

King's College Hospital

NHS Foundation Trust

King's College Hospital NHS Foundation Trust Public Board of Directors Meeting

Minutes of the meeting of the Board of Directors held in public at 09:00 on 13 September 2017 in the Boardroom, Princess Royal University Hospital.

Members:

Lord Kerslake	Chairman
Sue Slipman	Non-Executive Director, Vice Chair
Prof. Jonathon Cohen	Non-Executive Director
Prof. Ghulam Mufti	Non-Executive Director
Faith Boardman	Non-Executive Director
Dr Alix Pryde	Non-Executive Director
Chris Stooke	Non-Executive Director
Prof. Richard Trembath	Non-Executive Director
Nick Moberly	Chief Executive Officer
Prof. Julia Wendon	Executive Medical Director
Dawn Brodrick	Executive Director of Workforce Development
Dr Shelley Dolan	Chief Nurse and Executive Director of Midwifery
Jane Bond - <i>Non-voting Director</i>	Director of Capital Estates & Facilities
Lisa Hollins - <i>Non-voting Director</i>	Director of Transformation & ICT
Alan Goldsman – <i>Non-voting Director</i>	Financial Improvement Director

In Attendance:

Sao Bui-Van	Director of Communications
Simon Dixon	Deputy Chief Financial Officer
Graham Lawrence	Interim Trust Secretary
Jessica Bush	Head of Engagement and Patient Experience
Shirley Peterson	Consultant Midwife (Agenda Item 2.1)
Carrie Brophy and Freya Brophy	Subject of Patient Story and her 3 month old daughter
Chris North	Lead Governor
Diana Coutts-Pauling	Public Governor
Penny Dale	Public Governor
Rosemary Andrews	Public Governor
Anne Hinds-Murray	CQC Relationship Manager
Wyn Roberts	Grunenthal
Daniel Asamoah	Observer

Apologies:

Eric Nordkamp	Non-Executive Director
Colin Gentile	Chief Financial Officer

<u>Item</u>	<u>Subject</u>	<u>Action</u>
017/93	<u>Welcome & Apologies for absence</u>	
	<p>The Chair welcomed all those present to the meeting, including Anne Hinds-Murray an Inspector from the Care Quality Commission (CQC) who was observing the meeting as part of the CQC's current inspection of the Trust.</p> <p>Apologies for absence were received from Eric Nordkamp and Colin Gentile. Simon Dixon was in attendance to deputise for Mr Gentile.</p>	
017/94	<u>Declarations of Interest</u>	
	There were no declarations of interests.	
017/95	<u>Chair's Action</u>	
	The Chair had no actions to report.	
	BEST QUALITY OF CARE	
017/96	<u>Patient Story – Mrs Carrie Brophy</u>	
	<p>The Chair welcomed to the meeting Carrie Brophy and her three-month-old daughter, Freya. Jessica Bush, Head of Engagement and Patient Experience, also joined the meeting, as did Shirley Peterson, a Consultant Midwife.</p> <p>The Chief Nurse introduced Mrs Brophy's account of her care at the Princess Royal University Hospital (PRUH) by reminding the Board that the maternity units at the Denmark Hill (DH) and PRUH sites were very busy, both with approximately 5,500 births per year.</p> <p>Mrs Brophy explained that she had planned to give birth at home but that had been impossible because Freya's birth was two weeks overdue. Mrs Brophy explained that the birth had become more complicated as labour progressed, with two inductions being necessary and an emergency ventouse delivery being used.</p> <p>Mrs Brophy had experienced significant pain so had requested an epidural but none had been possible. The specialist obstetric anaesthetist had been assisting with one of five emergency caesarean births that took place that night and the Trust's on-call anaesthetist had also been busy with surgery elsewhere in the organisation.</p> <p>Mrs Brophy told the Board that throughout her care the midwives and other clinical and non-clinical staff were kind, attentive, calm, and reassuring, with information given to Mrs Brophy at every key stage and consent obtained for every element of the procedure. This was particularly important when the midwife decided that a ventouse delivery would be necessary and issued an emergency call for clinical staff to assist with it; before calling the staff, the midwife explained to Mrs Brophy exactly what would take place so that she was not alarmed by the sudden arrival of several clinical staff. Whilst the birth experience had not been what Mrs Brophy intended, i.e. a home birth, she felt informed and in control. Mrs Brophy was grateful that as a result of the clinicians' expertise, an emergency caesarean had been avoided. Mrs Brophy also explained that the change-over between shifts of clinical staff had fallen at a critical point during labour but the hand-over of</p>	

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	<p>information was swift and effective so that the staff coming onto duty were fully informed and did not need to ask Mrs Brophy to repeat any information given to staff earlier.</p> <p>The Board discussed Mrs Brophy's account of her care, particularly the unavailability of the epidural that she had requested. The Chief Nurse and Consultant Midwife explained that it was extremely unusual to experience five emergency caesarean births in one night – this occurred not more than twice per year – so that in almost all circumstances the specialist obstetric anaesthetist would be available to administer the pain relief. The Board was also advised that the obstetric unit has a procedure to escalate emergency matters to the Trust's on-call anaesthetist but that consultant was busy with emergency surgery so could not respond in Mrs Brophy's case. In response to a question the Consultant Midwife explained that an epidural can only be administered once a woman is in labour so, because labour had not begun at the time, it could not have been given to Mrs Brophy before the anaesthetist became busy in theatre. Whilst in these specific circumstances it was not possible to administer an epidural for Mrs Brophy, the Board agreed that this was a significant matter which required attention and it was agreed that the Chief Nurse and the Executive Medical Director would consider this and respond to the Board at its meeting in October 2017 (including any differences between pathways, procedures or other arrangements on the PRUH and DH sites).</p> <p>The Chief Nurse reported that in national surveys of maternity care pain relief and continuity of care featured most regularly as areas of concern for women. Mrs Brophy told the Board that the continuity of her care was excellent throughout her pregnancy and labour, and the Chief Nurse noted that the PRUH had good survey results in this respect. The tertiary nature of the services at DH, to which women were often referred in emergency or at short-notice, meant that in those circumstances continuity of care for women was more challenging. It was noted, however, that a new electronic system, recently introduced throughout maternity services at DH and the PRUH, was significantly improving the sharing of information, which assisted continuity of care, and allowed women to view their medical records electronically.</p> <p>The Chair thanked Mrs Brophy for attending the meeting and for giving such a helpful account of her care. Mrs Brophy, the Head of Engagement and Patient Experience and the Consultant Midwife left the meeting.</p>	<p>Dr Shelley Dolan/ Prof. Julia Wendon</p>
017/97	<u>Minutes of the Previous Meeting</u>	
	The minutes of the Board meeting held in public on 5 July 2017 were approved.	
017/98	<u>Matters Arising/Action Tracking</u>	
	The Action Tracker was reviewed and noted.	
	Quarterly Patient Safety Report (17/67, 3.5.17)	
	The Board will receive information on management of antimicrobials in Emergency Department.	
	CQC Update (17/65, 3.5.17)	

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The Chief Nurse briefed the Board on preparation for the inspection by the Care Quality Commission (CQC) which the Trust had been told to expect between September and the end of the calendar year.

As Board members were aware from communications sent prior to the meeting, the CQC inspection had begun on 5 September 2017. The CQC had inspected, and was continuing to inspect, five service areas at both the DH and PRUH sites. At DH the inspection had applied to medicine (which had been drawn very widely), surgery, the emergency department, critical care and radiology. At the PRUH site the CQC had inspected medicine, surgery, the emergency department, outpatients and critical care. There had been 16 inspectors at the DH site and 15 at the PRUH. The Board noted that some inspectors remained on the PRUH site but were likely to finish their work on 13 September 2017.

As expected, the CQC had utilised its new inspection methodology and had drawn upon its broader knowledge of the Trust. This was developed through regular engagement prior to the inspection, including inspectors' attendance at staff meetings, and aimed to ensure that the CQC understood the culture of the organisation and other points that were material to the inspection.

Anne Hinds-Murray, the CQC's lead Relationship Manager for the Trust, was in attendance at the Board meeting to observe the Board as part of the Well-led element of the inspection. That assessment would continue with interviews with Board members and others on 5 and 6 October 2017.

The inspection had been followed by a letter from the CQC which had set out key outcomes. This had indicated that the CQC had found a much-improved culture and vision across the organisation (by comparison to the inspection in 2015), including through more visible and clear executive leadership. Some staff at the PRUH site had told the CQC that they would prefer more visibility from the Executive team but this was known to the team and was being addressed. The CQC had also highlighted some problems with fridges that were used to store particular drugs.

Following the on-site inspection the Trust had received a large number of data requests from the CQC, which was part of the methodology, and had responded to almost all of them.

The Board thanked the Chief Nurse for her excellent leadership throughout the preparation for the inspection and during the inspectors' visits to the Trust. The Chief Nurse told the Board that many staff across the DH and PRUH sites had contributed to the preparation and the visit and all had given an excellent response to requests for assistance, many of which had necessarily been at short notice.

It was agreed that the Chief Nurse would keep the Board informed of progress with the inspection and would brief the Board in detail once final outcomes were known.

Security Management

Faith Boardman, Non-executive Director, reported to the Board that she had recently visited the offices of the Trust's security team on the DH site and had spoken with security officers. Mrs Boardman had been extremely impressed by the

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017/99	<u>Quarterly Patient Experience Report</u>	
	<p>way in which the officers handled some extremely challenging individuals and circumstances. Mrs Boardman had decided to visit the security officers on the PRUH site, too. In connection with this the Chief Nurse advised the Board that the security officers regularly had to deal with violent and aggressive people in the Trust's service areas, particularly the emergency department on the DH site which was attended almost daily by people with serious mental health challenges. The DH site was very unusual in this respect, even by comparison to other central London Trauma Centres, caused partly by the closure of the emergency mental health service at the Maudsley Hospital on Denmark Hill. Despite the presence of excellent security officers it was unfortunately common for emergency department staff to be assaulted such that they required treatment in the department.</p>	
	<p>The Board received and noted the Quarterly Patient Experience Report from the Chief Nurse.</p>	
	<p>The following key points were reported and discussed:</p>	
	<p>The report showed that good progress was being made but there was further work to do. In particular, patients were reporting kindness and compassion from staff, and improved communication.</p>	
	<p>Performance in respect of handling complaints had also improved, with 55% of responses being sent within the deadline. The Trust had increased the number of staff in the complaints team, including a new deputy leader for the team who had been recruited from the Parliamentary and Health Service Ombudsman's office and had significant experience of complaint handling.</p>	
	<p>There had also been a reduction in complaints from patients on wards who had experienced noise during night time hours. Noise was created particularly by patients being moved between wards, which was being reduced through improved bed management arrangements but would remain necessary in some cases due to the number of emergency admissions which the Trust received on both sites. Noise was also caused by some patients, particularly those with dementia; in connection with this the Board noted that approximately 35% of patients on medical wards had dementia so noise remained a challenge there.</p>	
	<p>The Board noted that the principal area of required improvement remained in patients' access to services and in waiting times. The Board discussed a number of aspects of this challenge.</p>	
	<p>Although communication with patients was improving, some challenges remained. Analysis showed that the time taken for the Trust's switchboard staff to answer calls had fallen to 10-12 seconds on average, partly through improved systems but also training and support for staff, and reviews of their rotas. However, patients continued to experience long waiting times for calls to be answered within specific departments (when transferred there from the switchboard or when called directly).</p>	
	<p>Patients also experienced long waiting periods for some outpatient appointments, and difficulty generally with booking them. A great deal of work was done to improve the outpatient service in this respect, including ensuring that communications were clear so that patients knew about waiting times and the</p>	

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	<p>reason for them.</p> <p>The Board noted that patients' access to services was complicated by the fact that there were over 70 points of access across the Trust. This was a significant number, even for an organisation of King's size. Access arrangements needed to be consolidated so that they could be more efficient, consistent and responsive. This was a significant and complex project involving management arrangements and accountability, technological systems, information sharing, and working practices. This would deliver improvement in a number of service areas but particularly in outpatients.</p> <p>The Board moved onto discuss the ophthalmology service in particular, which faced specific challenges. There were some matters to address in respect of leadership and accountability, and some resourcing issues. However, two consultants had been appointed recently so it was considered that the number of medical staff in the service was sufficient. The Board noted that the patients using the service were often elderly and frail, and the pathway that they followed was complex, so the service needed to take account of that. This service would require particular focus as part of the Trust's transformation programme.</p>	Lisa Hollins
017/100	<p><u>DIPC Annual Report and Quarter 1, 2017/18</u></p> <p>The Chief Nurse presented the report and the main points of the discussion were as follows:</p> <p>The Trust had experienced six MRSA cases during 2016/17, two of which had been on the same patient who had a serious skin disease and was therefore very susceptible to the infection. In another case a bottle had been contaminated, leading to a positive test.</p> <p>In respect of <i>Clostridium difficile</i> (C.diff), there had been two lapses in care standards; this was considered to be very low for a Trust of King's size.</p> <p>All cases of MRSA and C.diff were reviewed by the Trust, by Commissioners and by Public Health England, and lessons had been learned in all of them. The Board noted that all the patients concerned had recovered from the infections.</p> <p>The Board was briefed on an outbreak of the Bla IMP Carbapenemase producing Enterobacteriaceae (CPE Bla IMP) infection. This was in the context of a world-wide increase in the number of cases. The infection was extremely difficult to manage but strict precautions were in place. The outbreak had been declared over but monitoring would remain in place.</p> <p>The Chief Nurse reported that the Trust's virologists and microbiologists were excellent and worked extremely well with nursing and other staff, including on</p>	

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	wards. Their presence on wards made a particular positive difference to infection prevention and control measures. The Board also noted that they had developed a King's PCR, the first in England to address the CPE IMP infection.	
	The Chief Nurse went on to refer to the outbreak of influenza which was expected to occur across the country during the forthcoming winter. This could be very serious for frail, elderly people and others, and if a large number of people became ill it would have a material effect on the Trust's emergency services. The Chief Nurse encouraged Board members and others to show leadership by having a vaccination. It was suggested that this should be promoted through the Annual Members' Meeting on 28 September 2017.	Jessica Bush
	Finally, the Board was briefed on a case of hepatitis B, a very serious condition, which had occurred in a patient who had been treated in one of the Trust's dental clinics (although tests had shown that the condition had not been passed to the patient there). The Trust had been alerted to it by Public Health England and had responded with detailed reviews of clinical practices in all 37 of the community clinics. Practices had been improved in a number of cases and it had been agreed that in future the clinics would be subject to an annual review for infection prevention and control measures.	
	The Board noted the report and a response from Professor Jon Cohen, Non-executive Director and a microbiologist, who drew assurance and confidence from the report and his knowledge of infection prevention and control in the Trust more generally.	
017/101	<u>Chief Executive's Report</u>	
	The Board received and noted the Chief Executive's report.	
	The following key points were reported and discussed:	
	The Board noted that the executive team remained focused upon improving the quality of care for patients so that they received the highest standard in the NHS and, for specialist services, internationally.	
	The performance of the emergency department remained a significant area of focus for the Trust but other operational targets, particularly referral to treatment times (in respect of which the Board would discuss a paper later in the meeting) and cancer care were also very important.	
	The Board discussed cancer care in more detail. Feedback from patients suggested that the clinical care they received was excellent but that the Trust's pathways and cross-service co-ordination were not focused sufficiently on patients with cancer. It was noted that a cancer strategy (which would address these and other issues) had been under development but that more work was required. It was agreed to present the strategy, or at least the material parts of it, to the Board at its meeting in December 2017.	Prof. Julia Wendon
	It was also agreed that a strategy was required for information, communications and technology. The Board noted that the Trust had a detailed plan for improvement work over the next 12 to 18 months, including the implementation of electronic patient record systems which was a significant project and would deliver	

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	many improvements. The system would go-live on the PRUH site in October. It was agreed, however, that a longer-term strategy was needed for ICT, including to address cyber security. It was agreed to schedule a debate about this at a future Board meeting.	Lisa Hollins/ Graham Lawrence

TOP PRODUCTIVITY

017/102

Performance Report (Month 4)

The Board received and noted the Trust's Performance Report for M4 from the Chief Operating Officer. The following key points were reported and discussed:

The Board noted that there had been almost 18,000 attendances at the Trust's emergency departments in the month, an increase of 2.34% compared to the same month in 2016. Performance against the four-hour target had been 87.8% and indications were that this was being sustained in September; the target for September, to enable the Trust to achieve the 95% required, was 88.8%. The DH site had been particularly challenged and in connection with that (and the earlier discussion) it was noted that approximately 40% of capacity in the DH emergency department had been utilised for patients with mental health problems. In that context the Trust had done very well to maintain elective care broadly to plan.

Delayed transfers of care were at 4% of the medical bed base which although a reduction from 5% in June remained well above the 2% target. Performance in this respect was closely linked with bed occupancy, which was at 97.5%. This had reduced by 0.5% from June but was significantly above the 92% target which would enable more efficient use of beds and more sustained delivery of planned care for patients.

The Board noted that performance in respect of the 62-day cancer target (for first treatment after GP referral) was 81.2% for month four. There were indications that this would increase to 83% in August; such a trajectory would be in excess of planned improvement to achieve the 85% target. Performance against the 62-day post-screening target had reduced from 93.4% in June to 88.9% in July, partly because a number of patients had chosen to postpone treatment during this period. This was not uncommon during the summer months.

Performance in respect of diagnostics had improved from 1.5% to 1.1%. It was likely that August would show a further improvement to 0.9%, ahead of the planned trajectory.

The Board noted that the Trust was continuing to improve performance against the referral to treatment time target, including reducing the number of people waiting more than 52 weeks to 143. Performance for August was subject to validation but the number was likely to reduce to 81 such that the Trust was on track to achieve its target of reducing the number of patients to zero by October 2017.

The Board discussed action to address performance in the emergency departments at the DH and PRUH sites and the following priorities were described by the Chief Operating Officer:

DH site

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	<ul style="list-style-type: none"> • It was necessary to improve the fill-rate within the rota for medical staff and for GPs in the urgent care centre. At present these services experienced 20-40% of shifts being unfilled, often at short notice, and this had a significant impact upon waiting times for patients because fewer doctors were able to treat them. • It was also necessary to better match capacity to demand, including by reconfiguring the bed base so that the number of beds available for elective and emergency care matched the demand from patients. This would require a series of moves within clinical areas. The Board noted that a surgical assessment unit and acute medical unit had been opened recently to enable better assessment and treatment of patients, particularly those who were frail, in the emergency department. These services would make a significant difference but pathway redesign was also necessary. • Finally, it would be important to centralise the bed management and patient flow functions on the site to, partly through the establishment of an operations centre. 	

PRUH site

- The PRUH site required some of the improvements described in respect of DH, particularly the centralisation of bed management and an operations centre.
- In particular, though, the pathway for frail patients required redesign and an acute medical unit needed to be developed. This would improve the site's resilience across the seven-day working week.

The Board returned to its discussion about care for patients with mental health problems. A particularly high number of such patients attended the DH site, including some who were very ill, and at the PRUH site there were particular challenges caused by children and young people with such illness. A board had been formed to focus on these issues, with colleagues from Oxleas NHS Foundation Trust, South London and Maudsley Hospitals NHS Foundation Trust and the Children and Child and Adolescent Mental Health Services. The Trust had also been identifying good practice from other acute provider organisations that treated significant numbers of patients with mental health problems.

SKILLED, CAN DO TEAMS

017/103 Monthly Nurse Staffing Levels Report

The Board received and noted the Monthly Staffing Report from the Chief Nurse.

The Board noted that recruitment of nurses continued to be a challenge, particularly in central London. The Chief Nurse held regular teleconference calls with counterparts in other central London NHS trusts and had been advised recently that one trust had closed two wards as a result of staff shortages. It was very unusual for wards to be closed for this reason and this demonstrated the scale of the challenge. The Chief Nurse shared issues and responses to them with colleagues in those London trusts but also other large NHS organisations around the country.

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	<p>The Board noted that red-flag events had reduced and fill-rates were improving across the Trust. Recruitment had improved in neurology and neonatology but the emergency department remained an area for focus, partly due to the challenging environment described earlier in the meeting, particularly at band seven level. Work was ongoing to recruit nurses; a recent open day had led to 50 applicants, all of whom had undergone a clinical assessment and had papers completed on the day to maximise efficiency and improve the likelihood that they will, subject to them being appropriate, accept offers of employment from the Trust.</p> <p>The Board also noted that the nursing board had recently met with representatives of NHS Improvement to discuss the model hospital and to learn from practice in other trusts. Films had also been created by nurse leaders in several specialties to attract nurses to apply for roles at the Trust. Advertisements were also placed on a variety of social media platforms.</p> <p>The Board also discussed performance in respect of staff appraisals. A new system had been launched which would enable managers and staff to record completion of appraisals, training, and other data. The system would also allow reports to be generated more easily and accurately and would thereby enable senior managers to hold to account others for non-completion of appraisals and mandatory training. The system was already improving the collection of data. It was thought very likely that the completion of appraisals and mandatory training was significantly better than reported previously (because many staff had not recorded this).</p>	
017/104	<p><u>Staff Friends and Family Results</u></p> <p>The Executive Director of Workforce Development briefed the Board on the results from the recent friends and family test for staff.</p> <p>It was noted that staff were surveyed through a brief questionnaire three times per year and annually by way of a comprehensive one, most of the questions in which were set nationally. The results available now were from a brief survey for April to June 2017, the first period for which the new leadership team was fully in place. It was recognised that these leaders were an essential part of the Trust's plans to engage staff in its vision and strategy for improvement (through which the Trust would consistently deliver high-quality care for patients).</p> <p>The results for April to June 2017 showed that over 2,000 staff had completed the survey, a significant increase compared to previous quarters. This was in itself an indication that staff engagement was improving. The results from January to March 2017 were sustained into the latest survey and had improved in one particular respect: 88.6% of staff had stated that they are proud to work at King's and would recommend it as a place to work. While this was very encouraging it was noted that sustained improvement was necessary so success was likely to be measured over a one to two-year period, alongside the Trust's organisational development plans.</p> <p>The Board noted that the annual survey would take place in October. Preparation was underway to ensure that as many staff as possible complete the survey.</p>	

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	FIRM FOUNDATIONS	
	Sound Finances	
017/105	<u>Finance Report (M4)</u>	

The Board received and noted the Month 4 Finance Report from the Deputy Chief Financial Officer.

The following key points were reported and discussed:

The Board was advised that the year-to-date position was £11m adverse to budget, caused principally by: £1.4m of penalties for non-achievement of referral to treatment time targets (which if continued at present levels would result in £5m of penalties for the year); income held by commissioners through an adjustment of CQUIN payments; deferral of the Celgene capital grant; and under-performance in income from the bone marrow transplant service (due to case mix). The Board noted, however, that the CIP programme had over-achieved by £1m at month four.

The Board noted that NHS Improvement (NHSI) had brought forward the deadline for the Trust to report its financial performance each month; from now on the Trust was required to submit the report by the 15th day of each month. In month four there had been some favourable adjustments following the close of the management accounts (for the purposes of the report to NHSI), mainly resulting from reduced expenditure on off-tariff drugs. These adjustments would be reflected in the month five management accounts, as would some other matters including the accounting treatment of procurement expenditure undertaken on behalf of the Trust by King's Interventional Facilities Management Ltd.

The Board agreed the importance of ensuring that month-close processes produced accurate management accounts, particularly at the financial year-end.

The Board discussed the financial position, noting that a meeting with NHSI representatives had been arranged for later in September. The meeting was likely to consider the position in month four and the forecast for month five, and progress towards identifying all the cost improvement plans (CIP) necessary to achieve the CIP target for the year. In respect of CIPs, it was noted that good progress was being made but further work was required to identify additional schemes. It was agreed that the outcomes from that meeting would be circulated to Board members.

Colin
Gentile

Standing Financial Instructions

The Deputy Chief Financial Officer advised the Board that the Standing Financial Instructions (SFIs) had been reviewed and some adjustments had been made in respect of authority delegated to managers and also to controls for waivers of procurement processes.

Dr Alix Pryde, Non-executive Director and Chair of the Audit Committee, advised the Board that at a recent meeting the Committee had reviewed the revised SFIs, including authority delegated in respect of capital expenditure, and had been content with them. The Committee had decided that the SFIs should be reviewed

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	<p>again in three year's time.</p> <p>The Board agreed the importance of ensuring that the SFIs were communicated clearly to all managers concerned so that they understood the authority delegated to them and associated procedures. The Chief Financial Officer was asked to ensure that such communication was in place.</p> <p>The Board approved the revised Standing Financial Instructions.</p>	Colin Gentile
017/106	Rigorous Governance	
	<u>Report from the Governors</u>	
	<p>Chris North, Lead Governor, joined the meeting to give a report of activities from the Council of Governors.</p> <p>Mr North confirmed that he had received a letter from Stephen Hay of NHSI to summarise the meeting which the Chair, Chief Executive, Lead Governor and Mr Hay had had to discuss the Trust's financial control total for the year.</p> <p>The Board was reminded that a process had begun through which Governors would be elected to a number of places on the Council of Governors. The election was being well-publicised with the aim of securing a high turnout of members. The process would conclude such that the names of the Governors elected could be announced at the Annual Members' Meeting (although the candidates, elected and unsuccessful, would be advised in advance of the meeting).</p> <p>The Governors were looking forward to a review meeting with several Non-executive Directors, namely Faith Boardman, Prof. Ghulam Mufti and Prof. Jon Cohen. Governors had submitted the questions which they proposed to ask the Non-executive Directors at the meeting.</p> <p>Mr North advised the Board that at a recent meeting there had been a discussion about the recording of training for healthcare assistants. Governors had received information about this and were assured as to the appropriateness of arrangements.</p> <p>Mr North welcomed the ongoing inspection by the CQC and the promptness with which initial feedback had been submitted to the Trust. The Governors encouraged the CQC to maintain the momentum of the inspection by submitting the final report to the Trust as soon as possible.</p> <p>Finally, Mr North advised the Board that he had been a member of the panel that had interviewed candidates for the Head of Governance role.</p>	
017/107	<u>Board of Directors Standing Orders</u>	
	<p>The Interim Trust Secretary presented the revised Standing Orders (SOs), noting that the principal proposed amendments all related to procedures which allowed the Board to take decisions other than at meetings when directors were present physically, ie. written resolutions, meetings held by telephone or video conference, and powers exercisable in emergency by the Chair and Chief Executive.</p>	

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	The Board reviewed and approved the amended Standing Orders.	
	FOR INFORMATION	
017/108	Chair & Non-Executive Directors' Activities	
	The Board noted the Chair and Non-Executive Directors' Activities report.	
017/109	Monthly Submission to NHS Improvement	
	The Board approved the self-certification, noting that it had been reviewed at a recent Finance and Performance Committee meeting.	
017/110	Board Committee Minutes	
	The minutes of the Finance and Performance Committee held on Tuesday 25 July 2017 were noted.	
017/111	<u>ANY OTHER BUSINESS</u>	
	There were no items of other business.	
017/112	<u>DATE OF NEXT MEETING</u>	
	The next meeting of the Board in public will be held from 11.00 to 13.30 on Wednesday 4 October 2017 at Bromley Library, High Street, Bromley, BR1 1EX.	

Graham Lawrence
Interim Trust Secretary
September 2017