MINUTES OF THE FIFTY-THIRD MEETING OF THE BOARD OF DIRECTORS HELD ON 28 FEBRUARY 2014, 09:00 BOARD ROOM, KENT AND CANTERBURY 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

IN ATTENDANCE:

Mr B Campion-Smith	Head of Equality & Engagement (Minute No. 47/14)	BC-S
Ms M Carliell	Corporate Events, Trust Membership & Volunteer Services Manager	MC
Mrs A Fox	Trust Secretary	AF
Mr P Gilmour	Director of Communications (Minute No. 34/14)	PG
Ms H Goodwin	Deputy Director of Risk, Governance & Patient Safety (Minute No. 44/14)	HG
Mrs A Kibble	Executive Assistant & Revalidation Co-ordinator (Minute No. 33/14)	AK
Mrs R Jones	Divisional Director, Surgical Division (Minute No. 34/14)	RJ
Mrs F Stephens	Head of Learning and HR Business Partnering (for PM)	FS
Dee Boorman	Committee Secretary (Minutes)	DB

MEMBERS OF PUBLIC:

Mr B Glew	Elected Governor	BG
Mr J Sewell	Elected Governor	JSe
Ms S Underdown	Oasis Medical Solutions	SU

MIN. NO.		ACTION
27/14	**CHAIRMAN'S WELCOME**	
	NW welcomed the Board and members of the public to the meeting.	
28/14	**APOLOGIES FOR ABSENCE**	
	Apologies for absence were received from: Prof C Corrigan — Non Executive Director (CC) Mr P Murphy — Director of HR and Corporate Services (PM)	
29/14	**DECLARATIONS OF INTEREST**	
	SB and JB declared that they were Directors of EKMS and Healthex.	

MIN. NO.		ACTION
30/14	**MINUTES OF THE PREVIOUS MEETING HELD ON 30 JANUARY 2014**	
06/14	**Clinical Quality and Patient Safety Report** JP and PS agreed to work with the Director of Information on a presentation on mortality data trends for the March Board of Directors Meeting.	JP / PS
13/14	**Questions from the Public** JP and the Governor (JC) had liaised regarding the increase in incidents relating to staffing levels, in particular in the Singleton Unit. The trend had continued for January and was due to a combination of sickness levels and maternity leave. Recruitment of 14 Midwives was underway and the Division was working with HR to understand and address the underlying causes of the sickness levels.	Noted
14/14	**Francis Report Theme** There was no Francis Theme included in this month's Board Meeting. The theme for March will be Junior Doctors and Matrons as Guardians of Safety and staff will be invited to attend the Board Meeting to participate in the discussion. The final theme in April would address the issue of culture.	Noted NW
15/14	**Full Business Case – Kent Pathology Partnership** NW had agreed that he would initially sit on the KPP management board as EKHUFT's Non Executive Director. Interviews for the MD role were scheduled for the end of March.	Noted
16/14	**Draft 2014/15 Annual Plan and Planning Process** Monitor had developed a toolkit to enable Boards to self-assess their effectiveness in strategic planning. LS and AF were working on this; the first meeting had been held and work was on track.	Noted
22/14	**Medical Director's Report** The report included a summary of training and a summary of trainees' concerns regarding their educational training and also about the Trust itself. Themes included: the Trust's higher percentage of patient safety comments than nationally (7% v 5.2%); problems of the working culture; staffing resource; supervision; patient management; Doctor performance problems; work expected of the trainee; management processes; process of care, and fitness to practice issues. The Trust was aware of these concerns and these issues were addressed in a number of forums, listening events and individual meetings. Deanery visits (including GMC representation) to different specialties occurred frequently, and following receipt of every Deanery report an action plan was submitted to the Deanery's satisfaction and in accordance with their timetable. The Trust was also working proactively with Health Education England and Canterbury Christchurch University on the Physician's Associate Programme. NW and PS agreed to discuss an appropriate mechanism, as part of the Medical Director's Report, for providing the Board with assurance that trainees' concerns were being taken seriously and addressed.	NW / PS

MIN. NO.		ACTION
25/14	**Chief Executive's Report** The Commissioners had reset the trajectory for improvement in NSL's performance until May. A detailed analysis of the KPIs had been carried out and there remained concern at their continued failure to meet the KPIs. SB, JP and LS were scheduled to meet the lead commissioner shortly. The resources the Trust had put in place continued to meet demand, and liaison with other organisations across the patch continued regarding the implications of this service. LS confirmed that a robust plan would be in place after May rather than rely on continued contingency measures. It had been clarified that SECAmb would provide the critical care transfers. Winter pressures funding (£200K) had been allocated to patient transport although this would not cover the costs that had occurred. However, the contract allowed for the CCG to seek reimbursement of the additional costs from the provider.	Noted
31/14	**FEEDBACK FROM MONITOR** JB reported on the Q.3 review. There were no major concerns raised but the importance of achieving the Q.4 A&E target was stressed. They had received assurance from the information the Trust had provided regarding infection control and this was reinforced via the Public Health England review. They were satisfied with this year's financial performance but raised concern regarding agreement of the 2014/15 contract with Commissioners. Following a review of the plans regarding control of C.Difficile, a Green rating had been applied to the Trust. **Board of Directors agreed actions/decisions:** The verbal report was noted.	Noted
32/14	**CLINICAL QUALITY AND PATIENT SAFETY REPORT** JP highlighted the following. *Safety Thermometer Data:* A further validation step had been added to ensure that that there was effective data around harm free care. *Infection Prevention and Control:* A report following Public Health England's review of EKHUFT's C.Difficile control and prevention measures had not yet been received but Monitor had received advice that they were complimentary about the work of the team. *Bed Occupancy:* There were continuing difficulties In January in terms of partner organisations' lack of capacity and there was therefore a higher proportion of patients with delayed transfer of care and a higher number remaining in hospital for more than 14 days. Extra beds in the Trust, beyond those planned for Winter, had therefore been organised. Work was underway with partners to instigate a more effective discharge transfer to the Community Trust and Social Care services.	

MIN. NO.		ACTION
	Complaints: The downward trajectory re the number of complaints received had continued and the number of returners and the cases upheld by the PHSO had reduced. *Friends and Family Test:* The number of responses was increasing. The score for A&E was low; generally people were satisfied, but there were comments regarding delays and their perception of the care that patients had received. Further analysis had started on the feedback being received. **Board of Directors discussion:** ST was aware that the high level of bed occupancy increased pressure on staff on the whole healthcare system and asked whether any particular trends or insights had become evident following the large amount of work that had been put into improving the response across the health economy. JP advised that there were two elements to take into consideration: 1. The Divisional Director of UC&LTC was working closely and effectively with partners in the Community Trust, Social Services and the Continuing Healthcare team on building an efficient integrated team on each of the sites. Partners' capacity and staffing constraints had hampered this work and meant that it was difficult for the Trust to avoid admissions, particularly for patients who could have been provided with a care package rather than be admitted. 2. Due to constraints in Social Services and Continuing Healthcare, the time to assessment, time to decision making after assessment and the time to identify an appropriate placement were too long. The CCGs had asked the Trust to work on investment (Better Care funding) in social care to try and alleviate some of these problems. RE noted the apparently consistently higher rate of incorrect patient notes at KCH compared to the other sites and JP agreed to liaise with Health Records to ascertain whether practices differed. NW reported that the Director of Infection Prevention and Control was confident that the Trust would achieve a level of C.Difficile cases to Monitor's satisfaction, being 10 or fewer cases per Quarter (this was achieved in Q.2 and Q.3 and appeared likely for Q.4). **Board of Directors agreed actions/decisions:** The report was noted.	JP Noted
33/14	**PATIENT STORY** AK outlined the positive experience of the Trust's care, both from her mother's perspective as a patient and her's as a family member. They had found the care provided by the staff in the Quex Ward to be exemplary, both to her mother and to other patients there.	

MIN. NO.		ACTION
	Board of Directors discussion:	
	JP stated that the aim of this story was to demonstrate effective patient centred care despite the difficult circumstances (the busy time and non availability of the appropriate ward).	Noted
	It was agreed that it was important to consistently continue this care throughout the pathway, and not just at the point of contact. Staff needed to make sure that patients were aware of how to access the Clinical Nurse Specialist as during times of stress they may not clearly hear how to obtain advice.	
	RE suggested there was a need to explain the use of technology, as use of, e.g. VitalPac, could be misunderstood and staff may be perceived to be using mobiles rather than focusing on the task. JP agreed that this had been highlighted as a theme and needed to be addressed.	
	VO was concerned that it appeared that the family had been involved in DNR discussions but not the patient and asked about the Trust's policy. PS explained that any decision regarding DNR should be discussed with the patient as long as they were able to understand. JP believed that the patient had been involved but agreed to check.	JP
	Board of Directors agreed actions/decisions:	
	The patient story was received with thanks to AK.	
34/14	**CENTRALISATION OF HIGH RISK SURGERY**	
	PS gave the background to the recent interim decision to centralise adult emergency high risk non elective and elective general (abdominal) surgery. Advice had been sought from the Royal College of Surgeons, who had recently produced a report outlining the direction of travel to centralise high risk and emergency surgery.	
	The Clinical Strategy Implementation Board Meetings were being used to work up the interim solution and a number of work streams had been identified to understand the numbers involved, the implications on the estate, rotas, and the impact on theatres and Surgeons in General Medicine, Paediatrics, Gynaecology, Obstetrics and the Trauma Unit.	
	NW was supportive of the Board's decision because the need to ensure patient safety was of paramount importance. The decision to limit the initial discussion was appropriate because much broader debate would have resulted in delay and risk. However, he stressed that risks associated not only with the proposed high risk surgery move itself but also to all other relevant services at QEQM and WHH needed to be understood and resolved before any move could take place. There also needed to be clarity on the numbers of staff and locums involved. Recruitment needed to be taken forward, and consideration of the message to be given to prospective candidates during this interim stage. Finally, he stressed the need for consideration to be given to the duration of this 'interim phase' and subsequent next steps.	
	SB added that despite best effort, the current situation was not sustainable. Since the decision was made he had been talking to staff and holding a number of staff listening and briefing events on all 3 sites.	

MIN. NO.		ACTION
	A number of scenarios now needed to be worked through to gain assurance that any protocols, polices and staffing arrangements would be safe in circumstances that might arise in the future. **Board of Directors discussion:** RE asked if there was any specific external or staff group that was emerging that required particular focus. PS replied that patient safety was the main driver rather than any political arena. There were several staff sectors that needed to be included and representatives of Anaesthetics, Paediatrics, General Medicine, Gynaecology, training and surgical nurses were already engaged. In view of the amount of work that was now required, JS asked if progress was on track to deliver a centralised service in May, and at what point would the Trust be in a position to start advertising the Consultant posts. RJ explained that the number of posts to be advertised had been agreed, Job Descriptions for 2 posts had been agreed and were proceeding to advert. A further 3 were being worked up and it was hoped they would be ready by 21st March for agreement. As it was now possible to describe the theatre timetables, production of the other advertisements could also commence. It had been suggested that a phased approach be considered and this would be taken onboard. NW asked about the back-up plan if solutions were not in place by May and PS confirmed that the Breast Surgeons and Endocrine Surgeons at WHH would remain on the acute rota and this would be discussed with them. ST asked about the timetable for testing whether the solution fitted with clinical adjacencies and creation of the business case. RJ confirmed that LS was leading a work stream for the business case, and it was planned for presentation at the April Board Meeting.	Noted
	VO sought assurance about the practicality of completing the physical estate moves safely by May. LS explained that use of unoccupied space at KCH would be utilised, and this would enable the sequence of successive moves to be planned. JS queried the pool from which Consultants may be recruited, and asked whether the Royal College of Surgeons could offer any advice. PS replied that Colorectal Surgeons would be the likely source. He explained a model in place at QEQM where by locum Consultants had been working as Emergency Surgeons, with assistance from other Surgeons when required. However, there was no data about either the outcomes in order to judge the model's effectiveness, or the availability of the more Senior Surgeons to give assistance. The RCS had clarified that this was not a sustainable option as it stood currently and could not support it. PG explained the obligation to give due consideration to the Equality Impact Assessment, particularly regarding the impact. He confirmed that there was no significant impact or discrimination against any group.	Noted
	Board of Directors agreed actions/decisions: It was agreed that open and transparent communication with staff was vital and it was therefore agreed that a Trust-wide communication to staff be produced, to outline the work streams and progress.	PG

MIN. NO.		ACTION
	PS agreed to produce weekly updates for staff.	PS
	It was noted that an update would be given to the Council of Governors at their meeting on 10 March, which PS agreed to attend.	Noted
	PS, LS and RJ agreed to ensure that partners and stakeholders were kept updated with progress and engaged.	PS/LS/RJ

35/14 KEY NATIONAL PERFORMANCE TARGETS

JP reported that the 4 hr Standard for A&E was looking positive for February. Some of the Winter money and plans had helped to maintain the flows although JP believed that there were still areas of difficulty on all 3 sites (e.g. increasing LoS and extra beds). It was envisaged that the Standard would be compliant for Q.4.

Within the 18 week pathways (Referral to Treatment waiting times), T&O was the only specialty that was not compliant but a plan is in place to reduce the backlog of patients in Orthopaedics.

Work was underway to look at efficiencies around theatre booking and opportunities for improving the pathways. The opportunities associated with patient cancellations on the day were being explored to ensure the best use of the capacity that was available.

The 6 Weeks Diagnostic Access target was compliant across all groups although there remained productivity issues in Radiology. Teams were working hard to maintain the position.

The Symptomatic Breast target was now compliant although for January there were some pressure points for the 31 Days Diagnosis to First Treatment and the 62 Day pathways (both the GP Referral to Treatment and the Screening Referral to Treatment), as outlined in the report. It was believed that the 62 Day Screening Referral to Treatment was unlikely to be compliant for the whole of the Quarter.

The teams were working hard to achieve compliance for the 62 day GP Referral to Treatment and the 31 Diagnostic to First Treatment Standards.

JE was holding focus meetings and the report outlined some of the actions that were being taken to make the MDM meetings more effective and to make sure people were being booked within the timescale. Generally there were still high referral rates through the 2 week pathway which impacted on the 31 and 62 Day pathways for certain diagnostic groups.

Board of Directors discussion:

NW was concerned about the cancer performance, particularly the 62 Day treatment one. He was aware that the 62 Day Screening Referral to Treatment related to small numbers and any breaches could therefore have a great impact on the percentage. He suggested that Monitor be notified that there was a risk that this target would be missed for the Quarter. JP

MIN. NO.		ACTION
	PS reported on developments regarding requesters for X-rays receiving reports – these could now be signed off electronically and sent to the email inbox of the requested. A presentation would be given to the CMB prior to roll-out.	
	Board of Directors agreed actions/decisions:	
	The report was noted. JP agreed to give an update on progress on the 62 Day targets at the next Board Meeting.	Noted JP
36/14	**CORPORATE PERFORMANCE REPORT**	

JB presented the report which had been discussed by the Finance and Investment Committee and outlined performance to the end of January, The following was highlighted:

Activity:

- Primary Care Referrals remained above plan and above the same period last year.
- Outpatient activity remained higher than contract. Early indications were that in February Outpatient activity and Primary Care referrals had increased.
- Overall, admitted activity was broadly in line with plan and with trends seen in previous months, with Non Elective work slightly above and Elective slightly below plan.
- Early indications were that February activity was high, suggesting that it will be a positive month for income, but also a high expenditure month.

Financial Performance:

- January ended with cumulative surplus of c.£6.1m, which was achieved through full use of the contingency year to date. December and January results were achieved through very high income performance.
- There was still very high expenditure on staffing, but it appeared that some of the actions that had been instigated were taking effect.

CIP:

- The trend had continued and the CIP was cumulatively behind plan by £2.8m. It was believed that by the end of the year it would be behind the stretch target by c.£3.1m.
- At the end of January cash remained relatively healthy and that position continued.
- The Trust had a Financial Risk Rating of 3.55 (a continuity of service rating of 4 under the new metric).
- The forecast for the year end out-turn was achievement of a surplus of £3.7m (£1.7m below plan for this year) although this would only be possible by using the contingency.

The major area of concern was the lack of agreement with Commissioners around activity and income and the risk regarding affordability for the level of activity being performed.

MIN. NO.		ACTION
	Board of Directors discussion:	
	NW noted the current level of surplus of c.£6.1m and forecasted year end out-turn of a surplus of £3.7m and asked what would drive the reduction between now and the end of the year. JB advised that much lower margins would be evident in February and March. There were two key measures – the year end settlement with Commissioners and the assurance that the Trust was able to provide to the external auditors that the activity and income/expenditure position were robust and not open to challenge. PP asked if a loss was made when engaging locums for the additional work and JB confirmed that this was sometimes the case, as a very high premium was paid for temporary staff. NW asked for some examples of actions that were beginning to have a positive effect on staffing expenditure, and JB cited a number of instances where some high cost temporary staff had been exchanged for lower cost contracts, the focus on the electronic staffing system to enable optimisation of staffing, resolution of Invoicing issues with some agencies and, regarding non pay, tighter control placed on staff ordering ability and cessation of multiple orders.	
	Board of Directors agreed actions/decisions:	
	The report was noted	Noted
37/14	**REVIEW OF ONGONIG COMPLIANCE AGAINST SELF CERTIFICATION**	
	Board of Directors agreed actions/decisions:	
	PP confirmed that what had been reported to Monitor was correct and the document gave assurance that management information systems were sufficient to enable the Trust to predict reasonably accurately.	Noted
38/14	There were no questions from the public on the above section.	
39/14	**REGISTER OF INTERESTS FOR THE BOARD OF DIRECTORS**	
	AF presented the annual update of the Register of Interests. In line with best practice, it was intended to email the document out quarterly for review. A copy will also be held on the website aligned to the Directors' biographies.	
	Board of Directors agreed actions/decisions:	
	The following error was noted for amendment: VO – should read Infrastructure Defence Board, rather than Dover.	AF
40/14	There were no questions from the public on the above section.	
41/14	**BUSINESS PLAN 2014/15–2015/16 UPDATE**	
	JB presented the update. The Plan and was based on information presented at the December and January Trust Board Meetings.	

MIN. NO.		ACTION
	The operational plan must be submitted to Monitor by the beginning of April and the strategic plan for 2014-19 by June. As presented it incorporated all the information to hand and although negotiations with Commissioners had commenced early this represented the Trust's view only. Overall the Trust will achieve an EBITDA of £30m in 2014/15 and £33m in 2015/16. The 2014/15 plan showed the bottom line – a deficit of £900K, mainly due to a £1m charge in March relating to the increase in the value of the estate. It was believed that the estate value will rise by 10% overall. As the impairment was a non cash item, it would not have an impact on Monitor's Continuity of Service Rating or their assessment of the Trust's business. **Board of Directors discussion:** JS raised two risks: the CCG contract position which was not very advanced at this stage and the CIP programme and the need for £25/26m to cater for the deflation of the tariff and to re-build the general contingency. VO asked how many of the identified CIP savings may be impacted by the decisions made to sustain safe surgical services. SB advised that some investment had been required in order to make changes and the £4m provision for service development would offset any costs. The £6.5m contingency was a net amount and allowed for unprofitable delivery. **Board of Directors agreed actions/decisions:** The update was noted; it would be presented to the Council of Governors on 10 March.	Noted
42/14	**FRANCIS REPORT – PROGRESS AGAINST ACTION PLAN** AF presented the report. The three appendices related to : (1) the submission made to the DoH at the end of December, and the actions taken to implement the Francis report. Feedback received was that the We Care Programme had been highlighted as an area of good practice whilst culture was selected as an area for further improvement. (2) the 3 action plans re We Care and the staff survey. There were 15 actions that had passed their target date (1 subsequently rectified) and it may be possible to update the remaining 14 in the final version at the end of the year (3) professional standards for Boards to sign up to. **Board of Directors discussion:** RE suggested caution when signing up to statements such as "to understand the health needs of the population I serve" as whilst the Board would do their best they had an obligation to fully understand the statements and implications. SB added that the CCGs and Boards may have differing views about who served particular needs of patients (e.g. AQP).	

MIN. NO.		ACTION
	PP asked whether the standards should be signed up to by all staff and not limited to Boards but it was noted that there was a Code of Conduct in place which applied to everyone. However, items 1, 3 and 5 did apply to all staff. There was also concern that promotion of another set of standards could deflect the focus on the We Care Values, and if those values were fully adopted, they would cover those set by the Professional Standards Authority anyway. JP noted that progress on some issues in the Francis Report had passed the target date but there was robust reason for this. It may be necessary to define duty of candour for staff and JP was giving thought to this for discussion at the Board Meeting in April. AF reassured the Board that during meetings with the Executive Team members regarding the Board Assurance Framework, the Francis Report recommendations and progress were also discussed. ST asked about progress on improving the effectiveness of recruitment and FS confirmed that a new approach had been developed and trialled for Consultant recruitment. The results had been positive and the trial would be extended to cover a further range of posts. It was hoped to develop a common set of criteria for all roles. **Board of Directors agreed actions/decisions:** The Board signed up to the Professional Standards authority standards.	Noted
	NW suggested that it would be valuable for the Board to receive in a few months time a summary of the actions that had been taken following the Francis Report and to review how practices now differed.	AF
43/14	There were no questions from the public on the above section.	
44/14	**CLINICAL INCIDENTS PRESENTATION** HG gave a presentation following a request to review the clinical incident profile. It focused on where lessons had been learned and practices or structures changed to ensure safety. **Board of Directors discussion:** NW noted that the category of death/severe harm appeared to show a fairly steady rise over time. HG advised that the UK Trigger Tool captured some cases that were reported in Datix but the Trust was obliged to report using different criteria. JB asked for an explanation of the variation in performance by site. HG explained that there was a need to consistently train staff across the sites, as one site may currently have a lower perception of the degree of harm than another. A number of assessments were routinely undertaken in order to offset this. The WHH severe harm trend line appeared different because it referred to low numbers. When revised via the RCAs, some incident may be downgraded retrospectively.	

MIN. NO.		ACTION
	PP was concerned that the incident situation was deteriorating but HG explained that the Trust was *reporting* more, which was a positive move, but the severity of harm was reducing. As the culture of reporting improved, the number of incidents reported would continue to rise. NW asked if there was a way to present data that gave the final picture, and JP confirmed that some adjustments were made on completion of an RCA. Therefore the data for October was final, but January's may be subject to change. JB asked why days and times differed and HG explained that the good level of mortality performance at weekends, the additional Midwives available and use of VitalPac may all have an impact, but the weekend performance and the impact on mortality on Mondays and Tuesdays needed to be investigated further. Additionally, for patients admitted over the weekend period, there is an impact on mortality on the Monday and Tuesday and this needed further investigation. The challenge would be sustainability and making sure learning was disseminated across the whole organisation. RE was assured that the RCA process was effective in incident learning and changed behaviour but this was not evident in the data pack. He suggested the focus of dialogue be more on consequences than the data itself. **Board of Directors agreed actions/decisions:** The presentation was noted with thanks.	Noted
45/14	**CORPORATE RISK REGISTER – TOP 10** JP presented the report and highlighted that 1 risk had been removed, there were 6 emerging risks and two that had substantially changed. **Board of Directors agreed actions/decisions:** It was agreed to add the emerging risks of (i) the work around sustaining safe surgical surgery and (ii) failure to achieve the 62 Day Screening Referral to Treatment standard for the whole of the Quarter.	JP
46/14	**EXECUTIVE PATIENT SAFETY VISITS** JP presented the 6 months update. **Board of Directors discussion:** NW welcomed the changes to the template. He encouraged greater attendance by NEDs on visits. PS did not believe that all the actions were followed up; the Hospital Manager at QEQM always attended the visits on that site and followed actions up afterwards but similar engagement did not appear to be the case at the other sites. **Board of Directors agreed actions/decisions:** LS agreed to relay the comments regarding Hospital Manager engagement with visits.	LS

MIN. NO.		ACTION
47/14	**ANNUAL EQUALITY MONITORING REPORT**	

BC-S presented the report regarding the Trust's compliance with the Public Sector Equality Duty regarding incidents of discrimination in the way services and access to services were provided. The overall assessment of the data demonstrated that in the main there was minimal amount of difference in relation to the protected characteristics. However, some minor areas were identified, as shown on page 5 of the report.

Board of Directors discussion:

RE asked if there were any actions that were recommended in respect of disproportionality being more than expected, and whether there was any evidence in the data that there was disproportionality the Trust's disciplinary procedures. BC-S explained that the low number of disciplinary procedures over the year made it difficult for any trends to be identified but there was no suggestion of any disproportionality.

SB questioned the definition of promotion, as posts within the Trust were advertised and staff applied for them, rather promotion being awarded. BC-S advised that this was a broad measure of staff who had moved to a higher grade and believed it related to AfC staff only. RE requested additional scrutiny and clarification regarding who the statement covered and whether there was any specific action the Trust needed to take to ensure that there was no disproportionality in terms of advancement. — PM

NW noted from the results of the Outpatient survey that young and single people did not feel they were treated with respect. It may be that they were the same group, but he stressed the need for extra vigilance with these two groups. The research project about engaging children and young people may provide some insight.

Board of Directors agreed actions/decisions:

The update was noted. — Noted

48/14 BOARD COMMITTEE FEEDBACK

Finance and Investment Committee

The Chair's report was noted. JS highlighted the decision to retain Procurement in-house.

Integrated Audit and Governance Committee

The Chair's report was noted. — Noted

Remuneration Committee and Nominations Committee Chair's Report

RE reported that the Committee had considered the Terms of Reference for the Nominations Committee following publication of Monitor's Code of Governance, the job description for the Director of HR and the benchmarking of pay.

MIN. NO.		ACTION
	The Chair's report was noted and the Terms of Reference for the Nominations Committee were endorsed by the Board.	[Noted Endorsed
	Charitable Funds Committee Chair's Report	
	VO summarised the Chair's report. The Board: 1. ratified the Committee's approval for recruitment of a Community Fundraiser and reduction of the Corporate Fundraiser post. 2. approved the Committee's recommendation for quarterly grant allocations 3. ratified the Charity Plan for 2014-19 4. ratified the Administration & Governance budget for 2014-15; this was comparable with benchmarking 5. Approved the Revised Policy for Training Grants	
	The Chair's report was noted.	Noted
49/14	**CHIEF EXECUTIVE'S REPORT**	
	SB highlighted that AF was investigating the role of member guarantor of the AHSN and potential liabilities. **Board of Directors agreed actions/decisions:**	
	The report was noted.	Noted
50/14	**FEEDBACK FROM COUNCIL OF GOVERNORS**	
	Council of Governor Election Results	
	NW reported on the Joint NED/Governor meeting on 12 February. The Governors had agreed to participate in a KPMG Governor survey and a full analysis of the results had been requested. The results of the election process were now published. The Board wished to record thanks to Revd. Paul Kirby, Michael Lucas, Harry Derbyshire and Vikki Fenlon for their work during their terms. The Board wished to congratulate John Sewell, Philip Wells, Junetta Whorwell, David Bogard and Mandy Carliell on their re-election. New Governors were welcomed – Roy Dexter, Marcella Warburtno, Vikki Hughes and Martina White.	Noted
51/14	**ANY OTHER BUSINESS**	
	SB reported that a further meeting with the provider of the PACS/RIS update was scheduled for 12 March to continue negotiations.	Noted
	NW reported that it was planned to create a list of staff Trust-wide who would be invited to join the Board discussions on selected topics in the future. Details would be placed in Trust News and the Team Brief.	Noted

MIN. NO.	**ACTION**

52/14 There were no questions from the public on the above section.

The meeting closed at 13:15

Signed: _____

Dated: _____