

**MINUTES OF THE FIFTY-FOURTH MEETING OF THE BOARD OF DIRECTORS
HELD ON 28 MARCH 2014, 09:00
LECTURE THEATRE, POST GRADUATE CENTRE,
QUEEN ELIZABETH THE QUEEN MOTHER HOSPITAL**

PRESENT:

Mr N E J Wells	Chairman	NW
Mr S Bain	Chief Executive	SB
Mr J Buggle	Director of Finance and Performance Management	JB
Mr R Earland	Non Executive Director	RE
Mrs V Owen	Non Executive Director	VO
Mrs J S Pearce	Chief Nurse and Director of Quality and Operations	JP
Mr P Presland	Non Executive Director	PP
Ms E A Shutler	Director of Strategic Development and Capital Planning	LS
Dr J P Spencer	Non Executive Director	JS
Dr P Stevens	Medical Director	PS
Mr S Tucker	Non Executive Director	ST
Prof C Corrigan	Non Executive Director	CC
Mr P Murphy	Director of HR and Corporate Services	PM

IN ATTENDANCE:

Mrs A Fox	Trust Secretary	AF
Peter Gilmour	Director of Communications	PG
Henry Quinn	Head of Strategic Intelligence Unit	HQ
Ms H Goodwin	Deputy Director of Risk, Governance & Patient Safety (Minute No. 66&67/14)	HG
Paula Newens	Junior Doctor	PN
Shelina Kassam	Junior Doctor Minute No. 66/14	SK
Debbie Bicker	Matron)	DB
Julie Davies	Matron) Minute No. 66/14	JD
Kim Dawson	Matron)	KD
Marie Houlihan	Matron)	MH
Sarah Swindell	Assistant Trust Secretary (Minutes)	SS

MEMBERS OF PUBLIC:

Mr B Glew	Elected Governor	BG
Mr J Sewell	Elected Governor	JSe
Mr J Smith	Member of the public	JSm

MIN. NO.**53/14 CHAIRMAN'S WELCOME**

NW welcomed the Board and members of the public to the meeting.

54/14 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

55/14 DECLARATIONS OF INTEREST

SB, JB, PS and PM were noted as nominated Directors of EKMS and SB/JB of Healthex.

56/14 MINUTES OF THE PREVIOUS MEETING HELD ON 28 FEBRUARY 2014

The minutes of the previous meeting were agreed with the following amendments:

- PS and PM were missing from the declarations of interest.

ACTION

57/14 MATTERS ARISING FROM THE MINUTES

The Board of Directors noted the updates on actions as per report. The following additional updates were noted:

22/14 – Medical Director’s Report: GMC Report Update

PS reported that trainee meetings have been established across the Trust. PN was invited to put forward her view of the structure and value of these meetings. She commented that establishing meetings was positive and regularity would enable them to embed.

PS agreed to continually encourage attendance. PS would also review other opportunities for trainee feedback.

In relation to the action from the last Board, NW/PS would meet to discuss an appropriate mechanism for providing the Board with assurance that trainee concerns mentioned in the GMC report were being addressed.

PS

NW/PS

32/14 – Clinical Quality and Patient Safety Report

RE noted at the last meeting there seemed to be a higher rate of incidents related to miss-filing of patient notes at KCH. JP reported that, following investigation, it was apparent that KCH had a higher volume of activity than WHH and QEOM.

Closed

47/14 – Annual Equality Monitoring Report

PM provided assurance that the action from the last Board was being taken forward and would be incorporated into future reports.

Closed

Other Matters Arising:

PM confirmed there was a process in place for continually inviting members of staff to participate in specific Board discussions.

Noted

The new schedule of Executive Patient Safety Visits had been circulated. NW encouraged all NEDs to participate.

Noted

58/14 FEEDBACK FROM MONITOR

JB had spoken to Monitor who confirmed they were comfortable with the ‘buddying’ arrangements in place with Medway NHS Foundation Trust and with the current position regarding contract negotiations with the CCG and SCG.

59/14 CLINICAL QUALITY AND PATIENT SAFETY REPORT, TO INCLUDE:

- **Mortality Data Trends**
- **Update on Hip Fracture/Neck of Femur**

JP introduced the report and the Board of Directors noted the main issues (as per summary of the report). JP highlighted the following in particular:

- **Harm Free Care:** Further improvement work was required to eliminate grade 3/4 pressure ulcers. Audits would be undertaken to review incidents at the point of prevalence.
- **MRSA** reported at 8 year to date (4 more than the previous year). 4 out of 8 were the Lyon strain and 3 of these were contaminated specimens. Further training would targeted at those responsible for taking samples.
- **C.difficile** reported at 48 year to date, 8 cases higher than the previous year. Enhanced control measures had improved performance over recent months.
- **E.coli:** The Trust was continuing to work to understand the mitigating actions. Enhanced surveillance relating to use of catheters was in place.
- **Mortality:** There had been a slight increase in relation to elective crude mortality. This was currently under review, led by the Trust’s Patient Safety

Board.

- Risk Management: Work was ongoing to review reported staffing difficulties, particularly maternity leave and sickness on the Singleton Unit.
- The number of extra beds was currently running at 60. The position was continually escalated to CCGs in terms of delayed transfers of care.
- Good progress had been made with the CCG in relation to the review of the local policy on mixed sex accommodation (noted as per report).
- Complaints progress was noted as per report.
- The Friends and Family net promoter score was noted as per report. Further work was ongoing to understand the key drivers behind the A&E position. The Trust was in discussion with the CCG to understand primary care referral activity and to see if they would help interview patients to understand their experience of A&E services.
- Since publication of the report, an updated CQC Intelligent Monitoring Report had been received and would be reported to the April Board.

Board of Directors discussion (Clinical Quality and Patient Safety Report):

Following a question raised by RE, JP reported that national data had shown a huge variation in net promoter scores for A&E services. A&E generally reported lower than inpatient and maternity services. Benchmarking had been undertaken against other local Trusts and JP agreed to report this in the next report. There were examples of positive net promoter scores and the Trust would be contacting those organisations to identify shared learning.

NW proposed the Trust approach the FTN as a potential source of data.

JP

ST commented there had been a positive increase in the number of reported clinical incidents. JP added that in particular the Trust had seen an increase from doctors in training. The Trust triangulates data with the severity of harm to identify trends and learning opportunities.

NW asked for further details behind the staffing difficulties reported within the Singleton Unit. JP provided assurance that the Trust had not experienced recruitment difficulties. Vacancies were being released in line with the birth rate to maintain the 1:28 ratio. Maternity leave and sickness levels were being monitored.

Following a question raised by NW, JP provided assurance that the Trust's clinical incident reporting was in line with other Trusts. Although the national reporting and learning system was six months' in arrears, the Trust retrospectively used this data to compare performance.

Following a question raised by JS, JP reported that the Trust continued to work with the CCG's quality teams to help them understand the complexity of an acute environment with the aim of improving the sign off process on STEIS.

Mortality Data Trends

PS provided a presentation on the Trust mortality monitoring processes; explanation of the different measures and latest performance data. Data was monitored by the Trust's Patient Safety Board.

Board of Directors discussion (Mortality Data Trends):

The internal target was 80 for HSMR and the Trust reported slightly above.

Paediatrics as a specialty reported red due to coding issues.

JB referred to the CUSUM data which reported a significant drop in performance from July 2013. PS provided assurance that this was expected. CUSUM was cumulative data and improvements were continuous.

SB reported that Dr Foster was undertaking an analysis of coding with the aim of introducing more sophistication and comparators.

Update on Hip Fracture/Neck of Femur:

PS reported that an action plan was in place which linked to the fracture neck of femur dashboard. Key clinicians and managers were engaged. The majority of actions reported an amber position. Those reported as red were noted as: recording of early warning scores in A&E; and availability of an imaging intensifier. Anaesthetic support was being firmed up at weekends and trauma co-ordinators were in place at QEQM and WHH.

Mortality in this area had decreased. The Trust had achieved best practice tariff of 88% at William Harvey Hospital, compared to 55% in the Summer.

The Board would receive a presentation at its April meeting on the latest position.

Board of Directors decision/agreed actions:

- The Board of Directors noted the performance as per report.
- Local Friends and Family benchmarking data would be included in the next CQPS Report.

Noted
JP

60/14 SUSTAINING SAFE SURGICAL SERVICES

Following the Board's decision in February 2014 to centralise high risk and emergency surgery on an interim basis, messages had been received from clinicians that further testing was required in terms of the impact on clinical adjacencies.

PS, JP, the Divisional Medical Director and Divisional Directors had organised regular meetings with all general surgeons on both sites to discuss alternatives. Potential models had been presented by clinicians for an interim solution prior to an interim move to centralisation.

Thirteen work streams were in place to assess risks and to consider clinical adjacencies. The Trust would be testing the models with surgeons and the Royal College of Surgeons. Progress would be presented to the April 2014 Board of Directors together with a timeline and costings.

Board of Directors discussion:

NW stated, and the Board agreed, that the February 2014 decision was founded upon information available at that time. The Board of Directors recognised the positive engagement received from clinicians and staff across the organisation as part of a balanced and integrated. SB added that this level of engagement provided real confidence the Trust would be able to design a solution that would be deliverable, robust and enable safer outcomes.

Following a question raised by JS, PS provided assurance that recruitment to substantive consultant posts would continue. Two posts had been advertised and job descriptions were being written for other posts. This would help address further concerns regarding the number of locum positions. Understanding of the interim model was essential to the recruitment of future posts.

Board of Directors decision/agreed actions:

- A communication had been released on 27 March 2014 to the Board of Directors, MPs and CCGs. A communication had also been included in Trust News.
- The Board of Directors noted progress would be presented to the April 2014 Board of Directors together with the timeline and costings.
- NW requested the report include details regarding the recruitment. JP also agreed to circulate a plan electronically outside of the Board for information.

Noted

PS

PS/JP

61/14

PATIENT STORY

JP presented the report which described a poor patient experience as a result of silo working; avoidable delays; miscommunication and aspects of poor basic care. Lessons learned and mitigating actions were noted as per report.

Board of Directors discussion:

PP asked how the Board can be assured this was an isolated incident. JP reported that multidisciplinary teams were undertaking a review of the 62 day pathway in terms of efficiency. JP stressed the importance of clinical responsibility and for clinicians to understand the implications when delaying decisions.

The Board noted a complaint letter which had been recently circulated to all Board members. This focussed on general problems faced by some patients. In particular, issues with appointment processes. The Board agreed this was an area which needed to be addressed. PS added it was important that booking systems were streamlined.

LS reported that these issues would be picked up in the review of patient administrative services being undertaken as part of the Trust's back office review with the aim of standardising processes throughout the trust. She would bring a report to a future Board meeting.

VO pointed out that the patient had been under the hospital's care for several months and clear pathways should have been in place. SB reminded the Board of Directors of the problems experienced by the Trust during this period as a result of a change in radiology reporting system.

Board of Directors decision/agreed actions:

- The Board of Directors noted the report and actions put in place to mitigate future issues.
- NW would write to the family to let them know the story had been discussed by the Board of Directors.
- LS agreed to bring a report to a future Board meeting updating them on the back office review, in particular progress for standardising patient administrative services.

Noted

NW

LS

62/14

KEY NATIONAL PERFORMANCE TARGETS

JP presented the report. The Board of Directors noted the Trust reported a compliant position in February 2014 against all targets and standards with the exception of the 62 day screening standard, and it was anticipated the Trust would report a non-compliant position for this standard for quarter 4 as a whole.

It was noted that March to date had been challenging in terms of A&E compliance, but it was anticipated the Trust would achieve compliance for Quarter 4 as a whole. The Trust continued to work with CCGs and other community providers to improve patient flows.

A slight increase was reported in February associated with the RTT 18 week backlog for T&O and dermatology. Plans were in place to bring this back on line. The incomplete pathway element of the RTT would not be achieved until the Trust improved its backlog position.

Board of Directors discussion:

NW referred to the 62 day urgent GP referral standard and referred to the January performance which highlighted concerns with compliance. JP reminded the Board that this related to an increase in breast screening referrals and she was confident that the team was managing this to achieve compliance for quarter 4 as a whole.

Following a question raised by CC, JP stated that implementation of the Outpatient's Strategy (One Stop approach) would enhance efficiencies within the 62 day pathway.

Board of Directors decision/agreed actions:

The Board of Directors noted the report and position against targets and standards as at February 2014.

Noted

63/14 CORPORATE PERFORMANCE REPORT

JB presented the report as at February 2014 which had been discussed by the Finance and Investment Committee at their meeting held on 25 March 2014. JB drew attention in particular to the latest performance related to: activity; income and expenditure; and cash position (as per commentary within the report).

Overall, the forecast income and expenditure surplus for the year remained at £3.6m after full use of the Trust's contingency. This was also dependent on the commissioner affordability at year end (contract negotiations were ongoing).

The Financial Risk Rating was in line with plan: 3 against Monitor's previous Compliance Framework rating; and 4 against the new Continuity of Service rating.

Board of Directors decision/agreed actions:

The Board of Directors noted the performance and activity position to date.

Noted

64/14 REVIEW OF ONGOING COMPLIANCE AGAINST SELF CERTIFICATION

AF confirmed that what had previously been reported to Monitor remained correct with the exception of non-compliance against the 62 day screening standard. This had now been reported to monitor with an explanation of mitigating actions put in place. Monitor had indicated that this position was not out of line with other Trusts.

65/14 QUESTIONS FROM PUBLIC ON PATERS WITHIN THE PERFORMANCE SECTION

JSm commented that in terms of future patient stories, he would like to see examples of good practices and positive patient experiences. JP/NW provided assurance that positive patient stories had been received by the Board.

JSm referred to earlier discussions and asked which equipment the Trust was investing in to address pressure ulcers. JP confirmed this was specialist mattresses and heel protector equipment.

BG requested that the correspondence sent to CCGs and MPs regarding high risk surgery also be circulated to Governors. SB confirmed he would follow this up.

SB

Following a further question from BG, SB confirmed there had been no response to this correspondence other than an acknowledgement of the communication. Overall, there had been an understanding of safety issues both internally and externally and that the Trust needed to respond to these both medium and long term.

66/14

FRANCIS THEME: MIDDLE GRADE DOCTORS AND MATRONS AS GUARDIANS OF SAFETY

NW set the scene for this item to discuss the Trust's safety culture and to hear views from doctors in training and matrons. A list of proposed discussion points was tabled.

Board of Directors and Staff discussion:

- From the perspective of the matrons present, all felt the Trust had a positive safety culture. Processes were in place to promote an open monitoring and reporting culture. Staff were proactively sharing safety concerns.
- From the perspective of the junior doctors present, both felt that overall there was a positive safety culture. There were pockets of concern, rather than a culture of concern. Neither had experienced reluctance from colleagues in reporting incidents and support was there to do so.
- The Trust's Datix system was slow and time consuming. A proposal was put forward as to alternative ways for raising concerns. There was a 'Shout Out Safety' email address but it was noted that this was not used often and it was sometimes difficult to identify individuals for follow up. It was agreed this would be reviewed to see if it could be made more effective.
- The Trust was keen to encourage junior doctors to feel part of the organisation and to raise concerns via the Trust's mechanisms rather than direct to the GMC or Deanery. Both junior doctors present felt this was a cultural issue and being unfamiliar with the Trust's systems and processes.
- Receiving feedback from reported incidents was seen as important, together with a more formalised feedback process. This would also further encourage an open culture of reporting. It was agreed that investigators would be encouraged to involve the 'reporter' as part of the investigating team.
- Patient ownership was a concern recently raised by one of the junior doctors present. This was particularly challenging during handover and was recognised as a consultant issue.

JP/HG

JP/HG

The discussion went on to identify ways in which the Trust can improve junior doctor awareness of internal processes:

- Matrons to be involved in junior doctor local induction processes. Local inductions were important mechanisms for developing relationships.
- Matrons to be invited to junior doctors meetings.
- Junior doctors to be encouraged to approach ward teams. It was proposed 'drop in' sessions be organised to meet matrons.
- Informal get-togethers to encourage team working.
- There were often challenges between targets and patient focus. Understanding system wide pressures was important and understanding the background of why a task has been requested. A perspective from the Executive Team was important as part of induction.

Although it was recognised there were tight regulations around junior doctor inductions, PS agreed induction should be reviewed to incorporate the encouragement of team working and information on key Trust processes. In

PS

addition, focus on local induction was important.

It was agreed that this topic would be revisited again at a future date to review progress.

67/14 CQC VISIT UPDATE

JP updated the Board of Directors on the CQC visit which took place w/c 2 March 2014.

The inspection team (consisting of 55 inspectors) were on site for a period of 4 days. An additional team was on site looking at the Trust's complaints processes.

High level feedback had been received from the CQC and the Trust was in the process of responding and providing the CQC with additional evidence. The CQC would be triangulating all intelligence made available to them and would issue a draft report on 17 April 2014. The Trust would have 10 working days to respond to any factual inaccuracies. A quality summit would be held in May 2014, to include the CQC, Trust and Commissioners where the final report would be shared and the Trust's action plan discussed. The final report would be published after the quality summit and the Trust would be issued with a rating.

Reflections from staff on the structure of CQC's process had been mixed. Some experienced positive engagement. However, some members of staff had concerns over the style of questioning and inconsistency of approach by inspectors.

The King's Fund would be evaluating the CQC's Wave 2 inspections and the Trust would feed into this process.

Board of Directors decision/agreed actions:

- The Board of Directors noted the update.
- A copy of the Trust's response to the initial feedback received from the CQC would be circulated to the Board of Directors.

Noted
SB

68/14 QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE DECISION SECTION

Mr Smith reported he attended the CQC public meeting.

69/14 2014/15 AND 2015/16 BUSINESS PLAN SIGN-OFF (SUBMISSION TO MONITOR)

JB presented the business plan. He reminded the Board of Directors of Monitor's revised process – to submit an operational plan by 4 April 2014 and a strategic plan by the end of June 2014.

The plan builds on information previously presented to the Board in December 2013, January and February 2014. The plan also incorporated comments received from the Council of Governors. Formal thanks were noted to John Sewell for co-ordinating these comments.

The plan included the impact of the published tariff. Unfortunately, negotiations with commissioners remain ongoing. As a result, the plan reflected the Trust's view. Should negotiations conclude prior to submission, the plan would be amended accordingly.

The plan did not include the impact of the CQC visit, or other things the Trust was not yet aware of. At present, there were no claims against the Trust's general contingency.

The Trust plans to achieve an EBITDA of £30m in 2014/15 and £33m in 2015/16. The bottom line shows a reported deficit of £200k in 2014/15. The driver behind this position was noted as per report. For both years, the Trust anticipated to achieve a Continuity of Service rating of 4.

The plan includes a predicted delivery of £26m cost improvement programme. It was anticipated proposals for schemes would be received by the time of submission. However, these schemes were subject to a corporate quality assessment led by JP and PS.

The risk related to the outcome of contract negotiations with commissioners was noted. However, JB was confident that the current position in the process provided confidence against the position reported in the plan.

The plan had been subject to scrutiny at the Finance and Investment Committee held on 25 March 2014. JS stated it was reported at the Committee that there was a risk to CIP achievement against plan. JB clarified that since this meeting, additional schemes had been identified totalling the plan of £26m. The risk was that no additional schemes had been identified beyond this.

NW added that the Finance and Investment Committee were assured that the CIP programme and process was stronger than the previous year. However, the Committee recognised it was essential to ensure schemes do not negatively impact on safety.

JS also reported that the Finance and Investment Committee discussed the provisions and contingencies in the plan and concluded that these were appropriate.

Board of Directors discussion:

JB clarified that the current contract negotiations affect 2014/15. For 2013/14, this would be based on PBR risk and challenge basis.

JB provided assurance that the Council of Governors comments provided on Non-NHS income had been received and considered. (This was in line with their statutory duties.)

Board of Directors decision/agreed actions:

- The Board of Directors approved the plan for submission to Monitor. The Board confirmed this was reasonable based on knowledge available to the Trust at this time. JB would arrange for submission to Monitor by the required deadline.
- NW formally thanked the Council of Governors for their input into the business planning process. Learning from this year's process would be used to further improve Governor input going forward.

JB

Noted

70/14 PROPOSED ANNUAL OBJECTIVES 2014/15

HQ provided a presentation on the proposed objectives for 2014/15 and the process used to update them. A detailed paper was circulated with the agenda which also included examples of annual objectives at other Trusts.

It was further noted that a meeting would be held in June 2014 to review the lessons learned from this year to improve the process going forward.

Board of Directors discussion:

RE referred to objective A02 (Develop and agree a transformation redesign service improvement strategy) and stated that this implied the creation of a capability or the requirement of investment. He asked if this had been taken into account.

JP stated that work had commenced to build a team which brings together quality and service improvement. Further work was required to embed skills within divisions but she was confident the Trust would have this resource to build this capability. LS added that the strategy would be a rolling programme.

Board of Directors decision/agreed actions:

- | | |
|---|-------|
| • The Board of Directors agreed the objectives as presented provided a good framework for 2014/15. | Noted |
| • NW had some amendments to further enhance the document related to staff engagement and working with the health economy. He would pass these to HQ. | NW |
| • The Board of Directors were encouraged to put forward additional comments to HQ by 4 April 2014. | All |
| • JS referred to the UCL objective referring to enabling staff to maximise their potential. He proposed this be incorporated into A03. | HQ |
| • VO referred to the Kings College Hospital NHS Trust's objective relating to improvements in public health, referring in particular to dementia. She proposed this be considered for EKHUFT. | HQ |
| • JP agreed to take RE through the transformational redesign strategy. | JP |

71/14 CLINICAL STRATEGY UPDATE

LS provided an update on the outpatient consultation process.

Consultation meetings had now concluded and responses had been sent to the University of Kent. Two additional meetings had been added to the programme, one in Herne Bay and one in Faversham.

The Trust was using feedback received as part of the public meetings to inform the process going forward.

It had been agreed that all sites would be re-visited at the end of April 2014. The League of Friends would be joining the assessment together with one GP from C4 CCG and a representative from the HOSC would observe the process. PropCo would make clear the facilities available on each site.

A draft report would be received for discussion at a closed meeting of the Board of Directors in May 2014. A final decision paper would be presented to the June 2014 Board.

LS

72/14 NATIONAL STAFF SURVEY 2013

PM provided a presentation of the Trust's Staff Survey results (survey undertaken in October 2013) and work in place to address areas of poor performance.

Board of Directors discussion:

Results from the staff survey had been disappointing for the last three years. It was recognised that the Trust had been subject to a number of challenges regarding internal organisational change and the external environment.

However, it was recognised that these challenges would continue going forward.

Board of Directors decision/agreed actions:

Staff engagement was a particular area of concern. More specific analysis was needed with tangible actions. Interventions needed to be proven before applied. It was agreed that NW/PM would discuss the options available and bring these to the April Board. All Board members were encouraged to put forward ideas to PM.

NW/PM

Initial discussion points were noted:

- Empowerment of staff.
- Greater consistency of understanding what it means to work for the Trust and how individual roles contribute to the wider organisation.
- An intensive piece of work with groups of staff demonstrating that a difference can be made.
- Mechanisms for communication, particularly across all sites.
- Cultural issues would require external facilitation.

73/14 QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE STRATEGIC SECTION

No questions were raised.

74/14 CORPORATE RISK REGISTER – TOP 10

The Board of Directors noted the report as read.

JP referred to the emerging risks which had now been evaluated by the Risk Management and Governance Group. As a result, the following risks will be included on the corporate risk register:

- Centralisation of high risk and emergency surgery
- Delays in the provision of scheduled chemotherapy
- Failure to achieve the 62 day screening RTT.

NW asked the timeframe for addressing the temporary closure of the Aseptic Unit. JP reported that a root cause analysis was still underway. At present, the Trust was buying in a service but this was having an impact on patient experience. JP would keep the Board up to date.

JP

75/14 BOARD COMMITTEE FEEDBACK

Finance and Investment Committee:

A Chair's report was tabled and noted. JS drew attention to the items addressed at the 25 March 2014 meeting: Annual Business Plan review (as reported earlier in the meeting); and approval of the business case for a new telephony system.

Noted

76/14 CHIEF EXECUTIVE'S REPORT

The Board of Directors noted the report. SB drew attention to the following:

- National announcement on pay settlements (as per report).
- Page 2 – news article regarding the provision in the Care Bill that would allow a hospital to be closed or scaled back if a neighbouring trust developed serious financial problems.

77/14 FEEDBACK FROM COUNCIL OF GOVERNORS

NW reported the Council met on 10 March 2014. Presentations received on: A&E performance; end of life care (following the withdrawal of the Liverpool Care Pathway); Annual Business Plan 2014/15 and 2015/16; and the process for collating Governor views on the outpatient consultant.

78/14 ANY OTHER BUSINESS

PS provided assurance to the Board of Directors regarding the Bruce Keogh letter:

- The Trust's processes regarding disposal of fetal remains were in line with regulatory requirements.
- A patient transfer policy was in place within the Trust. An analysis was being undertaken to ensure this was visible at ward level and PS would confirm this was complete at the next Board.

PS

79/14 QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE INFORMATION SECTION

Mr Smith expressed his appreciation of the work of the Trust and the Board of Directors.

Date of next public meeting – 25 April 2014, Board Room, William Harvey Hospital

The meeting closed at 13:15

Signed: _____

Dated: _____