Minutes of the Board of Directors meeting held on

May 20th 2014

Seminar Room 1, Kingston Hospital Surgical Centre, Kingston Hospital NHS Trust

Present voting:
- Sian Bates, Chairman
- Joan Mulcahy, Non-Executive Director
- Martin Grazier, Non-Executive Director
- Chris Streather, Non-Executive Director
- Kate Grimes, Chief Executive
- Rachel Benton, Director of Strategic Development
- Simon Milligan, Director of Finance and Information
- Sarah Tedford, Deputy Chief Executive
- Duncan Burton, Director of Nursing and Patient Experience

Present non-voting:
- Nicola Hunt, Productivity Director
- Cheryl Samuels, Acting Director of Workforce
- Deborah Lawrenson, Company Secretary & Head of Corporate Affairs

Apologies:
Apologies were received from Jacqui Unsworth, Candace Imison, Michael Jennings, Jane Wilson and Chris Streather who joined the meeting at the end.

Members of staff in attendance:
- Fergus Keegan, Deputy Director of Nursing

Governors:
- Bob Firman
- Kate Fitzsimmons
- Dennis Doe
- Nicki Urquhart
- Oana Predescu
- Alison Tuck

Members of the public:
None

Board Training Session – There was no Board training session this month.

<table>
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<th>Details</th>
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<tr>
<td>1. The Chairman welcomed members of staff and governors in attendance.</td>
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<td>2. Apologies for absence</td>
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<tr>
<td>2.1 Apologies were received from Jacqui Unsworth, Michael Jennings, Jane Wilson, Candace Imison and Chris Streather. It was noted that these were due to the fact the meeting had to be brought forward.</td>
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3. **Declarations of interest**

3.1 There were no declarations of interest

4. **Minutes**

4.1 The minutes of the meeting held in March 2014 were approved.

5. **Matters arising - action log**

5.1 Progress updates against actions were noted. It was agreed that the first item should be marked as green 'on track' and that item 3.6 should read 'had attended the staff feedback meeting'.

6. **Chairman’s Report**

6.1 The Chairman outlined key meetings she had attended since the last meeting:

- Meetings with stakeholders
  - Richmond CCG team with the CEO
  - ‘Your Healthcare’ with the Director of Nursing
  - Hounslow Community Health Trust with the CEO
    - SWL Strategy event on collaborative commissioning

- Council of Governors related meetings
  - Trust Health Talk on Modern Nursing, also attended by a number of governors
  - Trust Nursing and Midwifery Conference attended by the Chief Nurse of England who had given a speech and presented nursing awards. The Chairman congratulated the team for the excellent organisation of what had been an inspirational event focussed on quality and sharing of learning
  - One to one meetings with governors Oana Predescu and Kim Caddy and meetings with the Lead Governor Frances Kitson

The Chairman thanked Governors Frances Kitson and Dennis Doe for their attendance at the Trust Health Talk on Diabetes.

- Other meetings
  - Visit to Raynes Park Health Centre with Non-Executive Director Martin Grazier with regard to the Nelson bid
  - Meeting with the A & E Matron Mike Walker
  - Meeting with Jill Wilson, Improvement Lead who had shadowed a selection of patients as part of her improvement role in support of the productive theatres programme.

The Chairman noted that

- all appraisals for Non-Executive Directors had taken place and been presented to the Nominations and Remuneration Committee who she thanked for their support in the process the outcome of which would be
presented to the June 2014 Council of Governors meeting
- the fashion show, fundraiser for dementia support services had been a tremendous success with members of the board, staff and GP partners participating as models in an event which raised £1,200
- she and the CEO had judged the Easter bonnet and Easter garden competition at the Trust nursery
- she and the CEO had participated in a number of successful consultant interview panels.

7. **Chief Executive's Report**

7.1 The Chief Executive commended her report to the Board and updates were provided on the following items:

- **SWL Strategy** - RB reminded Board members that the first draft of the strategy had been discussed at the April Board Development forum and the document focussed on delivery of the London Quality Standards (LQS). She noted that the second iteration was expected that week and confirmed that she had spoken to commissioners and Twenty Twenty to ensure accurate Trust data is being used and to ensure the Trust understands their assumptions in order for these to be reflected in the Trusts Annual Plan submission to Monitor.

- **Pathology partnership** - NH provided an update on progress with the partnership noting that it had begun as planned on April 3rd 2014, the Trusts cervical cytology service had moved and was working well and arrangements were progressing to recruit an independent chair.

- **CQC report** - DB informed the Board the final report following the February 2014 CQC visit had been received and confirmed the Trust as fully compliant. It was noted that additionally the Trust had been commended for its work on dementia as part of the visit.

- **Staff engagement** - It was noted that the Trust had been included as one of eight trusts featured as part of a case study on how to improve engagement in the NHS.

- **Estates strategy** - ST confirmed work was progressing well to develop plans to implement the estates programme and to carry out backlog maintenance work.

- **Open Day** - It was noted plans were progressing well for the June 14th Trust Open Day which would provide the public with a range of opportunities to see behind the scenes at the Trust and to learn about its work and to meet with staff.

- **Operational and communications updates** - were noted

- **Trust Seal** - Use of the Trust Seal, since the last Board meeting, as outlined in the paper, was noted.
### QUALITY AND PERFORMANCE

#### 8. Patient Story

8.1 DB reminded the Board why patient stories were received at the Board to connect the Board with front line activity and the experiences of patients and staff.

8.2 ST read a poem which had been written by one of the Trust's nurses about her role and motivation.

8.3 DB read out the awards given out to nurses at the Annual Nursing Conference. It was noted that as with the monthly awards, these were linked to the Trust values with an additional award given out for 'courage'. The awards were presented by the Chief Nurse for England.

8.4 Board members commended the event which had been an opportunity to celebrate excellence and share best practice.

**Action 8.5** MG asked if the nominations could be profiled on the screens across the hospital which was agreed and it was confirmed publicity was planned.

#### 9. Clinical Quality Report

9.1 It was noted that due to the Board meeting having been brought forward by a week, the usual exception reports had not been provided as the latest data had not been available until a few days prior to the Board meeting. DB talked through areas of concern with regard to quality:

- **Performance on pressure ulcers** - had worsened, with three grade two pressure ulcer reported, two related to ulcers on ears due to irritation from oxygen tubing. He noted new foam protectors are being introduced. The third related to incorrect plaster casting, which was being treated as a serious incident.
- **Falls performance** - whilst red was improving and numbers had reduced. It was noted two members of staff would be attending an NHS Quest conference on addressing falls to identify if further improvements could be introduced at the Trust.

#### 10. Corporate Performance Report

10.1 ST outlined summary of achievements and detailed performance. [See slides for detail]

10.2 ST informed the Board there had been some issues around choose and book together with capacity issues particularly around the bank holiday weekends. A & E performance had dipped in month but was back on track and whilst VTE performance was below the required level it was improving. She drew attention to cancer targets noting that in the last quarter these had not been achieved for breast symptomatic and 62 day wait for treatment. She confirmed a locum had been put in place to support these areas and she expected issues to be addressed though the targets were likely to be missed in Q1.
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<td>10.3</td>
<td>DB noted there had been an improvement with complaints response times and the results for the Friends and Family test remained static, an issue which would be discussed under the inpatient survey agenda item.</td>
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<td>10.4</td>
<td>ST confirmed that overall performance was not at the required level and action was being taken to address this and to support the service lines in maintaining strong performance going forward. This included provision of 'intensive support' where required. Some adjustments had been made to phasing of activity and weekly meetings were taking place to ensure activity issues can be proactively addressed. With regard to waiting lists these were running at 93.94% with the main issues being in general surgery and plastics surgery. She confirmed she expected most patients involved to be cleared by the end of June and within 18 weeks.</td>
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<td>10.5</td>
<td>Monitor Governance Risk Rating - ST explained that given the performance in Q4 having failed cancer target and C.diff the Trust had a score of 3. It was likely cancer targets would be missed in Q1 which would be two consecutive quarters. She explained that in determining the risk rating Monitor would look at this from a range of perspectives such as whether the issue had been reported in three consecutive quarters or if a score of 4 took place in any one quarter this may indicate cause for concern. It was confirmed there should be no cause for concern at that stage.</td>
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<td>10.5.1</td>
<td>JMc noted that 8 out of the 10 cancer breaches had been due to patient choice and asked if discussions were taking place with GP colleagues to address these issues given the negative impact on the Trusts position. ST confirmed these issues were under regular discussion with GPs.</td>
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<td>10.6</td>
<td>Vacancies, turnover and sickness - ST talked through vacancy rates by staff group, reminding the Board that staffing levels had been increased in a number of areas through the budget setting process. It was confirmed work was underway on recruitment and the plan for this was outlined. DB added that a key focus was around the recruitment of band 5 nurses and Health Care Assistants (HCAs). To support this the Trust had a recruitment day planned for June 20th for newly qualified nurses to start in the autumn, work was underway with job centres and through charitable schemes to encourage people into the HCA roles and the Trust is looking at options for overseas recruitment as well as reviewing the approach to advertising and shortening the recruitment timeframes to support managers to recruit more rapidly.</td>
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<td>10.7</td>
<td>Finances - SM outlined the financial position for Month 1 in which there had been a variance of £100 k against plan. He noted that had budget phasing not been introduced this figure would have been closer to £500 k. He talked through divisional performance noting more work was required in terms of phasing of budgets against planned activity. He noted there had been an unexpected cost related to SWLEOC which was being investigated. He confirmed areas which were overspent would receive support to ensure recovery plans are put into place.</td>
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<td>10.8</td>
<td>Continuity of Services Risk Rating (COSRR) - SM noted that overall the current COSRR stood at 2.5 rounded up to 3 and confirmed the Trust was planning for this level to be maintained at the end of each quarter. He added that further to the update on finances, 11 service lines were currently in need to additional support to ensure sufficient grip on budgets.</td>
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<td>10.9</td>
<td>CIP performance - NH noted there had been prudent phasing across the 12 months of the year which were not reflected in budgets. She confirmed the variance against plan in month 1 was 93% achieved. There had been some under delivering schemes in month which were being addressed but that income growth schemes had delivered in month which was positive. It was noted the Commercial and Productivity Group had met and identified high risk schemes requiring constant monitoring and that where schemes were not delivering this would be addressed in service line performance meetings.</td>
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<td>10.10</td>
<td>The Chairman (SB) noted that it had been a disappointing start to the year in terms of overall performance. She asked for assurance that actions being taken were sufficient to bring the position back in line. ST stressed that the Trust had a strong history on performance and actions being taken would address the issues which were not a recurrent theme. SB added that recruitment issues were a common issue across the whole of the south of England with many trusts having to look to recruit overseas. She suggested more rigour was needed around having a strong retention plan in place as the vacancy and turnover rate was still too high. The Chief Executive agreed, noting that recruiting sufficient staff was core to the effectiveness of the retention strategy.</td>
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<td>10.11</td>
<td>The Chief Executive (KG) noted that length of stay had risen in April which probably had a correlation with the failure to deliver the A &amp; E target and suggested this was monitored on a weekly basis. ST confirmed this was in place with daily meetings taking place. KG suggested an eye be kept on progress with income, were it to be split in 12 equal months, as well as phased to give a feel for the risk the Trust was exposed to, as a number of key CIP schemes were back ended to the end the year noting that every month a service line did not achieve an equal 12th of its CIP plan the harder achievement of it at the end of the year would be. She stressed the importance of starting schemes as early in the year as possible and that existing staff or locums should be used where there were issues with recruitment. NH confirmed these issues were being picked up in planning meetings with the service lines.</td>
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<td>10.12</td>
<td>MG noted with regard to improving flow through the hospital if there was a specific CIP programme in place to address this issue. ST confirmed there is a detailed programme of work on patient flow in place though this was not a CIP programme. MG asked if other Trusts in and around London were raising their game in advertising and their ‘offer’ in terms of recruitment. He noted that there was a poster by the bus stop outside of the hospital advertising the benefits of working in Bromley and asked what the Trust was doing to advertise in other ways. DB confirmed the Trust was meeting with its recruitment consultants to look at a range of initiatives including advertising on buses.</td>
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<td>10.13</td>
<td>JMc asked if other Trusts were offering higher salaries. DB explained that all trusts were bound by Agenda for Change rules but the Trust was looking at bank rates to ensure they are as competitive as possible. CS explained that a number of local Trusts were looking to recruit in Spain and Portugal but the biggest issue was around retention of these staff as they often want to return home.</td>
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<td>10.14</td>
<td>The Chairman commended the excellent cameo films from staff about the benefits of working at Kingston which had been shown at the Nursing Conference, and asked if they could be used as part of the recruitment drive. DB confirmed this had been the intention when filming took place and this was being taken forward.</td>
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10.15 In summary the Chairman welcomed the strengthening of performance management and additional support being provided to the service lines. She asked that the Finance and Investment Committee keep a focus on pressures around income flows and report back to the Board. **Note for July Board**

She also welcomed the focus on recruitment and asked for an update on this to be brought back to the Board. **Note for July Board**

She noted the financial position and the update provided on CIPs commending good early progress with income generation schemes. RB cautioned against over optimism with income generation CIPs as the sums to date were small and they would need to remain under strong focus.

11. **Month 12 Finance Report**

11.1 SM talked through Month 12 confirming that a surplus of £2.2m was achieved at year end however this had required higher use of contingency than planned. He noted the Trust had agreed its contract position for 2014/15 in February 2014 and this had been formally received at the end of March. He informed the Board that 95% of the planned CIP programme was achieved which had been positive though this was becoming more challenging year on year. He confirmed there had been a drive to bring in outstanding debt which had left the Trust with a cash position of £9m at the end of the month. He confirmed the COSRR of 3 was maintained at the end of the financial year as planned.

11.2 JMc noted that although there had been some overspends the month of April 2014 appeared stronger in comparison to the position in January and February. SM confirmed that this had been supported by the detailed budget setting process which had taken place at service line level to ensure that pay budgets were in a more robust position at the start of the new financial year.

11.3 The Chairman noted she had expected a better performance in terms of payment of both NHS and non NHS invoices following what had been a detailed discussion at FIC on this issue. SM explained the position was average for the year and the trend in month was more positive. He added that the latest position would be reported at each FIC meeting.

12. **Nursing Establishment Update**

12.1 DB reminded the Board that given the national interest around nursing establishments this was the third update received by the Board in the last four board meetings, which highlighted strengthened governance around this issue. He informed the Board that a Safer Staff Group had been established reporting into Clinical Quality Improvement Committee to oversee the safe staffing requirements and the e-rostering project. It was noted DB had taken over executive leadership for e-rostering. He explained that the sister and charge nurse development programmes had ended and they were now looking at requirements for the next phase, the band 6 programme is nearly complete and an aspiring sisters programme would begin in July 2014 and support for team development in nursing had been commissioned to drive greater level of improvement and to aid retention of staff. He added that the plan for supporting newly qualified nurses was being put in place and further work was planned on the induction programme.
12.2 It was noted that considerable professional scrutiny had been applied through the budget setting process with regard to nurse staffing requirements and a pooled budget created and held by the Deputy Director of Nursing (Emergency Services) for ‘specials’. Additional HCAs had been allocated to Care of the Elderly wards in the day time, which had been positively received and the nursing establishment increased in A & E with recruitment to posts underway. Where beds have been increased the nursing establishment has increased.

12.3 It was noted there had been national discussion about the benefits of a 1:8 ratio, draft guidance from NICE was expected in July for nurses and in January for midwifery services however it was not anticipated these would include a mandate for 1:8. He explained that another key area of focus was around planned levels versus actual staffing levels, and going forward information would be collected in hours with data due to be published on June 26th on the NHS Choices website. He noted that the Trust would need to do some retrospective collection of data. It was confirmed most screens were up and running on wards and would be showing the new data by the 31st May deadline. The information provided will also include a uniform guide and detail on ward leaders.

12.4 It was confirmed a further update on nursing establishment would be brought to the July Board. **Note for forward plan**

12.5 The Chairman welcomed the updates provided, and planned staff reviews which would support staff in feeling 'listened to' and commended the innovative and holistic approaches being developed. She also looked forward to hearing the outcome of the HCA reviews in the next report to the Board.

12.6 The Board noted progress made and changes made to Nursing Establishment.

13. **In-patient experience survey and patient experience action plan**

13.1 DB reminded the Board that the national in-patient survey related to information taken on patients in July 2013, and therefore any changes made for the last survey may not be reflected. He noted there were 8 areas where the scores had deteriorated for the Trust with main themes being around quality of food, perception of staffing by patients and waiting times. He outlined the action plan in place confirming constructive discussions had taken place with ward sisters and work was underway to look at top performing trusts for FFT to ascertain how they conduct their surveys.

13.2 JMc asked if action plans put in place had been effective. DB explained that with regard to discharge planning further work was needed to improve embedding.

13.3 MG asked if the survey results mapped onto FFT. DB confirmed that it did. MG asked why there were no scores in the green boxes (top 20%) and asked if this was because of the demographics of the population served by the Trust or if other Trusts were collecting data in a different way or better at it. DB explained it was multi-faceted, but that following benchmarking it was clear there were issues which came up at Kingston which didn't necessarily come up elsewhere such as quality of food. He noted that a high percentage of patients rate the Trust in the 'likely' category and therefore the focus would be on what is is that stops them from choosing 'very likely'. The Chief Executive added that there was geographical variation with Trusts in London always getting lower scores which
was probably due to demographics of the patient population.

13.4 MG asked if data could be collated through the dining companions programme. It was noted that feedback was captured and gave insight into issues which were acted upon noting that ice cream freezers had been introduced to wards following feedback received that patients wanted to have ready access to ice cream.

13.5 The Chairman noted that she would be interested to see the plans for improving FFT scores. DB explained that the Quality Assurance Committee would be receiving a deep dive on nutrition and the Governor Quality Scrutiny Committee would link into that through commissioning of focussed work from them.

13.6 MG asked how the Trust compares with its main competitors on the inpatient survey. DB explained that the CQC advised against comparison on the inpatient survey score but this was possible for FFT.

14. Quality Account

14.1 The draft Quality Account was received following discussion at Audit Committee. It was noted some changes had been requested and the reports from external partners were outstanding and would be chased up that day. DB asked the Board to look at performance against the previous year’s priorities which showed partial achievement in some areas. He asked for approval for the Chairman and Chief Executive to approve the final document outside of the Board meeting to meet the Monitor deadline of May 30th and proposed that the Quality Report required by June 30th by the Department of Health should be the same document.

14.2 JMc informed the Board that the auditors would be verifying some of the information prior to submission and this and the Annual Report and Accounts would be reviewed again at the special Audit Committee the following week in advance of submission.

14.3 The Chief Executive (KG) asked if the KPI’s for 2014/15 had been looked at in detail and how this had happened. DB confirmed the targets had been discussed with a number of key individuals but had not gone through a formal committee discussion [although the priorities had]. He noted some were linked to the corporate objectives which had already been agreed by the Board. KG asked for further detail about indicator 8. DB explained that the Trust was surveying carers alongside FFT and responses would be aligned with that to see if it would be put the Trust in the top 20%. He stressed the difficulty with some of the objectives was that they did not have numerical [targets]. KG asked if he knew current scores. DB confirmed they existed but he would have to come back to her with that detail. KG suggested finding a way of demonstrating improvement in year by setting a baseline in April and indicating the need for example to see an improvement of 10% as this would better demonstrate improvement.

Action 14.4 Action it was agreed the measures for the Quality Account would be reviewed DB

14.5 MG asked with regard to priority two on c.difficile, why the threshold had risen from 15 to 24 for the new financial year. DB explained the national process had been changed to re-set the targets more realistically, based on the previous year’s performance. The Chief Executive noted the Trusts’ performance was below the national average at 22 which was the number of cases in the 2013/14
financial year however agreed this could be more clearly presented. **Action DB to explain this more clearly in the narrative for the indicators.**

| 14.6 | The Board approved the Quality Account subject to inclusion of changes required and gave delegated approved for the Chairman and Chief Executive to sign off the final version of the document and the declaration of responsibilities. |
| **STRATEGY, POLICY AND IMPLEMENTATION** |
| **15. Dementia Strategy update** |
| **15.1** | DB provided an update on progress with implementation of the Dementia Strategy which was approved by the Board in January 2014. He informed the Board that the formal launch would take place on 20th of June, attended by Vince Cable MP. He noted that the Trust had entered the dementia work for an HSJ award and had been shortlisted the outcome of which would be known in July. He reminded the Board that CQC had commended the Trusts work on dementia during their inspection in February. He talked through the role of Board and Council of Governor Dementia champions. It was agreed the Chairman would be the Board's Dementia Champion and that the Council of Governors would be asked to identify its champion at its next meeting. Note for forward plan for COG. |
| **15.2** | DB informed the Board that a bid had gone forward for a Darzi fellow to work with the Trust from September, to undertake the project to develop the dementia hub and improve the experience of carers. He added that considerable work was also underway with the volunteers to support the Trusts dementia work and the Trust was awaiting the outcome of its bid to NESTA to support that work. He noted that a day room had been identified and the dementia activity project was underway and going well. |
| **15.3** | JMc noted that the ‘forget me not’ identification scheme was very much in evidence on wards which she commended. |
| **15.4** | The Chairman welcomed the update provided and commended the presentation style of the report and the progress being made. |
| **16. IM& T update** |
| [Kevin Fitzgerald joined the meeting] |
| **16.1** | ST provided an update on progress with implementing CRS. She explained that the Trust was in the process of rolling out clinical documentation and e-prescribing using learning from the pilot areas to inform the approach stressing the importance of strong local leadership. With regard to re-procuring CRS she reminded the Board the aim was to move to the new service in 2015, following approval of the business case in March 2014. She noted the Trust would move to a new picture archiving system in July 2014 and work was underway for outreach sites on connectivity requirements and work was progressing around the wireless network, introduction of IPADs and workstations on wheels. She added that the Trust was working with SWL pathology requirements and infrastructure work on upgrading windows 7 across the Trust was almost complete. She confirmed that good progress was being made overall towards the electronic patient record and |
a lot of information was now available as clinical documentation is rolled out.

16.2 KF informed the Board that the Trust was working through the Whole Systems Transformation Board on initiatives to improve sharing of information with other care settings including primary and social care.

16.3 The Chairman noted that a presentation on roll out of CRS in A & E had been well received at the Complaints Committee. The committee had been assured that there was no problem in maintaining eye contact with patients whilst using the technology.

16.4 The Chairman asked what the key risks were to the successful roll out of CRS. KF explained that key risks were around recruitment and retention of key staff with technical skills and knowledge. He noted that the Trust needed to give these staff development opportunities to help them to develop their careers whilst retaining them. He added that there was challenge between keeping on top of CRS roll out and the day job as well as to working with partners and responding to the increasing number of systems being used across the health and social care economies. ST added that they were working through the IM&T Steering Committee to ensure benefits were realised and felt across the Trust.

16.5 JMc asked how the check in kiosks were working across the Trust. KF confirmed that following early adopter issues, they were working well in physiotherapy and were being rolled out across inpatients and usage was increasing, good progress was being made but there was more work to do to embed them across the Trust. NH noted on a particular day in physiotherapy data had shown that 88% of patients checked in using the kiosk and other areas not far behind that.

16.6 RB asked what was being done to make wireless more available to staff, patients and visitors. KF explained the Trust had won a bid for IPADs for nurses on wards from NHS England which would further enhance the IPADs already in place to enable collation of information. He confirmed a proposal for public wifi would go to Executive Management Committee (EMC) shortly. RB asked how quickly it could be implemented if approved and KF confirmed this would be within three months. SB asked what RB’s concerns were with this issue. RB explained that the Trust was lagging behind other organisations on this issue and it would make a significant difference to staff and patients when it becomes available. JMc stressed the importance of information security, She agreed wireless was needed but it needed to be properly planned to ensure that security was in place. It was confirmed the proposal would go to EMC within a month. **ST to update the Board in July. Note for forward plans for both Board and EMC.**

GOVERNANCE AND ASSURANCE

17. Q4 Submission to Monitor

17.1 Noted

18. Annual report and accounts

18.1 SM reminded the Board that having become an FT one month into the financial year the Trust had to produce one month set of accounts and one for 11 months for the remainder of the year as well as two governance statements. He confirmed
the accounts had been reviewed in detail by himself and then by Non-Executive Directors Michael Jennings (Chair of FIC) and Joan Mulcahy (Chair of the Audit Committee) before being received and discussed, alongside the Annual Report, the ISA statements, the annual governance statements and the letters of representation at the Audit Committee. He noted that there would be further updates made to the documents following that meeting, a further review by the Chief Executive and an extraordinary Audit Committee meeting the following week before final submission to external auditors Grant Thornton and submission to Monitor before the end of the month.

18.2 JMc noted the Audit Committee had asked for a timeline to be produced for steps needed to finalise the process for submission.

18.3 The Board approved delegation to the Chairman and Chief Executive or their nominated deputies, to agree and sign off final documents.

18.4 SB thanked all the teams involved in the production of the Annual Report and Accounts (Finance, Nursing, Corporate Affairs and Communications)

19. **Budgets**

19.1 SM talked through the latest position on budgets for 2014/15 and the process for sign off of budgets. He noted there had been very little change in the I & E plan, the base level of capital expenditure remained the same but work was taking place to profile the spend associated with the Estates Strategy. He noted that the planned CIP was £9.7 m but he expected to bring that down to £9.2 m, noting the split between income generation schemes and cost savings schemes. In terms of overall budgets he noted slight movements made since the Board's last discussion and noted grouping of budgets by service line and outlined CIP targets. He reminded the Board that the capital programme had been reduced to £12.8 m and was contingent on the FFT accepting the Trust's bid for a loan.

19.2 The Chief Executive (KG) asked if all service lines had signed off their budgets, SM confirmed all but two had done so explained that he expected this to take place the following day for T & O and sign off for pathology had been complicated by the creation of SWL Pathology but he expected sign off to take place shortly. and would be resolved shortly. KG asked for a deadline to be set for June 2nd for escalation to herself if any budgets remained outstanding. Action SM if required.

**Action 19.3** The budget paper was approved subject to amending an error on page 5 where it should refer to pounds in 'k' rather than 'm'. **Action**

20. **Board Assurance Framework (BAF)**

20.1 SM explained that further work had taken place to develop the BAF using the new approach, linked to strategic and corporate objectives. It had been discussed at the May 19th Compliance and Risk Committee which agreed to recommend to the Audit Committee that further work should take place on evidence and milestones before it is presented to the Board. It was therefore agreed at the Audit Committee that this should take place with an updated version reviewed at the June Finance Investment Committee/mini Audit Committee before presentation at the July 2014 Board.
20.2 The Chairman added that, having attended the CRC meeting, it was clear that stronger milestones were needed to give the Board assurance objectives were on track, but the system was improved and would bring good benefits [in terms of assurance that strategic and corporate objectives are on track and risks to achieving them identified and mitigated].


21.1 DB presented the Infection Prevention and Control Annual Report for approval. He noted new and emerging threats from carbapenemase-producing enterobacteria which was an area where there was national concern this could become an issue for all trusts. He confirmed a toolkit had been issued and the Trust had gone through this and were responding as required. He confirmed there had been some cases of this at the Trust.

The Infection Prevention and Control Annual report was noted.

22. Board Development Plan

22.1 The Chairman commended the annual board development plan to the board for approval noting the key areas of focus.

The Board Development Plan was approved

23. Board Forward Plan

23.1 The Board Forward Plan was noted and no changes were made.

24. QUESTIONS FROM THE PUBLIC

24.1 • Governor Dennis Doe asked if there was any learning from the Hinchingbrooke issues raised in the press. The Chief Executive explained that she had discussed the issues with their Chief Executive and noted the introduction of SLM at Kingston which brought with it increased ownership by senior clinicians.

• DD asked if this also covered procurement contracts. KG suggested she was not aware of issues pertaining to that but SM added that procurement was receiving a lot of attention nationally in the NHS in terms of strengthening processes and the Trust had a designated NED lead for this, in Martin Grazier.

• Governor Oana Predescu asked for clarification on the difference between accredited and non-accredited service lines. NH explained that robust governance arrangements had been put in place and that to become an accredited service line (with more freedom to manage locally) certain thresholds had to be met.

• OP asked if the evidence presented needed to be for a specific number of past months. NH explained this would vary by service line in terms of what needed to be presented and across what time frame.
- Governor Frances Kitson asked if there was a financial penalty for BT to pay with regard to the delays with the CRS programme. The Chief Executive explained that it was covered by a national contract with any penalties negotiated at national level, of which the Trust had no visibility. She confirmed that the new contract would be locally managed by the Trust.

- FK asked why it was difficult to recruit nurses. DB explained that the nurses available from Universities had changed from twice a year to once a year and therefore there wasn’t as steady a flow as previously. The Chief Executive added that this was an issue discussed at LETB and there were varied views about the reasons. The Chairman added that she had discussed this issue with the Chief Nurse when she attended the Trusts annual nursing conference and she had indicated that numbers had been increased but did not reflect all forecasting requirements of moving more care into the community which was having an impact on numbers available.

- Governor Nicki Urquhart asked if CCGs were offering reasons why referrals to hospital were increasing when they were supposed to be taking pressure off A & E services. The Chairman explained that there had been a change in commissioning as a result of the Better Care Fund and there were initiatives in place to work together to determine what is required. The Chief Executive added that there had been some reduction in the numbers of patients coming through A & E however it was noted that those coming into hospital tended to be sicker.

Action 24.2

OP asked with regard to performance figures if this could be presented more clearly as the general public would not understand capturing of information in terms of numbers of falls by ‘bed days’ she asked for absolute numbers to be provided. It was agreed this would be reflected more clearly in future reports. Action DB

FK asked if in future the number of complaints received could be included in the performance reports. The Chief Executive confirmed it was around 40 per month but this would be made clearer in future reports. Action ST

25. Reports from Board Sub Committees

25.1 Audit Committee

The report was noted. JMc informed the Board that at the Audit Committee immediately preceding the meeting
- Detailed discussion had taken place around the Annual Report and Accounts and associated documents. She noted that the Internal Auditors had given the Trust substantial assurance in their Head of Internal Audit Opinion.
- With regard to the Internal Audit plan for the year 2013/14 she confirmed this had been completed and there were 12 outstanding actions which were being monitored most of which were due to estates work and were being picked up through the detailed estates programme.
- Overall control had been good across the year
- Four internal audit reports were received at the meeting, one of which – e-rostering had received limited assurance

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<td>25.2</td>
<td>Quality Assurance Committee report</td>
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<td>Finance Investment Committee report</td>
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<td><strong>26.</strong></td>
<td><strong>Any other business</strong></td>
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Signed Sian Bates, Chairman

Date………………………………………………