

**Minutes of a Public meeting of the Trust Board held on
Wednesday 27th May 2015 at 10.45am
10.45am, Meeting Rooms 1& 2 ACAD Park Royal Management Suite, Central
Middlesex Hospital**

Present

Mr Peter Worthington	Chairman
Jacqueline Docherty DBE	Chief Executive
Ms Patricia Williamson	Non-Executive Director
Professor David Taube	Non-Executive Director
Ms Caroline Corby	Non-Executive Director
Mr Martin West	Non-Executive Director
Ms Jeanne Spinks	Non-Executive Director
Mr Simon Crawford	Chief Finance Officer
Dr Charles Cayley	Acting Medical Director
Mr Chris Pocklington	Chief Operating Officer
Mrs Carole Flowers	Chief Nurse

In Attendance

Mr Paul Stanton	Director of Human Resources
Mr Christopher Blake	Director of Commercial Development
Mr David Weston	Head of Communications
Tina Benson	Director of Operations
Ms Yvonne Leese	Director of Community Services
Ms Fiona Coogan	Director of Infection Prevention and Control
Mr David James	Board Secretary

Apologies

Ms Stella Dutton	Non-Executive Director
Mr Kevin Connolly	Chief Information Officer
Mr Paul Kingsmore	Director of Estates and Facilities

Item	Discussion	Action
1.	Welcome and Declarations of Interest	
1.1	There were no new declarations of interest.	
2	Minutes of the previous Meeting(s), Ref. 15/05/01	
2.1	Item 5.1.5 was amended to state 'issued' in place of 'requested'.	
2.1.1	The minutes were then approved as a true and correct record and were authorised for signature by the Chairmen.	

<p>3</p> <p>3.1</p>	<p>Matters Arising and Action Points,</p> <p>The action points were addressed and the updated list will go to the June 2015 Board</p>	
<p>4</p> <p>4.1.</p> <p>4.1.1</p> <p>4.1.2</p> <p>4.1.3</p> <p>4.1.4</p> <p>4.1.5</p>	<p>Chairman’s Report, Verbal</p> <p>The Chairman welcomed Siobhan Jordan as an observer of the proceedings. She will shortly be taking up the role of Chief Nurse on an interim basis due to the retirement of Carole Flowers.</p> <p>The Chairman informed the Board that all but one of the Non-Executive appraisals for 2014/15 had been completed.</p> <p>It had been agreed with the Chief Executive to review the Board sub - committee structure and discussions between the various NED Chairs would commence with an outcome planned for no later than August 2015.</p> <p>External meetings held by the Chairman in May 2015 had been with Ealing Borough Council, Harrow Healthwatch and Ealing Clinical Commissioning Group. The latter in relation to the transition of maternity services from Ealing to other providers in north west London.</p> <p>Also a number of walkabouts of the various sites within the Trust had taken place. He advised the Board that in future the Chairman’s report would come as a paper.</p> <p>Patricia Williamson asked if there were still Chairman meetings for across the sector held at the TDA. Peter Worthington replied there were still such meetings and the next quarterly meeting was in June and that he had requested that it focus on workforce planning.</p>	
<p>5</p> <p>5.1</p> <p>5.1.1</p> <p>5.1.2</p> <p>5.1.3</p>	<p>Chief Executives Report. Ref 15/05/02</p> <p>Jacqueline Docherty reported that following many months of work to prepare for changes to services across North West London, the decision on the timing to move maternity, neonatal and paediatrics from Ealing Hospital was taken by Ealing CCG’s Governing Body on Wednesday 20th May.</p> <p>The CCG announced that the move of maternity and neonatal services from Ealing Hospital will be completed by 1st July 2015, with paediatric services moving by 30th June 2016.</p> <p>The CCG Governing Body acknowledged the quality and dedication of staff within Ealing’s maternity services. A great deal of work has been carried out across the sector to make sure that all of the hospitals are ready for the changes and many of our maternity staff have already had the opportunity to begin planning for the move by visiting their new unit.</p> <p>The Chief Executive thanked all staff affected for their continued professionalism and hard work in maintaining excellent standards of care,</p>	

	during what has been a very challenging year.	
5.1.4	In January 2015 Brent, Ealing, Hammersmith and Fulham and Hounslow Councils established the Independent Healthcare Commission for North West London. Under the guidance of Michael Mansfield QC, the commission's purpose was to review the impact of changes to the local health economy under the 'Shaping a Healthier Future' programme.	
5.1.5	On Saturday 9 th May the commission held a hearing for oral evidence. Tina Benson, Director of Operations at London North West Healthcare, presented evidence relating to the closure of Central Middlesex Hospital's accident and emergency department. Findings will be published in July 2015	
5.1.6	As the Board would have been aware the general election resulted in a new Conservative government. In Brent, Ealing and Harrow the local MPs are now: Brent Central – Dawn Butler (Labour) Brent North – Barry Gardiner (Labour) Harrow East – Bob Blackman (Conservative) Harrow West – Gareth Thomas (Labour) Ealing Central & Acton – Rupa Huq (Labour)	
5.1.7	The Prime Minister David Cameron confirmed that Jeremy Hunt will continue as Secretary of State for Health. In his first address to NHS staff he said: "I am humbled to be reappointed Health Secretary, not least because of the enormous responsibility for hundreds of thousands of doctors, nurses and other NHS staff who are working incredibly hard right now and under enormous pressure.....I look forward to working with our brilliant frontline professionals to truly make our NHS the safest and most caring healthcare system in the world."	
5.1.8	In the first two weeks of May there had been an improvement in the A&E performance at Northwick Park. The number of patients attending has reduced and a real effort has been made to improve patient discharges and address delayed transfers of care.	
5.1.9	The Trust is currently operating with significant vacancy rates and an ambitious recruitment and retention plan to address this issue is being developed. By reducing agency spend the quality and continuity of the care delivered across the Trust will be enhanced. In addition, the Trust will begin the process of harmonising the rates of pay, systems and operational practices across the two legacy internal banks to ensure consistency and maximise opportunities for all temporary staff.	
5.1.10	Since the start of the financial year the Trust has successfully recruited a number of new medical consultants. These new colleagues are: Dr Mudhar Abdul Saheb, Geriatric Medicine, Northwick Park - Mr Adbul Ahmed, Oral and Maxillo-Facial Surgery, Northwick Park - Dr Ashley Barnabas, Gastroenterology, Northwick Park - Dr Satyawan Bhat, Anaesthetics, Northwick Park - Dr Tumena Corrah, Infectious Diseases, Northwick Park - Dr Alastair McGregor, Infectious Diseases, Northwick Park - Dr Sunil Melath, Rheumatology, Northwick Park - Dr Mani Naghibi, Gastroenterology, Northwick Park - Mr Petar Peev, Trauma and Orthopaedic Surgery, Ealing Hospital - Mr Durgesh Raje, General Surgery, Ealing Hospital - Dr Nadarajah Theivacumar, Vascular Surgery, Northwick Park	
5.1.11	To support November's planned opening of the Trust's new £14million	

	acute medical unit at Northwick Park, a successful recruitment day was held on 21 st May to recruit nursing staff for the unit.	
5.1.12	In May the Trust celebrated 'International Day of the Midwife' with a number of positive stories, recognising the hard work and dedication of our staff.	
5.1.13	To mark 'International Nurses' Day', our senior nursing team sent cakes to each ward and clinical area across the Trust. Nurses were also asked what made them proud. There was a good response and the gallery of reasons and photos can be found on the Trust's Facebook page – LNWH.NHS	
5.1.14	Alison Spiro Specialist Health Visitor received a Queen's Nursing Institute award for outstanding service. Only three of these prestigious awards were given out across the country. Alison received her award for achieving full Unicef baby-friendly accreditation and developing a strong peer support network for breast feeding in Harrow.	
5.1.15	A Royal Princess was born on Saturday 2 nd May and to celebrate, the Royal Mint presented commemorative silver pennies to those new babies sharing her birthday. At Northwick Park Hospital, parents Gaurav and Bhumi Mehta and their baby were the first in the country to be presented with a silver penny. The presentation was covered by the Mail on Sunday.	
5.1.16	The response from staff to the earthquake in Nepal was impressive. Staff on Clarke ward and the TB nurses at Northwick Park held a fundraising lunch to raise money for blankets and dry food. More than 200 people attended, raising in excess of £2,000 from food and raffle ticket sales.	
	The Board	
	Noted the Report	
	Items for Approval	
6	NHS Trust Development Authority Oversight Submission. Ref 15/05/03	
6.1	Simon Crawford reported to the Board. A number of comments and suggestions were made to amend the text in the future. This was agreed with comments showing greater granularity.	
6.1.1	Amendments were made in: Question 2 recovery timescale revised from 30/09/15 to 31/10/15; Question 4 recovery timescale revised from 30/09/15 to 31/10/15; Question 6 statement Identified as "risk"; recovery timescale to 31/07/15; Question 7 Statement Identified as "risk"; recovery timescale to 31/07/15; Question 8 Statement Identified as "risk"; recovery timescale to 31/07/15; Question 10 Timescale recovery timescale revised from 30/09/15 to 31/10/15 and Question 14 narrative updated	
	The Board	

	<p>Agreed</p> <p>Amendments to questions two, four, six, seven, eight, ten and fourteen.</p> <p>Approved the submission</p>	
7	<p>Annual Plan 2015/16, Ref 15/05/04</p>	
7.1	<p>Simon Crawford introduced the paper. The report presents the final Trust annual plan for 2015/16, which was submitted to the TDA on 14th May 2015.</p>	
7.1.1	<p>Following the completion of assurance and sign off by the TDA, the plan will form a key record that will form the basis for internal assurance by the Board and external assurance by the TDA of progress towards achieving the Trust's objectives.</p>	
7.1.2	<p>A draft final plan was considered but not approved by the April Trust Board. The final plan incorporated changes to address feedback received from the TDA on 1st May was approved by Chairman's action after consultations as agreed at the last Board. The plan sets out a series of changes that will be overseen as part of a programme of transformational change whose aim is to ensure the delivery of key quality, performance and financial trajectories in 2015/16 and enable the Trust to become sustainable in the medium term.</p>	
7.1.3	<p>In addition to the priorities and plans underpinning the plan, the Trust has set out assurance mechanisms and specific actions to address NHS priorities for 2015/16 set out in the Five Year Forward View and national guidance.</p>	
7.1.4	<p>The delivery of these priorities will be overseen by the relevant Board sub-committees as follows: Priorities in the 'Integrated Planning Checklist for Quality' will be overseen by the Clinical Performance and Patient Experience Committee; Priorities in the Integrated Planning Checklists for 'Performance, Technology and Innovation' and 'Finance and Commissioner Quality Innovation Productivity and Prevention (QIPP) and Better Care Fund (BCF)' will be overseen by the Finance, Investment and Estates Committee.</p>	
7.1.5	<p>Jacqueline Docherty asked what could be done in relation to Patient and Public involvement particularly in regard to Ealing. Carole Flowers stated a Patient Experience Committee did exist and was working on a number of themes such as customer care.</p>	
	<p>The Board</p> <p>Noted</p> <p>The contents of the report summarising the contents of the trust annual plan for 2015/16</p>	

	<p>The annual plan in attachment 1 and the priorities set out in the plan, which will form the basis of internal and external delivery assurance throughout the financial year</p> <p>That the final annual plan was submitted to the TDA on 14th May</p> <p>Approved</p> <p>Assurance of plans to address key national priorities set out in the Integrated Planning Checklists accompanying the annual plan will be overseen by:</p> <p>The 'Integrated Planning Checklist for Quality' will be reviewed and overseen by the Clinical Performance and Patient Experience Committee</p> <p>The 'Integrated Planning Checklists for Performance, Technology and Innovation' and 'Finance and Commissioner QIPP and BCF' will be reviewed and overseen by the Finance, Investment and Estates Committee</p>	
<p>8</p> <p>8.1</p> <p>8.1.1</p> <p>8.1.2</p> <p>8.1.3</p> <p>8.1.4</p>	<p>Annual Plan and Budgets 2015/16, Ref 15/05/05</p> <p>The paper was introduced by Simon Crawford. The previous annual plan submission (April 2015) had a deficit that totalled £69m. The current forecast for the final plan submission is for a £88.3m deficit. Compared to the previous submission, figures have been updated regarding updated information received on pay awards, contract income, service developments and SaHF. The updated plan of £88.3m deficit was submitted to the TDA on May 14th following Executive and Non-Executive review of the summary plan and approval by Chairman's action after consultations as agreed at the last Board.</p> <p>During the financial landscape meetings, it was made clear to managers that there is an expectation that budgets will be managed effectively, with high priority on financial control and budget responsibility. There should be strict adherence to recruitment processes and the minimisation in the use of temporary staff and much better criteria for access and authorisation processes.</p> <p>The CIP target of £23.3m has been calculated at 3.5% of expenditure per the efficiency component of the national tariff. Divisional CIPS of £15.9m have been identified. In addition, trust wide and corporate CIPS contributed a further £5.6m, totalling an identified CIP of £21.5m.</p> <p>Budgets have been updated to reflect the outcome of the Financial Landscape meetings. Agreed cost pressures and CIPs have been allocated to Divisional budgets. The overall Trust income budget has been updated to reflect the outcome of contract negotiations; however Divisional budgets have not yet been updated to reflect new 2015/16 income targets. These will be updated for month 2 when the detail of the final contract schedules is agreed.</p> <p>Patricia Williamson asked if staff were receiving support so as to achieve the necessary savings. The view of Simon Crawford and Chris Pocklington was that expectations were not excessive and the process itself of divisional review assisted awareness and expanded the</p>	

	knowledge base.	
8.1.5	The process requires a quality impact assessment to be completed by the division that will be signed off by senior clinicians and then reviewed by the Director of Nursing and Medical Director.	
8.1.6	David Taube asked for 2015/16 what the expectations of acute activity were being assumed by the Trust. Simon Crawford replied the assumption was that emergency activity will increase by 3% and elective work will show no change. Any emergency activity above and beyond the 3% assumption for 2015/16 would be funded at the marginal rate of 50% an increase from 30% last year.	
8.1.7	David Taube noted that there was a financial risk to over performance but what was being done to enhance income generation. Simon Crawford replied that increased bed capacity would give the Trust the opportunity to deliver more elective work. Jacqueline Docherty added that the Trust would bid for new business and work with CCGs to seek new opportunities.	
8.1.8	Simon Crawford assured the Board that the Quality, Innovation, Productivity and Prevention (QIPP) programme would be monitored so it is clear to both provider and commissioner who were responsible for achievement or non-achievement of these projects and the financial consequences.	
8.1.9	The Chairman asked what the status of contracts was for 2015/16. Simon Crawford responded that the contract with NHS England had been signed but the contracts with Brent, Ealing and Harrow CCGs had been agreed but not yet signed.	SC
	<p>The Board</p> <p>Noted</p> <p>The budget setting process undertaken to finalise budgets.</p> <p>The identified risks and ensure that these are actively managed and regular updates provided to the FIEC.</p> <p>CIPs identified for 2015/16, and the need to set targets above the 100% budget level and seek assurances on CIP achievement for 2015/16 during the financial year.</p> <p>Approved</p> <p>The Income and Expenditure deficit budget of £88.3M as an operating budget for the organisation to commit resources against, and receive an update, for approval, on any revision.</p>	
9	LNWHT Accounts for the period ending 31/03/15, Ref 15/05/06	
9.1	The paper outlined the key performance measures to the Board contained within the six months accounts to 31st March 2015 for London	

<p>9.1.1</p> <p>9.1.2</p> <p>9.1.3</p> <p>9.1.4</p>	<p>North West Healthcare NHS Trust (LNWH).</p> <p>LNWH submitted its 2014/15 period end accounts to Department of Health, The Trust Development Authority and Grant Thornton, our external auditors, on 23rd April 2015, in line with the national deadline.</p> <p>Legacy accounts for North West London Hospitals NHS Trust and Ealing Hospital NHS Trust were also submitted alongside LNWH submission. Grant Thornton did a detailed audit of LNWH accounts and have presented their findings to the Audit Committee. There are no adjusted or unadjusted misstatements identified as a result of the audit and an unmodified opinion is expected from the audit process.</p> <p>The report is expected to provide a qualified 'adverse' Value for Money conclusion for this year due to the scale of the Trust's planned deficit. Key findings and rationale supporting this conclusion could be found in the LNWH Audit Findings Report.</p> <p>Martin West added that there had been a minor amendment to the letter of representation. He added the Audit Committee had reviewed the accounts in detail and subject to the Committee's comments it recommended the accounts to the Board for approval.</p> <p>The Board</p> <p>Approved</p> <p>The LNWH accounts for submission to the Department of Health and Trust Development Authority.</p> <p>Noted</p> <p>The opinions on the financial statements and value for money issued by External Auditors.</p>	
<p>10</p> <p>10.1</p> <p>10.1.1</p> <p>10.1.2</p>	<p>Ealing Maternity and Neonatal Service Changes, Ref 15/05/07</p> <p>Tina Benson introduced the paper. The Shaping a Healthier Future programme has undertaken detailed work to establish an optimal date for the transition of maternity services from Ealing Hospital. This exercise is clinically-led and involved clinicians, managers and patient representatives from across North West London.</p> <p>As a result of this process, the SaHF programme recommended to the Ealing CCG Governing Body meeting in public on 20th May 2015 that: Maternity and neonatal services close at Ealing Hospital by 1st July 2015 and paediatric in-patient services close at Ealing Hospital by 30th June 2016. These recommendations have been endorsed formally by the SaHF Paediatric and Maternity Project Delivery Boards and the SaHF Clinical and Programme Boards.</p> <p>Over 600 mothers planning to have a baby at Ealing have been contacted and each birth has been risk assessed. High risk births will be</p>	

	<p>transferred to a new provider only once there has been a Consultant to Consultant meeting.</p> <p>10.1.3 David Taube asked who the accepting trusts were. Tina Benson replied: Hillingdon; West Middlesex; Imperial and Northwick Park which expected 250 extra births as part of the transition.</p> <p>10.1.4 An emergency gynaecology team remains at Ealing, those patients that present 'out of hours' will be transferred. The projection for births at Northwick Park maternity is 5100 in 2015/16 which includes the Ealing transition figures. If the number of births at Northwick Park were to reach 6000 there would be a need to address the resources available to the department.</p> <p>10.1.5 The Chairman asked how the staff transfer would be organised. Tina Benson replied only 10 staff did not have their 1st preference of transfer and they had all been successful with their 2nd preference. The first tranche of staff will move in 8th June and the 2nd on the 15th June the final major transfer will be 24th June 2015.</p> <p>10.1.6 Paul Stanton confirmed TUPE letters had been despatched on 25th May 2015 and there is a retention package to help with the transfer which had included such things as support for nursery costs, learning accounts for staff and a financial reward at transfer and 6 months later if still in post.</p> <p>The Board</p> <p>Acknowledged</p> <p>The decision of Ealing CCG Governing Body to transition Maternity delivery services away from Ealing hospital, which will be completed on the 1st July 2015 (last unplanned delivery 24th June 2015)</p> <p>The implementation plan.</p> <p>Noted</p> <p>The letter from the Accountable officer of Ealing CCG confirming the above and the projected changes to paediatric in-patient services in June 2016.</p> <p>That the CCG, NHSE and the TDA are assured that all the Trusts in NWL are ready for the transition of services</p> <p>Confirmed</p> <p>The Trust is prepared for the transition bearing in mind the unique position of the Trust as both a 'sender' and 'receiver' of activity in accordance with the letter from the Trust in appendix A.</p>	
	<p>Items for Discussion</p>	
<p>11</p>	<p>Safety, Quality and Performance. Ref 15/05/08</p>	

11.1	Chris Pocklington reported to the Board. In relation to A&E the 'All Types' target of 95% has been maintained at Ealing Hospital site during April 2015 with some improvement noted at Northwick Park Hospital moving from 86.81% March 2015 to 87.03% in April.	
11.1.1	Christopher Pocklington reported a continuing focus on Emergency Department flow and the ward discharge process. There was also a need to address the 'out of hospital' system and the Trust's element of this was the use of community beds.	
11.1.2	Jacqueline Docherty asked what if the arrangements for the transfer of 10 patients to Ealing who otherwise would be seen and discharged at Northwick Park A&E Department. There was also concern at the patient experience of such a move. It was agreed that the process of transfer had to be made more robust to ensure the necessary documentation and detail was transferred with the patient	
11.1.3	David Taube suggested the aim was not to transfer from Northwick Park to Ealing, but work with London Ambulance to divert attendance to straight to Ealing. This was agreed but noted that this would not always be the case.	
11.1.4	Caroline Corby asked if the trajectory for full A&E recovery was being kept too. Jacqueline Docherty advised the Board that the aim now was to go beyond the 90% target and work towards a 95% 4 hour wait for the Trust.	
11.1.5	The Chairman asked why the number of clinics at Northwick Park were planned to be 135 in May and 68 in June. Christopher Pocklington advised that this change reflected issues including planned staff leave.	
11.1.6	The Chairman expressed concern at the low rate of appraisals for the Trust as they were of benefit to both the appraiser and the appraised. He also suggested that the failure to complete appraisal should be subject to some consequence for both appraiser/appraisee. Jacqueline Docherty stated further and faster action was required in this area. It was noted that the appraisal of doctors stood at 85%.	
11.1.7	Jacqueline Docherty asked that the green rating for infection control be amended and that the risk rating in relation to the non-achievement of the mandatory training 75% target be raised.	
11.1.8	It was noted that it was taking 98.4 days to recruit to vacancies and this was excessive and would need to be addressed	
	<p>The Board</p> <p>Noted the Report and the need to address:</p> <p>Low appraisal rates</p> <p>Low rates of Mandatory Training.</p> <p>Period required to recruit to vacant posts</p>	

<p>12</p> <p>12.1</p> <p>12.1.1</p> <p>12.1.2</p> <p>12.1.3</p> <p>12.1.4</p> <p>12.1.5</p>	<p>Director of Finance Report. Ref 15/05/09</p> <p>Simon Crawford presented the paper to the Board on the organisation's financial performance at Month 1 (April). The results show a control total deficit of (£6.9m) which is £0.1m favourable against budget.</p> <p>Although a deficit plan was agreed, the deficit will have a detrimental impact on the Trust's performance ratings.</p> <p>Simon Crawford advised that as discussed at previous Board meetings high agency premiums in medical and nursing covering vacancies and additional nursing acuity costs were the main causes of the deficit.</p> <p>Jeanne Spinks asked when the Board would have a revised workforce total and Simon Crawford advised that a profile would be ready by August 2015. This was thought to be too late by Caroline Corby; Jacqueline Docherty stated work was on-going. The recalibration of staff numbers would reduce staff costs. This would be achieved by improved rostering, better annual leave planning and use of bank and not agency staff.</p> <p>Non pay items were £3.2m overspent largely linked to activity. The CIP requirement for 2014/15 was £26.1m; Savings delivered to the end of March 2015 were £23.3m of which £15.8m were recurrent.</p> <p>Jacqueline Docherty stated the accounts for 2014/15 would have an effect on 2015/16 and therefore there had to be a resolute commitment to hit the new financial targets for the 2015/16 as further slippage was not acceptable.</p> <p>The Board:</p> <p>Noted:</p> <p>The Financial position at Month 1.</p>	
<p>13</p> <p>13.1</p> <p>13.1.1</p>	<p>Merger Programme Senior Responsible Officer Update May 2015. Ref 15/05/10</p> <p>The paper was introduced by Simon Crawford. It gave an update on: The final submission of the Trust annual plan on 14th May; A proposal to establish a Transformation Programme to replace the merger programme and clinical integration programmes, including revised governance arrangements ; An update on the clinical integration programme ; Headlines of the Board workshop on strategic risks held on 29th April; A summary of programme expenditure in 2014/15 and update on progress in setting the 2015/16 budget for post-merger integration and implementation activities; Headlines from the Integration Board meeting of 18th May and an update on changes to the programme risk register and issue log.</p> <p>There was recognition by the Board that clinical integration had not</p>	

<p>13.1.2</p>	<p>progressed at the speed that would have been expected. New management appointees in divisions by June are expected to increase the pace of achievement.</p> <p>The need for a long term vision to give direction and support change for the Trust was agreed necessary by the Board and this supported the plan of the Chief Executive to appoint a Director of Strategy to the executive team.</p> <p>The Board</p> <p>Noted:</p> <p>The contents of this report</p> <p>That the final Trust annual plan was submitted to the TDA on 14th May 2015</p> <p>That final Terms of Reference of the Transformation Board will be submitted to the Trust Board for approval in June</p> <p>Progress and escalation items from the clinical integration programme</p> <p>The headline report and actions from the Board Workshop on strategic risks on 29th April 2015</p> <p>Final non-recurrent merger implementation costs in 2014/15 of £9.1m against a forecast of £12.8m</p> <p>That £5m has been included in the annual planning assumptions for 2015/16 to cover post-merger integration and implementation, including redundancy costs</p> <p>The headline report of decisions and actions from the Integration Board meeting of 18th May</p> <p>That there have been no changes to programme risks and issues since the April report</p> <p>Approved</p> <p>The recommendation from the Integration Board to establish a Transformation Programme to replace the merger benefits programme, clinical integration programme and the transformation programme</p> <p>The disbanding of the Integration Board and the establishment of a Transformation Board and</p> <p>Discussed</p> <p>Any further amendments to incorporate into the Transformation Programme proposal and draft Terms of Reference of the Transformation Board</p> <p>Acknowledged</p>	
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	The contribution of the Integration Board's membership in the successful conclusion of the transaction process	
	Items for Information	
14	Annual Infection Prevention and Control Report. Ref 15/05/11	
14.1	Fiona Coogan introduced the paper. As part of the Health and Social Care Act 2010, Directors of Infection Prevention and Control are required to write an annual report. The report covered both the legacy organisations, Ealing Hospital NHS Trust and North West London Hospitals NHS Trust, between April – September 2014 and the new Trust from October 2014 – March 2015.	
14.1.1	The new Trust wide annual infection prevention and control work plan 2015/16 which set out the objectives for both the acute and community was presented as an attachment to the report. The Board: Noted The annual report which included mandatory surveillance data, infection control activity during the year and the structure and governance arrangements.	
15	Approved Sub Committee Minutes	
15.1	Finance Investment and Estates Committee Minutes of the meeting held on 23rd March 2015 The Board Noted the Minutes	
15.2	Clinical Performance & Patient Experience Committee Meeting held on 10th April 2015 The Board Noted the Minutes	
15	AOB	
13.1	The Chairman observed that this was Carole Flowers last Board before her retirement; he wished her well for the future.	
13.1.1	Jacqueline Docherty added that due to a restructure of the Board Kevin Connelly, Christopher Blake, Tina Benson and Yvonne Leese will no longer be regular attendees of future Board meetings; she thanked them	

13.2	for their previous attendance and commitment. The Chairman advised that Safeguarding Training for executives and non-executives would follow after the Board.	
16 16.1	Questions from the Public One member of the public advised the Board of excellent care recently received at the Northwick Park A&E Department. The Chairman thanked them for their comment.	
	Date and time of next meeting Wednesday, 24th June 2015 at 10.45am, Postgraduate Lecture Theatre, Level 3, Ealing Hospital	

Approved as a true and correct record.
Signed ----- Peter Worthington, Chairman
Date: