

**UNCONFIRMED MINUTES FROM THE FIFTY-SEVENTH MEETING OF THE  
BOARD OF DIRECTORS  
FRIDAY 27 JUNE 2014, THE ARK, DOVER, CT17 0DD**

**PRESENT:**

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

**IN ATTENDANCE:**

Sally Smith	Deputy Chief Nurse ( <i>Minute Number 139/14</i> )	SSm
Wendy Hills	Head of Nursing (Specialist Services Division) ( <i>Minute Number 139/14</i> )	WH
Karina Greenan	Head of Nursing (UC&LTC Division) ( <i>Minute Number 139/14</i> )	KG
Heather Munro	Head of Nursing (Surgical Services Division) ( <i>Minute Number 139/14</i> )	HM
Rachel Jones	Director of Strategic Development	RJ
Neil Fisher	Head of Planning (CCG)	NF
Anne Neal	Assistant Director Strategic Development ( <i>Minute Number 143/14</i> )	AN
Mark Austin	Assistant Finance Director ( <i>Minute Number 146/14</i> )	MA
Melanie Hill	Corporate Planning and Performance Lead ( <i>Minute Number 146/14</i> )	MH
Peter Gilmour	Director of Communications	PG
Gemma Shillito	Communications Manager	GS
Alison Fox	Trust Secretary	AF
Sarah Swindell	Assistant Trust Secretary (Minutes)	SS

**OBSERVER**

Sandra LeBlanc	Director of HR ( <i>From 1 September 2014</i> )	SL
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**MEMBERS OF THE PUBLIC IN ATTENDANCE:**

Brian Glew	Governor	BG
Carole George	Governor	CG
John Sewell	Governor	JSe
Mr Smith	Member of the Public	JSm
Leo Griggs	(Commercial Company)	LG

**MINUTE  
NO.**

126/14

**CHAIRMAN'S WELCOME**

NW welcomed the Board, members of the public and Governors to the meeting. He introduced Sandra Le Blanc who would be joining the Trust in September as the new Director of Human Resources.

**ACTION**

127/14 **APOLOGIES FOR ABSENCE**

- Prof C Corrigan, Non Executive Director (CC)
- Mr P Presland, Non Executive Director (PP)
- Mr R Earland, Non Executive Director

128/14 **DECLARATIONS OF INTEREST**

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

129/14 **MINUTES OF THE PREVIOUS MEETING HELD ON 22 MAY 2014**

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

130/14 **MATTERS ARISING FROM THE MINUTES****108/14 – Clinical Quality and Patient Safety Report**

VitalPacs presentation: NW would discuss with JP the feasibility of a presentation incorporating all Trust IT initiatives.

NW

**115/14 – High Risk Surgical Services**

A copy of the Northumbria Visit presentation would be circulated to the Council of Governors after it was received by the Board at today's meeting.

PS/LS

**112/14 – Chief Executive's Report**

AF and her opposite number at MTW were working through the legal partnership agreement relating to the pathology aservices. Once this was in place, a formal KPP Board would be established.

131/14 **FEEDBACK FROM MONITOR, TO INCLUDE:**

SB reported there had been no formal feedback from Monitor on Quarter 4. However, correspondence had been received from Monitor confirming they were content with the Trust's 1-2 year operational plan (following submission in March 2014).

132/14 **CLINICAL QUALITY AND PATIENT SAFETY REPORT**

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

- The harm free care elements continued to report an improving position.
- One grade 3 pressure ulcer was identified as avoidable in May 2014. Falls resulting in harm reported an improving position. Specific interventions had been implemented.
- One MRSA bacteraemia was reported in May 2014.
- Three *C.difficile* infections were reported in May 2014, two cases were associated with Minster Ward but there was no suggestion of cross infection. The Trust would be reporting a non-compliant position for Q1 of 2014/15.
- The Board of Directors noted the latest incident report, specifically, 3 graded as death and 5 graded as severe. Forty-eight incidents were reported related to staffing difficulties. Fewer difficulties were being experienced in maternity due to vacancies being filled.
- Bed occupancy reported an increase during May 2014. Work continued with

- commissioners in terms of patient flow.
- Formal complaints reported an increase in May 2014. In addition, the number of 'returners' had increased and the Trust was introducing different approaches to resolve patient complaints.
- The Friends and Family Test had identified A&E as an area of focus. The Trust would be working with HealthWatch to understand the key drivers.
- Appendix 1 provided the latest nurse staffing data required to be published by Trusts from end of June 2014.

**Board of Directors discussion:**

Concern was noted regarding the increased *C.difficile* infections. JP reported that funding had been agreed for increased control measures and a business case was being developed.

NW commented that the nurse staffing data did not appear to highlight any major issues of concern.

JP reported that as the data embeds, it would be possible to benchmark the Trust via NHS Choices. Generally, the establishment levels were above the tolerance level of 80%. However, there were areas where there were vacancies and areas where there were extra beds were a risk. The Trust had been working with NHS Professionals in terms of temporary staffing.

ST asked if there was a connection between the rising bed occupancy levels and the increased *C.difficile* cases. JP agreed extra beds put added pressure on staff. However, there was no suggestion that this was the case on Minster Ward during May 2014. Good practice principles were being reinforced in the Trust and work continued with the wider health economy to manage patient flow.

NW added that mandatory training was also important and there was a need to improve compliance.

Following a question raised by JS, JP reported that some wards find it easier to recruit staff than others. This was being addressed through the Leadership programme.

ST referred to the complaints performance. He commented that it was disappointing when care falls down in a small number of cases. Recognition of learning was important and ensuring improvements were robust.

JP reported that out of the 90 complaints in May 2014, 21 related to staff attitude. Specific work was being undertaken in A&E with bespoke sessions.

NW referred to the increase in the number of complaints related to delays in treatment. JP reported that this linked to the improvement work being undertaken in the Trust on outpatient booking processes.

VO referred to the forthcoming Board to Board with the CCGs and welcomed the opportunity to discuss patient flows and operational pressures.

Following a question raised by NW, JP referred to page 18 of the report which reported a positive increase in incident reporting since the introduction of an electronic system.

**Board of Directors decision/agreed actions:**

- The Board of Directors noted the report.
- It was agreed that an update on the improvement work being undertaken on outpatient booking processes would be scheduled at a future Board meeting. LS/JP would advise of appropriate timing.
- PS referred to a previous piece of work looking at *C.difficile* carriage in the community and proposed this was something that could be revisited.

Noted  
LS/JP

JP

133/14

**PATIENT STORY**

JP introduced the report which described the experiences of a patient following the development of a temporary paralysis due to a medication side effect. The report also outlined the lessons learned and actions taken (page 4).

**Board of Directors discussion:**

The Board of Directors noted that pharmacy systems and processes had been strengthened. Learning had been shared within Teams.

NW referred to the importance of cascading themes and learning from patient stories. PS reported that patient stories were also the subject of the grand round process.

PS reminded the Board that electronic prescribing was key to monitoring situations such as this.

NW stressed the importance of balancing negative patient experiences with positive. He proceeded to read correspondence from a patient sharing a positive patient experience. JP added that the majority of posts on the Patient Opinion website were positive. These were shared with the staff concerned.

**Board of Directors decision/agreed actions:**

The Board of Directors noted the report.

Noted

134/14

**KEY NATIONAL PERFORMANCE TARGETS**

JP presented the report.

The Trust reported an overall compliant position in April 2014 with Monitor's RTT targets. T&O as a specialty reported non-compliance (as planned) to address the backlog position. It was noted that the backlog position had increased due to the impact of increased referrals in November and December 2013 (this had been previously reported to the Board of Directors). The Trust's information team had demonstrated a rise in orthopaedic referrals which suggested a change in GP referral patterns.

The Trust reported a compliant position against all cancer standards in April 2014, with the exception of the 62 day standard (20 breaches in May 2014) and the 31 day diagnosis to subsequent drug treatment standard (1 breach). The reasons for breaches were noted on page 11 of the report.

Non-compliance was reported in May 2014 with the A&E standard (for the second month in a row). Page 4 described the factors driving this position.

**Board of Directors discussion:**

Work was ongoing to improve productivity in orthopaedics. The Surgical Division had appointed clinical leads for all specialities and a 'specialty team' working approach was being implemented.

PS reported that referral behaviour across the patch was inconsistent and referrals in orthopaedics were significantly higher than previous years.

Following a question raised by NW, JP reported that the theatre productivity work would need time to embed over another quarter before improvements would evidenced in future reports.

JS was concerned about the increased backlog and activity. He asked if there was a risk to the wider 18 week compliance. JP reported the Trust was working with commissioners to work up an options paper to access the additional funding being made available by NHS England to address 18 week compliance.

**Board of Directors decision/agreed actions:**

- The Board of Directors noted the report and areas of non-compliance at May 2014.
- Discussions were ongoing between the Finance Department and commissioners in terms of managing 18 week compliance at minimal cost. Monitor would be informed if required and the Board of Directors would be kept up to date.

Noted

JP/JP

135/14

**CORPORATE PERFORMANCE REPORT**

JB presented the report as at April 2014 which had been discussed by the Finance and Investment Committee at a meeting held on 24 June 2014. JB drew attention specifically to: activity; income and expenditure; and cash position (as per commentary within the report).

The Finance Team was discussing referral variances with Divisions to understand the impact on contract arrangements. This work would inform ongoing discussions with commissioners.

In summary, financial performance at Month 2 reported Income and expenditure position of £0.6m, 1.6m behind plan after full application of the contingency. This position was driven by overspends and CIP under performance. Work was ongoing with Divisions to develop recovery plans which would be reviewed by the Finance and Investment Committee and reported at the Board.

For Month 2 the Trust reported a rating of 4 under Monitor's Continuity of Service Risk Rating.

JS (Chair of the Finance and Investment Committee) confirmed the report and was in line with those received by the Finance and investment Committee. He added that the shortfall at month 2 was not significant at this stage. However, if projected forward for the remainder of the year, this would have a considerable impact on the financial position.

**Board of Directors discussion:**

NW reported discussions at the Finance and Investment Committee regarding the under performance of the cost improvement programme. The Committee had challenged the Executive Team to drive the programme forward.

Following a question raised by VO, JB/PS confirmed that divisions were committed to delivering their cost improvement programmes. The Board of Directors noted that driving efficiency within the organisation would always be possible in terms of transformational change and technological change. However, the challenge of maintaining 5% / 6% efficiency levels in the NHS over a prolonged period was noted. SB reported that this was subject to national debate.

**Board of Directors decision/agreed actions:**

The Board of Directors noted the report and financial position as at Month 2.

Noted

136/14 **REVIEW OF ONGOING COMPLIANCE AGAINST SELF CERTIFICATION**

AF reported that the Integrated Audit and Governance Committee confirmed that the forecasts in Q3 were in line with the outcome in Q4.

The Board of Directors noted that going forward the Trust would not achieve A&E compliance or the *C.Difficile* standard for Q1.

137/14 **QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THIS SECTION**

LG (member of the public) asked (from a commercial point of view) the timescales for the possible sale of the Royal Victoria Hospital (RVH) site. LS responded the Trust would be considering (as part of the 5-10 year strategy development) options for its sites. In the next 3-4 months, the Trust would know if RVH would form part of this project. If it was, February/March 2015 would be the timescale, if not, it was unlikely to be until September/October 2015.

CG (Governor) asked what the Trust's policy for Staff travelling to and from hospital in uniform. JP provided assurance that a strict uniform policy was in place developed with input from the Trust's Infection Prevention and Control Team. Staff were informed that travel to anywhere other than home to work in uniform was not permissible.

138/14 **FINAL REPORT: OUTPATIENT STRATEGY CONSULTATION**

LS presented the report which provided an overview of the outpatient consultation and decision making process. The Board of Directors was reminded of the background and key drivers for change (page 2 and 3 of the main report).

Public consultation took place between December 2013 to March 2014 in partnership with the Canterbury and Coastal CCG. The consultation was extended to allow for requests for additional meetings in Herne Bay and Faversham.

An options appraisal was undertaken to identify a preferred site for the North Kent Coast and Estuary View Medical Centre achieved the highest score.

The University of Kent independently analysed the consultation responses. The report was noted at Appendix 1. LS drew attention specifically to confirmation from the University that the consultation had been carried out appropriately and

followed legislation.

Trust and CCG had reflected on messages from the consultation (page 4 of the main report) which had resulted in further options appraisals undertaken on the North Kent site. The scoring was noted at Appendix 2 which again identified Estuary View as the highest scoring site.

The report outlined difficulties with obtaining information from NHS Property Services in time for the subsequent options appraisals. The chronology of contact with NHS Property Services was noted on page 6 of the main report.

A presentation was made to the Kent HOSC on 6 June 2014. The HOSC had confirmed that the Trust had been extremely fair and that they were supportive of the way the assessment had been undertaken.

LS drew attention to concern raised by the HOSC regarding NHS monies invested in public transport improvements. LS reported that there was evidence that Stagecoach would not increase transport links without investments. The investment had resulted in improved routes to WHH, from Deal to Buckland Hospital and links from Buckland, Whitfield, Sandwich and QEOM.

LS referred to Appendix 5 which outlined the CCG's plans for the development of community hubs and how they intend to take this forward.

#### **Board of Directors discussion:**

VO referred to the CCG's commitment to introduce a community hub and asked if the detail was known. LS/SB responded by reporting the overall strategic intent was to reduce the number of outpatient follow ups. This has been built into the Trust plans.

NW made reference to the comprehensive commentary received from the Council of Governors. He invited BG (Governor) to comment on the process and outcome.

BG reported that the Council had been heavily involved in the development of the proposals and through this involvement Governors had indicated their support and recognised the positive benefits for the majority of East Kent residents and disadvantages for the minority. He went on to report that the majority of Governors remained supportive of the proposals in terms of location and pump priming investment in public transport. There were a number of issues identified by the Council that had been addressed as part of the consultation.

#### **Board of Directors decision/agreed actions:**

NW summarised the underlying principles of the strategy to rationalise and enhance services and increase accessibility. He had attended a number of consultation meetings and listened to the concerns, specifically around travel for the elderly population. The commitment from the CCG to implement community hubs was therefore welcomed by the Board of Directors. NW stressed the importance of effective the engagement with the CCGs during the development and implementation of the hubs as these would be an essential complement to the outpatient services provision by the Trust.

The Board of Directors unanimously endorsed the proposal:

- To implement new ways of working in an outpatient setting.
- Investment of £455,000 into the extension of public transport links.
- Reduction of specialist acute outpatient clinics from 15 sites down to 6 sites.
- Choice of Estuary View Medical Centre as the centralised site for specialist acute outpatient services on the North Kent Coast.
- Intent of NHS C&C CCG to develop community hubs/networks.

Agreed

NW thanked the Governors, on behalf of the Board of Directors, for their contribution to the process.

139/14

## **WARD ESTABLISHMENT REVIEW – APRIL 2014**

Sally Smith, Deputy Director of Nursing, Wendy Hills, Head of Nursing (Specialist Services Division), Karina Greenan, Head of Nursing (Urgent Care and Long Term Conditions Division) and Heather Munro, Head of Nursing (Surgical Services Division) were in attendance for this item.

JP reminded the Board of the NHS England requirement to undertake ward establishment reviews on a 6 monthly basis. She introduced the presentation provided by SSm which informed the board of: notable improvements since the previous staffing review; innovative ward staffing models; improvements in nurse:patient ratios.

### **Board of Directors discussion:**

JP explained the purpose of these reviews in terms of local assurance. Discussions would take place with Commissioners to ensure they understand the compliance and areas of challenge.

The Trust had responded to the draft NICE staffing Guidance consultation.

JB asked for further understanding behind the differences between the Trust's professional judgement and the Hurst Model. VO added that she felt it was difficult (as a NED) to obtain assurance from these differences.

JP explained the Hurst Tool provided an average for a typical surgical specialty ward. It would not take into consideration different ergonomics. The Tool was used as a benchmark guide which was triangulated with professional judgements.

JP referred to page 19 which reported the current staff ratios. The majority reported above the 1:8 standard for nurse:patient ratio. However, metrics would fluctuate with activity levels.

NW commented that familiarisation of the data going forward would provide better understanding and assurance.

SB referred to the ongoing issue with NHSP fill rates. KG explained that the Trust had successfully recruited overseas staff on two occasions which had increased the fill rate for NHSP. These staff had been placed on areas of high demand.

ST asked if the level of investment had been recognised by staff as perception was important. HM provided assurance there was recognition amongst staff. In particular, the long term plans for band 6 out of hours was seen as a positive investment.



**Board of Directors decision/agreed actions:**

JP agreed to discuss the drivers behind the metrics with VO/JB to further assist understanding and assurance.

JP/JB/  
VO

NW asked that future reports include:

- Areas of potential risk or challenge.
- Understanding of the increase in staff turnover.
- Impact of the implementation of innovative workforce models.

JP

140/14 **COMPLIANCE AGAINST PROVIDER LICENCE/CORPORATE GOVERNANCE STATEMENT**

AF presented the report which had been reviewed by the Integrated Audit and Governance Committee in June 2014.

**Board of Directors decision/agreed actions:**

The Board of Directors endorsed the recommendation of the Integrated Audit and Governance Committee to approve the final declaration, recognising the final report from the CQC had not been received which may impact on response Q1c. AF would arrange for submission.

AF

141/14 **WORKFORCE STRATEGY AND PLAN**

PM provided a presentation highlighting key messages from the Workforce Strategy and Plan (as per presentation).

**Board of Directors discussion:**

JP thanked PM and his team for the work undertaken on the We Care implementation.

NW reminded the Board of Directors he had been working with the Head of HR to progress the staff engagement project. He would be discussing this with the Governors at their meeting on 7 July 2014. In addition, he had discussed with LS engagement of staff in the context of the clinical strategy development work.

PM added that staff engagement in the business and strategic planning processes needed to be strengthened going forward.

SB highlighted one additional area which needed to be monitored by the Trust going forward: the move nationally to reduce junior doctor training posts and to realign more posts into primary care and mental health.

**Board of Directors decision/agreed actions:**

The Board of Directors noted the report.

Noted

142/14 **CLINICAL STRATEGIES UPDATE**

**Clinical Strategy Update**

LS presented the report updating the Board of Directors on the key work streams. Eight work streams were in place (reduced from the original 13).

In addition, LS was working with the Director of Communications, to attend all internal divisional and department meetings to raise staff awareness/engagement.

SB reported he had been contacted by the Chairman of the Kent and Medway Health and Wellbeing Board. It was the intention to establish a meeting with all providers to develop a East Kent strategy.

**Board of Directors decision/agreed actions (Clinical Strategy Update):**

The Board of Directors noted the report.

LS provided assurance that all specialities were represented within the work streams.

Noted

Noted

**Safe Surgical Services**

PS/JP provided the following updates:

- 4 colorectal surgeons had been recruited. Further work was ongoing to model the additional general surgery consultant capacity required.
- The Board of Directors remained committed to work towards a centralisation model.
- The Trust was clarifying the model with the Royal College of Surgeons.

**Board of Directors decision/agreed actions (safe surgical services):**

The Board of Directors noted the update.

Noted

143/14

**SURGICAL SERVICES: NORTHUMBRIA MODEL**

LS explained the background of the work undertaken to look at the models of care that Northumbria were starting to implement when they open their hospital in early 2015.

The Board of Directors were invited to reflect on the presentation and send any questions/points of clarification to PS.

All

144/14

**FRANCIS REPORT**

AF presented the report which updated the Board of Directors on the outstanding elements of the Francis Report Action Plan. A total of 13 out of the 139 actions remained open. AF provided assurance that the closed actions were refreshed on an ongoing basis.

The second part of the report explained the impact of actions and feedback from staff members who participated in the schedule of Francis Theme Board discussions.

**Board of Directors decision/agreed actions:**

- The Board of Directors noted the report.
- It was noted that actions from the series of Francis Report Theme discussions would be brought to a future Board meeting. The Board of Directors noted the importance of keep staff members involved in these discussions included in the communication loop.

Noted

AF/NW

145/14 **CQC ACTION PLAN**

The draft report had been received and a response had been sent to the CQC in terms of factual accuracy. The report was embargoed until the CQC had considered the points of factual accuracy.

146/14 **EKHUFT 2-5 YEAR STRATEGIC PLAN**

NW reminded the Board of Directors that the Council of Governors had produced a commentary on the Trust's 2-5 year plan. This has been circulated to the Board of Directors.

Mark Austin, Assistant Director, and Melanie Hill, Corporate Planning and Performance Lead, was in attendance for this item. A presentation was provided to include: Plan updates since April 2014; response to the key issues raised by the Council of Governors; Strategy and Financial Challenge; Strategic Plan Initiatives; Financial Projections – COSRR; Financial Projections – Income & Expenditure; Financial Projections – Cash Flow; Financial Projections – Capital Plan; and next steps.

**Board of Directors discussion:**

The Board of Directors recognised the plan reflected CIPs, strategic transformational change and risk as key drivers for delivery. The Board of Directors recognised the significant long term service change required.

PS asked how the Trust's plan aligned with the CCG's 5 year strategic plan. SB clarified the CCG plan was aimed at absorbing future demographic pressures. JB added that assumptions and metrics had been tested and he believed them to be robust. The Trust's plan had been shared with the CCGs.

It was noted that the Kent and Medway Health and Wellbeing Board would be taking the opportunity to ensure synergy across all Kent CCG/Trust plans.

NW reported that correspondence had been received from JSe (Governor) on behalf of the Council of Governors asking the Board of Directors for assurance that no East Kent Hospital specimens or staff would transfer to the MTW element of the Kent Pathology Partnership until issues identified in the MTW CQC report had been resolved. NW met with Jocelyn Craig (Governor) (who had specific concerns regarding the KPP) and the Histopathology Departments. Assurance was provided at that meeting that the issues identified by the CQC would be resolved prior to transfer.

**Board of Directors decision/agreed actions:**

- It was noted that the written plan would be considered by the Board of Directors in closed session. The final plan would not be published by Monitor. A summarised version would be available in the public domain.
- It was agreed that the full written plan would be circulated (in confidence) to the Council of Governors.
- SB thanked all members of the Finance Team for the work undertaken in developing the Plan.

Noted

JB

147/14 **QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE STRATEGIC SECTION**

MA explained the differences between income and expenditure which predominantly reflected the impact of the strategic initiatives.

148/14 **MEDICAL DIRECTOR'S REPORT: MEDICAL REVALIDATION**

PS presented the report which was required to be discussed by the Board of Directors and the statement of compliance to be signed by the Chairman/Chief Executive and forwarded to NHS England by 31 August 2014.

**Other Issues Reported by the Medical Director:**

PS was disappointed to report that the Hip Fracture Review reporting mechanism had been changed with rates reported retrospectively for a period of 3 years between 2011-2013. Based on data from the 2011-2013 calendar years, the organisation's casemix adjusted 30 day mortality rate is 11.1%, which is more than three standard deviations higher than the national average of 8.4%. Significant work has been undertaken in the Trust to improve mortality rates, with success but the latest report clearly does not reflect the improvement. The crude unadjusted 30 day mortality over the last two years is now 9% at the William Harvey and 6.3% at the Queen Elizabeth the Queen Mother Hospital, Margate. The Trust has invited the Hip Fracture Collaborative to look at pathways on both sites in July 2014.

PS reported that the GMC Training Survey had highlighted bullying and harassment and patient safety concerns (related to medical staffing and rota gaps). The Urgent Care and Long Term Conditions Division is in the process of recruiting 8 middle grade doctors from overseas which would help address this.

**Board of Directors decision/agreed actions:**

The Board of Directors endorsed the compliance.

Noted

149/14 **CORPORATE RISK REGISTER – TOP 10**

JP reported that there had been no major changes to the previous report. Work was ongoing to align risks with the strategic plan and Board Assurance Framework.

150/14 **FEEDBACK FROM BOARD COMMITTEES**

**Finance and Investment Committee**

The Chair's Report was tabled. JS highlighted specifically: discussions regarding the 2-5 year strategic plan; approval of a laundry services business case; and consideration of a fracture clinic business case with the request that further efficiencies be identified.

The Board of Directors approved the Terms of Reference with no change.

Noted

**Integrated Audit and Governance Committee**

The Chair's Report was noted. VO referred specifically to discussions regarding Safeguarding in terms of increased activity and national changes to the training compliance.

**Charitable Funds Committee**

VO presented the report and drew attention to: the presentation by Cazenove; fundraising Appeal update; Annual Report and Accounts; finance and expenditure report.

The Board of Directors endorsed the Terms of Reference and Reserves Policy with no changes.

The Board of Directors also endorsed the recommendation to release capital of up to £150k to continue Grants as required.

Noted

**151/14 CHIEF EXECUTIVES REPORT**

The Board of Directors noted the report.

**152/14 FEEDBACK FROM THE COUNCIL OF GOVERNORS**

The next meeting of the Council of Governors was scheduled for the 7 July 2014. Agenda items included performance updates, a presentation from HealthWatch, ratification of the review of Lead Governor, a presentation of the Trust's long term strategy (incorporating a response to the Governor's response to the Trust's 2-5 year Strategic Plan).

NW further reported that he had met with the Joint Chairs of the Council of Governors Patient and Staff Experience Committee to discuss Governor involvement in the Trust's Staff Engagement Project.

**153/14 ANY OTHER BUSINESS**

NW reported the outcome of an After Dragon's Den event and investments made by the Trust.

**154/14 QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE INFORMATION SECTION**

CG reported positive feedback from a 'Meet the Governors' event from Staff and members of the public regarding Trust services and working conditions. She proposed the Board of Directors consider ways of communicating positive messages wider in the Trust.

JP responded that positive feedback received on the patient opinion website was circulated within the Trust.

The meeting closed at 13:45pm

**Date of the next public meeting – 25 July 2014, QEQM Lecture Theatre**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_