The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Board of Directors' Meeting (In Public)

Minutes of the Board meeting held on Monday 28th May 2012 in the Conference Room at The Queen Elizabeth Hospital, King's Lynn

Present:

K Gordon (KG)	Chair
S Green (SG)	Non-Executive Director (Chair of Performance & Standards Committee)
N Harrison (NH)	Non-Executive Director (Chair of Audit Committee)
V Holliday (VH)	Non-Executive Director (Chair of Quality & Risk Committee)
S Haney (SH)	Non-Executive Director (Chair of Finance & Investment Committee)
P Wright (PW)	Chief Executive
M Henry (MH)	Director of Clinical Services
G Hunnam (GH)	Patient Safety Lead and Medical Director
G Wilson (GW)	Director of Patient Experience and Lead for Nursing and Non-Medical Professionals
D Stonehouse (DS)	Director of Resources

In attendance:

B Cummings (BC)	Director of Non-Clinical Services and Performance Management
L Proctor (LP)	Director of Strategy and Transformation
G Rejzl	Company Secretary
Chris Lloyd (CL) & Louise Stevens	For Clinical presentation – Trauma Team
Sue Hasnip and Jasmine Sope-Acanto	For Patient Story

Apologies: J Hillier (NED)

111/12 PATIENT STORY

GW introduced Sue Hasnip and Jasmine Sope-Acanto to the Board. Sue and Jasmine recounted a patient story concerning a maternity patient who wished to have a home delivery but whose BMI meant that this was not advised. The patient was frustrated that her baby had not been delivered after hospital monitoring at 37 weeks. After the discovery of breach presentation and a reduction in amniotic fluid, the baby was delivered by C-Section at 38 weeks. Mother and baby were both fit and healthy.

The patient fed back her gratitude to both hospital and community staff.

The patient was very positive about the level of care and input received, though she remained disappointed not to have been able to have a home birth. Many members of multi-disciplinary teams had been involved in her care and teams and individuals had worked well together.

Areas for improvement were identified as:

- Waiting time on day-assessment unit
- The patient would have found it helpful to have been warned about the experience in theatre and the fact that the pain relief used might make her itchy – issue to be addressed
- Duplication of notes – the potential to use triplicate forms to save professional time on clerical activities is being explored.

The Board raised the following issues:

- Communication - the patient had been happy with the communications broadly but staff had concluded that there remained scope for improvement at handover.
- The potential for expectant mothers to hold and contribute to their own records – pregnant women are generally well and not 'patients' in the general sense. It was confirmed that pregnant mothers hold a single set of hand-held notes while under community care; the change comes only if the mother moves to consultant care.

The Chair thanked Sue and Jasmine for their patient story and offered the Board's best wishes to mother and baby; inviting Sue and Jasmine to pass on the fact that the Board had considered the issues raised and that action was being taken where the experience might have been improved.

The Board welcomed the Patient Story

112/12 CLINICAL PRESENTAION - TRAUMA

CL made a presentation to the Board on Trauma. The presentation featured the following key issues:

- Trauma network = Major Trauma Centre and Trauma Units
- Addenbrookes is the region's Major Trauma Centre. The QE will become a Trauma Unit
- Network focuses on availability of services within 45 minute journey times
- QE has to provide some trauma service as patients would otherwise have a journey of longer than 45 minutes
- 600 – 800 trauma patients per annum in the EoE
- Secondary transfer generally results in poorer outcomes for patients
- Trauma co-ordination service manages flow and integration of services
- Addenbrookes and Broomfield's (for burns) are the key centres used by the QE
- Trauma Network launch – last week of May with August 'go live' date
- KPIs – it was observed that small numbers of patients could distort results

- Trauma Audit and Research Network (TARN) audit – issues identified in respect of data collection/completion – Trust in consultation with TARN re data handling
- Peer Review site visit – 18th June
- Well-established QE trauma team – utilised approx. once a week currently
- Physical space is an issue
- Currently, 'best practice' tariff only applies to Trauma Centres

The Board explored the following issues in the light of the presentation:

- KPIs set by the network and apply to the whole network. Penalties regime not clear at the moment
- Coordination Centre (CC) - pre-hospital triage system – availability of 'real-time' information
- Implications of CC awareness of bed availability
- Clinical impact of network arrangements – awareness raising, improved process, slicker and quicker process and response, more efficient process for getting patients to appropriate care when the QE cannot handle a particular trauma case
- Bed capacity - Majax would be declared if there were a multiple trauma incident
- Multiple transfers and poor co-ordination are the key issues leading to poor outcomes – network approach will address this
- Limited scope for improvement of services at the QE – incremental improvement likely
- Outcomes – 500-600 lives saved per year already
- Importance of not underestimating the effort required to remain a trauma unit – rota cover issues discussed

The Chair thanked CL and his team both for the presentation and for their work. The Board asked to be kept informed of developments.

The Board welcomed the presentation and endorsed developments in the Trauma network

113/12 1 CHAIR'S WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting and in particular welcomed Louise Proctor to her first meeting of the Board, in her substantive capacity.

Apologies for absence were received from J Hillier.

114/12 2 MINUTES OF THE PUBLIC BOARD MEETING HELD ON 26TH MATCH 2012

An 'invalid link' was identified on page 7 – to be removed.

The minutes were agreed as an accurate record of the meeting.

115/12 3 ACTIONS MONITORING

The Board reviewed the Actions Monitoring record.

Progress updates were given (see Actions Monitoring Record – July 2012) and those actions marked as complete would be removed from the Actions Monitoring Record.

116/12 4 MATTERS ARISING -

None

117/12 5 DECLARATIONS OF INTEREST

None

118/12 6 CEO'S UPDATE

PW presented her update to the Board, highlighting the following:

- Academic Health Sciences Network (AHSN) – clarity from Norfolk and Suffolk that alignment should be with the UEA which will be the 'node' for the north part of the network. It is important for the Trust to be fully involved in the development of the network. Definitive guidance is yet to be published. QE's nominated senior director is to be Gwyneth Wilson. Benefit of the QE being part of a strong network reiterated. BC observed that in respect of the Monitor Governance Statement that the Board would be approving later in the meeting, compliance in respect of the Trust's position regarding the AHSN should be confirmed. In response to a question, PW indicated that it was likely that Local Education and Training Boards (LETBs) and AHSNs would work closely together and that it would be important for the Trust to engage in order to deliver its workforce requirements. It was also confirmed that GW is co-chair of the clinical advisory group of the LETB, which is replacing the County Workforce Group.
- Following a Chief Medical Officer publication on 'discharges at night', the Trust was required to submit information on this issue to Norfolk County Council. QE data showed that between midnight and 7am, fewer than 1 patient per week is discharged. It was confirmed that deaths are recorded as discharges. Patients often choose to go home if they are fit to do so rather than spend a night in hospital. **PW undertook to circulate the Trust's response to the Health Overview and Scrutiny Committee in respect of discharges at night**. There was the potential for figures to be distorted by the fact that e-discharge is sometimes recorded at night, although the patient is not physically discharged at the same time. MH indicated that the audit had been helpful and that it will be re-run once a quarter. Escalation procedures in respect of authority to discharge at night would only be necessary if numbers increased. The Board was reassured that the Trust already had a Discharge Policy in place and that the Trust's practices were not leading to inappropriate and unsafe discharge at night. **MH undertook to ensure that the discharge at night issue was picked up when the Escalation Policy was reviewed.** PW noted that the issue also related to patients accessing appropriate care and that the 1% CQUIN sought to reduce inappropriate admissions. The potential for audits to take place at times of ward closures was explored.

PW

MH

The Board noted the CEO's update

119/12 CHAIR'S UPDATE

The Chair reported the following:

- Governors' Council and Governors' Council Committees – proposal to address Membership Recruitment and Membership Communications separately, by splitting the Membership and Communications Committee. Governors' Finance and Business Group have engaged in detailed work on the Trust's Annual Plan and Quality Account
- MH and KG attended an SHA Masterclass at Hinchingbrooke
- MRI Scanner unit progress – testing throughout June prior to commissioning
- GW represented the Trust at the St Paul's Cathedral Jubilee event. Several staff attended the Jubilee Garden party at Sandringham.

The Board noted the Chair's update

STRATEGIC

120/12 9 CAR PARK STRATEGY

The Board considered the Car Park Strategy. The report set out the direction of travel, but the Board noted there was an urgent need to provide clear information for the public about the short-term practical steps to address the problems experienced with the car park.

The next steps were identified as:

- Develop opportunities for working with partner organisations
- **Address the wind turbine issue – report to July Board** **BC**
- 1st element of project – re-designate spaces at the front of the car park for patient and visitor only parking – patients to be notified
- Review tendering process for management of the site

The Board noted that by late summer, there should be an additional 200+ car parking spaces on the site.

It was reported that staff side is engaged in discussion concerning parking restrictions for staff living very close to the Trust.

The complexity of the issues was noted and the Board welcomed the objective of significant change on the car park site over the next 3-4 months.

The Board discussed the potential for CCTV coverage on the site and the likely costs. The Trust already had 35 CCTV cameras in place monitored by the local authority, and the Trust was working with the Police who might suggest additional CCTV coverage in some areas. The likely investment was not expected to be significant and no additional resources would be sought for this.

It was agreed that the car park report should fully reflect the considerable amount of work in hand. The report should be simplified and re-presented **BC**

for ratification at the July Board meeting as a definitive strategy. Meanwhile work should continue with a view to increasing capacity in the car park and communication with the public addressed.

Following a request for assurance that there would not be a point where the car park had reduced numbers of spaces, BC indicated that this issue was linked to resolution of the wind turbine issues, which would be discussed at the July Board.

The Board endorsed the direction of travel in respect of the car park project as reflected in the 'work in progress' report, and reiterated its objective to sign-off the Car Park Strategy and Implementation Plan in July.

121/12 10 MONITOR POSITION

PW reported that the Trust Team continue to meet Monitor on a regular basis with 26th April being the last meeting and the next programmed to take place the following day. The Trust had received a letter from Monitor seeking evidence of delivery of the Trust efficiency plans, and this would be addressed in the forthcoming meeting.
The Board noted the update on the Trust's position with Monitor

QUALITY AND PERFORMANCE

122/12 11 CHAIR'S KEY ISSUES – JOINT COMMITTEE, 23RD MAY 2012

KG reported that the Joint Committee had conducted a useful discussion concerning the Trust's preparation for the September NHSLA assessment, noting that this was a significant piece of work. It was observed that in future the Trust should build a small team to co-ordinate the NHSLA work in order to improve resilience. The Joint Committee had been advised that the NHSLA assessment preparation was on course and confidence levels were high concerning the Trust's likely compliance at level 2. Progress was being monitored fortnightly by GH and any issues identified would be reported to the Trust Executive Committee. The preparation project had been described on a Gantt chart defining key milestones, and an informal NHSLA pre-assessment visit had been fairly positive.

In respect of CQC Compliance with Standard Outcome 21 – Records, it was noted that the new patient record was being launched on the day of the Board and that post implementation evaluation would take place and be reported in due course.

The Joint Committee had received updates on the performance flash reports circulated to the Board and had discussed surges in high acuity emergency admissions in May. KG observed that while the start to the year had been largely positive, there remained some risks. She queried the Trust's capacity to deal with potential activity issues over the Jubilee weekend. MH explained the Trust's plans and the programmed planning meetings for the period immediately prior to the long weekend.

The Joint Committee had reviewed revised draft Terms of Reference for the Board's key committees. Additional drafting requirements had been agreed prior to presentation to the Board for ratification in June.

The Board noted the Joint Committee Chair's Key Issues

123/12 12 PATIENT SAFETY MONTHLY REPORT

GH presented the report, expanding on the following issues:

- The Trust has changed the company which provides data analysis services to CHKS and this has resulted in a slight hiatus in respect of the patient safety report, which would be resolved by the July report
- There is currently no single measure of mortality
- Crude mortality has risen slightly over the last 3 months and root cause analyses are taking place to identify any issues. **The Board commissioned the Quality and Risk Committee to undertake a detailed piece of work on meta-analysis of Dr Foster, CHKS, HSMR and SCMI information.** This should assist understanding of the differences in methodologies and provide assurance that there are no underlying issues in respect of the Trust's mortality rates that needed to be addressed. The Board was reassured that the Clinical Outcomes Group was undertaking detailed analysis in response to any alerts with patient specific information available for analysis. GH also explained that the chart in the patient safety report is the Trust's own data. He observed that the Board needed to understand risk adjusted mortality figures fully.
- Length of Stay (LoS) has reduced significantly. The need for POD 19 (Emergency Pathway) to monitor quality during transition was rigorously endorsed by the Board. The potential for reduction in LoS to impact on the Trust's readmission rate was discussed and it was agreed that this would be kept under close review.
- Care Bundles – in response to a query concerning enforcement of care bundles, it was explained that some care bundles may be clinically inappropriate in some instances and that the aim is to achieve standardisation.

In discussion, the Board explored further patient safety issues:

- LOS and discharge before midday – GH confirmed that this is one of the POD 19 workstreams but noted that there is sometimes delay in recording a morning discharge.
- PW referred to the POD 19 dashboard in respect of delayed transfers of care and delayed discharges. The implication was that a significant number of people could be inappropriately 'in hospital'. GH confirmed that the issue was being addressed through the WN Urgent Care Network and that nationally agreed definitions were in place.
- Grade 3-4 Pressure Ulcers – in response to a query concerning how the number of grade 3-4 pressure ulcers could be reduced, GH explained that the classification of pressure ulcers had changed. The SHA / PCT's expectation was that the change in classification would lead to more pressure ulcers at grade 3 – 4 being reported and this would lead to an increase in learning, ultimately resulting in improvements. GW said that in respect of national comparator benchmarking, the Trust still reported fewer grade 3-4 pressure ulcers than many other hospitals. She added that the Trust needed to avoid de-skilling nurses by recourse to Tissue Viability Nurse Specialists; at present the Trust performed well in this respect.

GW/GH undertook to include the national comparative information in the monthly report **GW/GH**

- Unregistered Nurse sickness absence – PW observed from the ward dashboard that this issue appeared to be getting worse and queried the steps being taken to address the issues. GW explained that the HR Business Partners are very proactive in this area and undertake 'back to work' interviews rigorously. Sickness absence in unregistered nursing staff reflected a national trend. The impact of high sickness on ward managers was noted and PW asked that the matter be kept under constant review.
- Clinician engagement with the BSP – Following a query, GH explained that the Trust continued to engage with clinicians in respect of the Trust's efficiency requirements. Some resistance was to be expected, as with all major 'change' programmes. LP added that she was meeting different specialties every week and that this was generally a very constructive engagement where risks were worked through in detail and where some tensions were exposed. The Board signalled its understanding that the BSP, while deliverable, would be a challenging journey.

The Board noted the Patient Safety Report

124/12 13 INFECTION CONTROL

1 case of HA C.Diff was reported for April 2012. However, 7 cases of community acquired C.Diff were noted. GH confirmed that incidence of community acquired infection had been reported back to community services. The Antimicrobial Action Team remit had been agreed and an advertisement placed for a pharmacy locum to enable the Trust to progress its plans to release resource to focus on C Diff in particular.

In response to the Chair's query, it was confirmed that there was no additional external guidance in relation to C Diff control. The PCT and SHA were expected to agree that the Trust was following best practice. The full results of the audit, including an assessment of the Trust's antibiotic prescribing practice, should be available for the July report. PW noted that while C.Diff remained high profile in the media, the Trust also measured and reported the incidence of E-coli.

The Board noted the Infection Control Report

125/12 14 PATIENT EXPERIENCE

GW presented the report to the Board, highlighting the fact that complaints had been reported by service line rather than by specialty for improved clarity and compliments had also been included. With effect from June 2012, 50 patients per ward would be surveyed each month and posters would encourage patients to respond and report on their patient experience. In respect of the NetPromoter, GW reported that the results were very variable and had deteriorated in the month. Results were being analysed to enable the Trust to understand why. PW added that the NetPromter 'Family and Friends' recommendation test is a CQUIN for 2012/13. The QE was an early adopter of this patient feedback methodology which was being rolled out nationally.

GW observed that most patient experience activity was reactive and improvements could be made in 'real time' monitoring. GW described a 'real time', web-based patient feedback product being used elsewhere. The cost of the product was between £90 – 120k per year, although the Trust would need to go out to tender if it decided to proceed with a methodology of this sort. PW observed that where a 'real time' system is being adopted, clinical staff had welcomed it and junior doctors were using it for accreditation purposes. The QE would want to extend its use to nurses and wards. She also observed that 'real time' feedback would be valuable to the Trust in responding rapidly to patient concerns as complaints often referred to matters that had arisen a long time before the complaint was made. PW suggested that CQUIN funding might be used to pump-prime the Trust's work in this respect. GH added that all doctors have 360° appraisal but that a 'real time' system would be a useful tool for revalidation purposes. The Board was supportive of the development in principle, subject to a full business case being presented and a better understanding of take-up rates experienced elsewhere. A query concerning the value of NHS Choices was raised and GW explained that although the Trust reviewed the site regularly, took the comments seriously and reported entries to the Board, the site was unmoderated, with the issues described often difficult to trace and respond to effectively. It was agreed that **GW would include further analysis of real time patient experience reporting methodologies in her presentation to the June Board workshop**. **It was also agreed that the IM&T Strategy Group include the issue on its agenda.** **GW** **BC**

The Board discussed the reporting of complaints, it being explained that 3 month complaint trends were reported in the Trust's CLIP report. PW added that where a complaint theme is identified an RCA, including an invitation for the complainant to be involved, has now been initiated. The rigour of this process was welcomed by the Board.

The Board noted the Patient Experience Report

126/12 14A PATIENT STORIES CHECKLIST

GW explained that since the RCN Leadership Programme had concluded (the Trust now had an in-house degree programme), patient stories would need to be presented to the Board in a different fashion. She suggested that the new-in-post patient experience lead, Fiona Cutts, might support and bring patients to the Board to tell their stories themselves. GW presented a draft checklist of issues for the Board to consider on hearing a patient story told by the patient. The Board discussed the proposal at length, including:

- The potential for the exchange to be highly emotional
- The timing of the Board's response, using the checklist
- The need to debate issues identified and learn from them
- The potential 'power' of having a patient attend the Board
- The risks associated with the practice in respect of focusing on one patient perspective rather than aggregated information
- The role of the Board in exercising governance across the entirety of the Trust's engagements with its patients
- The potential for the individual patient to be selected to illustrate an identified patient experience theme
- The potential for patient experience described in this way to result in

insight and improved judgement for the Board
- The similarities to attendance at conciliation meetings with complainants, which are very powerful and which have the potential to change the behaviour of those who attend
- The need for such a process to be very carefully managed
- The need for the engagement to be clearly 'outside' the complaints process, to ensure that all complainants have their complaints dealt with in the same way.

It was agreed that the Board proceed to trial the proposal, with a through briefing for the Board in advance of the engagement and clarification in respect of supporting processes.

127/12 14B INPATIENT SURVEY

GW presented the Inpatient Survey report. Acknowledging the Board's disappointment with the results, GW observed that the survey had taken place last July and since then there had been the CQC visit and related actions. It was also noted that 300 of the patients sampled were emergency patients, whose satisfaction with services is generally less positive than that of elective patients. GW observed that the Trust's scores had been largely static since last year in terms of patient responses, but that other Trusts had improved their scores.

The issues raised in the survey included:

- Medication information - it was suggested that having pharmacy technicians on wards, talking to patients and their relatives at visiting times, might address the issue in part
- Telling patients who to contact if they had concerns after discharge.
- Perception of number of nurses on wards – to be addressed through the skills mix review
- Discharge / GP letters copied to patients – this is being explored, with significant cost implications identified

It was confirmed that the Women and Children Division was not included and that A&E was subject to a separate survey.

The newly formed Patient Experience Steering Group would monitor the Trust's action plan in response to the survey and any issues highlighted would be escalated to the Quality and Risk Committee. It was observed that a lot of positive work has been done at the Trust since last July. In response to a query concerning how the Trust would know if the actions being taken were making a difference to patient satisfaction, it was pointed out that the Trust was undertaking many more local surveys the results of which would ultimately show in the Patient Experience KPIs. It was suggested that an additional column be added to the action plan to align KPIs and that 'research at high performing trusts' be added as an action to ensure that the Trust learned from and replicated best practice.

The Board noted the Inpatient Survey report

128/12 15 CQC SELF-ASSESSMENT

The Board considered the findings of the Performance and Standards

Committee in respect of the Trust's internal process of self-assessment against the CQC Essential Standards.

The process had involved the gathering of evidence to support a self-assessment of compliance with each CQC standard and scrutiny by a specially commissioned task and finish group, reporting to the Performance and Standards Committee.

A minor concern had been raised in respect of Infection Control regarding training compliance levels, which was being addressed through the action plan. The Performance and Standards Committee noted, following the CQC inspection, that the Trust was non-complaint in respect of Outcome 21, Records. GW was leading on the recovery plan in this respect.

The Board endorsed the findings of the self-assessment exercise and was satisfied that the issues identified were being addressed

129/12 16 & 17 INTEGRATED PERFORMANCE DASHBOARD AND PERFORMANCE REPORT

The Board reviewed its Integrated Performance Dashboard and the accompanying commentary.

The Board raised concerns in respect of the Trust's stroke performance and **invited the Quality and Risk Committee to undertake a detailed review of performance, including the results of the network audit.**

It was observed that the Trust was not performing as well as other Trusts in respect of 18 weeks for admitted patients, with all neighbouring trusts having shorter waits than the QE. PW suggested that it was important that the specialties were made aware of this issue if this was not already the case. BC added that the issue was linked to Choose and Book. All backlog work had been completed with the exception of Orthopaedics and the Trust should now start to achieve 90% across all specialties and move up the ranking regionally. The issue of financial penalties where individual specialties failed to achieve the 18 week target was discussed.

The Board welcomed the format of the report, agreeing that it was effectively highlighting the issues on which the Board needed to focus.

The Trust's EMSA compliance reporting was queried, it being confirmed that one measure concerned incidence and the other the number of patients affected.

In response to a query concerning cancer performance, BC proposed that specialty level performance should be benchmarked against cancer network data and reported to a future P&S committee. She assured the Board that the Trust had not failed any cancer targets since Q1 of 2011/12 and that its performance was good compared to others.

On Choose and Book performance, a whole system review was required and the fact that 30 out of 100 people were unable to book an appointment by this means was clearly unacceptable.

A&E breaches were queried and it was confirmed that every breach was

reviewed by the clinical teams with a view to unblocking the process and achieving improvement in performance (both in terms of quality of outcome and achievement of the process target).

On readmissions, it was explained that the Trust had capped financial exposure on penalties in the 2012-13 contract and that its readmissions performance was being monitored closely through POD 19. PW observed that the readmissions performance showed normal variation but that the Board was right not to be satisfied with the level. BC observed that CHKS may be able to help the Trust to understand the data and the message more effectively. She also explained that 4% was a contract aspiration rather than a national target. **It was agreed that reporting in respect of readmissions be picked up as part of the review of the balanced scorecard.** **BC**

The Board noted the Integrated Performance Dashboard and welcomed the format development

130/12 18 WORKFORCE

The Board considered the Workforce report and made the following observations:

- Sickness absence remained high at a time of year when the Trust might expect it to be improving – investigations underway to establish causes
- Fire Safety Mandatory Training – review periods for staff groups has been revised
- Mandatory Training performance was more positive – the Board queried whether junior doctor training was being picked up. GH confirmed that Mandatory Training compliance now formed part of the revalidation process for doctors

The Board noted the Workforce Report

131/12 19 FINANCE & INVESTMENT COMMITTEE, CHAIR'S KEY ISSUES – 23RD MAY 2012

The Board considered the Chair's Key Issues, noting in particular:

- April financial position
- Committee's consideration of Monitor reporting
- Committee's consideration of the Trust's Annual Plan – additional information presented for Board agenda item 25c
- Contract position, including consideration of contract risks mitigation and monitoring
- F&I Committee's endorsement of plans to commission a feasibility study on the Trust's options for its Estates Strategy

The Board noted the F&I Committee's CKIs

132/12 20 FINANCE AND ACTIVITY MONTHLY REPORT

The Board considered the Finance and Activity report (April 2012), noting:

- EBITDA £0.6m above plan

- £0.3m deficit - £0.5m ahead of plan

The Board agreed that the Trust had achieved a stronger start to the year than last year but that 2012/13 remained a challenging year. It was also agreed that May and June would be crucial in respect of performance for the quarter.

The Board noted the Finance and Activity report

133/12 21 BUSINESS SUSTAINABILITY PROGRAMME – PROCESS UPDATE

PW explained her intention that the Board would receive a quarterly update on the delivery of the Trust's Business Plan for 2012/13, incorporating BSP delivery.

The Board noted the update

134/12 22 SAFEGUARDING

No safeguarding issues to report.

RISK

135/12 23 BOARD ASSURANCE FRAMEWORK

The Board considered the development of the BAF, which was under review to bring it in line with the Trust's Corporate Objectives as re-articulated for its Business Plan 2012/13. PW explained that EDs had been involved in refining the principal risks to the delivery of the Trust's strategy.

The Board observed that there were too many risks identified, that some risks were too broad and that there was some overlap. The Board endorsed the planned work of a joint committee to refine the BAF and to work up the controls and sources of assurance for presentation to the Board in June 2012.

In response to a query, PW confirmed that the risks articulated on the previous version of the BAF continued to be monitored while the BAF was evolving to align with the Board's current strategy.

The Board endorsed the process for the development of the BAF.

136/12 24 RISK REGISTER

The Board considered the Corporate Risk Register. It was noted that there was just one risk scoring 20; the MRI scanners. The scanners would be tested throughout June ahead of commissioning. The risk would be removed from the risk register once the new MRI suite was fully functioning.

The Board noted the Risk Register

GOVERNANCE

137/12 25 AUDIT COMMITTEE CHAIR'S KEY ISSUES

NH explained that the May Audit Committee meeting had focused on the scrutiny of the Trust's Annual Accounts and associated supporting reports, the Annual Report and the Quality Account. He undertook to relay the Audit Committee's recommendations as each of the documents was reviewed.

DS explained some minor changes to the Annual Report, Quality Account and Annual Accounts, since the Audit Committee meeting, including:

- Minor non-material rounding issues on the Annual Accounts
- PCT response to the Quality Account incorporated

Head of Internal Audit Opinion (HoIA)

The Board noted that the HoIA provided positive 'significant' assurance, equating to 'substantial' assurance in DoH nomenclature. It was further noted that the HoIA contributes to the Annual Governance Statement in respect of the Trust's system of internal controls.

The Board noted the Head of Internal Audit Opinion.

ISA 260 Audit Highlights Memorandum

NH reported that the Trust's external auditors had recorded a qualified opinion in respect of the Trust's 'Use of Resources', due to Monitor's key concerns that led to the Trust's breach of the terms of its authorisation. The Board was signposted to the Annual Report, which set out what the Trust was dong to address the issues. It was noted that there was the potential for a qualified opinion in respect of 'Use of Resources' next year as well, since the Trust would not be out of breach until part way through the current financial year at the earliest.

The Board noted the ISA260 Audit Highlights Memorandum

Annual Accounts

NH confirmed that the Audit Committee had reviewed the position as reflected in the Accounts with a summary position in respect of last year. **DS undertook to circulate this helpful comparison report to the entire Board.** **DS**

The Board considered the Accounts.

The Board adopted the Annual Accounts 2011/12

Annual Report

The Board considered the Annual Report and agreed that it was an accurate and balanced account of the year.

The Board approved the Annual Report

External Assurance on the Quality Report

The Board noted that the Trust had achieved a Limited Assurance Opinion on the Quality Report.

Significant sampling issues were reported to have been identified with the audit of the agreed non-mandatory indicator for external audit (Acute Coronary Syndrome).

All recommendations from the External Assurance Report on the Quality Report are to be added to the Outstanding Actions Database for monitoring by the Audit Committee.

The Board noted the External Assurance on the Quality Report

The Quality Account

It was noted that since the Audit Committee's review of the Quality Account, the PCT had provided a positive and supportive statement, which had been incorporated.

The Board approved the Quality Account

Letter of Representation

The Board considered the draft Letter of Representation, confirming the Board's fulfilment of its responsibilities for the preparation of the Trust's financial statements, provision of information and disclosures.

The Board approved the Letter of Representation

138/12 25C ANNUAL PLAN

BC presented the Draft Annual Plan to the Board. She explained the prescribed format and the risks set out in the plan. She explained further that the Annual Plan would be published on Monitor's website except for the financial schedules and anything the Trust highlighted as commercially sensitive.

It was explained that the Plan was complete in substance and that there remained just minor formatting to complete before submission by Monitor's deadline.

In response to a query, it was confirmed that the Annual Plan contained the same information as the Business Plan 2012/13.

The Board's discussion included:

- Patient Experience Risk identified in the Annual Plan
- Market Share content – BC confirmed that in respect of GUM service, referrals data is confidential

The Board reviewed and agreed the finance risk indicators.

The Board reviewed the Governance Statement and confirmed that statement 4 in respect of the Trust's anticipation that an FRR of at least 3 over the next 12 months was 'not confirmed', and that statement 6 in

respect of the Board ensuring that the Trust remains at all times compliant with its terms of authorisation could not be confirmed, since the Trust is currently in breach.

The Board considered its declaration on risks against healthcare targets and indicators. The Board debated the 'at risk' status of two cancer targets and the A&E 4 hour target and agreed that the status was accurately reflected. The Board also asked for clarification in respect of the consequences of the outstanding CQC moderate concern.

The Board noted that the Governors had been invited to review and contribute to the Annual Plan.

The Board approved the Annual Plan and Statements, subject to agreed amendments, and delegated authority to the Chair and the CEO to check that the amendments had been made as agreed, before submission.

139/12 AUDIT COMMITTEE ANNUAL REPORT & SELF-ASSESSMENT (AS REPORTED ON AC CKIS)

NH presented the Audit Committee's Annual Report, noting that on page 6, there was a requirement to correct the report to reflect External Audit's qualification in respect of the Trust's 'Use of Resources'

The Board noted the Audit Committee's Annual Report

140/12 26 BOARD COMMITTEE TERMS OF REFERENCE

Deferred – June 2012

141/12 27 NON-EXECUTIVE DIRECTOR RECRUITMENT

KG presented the report setting out the process and timetable for NED recruitment in advance of JH's term of office coming to an end in October 2012.

The Board considered the skills and experience that would be required by the Board, taking into account the gaps that would be left following JH's departure, the earlier resignation of Philip Davis, and the Trust's strategic priorities.

The following requirements were identified:

- A high degree of financial competence
- Change management in a complex organisation
- Public health / voluntary sector knowledge and understanding
- Understanding of private healthcare
- Acquisitions and mergers

It was agreed that the potential to recruit 2 NEDs in accordance with the Trust's constitution should not be ruled out at this stage.

KG undertook to communicate and discuss the Board's view on the skills required with the Nominations and Remuneration Committee (NED Appointments) of the Governors' Council.

The Board:

- **noted the process and timetable for NED Recruitment**
- **noted that the Governors would be considering terms and conditions in line with their statutory duties**
- **agreed the skills and experience identified for discussion with the Governors**

142/12 28 BOARD DEVELOPMENT

The Board considered the draft Board Development Programme.

PW reported that she and KG had met the NHS Leadership Academy Team who had welcomed the Trust's radical thinking and who would be joining the Board at its workshop in July.

The addition of The Civil Contingencies Act and Safeguarding to the Board Development Programme was suggested. **GR**

The Board endorsed the Board Development Programme, subject to the inclusion of the additional topics agreed

Date of Next Public Board Meeting – 30th July 2012, QEH Conference Room, 9.00 a.m.

There being no further business, the meeting closed.