaison group had now been established, involving residents' representatives and local councillors, as well as the Trust's project team and contractors Vital Energi, and that group was next due to meet on Monday 18 January 2016.

The Trust would aim to apply the lessons learned from this experience for any future project involving works outside its boundaries.

The Chairman noted the large volume of papers to be considered, emphasising that all members of the Board were always asked to have read these carefully in advance of the meeting. Typically, papers would also have been reviewed in detail at earlier meetings of sub-committees of the Board and at the Trust Management Executive [TME], in advance of their presentation to a meeting of the Board. She reminded all those presenting papers of the need to focus the Board's attention on specific points for discussion.

TB16/01/06 Chief Executive's Report

The Chief Executive presented his report, highlighting progress in the Oxfordshire plan for the joint transfer of patients ready to leave acute care, which had commenced in December 2015. Working with all health and social care providers across the system, the Trust was trying to tackle the long-standing problem of delayed transfers of care [DTocS], and make sure that people were cared for in the environment best suited to support their recovery and rehabilitation. As at 24 December 2015, a significant reduction had been achieved in the number of patients

delayed in OUH beds, and in the longer term it was hoped that reducing the level of DToCs would achieve a better flow of patients through the hospital, which would lead to improved performance against the standard for 95% of patients to be seen, assessed and admitted or discharged within 4 hours of arrival in the Emergency Department.

The Chief Executive also highlighted his attendance at a Transformation Workshop held in November, as part of the development of a single strategic plan to co-ordinate commissioning and delivery of services in Oxfordshire.

Amongst the other matters of current interest reported, the Chief Executive drew the Board's attention in particular to the following:

- Implementation and monitoring of National Agency rules
which were reported to be having a significant and positive impact locally, with the success of local leadership in achieving good progress to date having been recognised by Monitor;
- Bid to be submitted by the National Institute for Health Research [NIHR] Oxford Biomedical Research Centre [BRC]
in response to the invitation to bid for funding from the £800m allocated nationally to support early translational research through BRCs over five years from April 2017;
- Awards recognising exceptional OUH Staff
marking the outstanding achievements of OUH staff and highlighting the dedication and compassionate care demonstrated throughout the Trust, every day of the year;
- Ronald McDonald House on-site parent accommodation
outline designs and plans for which would be on display, open to all staff and the public, at an event on 16 January 2016, in the existing 17-bed Ronald McDonald House at the Children's Hospital;
- Charitable investment to increase palliative care provision
expanding specialist palliative care at all OUH hospitals, increasing the service's hours, and enabling the Sobell House hospice care team to reach significantly more people with enhanced flexibility.

Mr Geoffrey Salt, Vice-Chairman and Non-Executive Director, endorsed the recognition due to staff for outstanding achievements made, and expressed thanks to the Organisational Development team for having organised the Awards event.

Mr Salt also expressed support for the on-going work to tackle the long-standing problem of delayed transfers of care. Appreciating the significant challenges which were still likely to lie ahead, he commended the Chief Executive for his leadership in implementing the initiative, for the benefit of patients.

The Trust Board noted the Chief Executive's Report.

TB16/01/07 Patient's Story

The Chief Nurse presented the story, recounting the positive experience of a patient with uncontrolled pelvic pain following an unplanned hysterectomy at another Trust.

Throughout the six years that the patient was treated by the OUH, she only had one negative experience, highlighting the importance of understanding the nature of chronic, uncontrolled pain.

The Board in particular noted the positive impact of the innovative service offered by the Opioid Management Clinic, to address the dangers of opioids in treating long term chronic pain. It was noted that this was not currently a commissioned service, and the Board supported the conclusion that opportunities to secure on-going funding should be explored.

The Trust Board reflected on the patient's story, and noted the key learning points which had been drawn from it

TB16/01/08 Update on junior doctors' industrial action

The Director of Clinical Services reported that the provision of emergency care had been fully maintained during the 24 hour action taken between 08:00 hours on 12th January and 08:00 hours on 13th January, and no urgent elective activity had been delayed.

The Director of Organisational Development and Workforce confirmed that national talks were due to resume, and it was hoped that further action planned for 26th and 27th January might be averted.

It was hoped that the dispute could be resolved through national negotiations, but the Trust would develop detailed contingency plans in case it could not be.

The Trust Board received the verbal update.

TB16/01/09 Quality Committee Report

Mr Geoffrey Salt, Non-Executive Director and Chairman of the Quality Committee, presented the regular report from the Committee's meeting held on 9 December 2015.

Issues highlighted for consideration by the Board included:

- A very successful symposium had been held on end of life care, in the light of which the news that the Sobell House Hospice Charity was to provide funding to support increased provision of specialist palliative care for patients at OUH was particularly welcome;
- Action was being taken to investigate low-cost means of improving patients' experience at night, in the light of a patient's story;
- The programme and process for Executive Quality Walk Rounds was to be reviewed;
- Development of a new style Quality Report had been supported by the Committee, to facilitate well-informed analysis of key data, and monitor progress against the Trust's quality priorities.

The Trust Board acknowledged the regular report from the Quality Committee.

TB16/01/10 Quality Report

The Medical Director introduced the report, the style and format of which had been revised to make it more concise, while including reports on national quality strategy, updates on the Trust's quality priorities, World Health Organisation [WHO] checklist audit reporting, a revised mortality update and an extended report on issues raised by Oxfordshire Clinical Commissioning Group [OCCG].

Eighteen metrics (relating primarily to directorate or divisional performance) had been removed from the report, but would continue to be monitored locally via the relevant orbit reports.

Indicators which were reported to have improved since the previous reported period were:

PS01 - Safety Thermometer (97.15% patients receiving care free of any newly acquired harm) [one month in arrears]

PS02 - Safety Thermometer (93.33% patients receiving care free of any harm - irrespective of acquisition) [one month in arrears]

PS16 – Zero CAS alerts breaching deadlines at end of month and/or closed during month beyond deadline

PE15 – 69.29% patients EAU length of stay < 12h

Indicators which were reported to have deteriorated against target since the last reporting cycle, or which were red rated due to breaching of an annual threshold were:

PS06 - 2 cases of MRSA bacteraemia > 48 hours (cumulative year to date)

PS08 – 75.56% patients receiving stage 2 medicines reconciliation within 24h of admission

PS17 - 2 cases of hospital acquired thromboses identified and judged avoidable

CE03 - Dementia – 48.32% patients aged > 75 admitted as an emergency who are screened [one month in arrears]

CE04 – 79.94% Dementia diagnostic assessment and investigation [one month in arrears]

PE14 – 8 Single sex breaches.

In relation to Patient Safety and Clinical Risk, it was noted that

- No Never Events had been reported in November;
- 16 Serious Incidents Requiring Investigations (SIRIs) were reported in November; and
- 17 SIRIs were recommended for closure to Oxfordshire Clinical Commissioning Group (OCCG) in November.

The Chief Nurse then introduced the sections of the Quality Report which related to patient experience, including:

- Friends and Family tests;
- Complaints; and
- Nursing and midwifery safe staffing.

In particular, she highlighted *The Children's Commissioner's Takeover Challenge*, in which eight children had taken part on Friday 20th November 2015. This had included a variety of activities, including discussions on services and ward visits. Young People's Executive (YiPpEe) had recruited four new members from the eight children attending, and two of the children who were eligible had expressed an interest in representing YiPpEe on the Council of Governors.

In relation to nursing and midwifery safe staffing, the Chief Nurse confirmed that the Trust continued to comply with the National Quality Board (November 2013) and NICE guidance (July 2014) for Safe Staffing for Adult Inpatient Wards in Acute Hospitals. The figures reported included levels of temporary staff in some clinical areas, as well as the Trust's permanent staff, and did not reflect the skill mix or the experience levels of staff. It continued to be the case that the preservation of minimum safe staffing levels was sometimes only achieved through bed closures.

The Chairman invited discussion of all sections of the Quality Report.

Mr Alisdair Cameron, Non-Executive Director, invited the Medical Director to comment upon the requirement to compile a self-assessment of avoidable mortality, for submission by 31 January 2016. In response, the Medical Director acknowledged the value of being more self-critical, and suggested that it would be crucial to establish an efficient system for 'first-line' review, through which to identify those cases which warranted further scrutiny. Professor Bruce Keogh had noted that work conducted by Professor Nick Black and Professor Ara Darzi indicated that about 4% of deaths in hospital are potentially avoidable and that there is no obvious relationship between avoidability and excess deaths over and above average.

In response to a question raised by Professor David Mant, Non-Executive Director, the Medical Director confirmed that all cases of hospital-associated thrombosis were followed up, and those which were determined to have been avoidable were reviewed by the SIRI Forum.

Professor Mant also asked whether the rise in the number of SIRI gave grounds for concern, and the Medical Director confirmed that the rise was broadly in line with what would have been expected (and hoped for), as a result of having improved processes for appropriate escalation.

Mr Peter Ward, Non-Executive Director, asked what measures were being taken to improve the rate of dementia screening, and it was confirmed that work was being undertaken by the divisions to increase the number of staff who were able to undertake bedside screening.

Professor, Sir John Bell, Non-Executive Director, noted that two of the indicators related to Infection Control were rated 'red'. He reminded the Board that the peak of a previous *C.diff* outbreak had correlated with acquired resistance to fluoroquinolone antibiotics, and suggested that antibiotic prescribing in compliance with antimicrobial guidelines must continue to be very carefully monitored.

Mr Salt welcomed the inclusion of issues raised by OCCG, and it was noted that a Board to Board meeting had been scheduled on 21 January 2016, which would provide an opportunity for further discussion of some of these issues.

The Trust Board reviewed and acknowledged the Quality Report

TB16/01/11 Professor Toft's Review of Never event Investigations

The Medical Director presented the outcome of Professor Toft's review. This concluded that no evidence could be found to suggest that there is a problem with patient safety within the Trust, with the evidence strongly suggesting that the Trust had a proactive safety culture. Professor Toft further concluded that the Trust's commitment to openness with respect to SIRS and 'Never Events' was exemplary.

The Board noted that, in Professor Toft's opinion, five of the seven Never Events should not be judged to meet the NHS England criteria for a Never Event, although this was not a view shared by NHS England, OCCG or the Care Quality Commission.

The Board welcomed the outcome of Professor Toft's review, and endorsed the proposed Trust response to his recommendations, implementation of which would be monitored by the Quality Committee.

The Board expressed its thanks to Professor Toft, and endorsed the proposal to make the report available on the Trust's publicly accessible website.

The Trust Board received Professor Toft's Review, and endorsed the proposed Trust response to his recommendations.

TB 16/01/12 Finance and Performance Committee Report

Mr Christopher Goard, Non-Executive Director and Chairman of the Finance and Performance Committee, presented the regular report from the meeting of the Finance and Performance Committee held on 9 December 2015.

Particular issues highlighted for the Board included:

- Reflecting the challenges often seen at this time of year, and noting the challenge to reverse the worsening financial position of the clinical divisions, performance against the cancer 62 day standard, and against the 4 hour ED standard, would continue to be monitored closely;
- Delivery of the cost improvement programme [CIP] year to date was reported at 84.6%, representing savings of over £40m, but with regard to 2016/17 and beyond, the Committee had endorsed the need to identify further significant transformation streams, focused on improving the quality of care, which would also have the benefit of realising improvements in operational and financial performance, thereby releasing EBIDTA¹ for reinvestment in services;
- The Committee received a report on proposals for developing and focusing on the use by clinical divisions of benchmarked costing and profitability data, agreeing that primary attention should be given to identifying the drivers in variation between profitability for similar procedures.

The Trust Board acknowledged the content of the regular report from the Finance and Performance Committee

¹ Earnings before interest tax depreciation and amortisation

TB 16/01/13 Integrated Performance Report Month 8

The Director of Clinical Services presented the report, highlighting that the Trust had achieved a score of 1 for Q2 against Monitor's Access and Outcomes matrix, reflecting the fact that the standard for 95% of patients to be seen, assessed and discharged or admitted within 4 hours of arrival at the Emergency Department [ED] had not been achieved in September, October or November. Performance in November was reported as 88.82%.

During the reporting period (November 2015) Delayed Transfers of Care [DToCs] had continued to be a significant concern for the Trust, with performance for November reported at 12.12% against a target of 3.5%. The monthly average within the OUH for November was 144 and 170 across the system. It was noted that implementation of the Oxfordshire joint transfer plan for patients ready to leave acute beds, which had commenced in December 2015, had achieved a reduction in the number of patients delayed in OUH beds, the number of whom had fallen to 64 by 24 December 2015.

Mr Ward was pleased to note that some of the key performance indicators relating to the workforce showed signs of improvement, with the rate of sickness absence lower than in the same reporting period in the previous year, and overall staff turnover remaining relatively stable. Board members noted the measures aimed at improving retention of staff, and supported the importance of sustaining efforts to improve the recruitment and retention of permanent staff.

The Trust Board reviewed and acknowledged the integrated performance report for month 8.

TB 16/01/14 Financial Performance up to 30 November 2015

The Director of Finance and Procurement presented the report, informing the Board of the Trust's financial position for the first eight months of the financial year 2015/16.

The Trust's financial position as at 30 November 2015 was reported to be £0.2m worse than plan after the first eight months of the year. This represented an improvement on the position reported as at 30 September 2014, which was £0.6m worse than plan after the first six months of the year. The Trust's commissioning income was reported to be £1.9m ahead of plan (estimated from data for the first seven months only). The underlying position for the Trust indicated a failure to deliver divisional income plans at £5.4m for patient activity.

Bank and agency spend was reported to have been reduced from £3.8m in October to £2.9m in November, reflecting the impact of controls introduced by Monitor and the Trust Development Authority at national level, and work carried out by the local project team led by the Director of Organisational Development and Workforce, the Chief Nurse and the Director of Clinical Services. The "run rate" on pay expenditure had been slowed, but expenditure on pay in total continued to run ahead of budget spend in previous financial years.

With regard to the capital programme, it was reported that the Trust had charged £7.1m against its capital programme in the first eight months of the year. This was £6.4m less than planned, due to slippage against schemes including major

equipment purchase, estates developments and radiotherapy services at Swindon. The capital programme and capital schemes would be continuously reviewed and monitored throughout the year and, if necessary and appropriate, schemes would be brought forward from the 2016/17 programme to offset any slippage.

As regards slippage of the scheme relating to radiotherapy services at Swindon, it was confirmed that NHS England had now communicated its support for the business case.

Mr Cameron sought and gained assurance that underspend on the capital programme did not reflect to failure or delay in the replacement of medical equipment when required.

Ms Tutt noted that, in previous years, bank and agency spend had tended to increase in the final quarter of the year, and asked whether there was a risk that it could do so again. The Director of Finance and Procurement suggested that the risk should be minimised by implementation of the tight agency controls, with an enhanced agency price cap due to take effect from 1 February 2016. It was anticipated that implementation of the controls might lead to operational challenges, which the local project team was keeping under active review.

Professor Bell suggested that the failure to deliver divisional income plans, leading to the underlying position, reflected the degree to which budgets had not been set at a level which was achievable. In particular, he suggested that the experience of previous years showed that the target for private patient income (reported at £2.3m below plan) was rarely met. The Chief Executive confirmed that the process for setting budgets with the clinical divisions had been revised for 2016/17.

The Trust Board received and acknowledged the report on financial performance

TB 16/01/15 Audit Committee Report

Ms Anne Tutt, Non-Executive Director and Chairman of the Audit Committee, presented the regular report from the meeting of the Audit Committee held on 18 November 2015.

Particular issues highlighted for the Board included:

- The Committee would continue to monitor progress on all outstanding internal audit recommendations, to sustain progress made;
- The Trust's internal auditors (KPMG) had reported three draft audits, which were awaiting management response, and the Committee would expect to receive a progress report at its next meeting on actions taken in response to recommendations made in relation to statutory and mandatory training, immigration and raising concerns.

The Trust Board received and acknowledged the content of the regular report from the Audit Committee.

TB2016/01/16 Trust Management Executive Report

The Chief Executive presented the regular report to the Board on the main issues raised and discussed at meetings held in November and December 2015.

Issues highlighted for the Board included:

- Development of proposals for a comprehensive and fundamental strategic review, to be pursued in collaboration with the Trust's partners within the Academic Health Sciences Centre [AHSC], and more broadly within the Academic Health Sciences Network [AHSN], with Strategic Workshops scheduled to take place on 24 February and 2 March 2016;
- Consideration of the learning from the Care Quality Commission's [CQC's] report on Cambridge University Hospitals NHS Foundation Trust, to reflect on what findings might be made by the CQC, upon its inspection of the OUH Trust. In particular, the Trust was checking that the appropriate skill mix of staff was preserved when nursing staff were re-deployed to maintain safe nurse staffing levels, a further report on which would be provided to the Quality Committee at its meeting in February 2016.

Professor Mant noted that TME had considered and supported proposals to develop provisional plans for the Oxford Centre for International Technology.

The Trust Board received and acknowledged the content of the regular report from the Trust Management Executive.

TB 16/01/17 Update on Liaison with Monitor

The Director of Planning and Information presented the paper, providing information about the reports made to Monitor, the regulator of NHS Foundation Trusts, since Oxford University Hospitals had become a foundation trust [FT] on 1 October 2016.

The Board was reminded that, when OUH was authorised as an FT a "side letter" required the Board to provide formal assurance on four areas in addition to routine reporting. In each of these areas, information had been agreed with Monitor and provided each month in relation to:

- Current year trading – monthly finance report to the Board or Finance Committee
- Progress on cost improvement programme – monthly update provided to the transformation and CIP Committee as the basis for CIP information in the finance report
- Update on performance and improvement plan for cancer
- Update on performance improvement plan for urgent care

The report included the proposed content of the in-year governance statement and sought delegated authority for the Chairman and Chief Executive to sign and submit this on behalf of the Board.

The Trust Board noted the update provided, and approved the content of the required in-year governance statement for signature on the Board's behalf by the Chairman and Chief Executive.

TB 16/01/18 Update on Oxford Academic Health Sciences Network [AHSN] Annual Report 2014/15

The Board welcomed Professor Gary Ford, Chief Executive Officer of Oxford AHSN, to give an overview of the highlights of activity undertaken by Oxford AHSN.

The Trust Board formally received the Oxford AHSN Annual Report 2014/15, and considered Professor Ford's expansion upon the summary provided within the Review of 2014/15, copies of which were circulated for reference.

All members of the Board welcomed the opportunity to engage with the Academic Health Science Network, and supported the development of further partnership working.

The Trust Board received and considered the Oxford AHSN Annual Report 2014/15.

TB 16/01/19 Summary of plans and governance for EPR and IM&T – Go Digital

The Director of Planning and Information presented the report, providing information on the current and proposed governance structure for the future management of EPR and IM&T services projects, and detailing the annual plan for the EPR IM&T work programme for 2016/17.

In particular, the Board was asked to note the requirement for additional resource to support this programme, including £800k to provide additional clinical leadership and ownership from Divisions, which would be reviewed as part of the 2016/17 budget setting process, and through the development of individual business cases.

Members of the Board were supportive of the need for adequate resources. Points raised in discussion included the importance of securing clinical engagement, including the identification of clinical leaders, to win hearts and minds throughout the organisation. The importance of ensuring that all systems could "talk" to each other was emphasised.

The Trust Board reviewed the summary provided, approved the annual plan, and noted the requirement for additional resource.

TB 16/01/20 NHS Planning Guidance 2016/17- 2020/21

The Director of Planning and Information presented the report, summarising the key features of the initial joint planning guidance issued on 22 December 2015 to commissioners and providers for the 2016/17 annual planning round.

Key features of the guidance were summarised as follows:

- The requirement to produce place--based five year sustainability and transformation plans, as well as one year organisation-based operational plans;
- A set of national policy “must dos”;
- Initial details of the allocations and business rules that would operate in 2016/17;
- A planning table for the 2016/17 planning round.

The Director of Planning and Information drew the Board’s attention to the timetable outlined on page five of the report, highlighting that the Board might need to delegate authority to the Chairman and Chief Executive to sign and submit plans on its behalf.

The Trust Board noted the key features of the NHS planning guidance issued.

TB 16/01/21 Interim Review of TME Effectiveness

The Director of Assurance presented the summary results of a desk top review of the business conducted by the Trust Management Executive [TME] over the period from April to November 2015, against its current terms of reference.

She confirmed that it was planned to link work undertaken to review the effectiveness of TME and sub-committees of the Board to a wider assessment of governance, using the Monitor Well-led framework for governance reviews.

The Board was asked to note the summary results, and the specific areas identified in respect of which additional work was being undertaken by TME. It was also proposed that a drafting error in the terms of reference for TME be corrected, to clarify that TME’s remit should be limited to the “approval of policies *relevant* to the delivery of external and internal governance and best practice requirements and compliance”.

The Trust Board considered the results of the review, and accepted the recommendations made.

TB 16/01/22 Draft Accounts for Six Months ended 30 September 2015

The Director of Finance and Procurement presented a summary of the draft accounts for six months ended 30 September 2015 for Oxford University Hospitals NHS Trust.

Having being authorised as a Foundation Trust from 1 October 2015, there was a requirement upon the NHS organisation to draw up statutory accounts covering the part of the 2015/16 financial year that it operated as an NHS Trust.

The Board was reminded that the Trust would be required to prepare a second set of statutory accounts for Oxford University Hospitals NHS Foundation Trust for the six month period from 1 October 2015 to 31 March 2016, covering the remainder of the 2015/16 financial year operating as a Foundation Trust. This set of accounts would be produced to Monitor’s national timetable for foundation trust, with final draft accounts to be submitted on 22 April 2016, and the final audited set to be submitted on 27 May 2016.

The Trust Board acknowledged preparation of the draft accounts for the six months ended 30 September 2015.

TB 16/01/23 Consultant appointments and signing of documents

The Chief Executive presented the regular report on activities undertaken under delegated authority, and recent signing and sealing of documents, in line with the Trust's standing orders.

The Trust Board noted the report.

TB 16/01/ 24 Any Other Business

There was no other business.

TB 16/01/25 Date of the next meeting

A meeting of the Board to be held in public will take place on Wednesday **9 March 2016** at 10:00 am in the Training Room, at Horton General Hospital.

Signed

Date