

Minutes of the Board of Directors meeting held on

January 29th 2014

Seminar Room 2, Kingston Hospital Surgical Centre, Kingston Hospital NHS Trust

Present voting:		
Sian Bates	Chairman	SB
Candace Imison	Deputy Chairman – Non Executive Director	CI
Michael Jennings	Senior Independent Director – Non Executive Director	MJ
Adrian Clark	Non-Executive Director from item 10	AC
Jacqueline Unsworth	Non-Executive Director	JU
Joan Mulcahy	Non-Executive Director	JM
Kate Grimes	Chief Executive	KG
Simon Milligan	Director of Finance and Information	SM
Sarah Tedford	Deputy Chief Executive	ST
Jane Wilson	Medical Director	JW
Duncan Burton	Director of Nursing and Patient Experience	DB
Present non-voting:		
Rachel Benton	Director of Strategic Development	RB
Nicola Hunt	Productivity Director	NH
David Grantham	Director of Workforce and Organisational Development	DG
Deborah Lawrenson	Company Secretary & Head of Corporate Affairs	DL
Apologies:		
Apologies were received from Adrian Clark for the start of the meetings he joined for item 10		
Members of staff in attendance:		
Martin Grazier	Non-Executive Director designate	MG
Lucy Carter	Assistant Company Secretary	LC
Angela Clarke	Deputy Director of Strategic Development	AC
Lisa Ward	Head of Communications	LW
Laura Shalev-Greene	Volunteering Project Manager present until item 20	L
Reinette Nell	Patient Experience Manager	R
Governors:		
Bob Firman		BF
Marilyn Frampton left at item 17		MF
Kate Fitzsimmons from item 10		KF
Frances Kitson		FK
Alison Tuck		AT
Members of the public:		
Erica Farmer	Member	EF
Laura Jackson	Kingston CCG until item 14	LJ
Board Training Session - The Board received statutory training on Bullying and Harassment		
	Details	Actions
1.	The Chairman welcomed members of the public to the meeting. She also welcomed Martin Grazier Non-Executive Director designate.	

2.	Apologies for absence	
2.1	Apologies were received from Adrian Clark who would be arriving mid-way through the meeting.	
3.	Declarations of interest	
3.1	There were no declarations of interest.	
4.	Minutes	
4.1	The minutes from the meeting held in November 2013 were agreed as an accurate record.	
5.	Matters arising - action log	
5.1	It was agreed that the actions from the meeting held in November 2013 were closed.	
6.	Chairman's Report	
6.1	<p>The following updates were given:</p> <ul style="list-style-type: none"> • Thanks from the Board were noted to Non- Executive Director, to Adrian Clark and Director of HR and OD David Grantham, for their contribution as this was their last formal Board meeting. • Thanks were conveyed to the Governors on the appointment of two new Non-Executive Directors, Martin Grazier and Dr Chris Streather who formally start their roles on February 1st 2014. • It was announced that with the addition of one Non-Executive Director role, Rachel Benton, Director of Strategic Development, would become a voting Executive Director from the 1st of February. <p>The Chairman had:</p> <ul style="list-style-type: none"> • Lunch with a group of trainee nurses who had given positive feedback on their experience in the Trust to date. • Attended MSC to give her early perceptions of the Hospital to the consultant body • Chaired a panel to recruit a consultant ophthalmologist with an appointment made from a very strong field. • Visited oral services and had been impressed with planning underway, engagement with service line management and the teams entrepreneurial spirit. The team had commended the support received from the finance team in developing their service line. • Attended Richmond HealthWatch where the main topic of discussion was on primary care service and interface with the acute sector. • Attended with Lead Governor Frances Kitson and governor Bob Firman the Trust health talk on tinnitus which had been excellent with a very engaged Q & A session • Met with Vince Cable MP with the Chief Executive and he had agreed to launch the Trust's Dementia Strategy 	
7.	Chief Executive's Report	
7.1	The Chief Executive drew attention to the following updates:	

7.2	<u>Better Care Fund</u> – the Trust has been working with Richmond and Kingston CCGs. There is the possibility of quite radical change in Kingston and a draft plan was going to the Health and Wellbeing board. ST added that Richmond was at a similar stage in their planning.	
7.3	<u>Monitor annual planning guidance</u> has been issued - RB explained the changes in process, timetable and submission requirements. She confirmed the Executive had begun work to refresh the five year plan and further discussion on this would take place at the February Board Development Day.	
7.4	<u>CQC 3 year survey on experiences in maternity care</u> it was noted that the Trust had once again emerged top in the survey for maternity services in London and in the top 20 nationally. The leadership team in maternity were commended for their continuing strong performance.	
7.5	<u>Budget setting and savings plans for 2014/15</u> - it was noted that the Trust would need to find savings of 7% in each department which would be a particular challenge in some areas. It was confirmed detailed discussion on progress would take place at the February development forum	
7.6	<u>Use of the seal</u> – the Board noted use of the Seal in respect of the settlement deed for office space in Hannover House.	
7.7	<u>Service Line Accreditation</u> – the Board noted that Maternity services had been accredited as the Trusts first service line for which the team were congratulated.	
7.8	<u>Winter planning</u> - ST outlined plans in place for managing winter pressures and informed the Board that staff were coping extremely well in ensuring patients were being cared for in appropriate settings. She noted that whilst attendance in A & E was slightly reduced the acuity of patients coming through had been higher. Escalation beds had been put into place. KG noted the positive attitude shown by staff which was to be commended. ST added that staff were appreciative of visits taking place from members of the Board through the walkabout programme	
7.8.1	BF asked if the fact it had not been particularly cold had an impact on the numbers attending A & E and ST suggested it had not had a significant impact.	
7.8.2	MJ asked if there had been an impact on delayed discharges and if there had been a change in terms of length of stay. ST explained that weekly meetings were in place to discuss all patients in hospital over 10 days. She confirmed that commissioning colleagues and others had worked hard to support improvements in discharge. SB noted that a selection of anonymised case studies had been discussed at the Whole Systems Transformation Board, which she chaired, and these had enabled the discussions to shift in terms of greater acknowledgement of the difficulties staff have.	
7.8.3	CI added congratulations to the staff in managing pressures through	

7.8.4	<p>the winter and asked for the Board's thanks to be conveyed to them.</p> <p>CI asked for the Board to be provided with figures on long stay patients and for a full exposition on the implications of the Better Care Fund for the Trust to be provided.</p>	
7.9	JMC asked if further detail would be provided in terms of comparison on cancer targets and decline on performance referenced in the CEO report. ST explained that there had been an increase in two week wait referrals coming into the Trust but there was not an issue. NH further added that the data referred to national targets which were under investigation by Monitor nationally and the Trust was meeting these.	
Actions	<p>It was agreed that</p> <ul style="list-style-type: none"> • More information on long stay patients would be provided by ST to QAC • An update on the implications of the Better Care Fund would be given at the March meeting – noted for forward plan. KG • Thanks to be conveyed to teams for their efforts in managing winter pressures. KG 	<p>ST</p> <p>KG</p> <p>KG</p>
	QUALITY AND PERFORMANCE	
8.	Patient Story	
8.1	The Board received a video story on dementia following filming at the dementia conference held in September 2013 as a precursor to discussion on the Dementia Strategy, and following a story from a carer to the Board in February 2013.	
8.2	The Board was impressed with the ideas which had been generated at the event, and how effective it had been in engaging with a wide range of people generating collective action for the benefit of patients and their families.	
9.	Dementia strategy	
9.1	DB outlined the Kingston Hospital Dementia Strategy 2014-17 which set out an ambitious programme of work to ensuring the Trust provides consistently excellent dementia care. He noted that the strategy would link across to other strategies such as Volunteering and Estates and would require creation of new partnerships with other organisations and sectors.	
9.2	The Board was extremely supportive of the Strategy which would be a key tool in supporting the local community to making Kingston its hospital of choice and building a bridge between the Trust and community care. It was noted that the strategy would be launched at the end of February or beginning of March 2014, by Vince Cable MP. Board members felt that improving the environment for all patients both	

	<p>with and without dementia would be important and that to support this endorsed the recommendation in the strategy to create a sub group of the Estates Steering Group should be established to focus on the environment. It was agreed that the role of the NED and Governor champions required further definition. It was also agreed that regular updates on progress with the strategy should be factored into the Board forward plan.</p> <p>The Trust Board agreed, as Trustees of the Kingston Hospital Charity, that they would strongly support a bid for funding for the activities co-ordinator role outlined in the strategy.</p>	
9.3	The strategy was approved	
Actions	<ul style="list-style-type: none"> • DB to advise on approach and timing to keep the Dementia strategy alive on the board agenda. DB • Role for the NED and Governor champions to be developed DB 	DB DB
10.	Clinical Quality Report	
10.1	JW presented the Clinical Quality Report and noted the following:	
10.2	<u>Infection control</u>	
10.2.1	JW reminded the Board of its many discussions on C.difficile and the fact that the demographics of the population served by the Trust were vulnerable to it. She explained that the results of the review commissioned by the Director of Nursing on the management of C.difficile had been received. This had given assurance that the trust is focussing on right things, complimented the antibiotic policy and the robust approach being taken. It had suggested this would be appropriate to ensure a clinical decision making process in terms of stool sampling rather than having a blanket approach.	
10.2.2	She added that considerable work was underway in managing other infections such as e-coli, noting in particular those infections related to catheters and a trust wide audit was underway on management of intravenous lines as part of a quality improvement project. It was confirmed progress on this would be reported through the quality governance structure.	
10.3	<u>VTE assessments</u>	
10.3.1	JW reminded the Board that there had been issues with recording of VTE assessments over the past year and that there had been a dip in performance having got on top of earlier in the year. She noted that it had been thought that the CRS upgrade may have impacted on recording however it was clear the issues had been in place prior to the upgrade and therefore further work was taking place to ensure all staff understand their responsibilities in carrying out VTE assessments as part of clinical care. She confirmed she anticipated numbers would rise sufficiently by April 2014.	

10.3.2	<p>DG asked if the approach had changed from previous years in terms of transition of new doctors which may require a review of approach and materials. JW explained that the same approach had been used but there were issues in terms of AAU and junior doctors which was being explored.</p>	
10.4	<p><u>Falls</u></p> <p>10.4.1 JW confirmed falls continue to be somewhat difficult to manage, however the new falls group was about to launch a new falls bundle and had commenced the falls audit. She suggested the trust may need to revisit its current benchmarking approach.</p> <p>10.4.2 CI noted she had asked at the last board if data on falls could be provided on those who also had dementia and asked if this could be provided. She added that Kennet ward appeared to be an outlier in terms of numbers and asked if there were particular issues. DB explained that the falls group had received a presentation from Kennet at their meeting that week and been informed that the falls related to repeated episodes for one individual. He confirmed that everything that could be done to reduce the risk of falling had been done but that the staff were looking at whether there was any additional support that could be provided to reduce their 'risk of harm'. He noted that having presentations from wards at the falls group was helping to tease out such issues and was improving the level of understanding of data presented. The Board noted the work underway and agreed it did not at present need to see the additional data.</p>	
10.5	<p><u>Friends and Family test</u></p> <p>10.5.1 DB explained that figures remained static for inpatients and that analysis was showing some consistent themes around food (the Trust is looking at food provided and the way in which it is provided), waiting time for a range of things (analysis of which is taking place by ward area) and perceptions of staffing which would be discussed under the nurse establishment item.</p> <p>10.5.2 MG asked if the response rates were in line with other trusts as there were a number of areas where responses had been in single figures. DB explained that there was a national requirement to have a 15% increasing to 205 from the current quarter onwards and that the Trust was meeting this response rate and there would be variation in some areas. He noted that there was a lot of targeted work taking place with wards.</p> <p>10.5.3 SB reminded the Board that there was an increasing reputational risk related to FFT results, and it was not acceptable for the trust to be in the bottom quartile.</p> <p>10.5.4 JMc asked how the trust compared with other organisations, in terms of the process of collecting the FFT. DB explained that the trust was following national guidance, and was carrying out comparisons with other organisations in terms of feedback to learn from them.</p>	

10.5.5	CI added that there was a significant national debate on the efficacy of the test and that it was assuring that the trust was looking at qualitative data.	
10.5.6	MJ noted that the response was often as much about expectations as satisfaction with performance and it was possible the demographic served by the trust had certain expectations and gaining a better of that may be beneficial.	
10.5.7	MJ informed the Board that the Charitable Funds Committee had agreed to fund a second set of plasma screens across the trust replacing white boards for sharing data which would help staff to see their performance comparatively with other wards.	
10.6	JU noted that the figures for pressure ulcers in November and December 2013 were higher than the same period in 2012 and asked why this was and how it was being addressed. DB explained that the figures remain low in comparison with other organisations and there wasn't a common theme in terms of wards. However he noted there had been a shift in the numbers of grade 4/3's to 2's which was positive and the skin group were ensuring that all pressure ulcers were presented to capture and share learning in order to identify if anything further was required.	
11.	Corporate Performance Report	
11.1	<p>ST talked through the detail of the report [see presentation slides for detail] and drew attention to the following:</p> <ul style="list-style-type: none"> • Overall good performance • There had been some issues in one of the specialties with regard to choose and book which had been resolved. • Attendance in A & E reduced for minors but had increased in paediatrics which had been replicated across London • Maternity deliveries were slightly down against plan • Planned admissions increased by 12% however funding had not followed this over performance • Activity is as planned on the elected lists • 18 week position – the annual external review report had gone to the Audit Committee and confirmed the Trust was doing what it should. There had been some issues in December in terms of Trauma & Orthopaedics and in plastics due to admin issues but additional lists were being put in place to bring work through. • Monitor Governance Risk Rating green amber for Q2 and anticipating green for Q3 following discussions with Monitor. • Vacancies have gone down and turnover is at roughly 30 people per month. • Bank usage was down in December and agency usage was up due to the number of escalation beds open. 50% of agency use related to Nurses and HCAs. 	

	<ul style="list-style-type: none"> • £500k overspend at the end of Month 9 – £300 k variance against the overall plan. • Medicine and Emergency services were over performing on income • Pay was significantly overspent across all three divisions which was a concern. The Director of Nursing is working with the teams to look at the management of specials around the Trust. • Non Pay overspend is of concern given the amount of investment which has gone in. Work was underway to review how this is being managed and to develop further proposals. All stock controls are in place but further work was needed to get this under control. • CIP performance was strong overall however some is non-recurrent. Planning is underway for the development of 2014/15 savings plans. • Monitor Continuity of Service Risk Rating (COSR) – 3 (good) with a 3 continuing to be forecast for year end. <p>AC joined the meeting.</p>	
11.2	<p>In terms of over performance and underfunding, the following questions and observations were made:</p> <ul style="list-style-type: none"> • JU asked if initial planning had been incorrect or if the right measures had not been taken to bring more activity into the trust. Detailed discussion took place around the cardiology service and arrangements with St Georges in which expected activity had not come through. It was confirmed that all service lines would have clear strategies in the future and the creation of service line management would provide more local accountability. It was stressed it would be important to ensure that only firm activity, in writing, should be included in plans going forward. • CI expressed concern about under performance on inpatient elective activity and problems on non-pay as these had been recurrent discussion issues at the board and there wasn't sufficient grip. ST agreed and explained that considerable work had taken place to provide support. It was agreed this would be discussed in more detail at Finance Investment Committee. • MG asked in terms of underperformance for cardiology what it equated to financially. SM explained it was c£300k. MG asked if the reasons for under performance in other areas, was for differing reasons. It was explained that activity had been expected for gynaecology from St Georges which had not materialised, the Trust had been looking to increase market share but it had tailed off, ophthalmology had problems during the year in terms of the number of consultants available to work and therefor activity had reduced although was now being delivered. • JW reassured the board that in discussions with the Clinical Directors it was clear that following introduction of service line 	

	<p>management the level of engagement was higher.</p> <ul style="list-style-type: none"> • MJ asked for figures on A & E attendances be split into majors and minors for future reports which was agreed. Action • MJ reassured the Board that FIC had gone through turnover by speciality and seen the actions plans in place to address issues. 	
Actions	<ul style="list-style-type: none"> • Review the approach to management of non-pay expenditure at FIC – ST • Breakdown of majors and minors in A & E attendance data to be included in future reports – ST 	ST
11.3	The detailed reports for Finance, Productivity and Workforce were received and noted.	
12.	Nursing Establishment	
12.1	DB outlined the paper which set out the requirements of national guidelines. He reminded the Board of its responsibility in setting establishments and that there were no national minimum staffing levels. He noted that new guidance on how information should be reported to the Board would be followed in future board papers on the nursing establishment. This would include monthly reporting on planned versus actual staffing levels which needed to be built into the performance report. This data would also need to be published at ward level. He confirmed an action plan was in place to deliver the new national requirements.	
12.2	JU suggested that the changes reinforced the need to ensure Board were given the correct information and there was considerable onus on boards to ensure that was the case and to be assured around systems and processes sitting behind the information provided in order to ensure risk was highlighted. She felt that more thought was needed about how this should happen in order for the board to take a view of on the level of risk.	
12.3	JU noted that in terms of agency staff, there was a corporate objective to eliminate their use and asked that further discussion on proposals for doing this should come back to a future meeting. KG suggested taking a more detailed paper to Quality Assurance Committee. DB suggested including it in the establishment report to the Board planned for May 2014. CI argued that the issue was worthy of discussion by a sub group of the Board and suggested external support should be sought. It was agreed CI would discuss how this deep dive might take place with DB in order for it to be put into action with a view to potentially discussing it further at a future meeting. DB to advise on timing for the forward plan.	DB
12.4	It was agreed that discussion on the proposal to have a NED sponsor in this area would take place outside of the meeting.	

12.5	The nursing establishment action plan was endorsed.	
Actions	<ul style="list-style-type: none"> • Discussion to take place in part two of the March Board on the elimination of agency staff usage – DB • Chairman to discuss input of NEDs - SB 	DB SB
13.	Quality Accounts	
13.1	DB provided an overview of the process for achieving the 2013/14 Quality Account; he outlined the long list of potential objectives for inclusion in the 2014/15 Quality Account and asked for views on those which should be included. He explained that discussions had taken place at Quality Assurance Committee and through the Quality Scrutiny sub- committee of the Council of Governors and input had been reflected.	
13.2	The timeline was noted and it was confirmed it remained on target.	
13.3	It was agreed that engagement planned appeared appropriate and timely.	
	STRATEGY, POLICY AND IMPLEMENTATION	
14.	Communications Strategy	
14.1	LW outlined the development of the strategy and explained that the next phase on communications activity needed to focus on external engagement, building reputation and supporting growth through more proactive PR and joint marketing communications with the strategy team. It was noted that the new website would be launched shortly and would be refined following feedback. Work was underway with the Director of Nursing on range of initiatives for improving communication with patients and improving feedback. It was stressed that a key aim of the strategy was to facilitate and enable all staff to improve communications through using the right tools, channels and information.	
14.2	JU had concerns given the size of the communications department if there were the people and the resources to deliver the strategy. LW confirmed that there were and that in her view the strategy was realistic.	
14.3	JU asked if funding for the new website had been factored in. LW confirmed it had been funded and there would be a small cost for on-going maintenance with the majority of uploading taking place by key individuals across the trust.	
14.4	DG asked, with regard to the intranet, if the £50 k required to update it had been identified as it was not currently fit for purpose. SB asked if this issue had been discussed at EMC. It was agreed that further discussion would take place at EMC. Action	
14.5	KG cautioned against over optimism in terms of delivery of the strategy which she suggested was challenging with a small team which had a range of demands. SB suggested that the key would be around developing genuine shared responsibility particularly at senior level. She suggested that LW was an enabler and it was important to make it	

	as easy as possible for people to take responsibility. She added that there was a need for the organisation to be more externally focussed and that this included consultants.	
14.6	MG commended the document, but had some concerns about budget and resources. He asked how the Trust deals with media events and if media training was provided. LW confirmed the Executive had received media training and more could be provided. KG added that it was important to also provide 'just in time' training where issues arose.	
14.7	MJ concurred that the strategy should be an enabler and that the more that could be done to provide information and tools to those that needed to engage externally staff, board and governors the more effective it would be.	
14.8	SB informed the board that a governor had worked with LW in developing key messages recently shared with the Council of Governors and there were opportunities for further involvement of governors in this.	
14.9	DB noted the rising importance of social media and the need to remain agile to engaging/responding through social media.	
14.10	JMc suggested that it would be important to ensure the marketing strategy is simple with a small number of key priorities and lead messages. RB explained that the strategy and communications teams were working together to develop an integrated marketing and communication plan with monthly co-ordination meetings taking place. JMc asked if that plan could come back to the Board. RB advised that it would be referenced in the commercial strategy planned for discussion at the March 2014 Board.	
Action	Executive to consider investment requirements of intranet development	KG
15.	Volunteering Strategy	
15.1	DB outlined the background to the development of the Volunteering Strategy 2014-17. He introduced Laura Shaleve-Greene, Volunteering Project Manager. It was noted that the strategy aimed to enhance the experience of people using hospital bring their perspective to help shape the care we provide, ensuring volunteers have a great experience when they are here and their role is having an impact and ensuring our approach helps with key issues in the community which have an impact on health.	
15.2	It was noted the trust has 570 volunteers; there is a desire to increase this and to focus on areas of greatest need such as Inpatient areas, dementia support and providing support through dining companions. The strategy detailed 8 key step changes required and it was confirmed good progress was being made with these.	
15.3	The following key observations were made: <ul style="list-style-type: none"> • CI commended the strategy and the breadth of involvement of 	

	<p>volunteers.</p> <ul style="list-style-type: none"> • AC asked for clarification of what was meant in terms of <i>technology for developing volunteers</i>. LX explained this was about using a data system to manage volunteering and to match them against areas of need. • SB noted she had seen volunteers have a significant impact in other organisations she had been involved with and stressed that the connection with health and wellbeing had been proven. She suggested it was important for the Trust to be seen to go beyond the walls of the hospital in reaching out to communities and commended the strategy for approval. • MJ noted that having attended volunteer Christmas teas and their long service awards it had been clear that volunteers find the experience very satisfying and noted the major contribution they made to the trust offering. 	
15.4	<p>The strategy was approved and it was agreed that there was a need to build into the plan capturing feedback volunteers wished to feedback to the Board. DB to note.</p>	
16.	Education and Training Strategy	
16.1	<p>DG outlined the background to the development of the Education and Training Strategy which aimed to support continuous improvement, support delivery of patient care and was an enabling strategies for other trust strategies. The following observations were made:</p> <ul style="list-style-type: none"> • CI supported the aims of the strategy but was less clear on the tangible deliverables. She asked how the Board would know at the end of year one what had been delivered. DG explained that an annual plan would be developed and developing that was a year one objective. • SB suggested including detail on the trusts commitment to its staff in terms of education and training. She added that prioritisation of budget and resources needed to be linked to corporate priorities and that needed to be clarified • JU noted that given the difficulties there had been in mandatory training if there was a wider cultural issue about how training was viewed and if so asked that this be addressed in the strategy. DG explained that it was the responsibility of all. Noting that there were lessons to be learned for example in terms of how junior doctors were trained, making use of our PDR process and training our managers to be better trainers through a consistent approach. • KG noted that the diagnostic work done in advance of development of the OD strategy demonstrated the trust did not have a culture that valued training and wondered if it should be one of the strategic objectives or if an existing SO should be refocused to make this more explicit. 	

	<ul style="list-style-type: none"> JMC suggesting using the amount spent on training per person as a marketing tool. MJ noted he had visited the Education Centre staff and they had outlined the different approaches which had been taken to try and increase uptake of mandatory training. DG stressed that whilst mandatory training was important the strategy was also about ensuring people are comfortable they can fulfil the requirements of their job, about understanding that more and about having a multi professional culture of on-going learning. <p>It was agreed the strategy required some further work and a number of actions were agreed in order to progress it.</p>	
Actions	<ul style="list-style-type: none"> Rewording of Strategic Objective 2 to include reference to culture A one year plan to be developed for first year of the strategy – ST A map of training and development happening across the trust to be developed - DG 	DG ST DG
17.	Risk Management Strategy	
17.1	DL presented the Risk Management Strategy for approval noting it had updated to reflected recent structural and responsibility changes put in place with the introduction of service line management, she confirmed it had been discussed in detail at both the Quality Assurance Committee and the Audit Committee which had approved it for submission to Board. She asked that a mid-year review take place given the introduction of SLM.	
17.2	The strategy was approved and it was agreed a mid-year review would take place in July 2014 – Note for forward plan	
18.	Corporate objectives for 2014/15	
18.1	<p>KG presented the corporate objectives for 2014/15 for approval. She noted they had been updated to reflect feedback from the Board and Governors and talked through the changes which had been made. Noting in particular that:</p> <ul style="list-style-type: none"> At the request of the governors she had added further stretch into Strategic Objective 2 with regard to completion of PDRs with 90% of appraisals to be completed by September 2014. With regard to mandatory training the governors had asked for additional stretch to be built in. She explained that as the trust was currently achieving 69% it was felt that a target of 80% was achievable by the end of the financial year. Under SO3 the governors were keen that more clarity be given to ambition to play our part more in the community which had been reflected. RB added that governors also wanted the Trust to be more explicit about what it meant by ‘partners’. It was agreed a reference would be included about the breadth of partnerships the trust is embracing. Action 	

18.2	CI welcomed the contribution from the governors and felt it was good to have had challenge from them around improving specificity.	
18.3	MJ asked if the Trust should still be referencing Better Care under SO3 and it was agreed the wording should be updated. Action.	
18.4	The corporate objectives for 2014/15 were agreed with the changes outlined and the three proposed priority objectives were also approved.	
Actions	Update to be made to SO3 regarding breadth of partners and reference to integrated care fund and BSBV to be updated.	RB
19.	Review of progress against francis gap analysis	
19.1	DB talked through progress with delivering the Francis gap analysis action plan. He noted that since drafting the report the Government had issued its response in full and confirmed that the action plan had been updated, 28 actions had been closed or completed, 6 were on track and 3 had revised timelines for completion. It was confirmed the Trusts approach would be reflected in the Quality Accounts.	
19.2	Progress made was noted. SB asked if he had any concerns about delivery and DB confirmed there were not. It was agreed a further update would be brought to the Board in July 2014 Note for forward plan	DL
20.	Estates strategy update	
20.1	RB provided the Board with an update on progress with the implementation of the estate strategy approved in November 2013. She confirmed that a summary version of the strategy had been published. She noted that Executive leadership for delivery of the strategy had moved to Sarah Tedford. She drew attention to work underway on developing business cases for discussion at FIC in March 2014 prior to engaging with the NHS funding facility in April. ST added that external support was being brought in to support that work and the Director of Estates had a very firm grip the work required to deliver the strategy.	
	GOVERNANCE AND ASSURANCE	
21.	Board assurance framework 2013/14	
21.1	SM talked through the detail of the BAF. He noted there had been no changes to the current risk scoring. He noted by way of updates on progress with those principle risks owned by the Board <ul style="list-style-type: none"> • Principle Risk 4 was changed earlier in the year • Principle risk 5 - e-rostering optimisation had started, there were low vacancies and reporting is at service line level had begun • Principle risk 6 – the leadership programme had begun and planning had commenced at service line level • Principle risk 9 - changes in relation to the cessation of BSBV 	

	<p>do not have a significant effect on13/14 and therefore the risk score had not changed.</p> <p>The BAF was approved</p>	
22.	Q3 return to Monitor	
22.1	<p>DL commended the Q3 return to Monitor for approval. She noted that whilst the Trust had breached its C.difficile trajectory for the year as had been reported at previous Boards, discussions with Monitor had indicated that as they were satisfied with action being taken the Trust could declare itself <i>Green</i> under the new definitions and not <i>Narrative</i>. She noted that there was a new page in which to outline changes at Board level and that she would include in that the resignation of Adrian Clark and appointment of his replacement. Other changes would be reported in Q4.</p> <p>The submission was approved.</p>	
23.	Board forward plan	
23.1	The Board forward plan was noted and it was confirmed the forward plan would be updated following the meeting.	
24.	CFC report annual report and accounts	
24.1	<p>MJ asked for approval from the Board, as Corporate Trustee of the Charitable Fund for:</p> <ul style="list-style-type: none"> • Trustee's Annual Report & Accounts 2012-13 • Audit opinion • ISA 240: Fraud Arrangements & ISA 250: Laws & Regulations 2012-13 • Going Concern Declaration 2012-13 • Letter of Representation 	
24.2	<p>MJ informed the Board that as the Trust had gained an extra £1 m into the fund in the last year the auditors had carried out a full audit. He noted that there had been a number of changes to the staff in finance supporting the Charitable Fund committee and there had been some adjustments required which change the figures in the report but not materially. These mainly related to items which were accrued into the accounts. He noted that the accounts had to be submitted by the end of the month but that in future they would form part of the Trusts accounts (as an FT) and would be submitted in line with that timetable. He noted that there would be a need for one month account for when the Trust was still an NHS Trust in April of 2013. KG added that a further change had been picked up at the Charitable Fund meeting the previous day which had been reflected in the document provided for signing that day.</p>	
24.3	With regard to training for the Board as Charity Trustee SB informed the Board she would be attended external training on February 25 th which she would report back to Board at its development day on the	

	26 th February 2014.	
24.4	The Board noted the wording change and with that amendment the Board approved the Charitable Funds Accounts.	
24.5	<p><u>Update from the CF committee</u></p> <p>MJ informed the Board the committee had met the previous day and that as well as agreeing accounts it had been agreed that at the next board development session there would be training on the board's responsibilities as trustee. The committee also agreed proposals to build up a programme of fundraising projects which he confirmed would be in place by May 2014.</p>	
	QUESTIONS FROM THE PUBLIC	
	There were no questions from the governors or members of the public	
25.	Reports from Board Sub Committees	
25.1	<u>FIC report</u> - The report was noted.	
25.2	<u>QAC report</u> - CI highlighted a rich discussion on ward level information which had taken place at the most recent QAC meeting. She noted there would be greater scrutiny through QAC of board level data which gave the Board additional assurance. She noted the committee had struggled with information given on turnover figures and had asked for it to be presented in a different way and for more information to be provided with regard to variances in therapies. The report was noted.	
25.3	<u>Audit committee report</u> - JMc noted an internal audit report had been received by the committee which had given limited assurances on estates. She noted she had met with the Director of Estates and was assured all issues were being dealt with appropriately. KG added that these were issues which were known to the Executive who had commissioned the internal audit and confirmed that the current Director of Estates had a good grip on the issues. The report was noted	
26.	Any other business	
	None	

Signed Sian Bates, Chairman

Date.....