MINUTES OF THE TRUST BOARD MEETING IN PUBLIC
Held on Thursday 28 May 2015
The Chamberlain Room, Diabetes Centre
The Ipswich Hospital NHS Trust

Present:
Mrs A Tate Chair
Mr A Bateman Deputy Chair/Non Executive Director (items P210/15 to P224/15)
Dr B Buckley Medical Director
Mr L Collins Non-Executive Director
Ms C Edmondson Interim Director of Human Resources
Mr A George Non-Executive Director
Mrs D Greenhalgh Director of Governance
Mr N Hulme Chief Executive
Mr P Scott Director of Finance & Performance
Mr T Thompson Non-Executive Director
Dr L Wigens Director of Nursing and Quality

Apologies:
Ms J Fryatt Director - Foundation Trust
Mr R Jethwa Non-Executive Director
Mr N Moloney Chief Operating Officer

In Attendance:
Mrs N Oliver Head of Operations, Medicine and Therapies (deputising for Mr N Moloney, Chief Operating Officer)
Mrs S Higson Patient Experience Lead (Item P215/15)
Ms H Byford Communications Specialist
Mr D McNeil Interim Trust Secretary
Ms L Fraser Minutes
<table>
<thead>
<tr>
<th>SECTION 1 – CHAIRMAN’S BUSINESS</th>
<th>ACTION</th>
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<tbody>
<tr>
<td><strong>P210/15</strong> APOLOGIES FOR ABSENCE</td>
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<tr>
<td>Apologies for absence were received from –</td>
<td></td>
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<tr>
<td>Ms J Fryatt, Director - Foundation Trust</td>
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<tr>
<td>Mr R Jethwa, Non-Executive Director</td>
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<tr>
<td>Mr N Moloney, Chief Operating Officer</td>
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<tr>
<td><strong>P211/15</strong> DECLARATIONS OF INTEREST</td>
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<tr>
<td>There were no declarations of interest raised in connection with any of the specific agenda items.</td>
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<tr>
<td><strong>P212/15</strong> MINUTES OF THE MEETING HELD ON 26 MARCH 2015</td>
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<tr>
<td>The minutes of the meeting held on 26 March 2015 were approved and signed by the Chair as a correct record.</td>
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<tr>
<td><strong>P213/15</strong> ACTION CHART FROM PREVIOUS MEETINGS</td>
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<tr>
<td>Received the updated action chart with status reports was presented by the Interim Trust Secretary.</td>
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<tr>
<td>The Trust Board:</td>
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<tr>
<td>– Received the action chart and noted the content would be updated as required by the Interim Trust Secretary.</td>
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<tr>
<td><strong>P214/15</strong> CHAIR’S REPORT</td>
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<tr>
<td>Received for information a verbal report by the Chair who noted that no external meetings had been attended since the last meeting.</td>
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<td>The Trust Board</td>
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<td>– received and noted the report from the Chair.</td>
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<tr>
<td><strong>P215/15</strong> SECTION 2 – PATIENT / CARER STORY</td>
<td>ACTION</td>
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<tr>
<td>Received for information and learning opportunity a patient story from Mrs Amanda Evans regarding her late mother’s experiences as an inpatient on Capel and Kesgrave Wards prior to her death in January 2015 introduced by Mrs S Higson, Patient Experience Lead.</td>
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<tr>
<td>Noted</td>
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<tr>
<td>• Mrs Evans completed a comment card stating the ward smelled of urine and was messy – leaving a contact number for PALS. She did not want to complain – just to have her story heard.</td>
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<tr>
<td>• Mum came in via ambulance to Capel ward – COPD exacerbated.</td>
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<tr>
<td>Issues with meds – not recorded properly, not all (her regular) meds done whilst on ward. Eye drops not kept in fridge and when on Kesgrave – put into wrong eye.</td>
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<tr>
<td>Nurses doing fantastic job within limitations.</td>
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<tr>
<td>Amanda and family there 24/7 so saw a lot – didn’t feel confident to leave mum.</td>
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<tr>
<td>Kesgrave – high proportion of patients with dementia – mum only one without it seemed.</td>
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<td>Realised getting to end of mum’s life – very noisy on the ward.</td>
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<tr>
<td>Mum feverish – no fan available on Kesgrave. Also, no nebuliser either – got one off Kirton – did the best they could!</td>
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<tr>
<td>Canula – into flesh not vein – for IV antibiotics – discharged onto bedding – wasted.</td>
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<td>Staffing seemed to be an issue – only 2 nurses and 1 HCA.</td>
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<td>Norovirus outbreak – fabulous Housekeeper (Gina) – absolutely superb help.</td>
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<tr>
<td>Ward sister? Didn’t see one except briefly saw someone on NY eve/day – they were looking after 9 wards?</td>
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<tr>
<td>30 Dec – vending machines ran out of cups! None till 2nd Jan and not even a sign up to say sorry.</td>
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<tr>
<td>Overall – staff generally very kind and caring – but not enough of them for so many patients with high needs.</td>
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<tr>
<td>Doesn’t want to complain – just to make a difference.</td>
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</table>
Questions and Comments

1. Andrew George commented on the intensity of the story and that this had shown up systemic failings despite some examples of good practice and questioned whether Mrs Evans would recommend the hospital to others. Mrs Evans stated that she would recommend the hospital despite her mother’s experiences as she had personally received good care.

2. The Chief Executive apologised on behalf of the organisation for the poor care received with poor co-ordination of care, lack of compassion and failure to listen to the patient and carers. The Trust would be working towards providing consistent treatment 24/7 and the Chief Executive stated that he would like to pick up some of the issues raised with Mrs Evans at another time.

3. Alan Bateman questioned why Mrs Evans felt that her mother’s experiences had differed on the two wards. Mrs Evans stated that the resources available on Capel had appeared greater and there had been a lower level of patients suffering with dementia.

4. Laurence Collins questioned the standard of communications with Mrs Evans and her family. Mrs Evans advised that generally communication with the relatives was not good but noted that if you were not medically trained you were not aware of the questions to ask.

5. The Director of Nursing and Quality apologised for the care received and stated that Mrs Evans’ experiences had provided ongoing lessons regarding nurse training. The Director of Nursing and Quality informed Mrs Evans that since the time of her mother’s admission night time staffing levels had been increased on wards with an increase in the number of HCAs available in care of the elderly wards. The Director of Nursing and Quality also noted that when additional beds were opened it needed to be recognised that appropriate equipment was put in place to support the patients’ care.

6. The Chair thanked Mrs Evans for sharing her experiences and noted that this had provided a valuable learning opportunity for the Board.

The Trust Board:
- received and noted the patient story.

SECTION 3 – QUALITY AND RISK

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<tr>
<th>ACTION</th>
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<tr>
<td>P216/15</td>
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<tr>
<td>Received for information a report from Gill Orves, Chair of IHUG presented by Sarah Higson, Patient Experience Lead.</td>
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<tr>
<td>The Trust Board:</td>
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<tr>
<td>- received and noted the content of the report.</td>
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<tr>
<th>ACTION</th>
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<tbody>
<tr>
<td>P217/15</td>
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<tr>
<td>Received for information a highlight report from the Healthcare Governance Committee meeting presented by Andrew George, Non-Executive Director and Chair of the Committee.</td>
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<tr>
<td>Noted</td>
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<tr>
<td>1. Vascular Service Action Plan - The Committee had received an updated from</td>
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</table>
Mr Isam Osman (Consultant General Surgeon) on the independent action plan previously agreed by Ipswich Hospital NHS Trust, Colchester Hospital University Foundation Trust and the Royal College of Surgeons. Mr Osman reported that services were improved, however further progress was needed.

There remained some unresolved actions associated mainly with consistency of management within the service, inter-hospital communication and resources (where IHT remained without cover when the IHT vascular team was working at Colchester Hospital).

The Committee took the decision to write to the Chief Executive and Medical Director at Colchester Hospital to understand the latest position of these actions and received assurance that the remaining red and amber rated actions were being progressed. The response would be discussed at Healthcare Governance Committee.

2. The Healthcare Governance Committee would be undertaking an examination of end of life care.
3. The Board was asked to receive and note the contents of the report.

Questions and Comments

1. The Chief Executive noted that his latest blog had concentrated on end of life care and that he had challenged clinicians to reduce the number of those patients dying in hospital when the Trust took over management of community care.
2. The Medical Director noted the need to concentrate on the end of life medical plan with early conversations being held with patients and carers.

The Trust Board:
– Received and noted the report.
**NATIONAL INPATIENT SURVEY 2014 RESULTS**

Received for information the Inpatient Survey report presented by the Director of Nursing and Quality.

**Noted**

1. The report outlined the results of the National Inpatient Survey 2014.
2. The results from the Care Quality Commission Survey of inpatient experiences of acute trusts 2014 were published on 21 May 2014.
3. The return rate was 51% (national response rate 47%).
4. The Trust was ‘about the same’ as all other trusts for most responses and all sections.
5. Top 20% for 1 question: Specialist had been given all the necessary information about patient’s condition.
6. Bottom 20% for 1 question: Patients sharing a bathroom/shower with patients of the opposite sex.
7. Overall the hospital had scored on a par with the 2013 survey.
8. The results have been presented to and discussed at Nursing & Midwifery Board, Trust Executive, Quality Matters Steering Board (QMSB) and Patient & Carer Experience Group (PCEG).
9. An action plan focussing on immediate response to the lowest scores had been developed and would be steered by PCEG and monitored at QMSB.
10. The Patient Experience Strategy was due for review and would focus on supporting a step change in patient experience ensuring a move from good to great, with a workshop with key stakeholder being planned.
11. The Trust Board was asked to receive this report for information.

**Questions and Comments**

1. Tony Thompson questioned the poor result for “Patients sharing a bathroom/shower with patients of the opposite sex” and whether this represented a surprise for the Trust. The Director of Nursing and Quality replied that this had been a surprise as all wards had signs allocating bathrooms for single sex use, however, noted that with the majority of wards being mixed sex this could lead to the interpretation that facilities were shared and the Trust needed to address the communications regarding the perceptions of patients.
2. Alan Bateman questioned how the Board could be assured that improvements were being made. The Chair stated that the Trust needed to have more effective ways of obtaining surveys from patients which could then result in actions to be taken. The Chief Executive noted the need to focus on improving basic care for patients, not implement further actions plans and surveys.
3. The Director of Nursing and Quality advised that each of the divisions had started to look at how excellence could be achieved on each ward and the results would be presented to the Nursing and Midwifery Board.
4. Laurence Collins questioned whether the “bay a day” listening events by senior nursing staff which had been agreed were taking place and being recorded. The Director of Nursing and Quality stated that matron audits should be taking place but she was not aware of the recording processes.
5. The Chief Executive stated that he would take an action to work with the Director of Nursing and Quality and the divisional Heads of Nursing to ensure
that an appropriate process of recording listening events was developed.

The Trust Board:
- Received the report and noted the contents.
- Would receive an update from the Chief Executive and Director of Nursing and Quality on the processes developed to record listening events.

<table>
<thead>
<tr>
<th>P219/15</th>
<th>SAFER CARE PROGRAMME</th>
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<tbody>
<tr>
<td><strong>Received for review the Safer Care Programme report presented by the Director of Nursing and Quality.</strong></td>
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<tr>
<td><strong>Noted</strong></td>
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<tr>
<td>1. The Trust had embarked on a ‘safer care’ programme in 2014.</td>
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<tr>
<td>2. Reports were regularly received by the Board on Part One of the programme, safer staffing, this paper reported on part two, safer care, in particular the paper set out the findings from the pilot.</td>
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</table>
| 3. Safer Care was supported and part-funded by Health Education England. It would be implemented in all inpatient areas and focuses on developing data through observation to inform decision making around:
  - Optimal ward skill and role mix according to specialty needs, the specific needs of inpatients, inclusive of the development of new clinical and support roles.
  - Development of the hospital’s clinical infrastructure to support the wards day and night and ensure effective leadership and escalation including a review of night support roles such as Night Practitioners and the outreach team. |
| 4. The Board was asked to note the content of the report and that an update would be provided to the Board in Quarter 2. |

**Questions and Comments**

1. The Director of Human Resources stated that the next stage would be to go through the results and see how these should be used to provide care on a daily basis. |
2. Tony Thompson commented that the provision of real time data would be difficult and that the Safe Care Lite did not appear “lite”. |
3. The Chief Executive questioned whether a registered pharmacist could perform drug rounds to free the time of registered nurses. This question was noted and would be considered in the review. |
4. Alan Bateman observed that as staff have limited time available when new reports are requested consideration should be given to removing something else. |
5. Laurence Collins stated that it would be useful to have communication as a separately itemised issue. |
6. Andrew George stated that it would appear that similar themes were being discussed in this report and that carers/patient experiences should be included. |

The Trust Board:
- Received the report and noted the contents.
- Noted that an update would be provided to the Board in Quarter 2.
**P220/15  BOARD ASSURANCE FRAMEWORK (BAF) / RISK REPORT**

Received for review the Board Assurance Framework presented by the Director of Nursing and Quality.

**Noted**

1. The report contained the Board Assurance Framework submitted to the Combined Board on 22 May 2015. This month there were 8 BAF risks.
2. Review of each of the BAF risks had been undertaken by the Executive lead in discussion with the Risk Owner.
3. The Trust Board was asked to receive the Board Assurance Framework and provide probity where relevant.

**Questions and Comments**

1. Tony Thompson questioned the Combined Board’s response to the BAF and that there was a need to carry out a “deep dive” as it would appear on the basis of the information given that the risks were not being managed.

**The Trust Board:**
- Received and noted the contents of the Board Assurance Framework / Risk Report.
- The Chief Executive and Director of Governance would undertake a “deep dive” of the BAF.
- The June Board Seminar session would concentrate on the BAF.

**P221/15  ANNUAL ORGANISATIONAL AUDIT FOR APPRAISAL AND REVALIDATION OF MEDICAL STAFF**

Received for review a report by the Medical Director.

**Noted**

1. The Annual Organisational Audit (AOA) is a standardised template for all responsible officers to complete and return to their higher-level responsible officer. AOAs from all designated bodies will be collated to provide an overarching status report of implementation across England. This report will be published by NHS England no later than September each year.
2. The prime focus and purpose of the AOA Report is to achieve a robust consistent system of revalidation compliant with the Responsible Officer Regulations and with nationally agreed standards. The mandatory audit provides a process by which every responsible officer, on behalf of their designated bodies, provides a standardised return to the higher-level responsible officer. The collated audits will then form the basis of a report to Ministers and ultimately the public, on the overall status of implementation of revalidation across England.
4. The approved AOA Report will be included in the Trust’s Annual Report for 2014/15.
5. The Board was asked to received and note the AOA Report.
Questions and Comments

1. The Medical Director confirmed that all medical staff had been revalidated and that a rigorous audit process following from appraisals was led by the Associate Medical Directors for medical staff and SAS doctors.
2. The Chair questioned what was learnt from consultant appraisals. The Medical Director stated that these appraisals provide confirmation of things which were known about the members of staff and allowed support to be provided. The appraisals were currently focused on professional competencies and did not look at performance of management responsibilities.
3. The Chief Executive noted the need to encourage reporting of poor practice incidents.
4. The Director of Human Resources noted that the appraisal process should be linked to the CEA awards.
5. Alan Bateman stated reports received via complaints or PALs which named individual members of staff should be linked to their appraisals. The Director of Human Resources stated that this area was on the agenda for the Workforce Committee to discuss and reflect on the way forward.

The Trust Board:
- Received the report and noted the content.

SECTION 4 – STRATEGY & PLANNING

P222/15 CHIEF EXECUTIVE’S REPORT

Received for information a verbal update presented by the Chief Executive

Noted

1. The Chief Executive informed the Board that the Trust had been announced as the preferred bidder in a joint venture with West Suffolk Hospital, receiving some support from Norfolk Community Health and Care NHS Trust, to run community services for local people. The contract is due to be signed in July 2015 with the service commencing in October 2015 and will initially run for a year with the possible extension for a second year. The Medical Director would be leading the implementation and due diligence was currently being undertaken. The Chief Executive acknowledged the work undertaken by the bid team.
2. Following the election the government’s pledge to introduce 7 day working into the NHS would present a significant challenge to the Trust and would require service reconfiguration together with partnership working with other Trusts to achieve.
3. The Trust had had a stand at the Suffolk Show for the first time in 6 years and very positive feedback had been received from visitors.

The Trust Board:
- Received the update and noted the content.

P223/15 APPROVAL AND RATIFICATION OF STRATEGIES/POLICIES

None notified.
P224/15  ESTATES STRATEGY

Received for review the Estates Strategy presented by Charles Hanford, Interim Associate Director of Estates.

Noted

1. The estates strategy presented was intended as a live document that built upon the IHT clinical strategy by documenting how the trust would deliver a quality structure that was fit for purpose and maintained against national standards. Coupled with this was the detail around the estates five year investment against the known backlog maintenance issues, mitigation of costs and engagement with external agencies to increase efficiency while offering a development control plan that provided a credible long term future for the Ipswich Hospital site.
2. The Trust Board was asked to receive and approve this estates strategy.

Questions and Comments

1. Laurence Collins stated that he had struggled to understand how this estates strategy fitted in with the master plan which the Board had approved for submission to the TDA and that the governance arrangements and prioritisation plan within the document needed clarification.
2. Laurence Collins stated that he would advise the Trust against committing to the “BREAM excellent” standard which could cost thousands of pounds to achieve.
3. Tony Thompson stated that he felt that the Strategy required clarification as there was no concise view of the risks and how these were being managed.
4. Alan Bateman stated that he felt that the implementation of the plans within the Strategy would be dependent on the level of financial support received from others, approval could only be given based on the receipt of funding or the Strategy would require amendment accordingly.
5. Charles Hanford stated that the Estates Strategy aimed for the highest standard and would then need to justify the amount of resource required to achieve this. The project planning stage would assess the level of BREAM to be aimed for.
6. The Chair stated that the Board was not in a position to approve the Estates Strategy as it currently stood and requested that this was taken forward by the Chief Executive, Charles Hanford and the Chief Operating Officer with support from Laurence Collins and re-presented to the Board.

The Trust Board:
- Received the report and requested that further work was carried out to take the Estates Strategy forward for re-presentation to the Board.

SECTION 5 – PERFORMANCE

P225/15  HIGHLIGHT REPORT FROM FINANCE AND PERFORMANCE COMMITTEE MEETING 26 MAY 2015

Noted

1. It was noted that the Finance and Performance Committee meeting scheduled
for 26 May 2015 had been cancelled.

The Trust Board:
- noted that the Finance and Performance Committee scheduled for 26 May 2015 had been cancelled and no highlight report was, therefore, presented.

<table>
<thead>
<tr>
<th>P226/15</th>
<th>HIGHLIGHT REPORT FROM COMBINED BOARD 22 MAY 2015</th>
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<tbody>
<tr>
<td></td>
<td>Received for information a highlight report on the issues which had been discussed at the Combined Board presented by the Chief Executive, Chair of the Combined Board.</td>
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</table>

**Noted**

1. The Trust Board had requested that, where confirmed minutes were unavailable, a monthly highlight report from Combined Board should be presented to the Trust Board. Highlights of the Combined Board Meeting on 22 May 2015 were, therefore, provided.
2. Additionally, in order to address Action number P204/15, highlights from the meetings held on 23 February 2015, 23 March 2015 and 27 April 2015 were provided, for information.

Questions and Comments

1. Andrew George stated that he had not felt that the Estate Strategy had been quite ready to come to Board and questioned what comments had followed the discussion held by Combined Board. The Chief Executive advised that the Estate Strategy had been presented to Combined Board but had not been challenged. The Chair stated that the Board would have expected more challenge from the Combined Board members and recognition that this document was not ready for presentation to the Board. Documents being presented to Board would be expected to included recommendations and opinions from the Combined Board. The Medical Director commented that Combined Board members would not necessarily have the correct knowledge to understand the detail of the documents they received in order to challenge these.
2. The Chief Executive stated that he and the Director of Governance were working to develop the role of the Combined Board.

**The Trust Board:**
- Received and noted the report.

<table>
<thead>
<tr>
<th>P227/15</th>
<th>INTEGRATED PERFORMANCE REPORT</th>
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<tr>
<td></td>
<td>Received: the Integrated Performance Report for April 2015.</td>
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</table>
### Finance

The Director of Finance and Performance presented the key financial issues:

**Noted**

1. The financial position for 2015/16 was a deficit of £19.8m; at Month 1, the financial position was on plan with a deficit of £2.34m for the month and year to date. The focus was on controlling and then reducing the level of risk within the financial plan. A financial improvement position was under discussion with the Trust Development Authority (TDA); this work would progress during Quarter 1.

**Questions and Comments**

1. Tony Thompson questioned whether there was a deadline for an official response from the TDA accepting the proposed budget. The Director of Finance and Performance advised that no deadline had been accepted, however, the budget deficit had been agreed by the TDA.
2. Tony Thompson stated that the report presented to the Board gave a more positive view of the working capital and cash position than had been provided when this was discussed at the Audit Committee. The Director of Finance and Performance advised that the discussions which had been held with the TDA had focused on the cash and liquidity position and there were no major concerns around debtors and creditors at this stage.
3. The Director of Finance and Performance advised that the governance around the finance department was being improved and suggested that this was discussed by the Board at a Board Seminar Session.

### Operational Performance

The Head of Operations, Medicine and Therapies presented the key operational performance issues:

**Noted**

1. The Trust had failed to achieve the 4 hour standard in ED during April at 94.7% compared to England Average of 94.1% however the Trust was currently 95.30% Year to Date compared to an England Average of 93.3%.
2. The Trust saw an increase in the number of 30 and 60 minute delays for ambulances in April 2015 compared with March.
3. The Trust achieved the 18 Week Admitted 90.9%, Non-Admitted 95.6% and Incomplete Standards 97.1% standards in April. The number of patients waiting greater than 18 weeks on an incomplete pathway at the end of April 2015 was 481 down from 528 in March 2015 this was the lowest since April 2014.
4. The Trust continued to monitor performance on the non-admitted activity within Urology and Dermatology, however, the Trust continued to see a fall in incomplete > 18 Week waits in both areas.
5. The Trust achieved all Cancer thresholds in April 2015.
6. The Trust’s theatre utilisation dropped below the threshold of 85% in April 2015.
7. The Trust continued to fail the contractual requirement for the provision of Outpatient discharge summaries to primary care within 72 hours of the appointment achieving 87.41% an improvement of 4.35% in April 2015.
Improvement plans are in place.

Questions and Comments

1. The Director of Governance advised that the performance within plastics and dermatology had been discussed at the Healthcare Governance Committee meeting and the Complaints and PALs departments had been asked to monitor the number of complaints received relating to these areas.
2. Andrew George asked Nancy Oliver what were felt to be the three big issues which prevented the Trust being more successful. Nancy Oliver replied that one big issue was inadequate forward planning.

Quality

The Director of Nursing and Quality presented the key quality issues:

Noted

1. The Trust Wide Staffing template had been updated to show staffing establishment in line with January Board approval. These numbers were reviewed by Heads of Nursing/Midwifery and Matrons prior to updating. 80.75% shifts had been covered to establishment or above in April 2015.
2. Considerable work had been undertaken to review the accountability and performance reporting, this had led to an increasing level of quality indicators to be monitored at a ward and division level. The Heat Map would require further refinement of target levels and the sensitivity of domain scoring over the first Quarter.

Organisational Development

The Director of Human Resources presented the key organisational development issues:

1. The overall Trust absence rate at April 2015 was 3.95% compared to 4.11% in April 2014, so a reduction of 0.16% had been achieved. This had reduced the cumulative 12 month position to 3.75% compared to 4.18% for the 12 month position as at 30 April 2014. Short-term absence had reduced by 0.55% in April 2015 (compared to March 2015), but remained relatively high at 2.24%. Work was being undertaken by the Health and Wellbeing Group and Occupational Health.
2. Clinical divisions continued to focus on developing action plans to prioritise PDRs and Mandatory Training during the period of April to October inclusive, to ensure that during the winter months, when service demands increased due to escalation and increased acuity of patients, the focus was on care delivery whilst not compromising the training and development of staff.

The Trust Board:
- Received and noted the contents of the Integrated Performance Report for April 2015.

P228/15 WORKFORCE, DEVELOPMENT AND EDUCATION COMMITTEE HIGHLIGHT REPORT
Received for information a report presented by the Director of Human Resources.

Noted

1. The committee had noted that LDA, SIFT and non-medical tariffs had either been frozen for 2015-16 or had decreased. A national costing exercise was currently underway; it was likely that from 2017-18 funding would be granted through a tariff based allocation.
2. This year had seen the introduction of a tariff based system for elements of the post graduate funding. This had resulted in an overall reduction in funding, potential shortfall was around £0.5m, work was being undertaken to identify which internal budgets were impacted.
3. The committee had commissioned a review of all training and education budget elements across the Trust.
4. Very good feedback had been received from the Quality and Performance Review visit undertaken by Health Education East of England on 27 January 2015. The committee noted that the Trust had been commended on its governance structure and leadership and the involvement of the Board and executives. An action plan had been drawn up to address those areas where concerns had been noted, a regular highlight report would be presented to the Committee.
5. A highlight report relating to the Values and Behaviours project was noted. In addition the committee noted that positive feedback had been received following the CQC visit in relation to staff being aware of the values of the organisation and scenarios.
6. It was noted that a leadership conference for middle managers, around 200/300 staff, would be taking place late spring/early summer. It was recognised that this cohort of staff do not regularly have the opportunity to interact with each other and with the executive team, neither do they fully understand their role in ‘leading for values’ - this would be a key component of the conference and tools were being developed to enable this.
7. The committee received a report in relation to the Workforce Race Equality Standard which came into force on 1 April 2015. Of the key metrics reported in the standard the Trust fell short of the national average on many. The Diversity Committee would oversee performance against these and against the other diversity measures which related to service users but it was agreed that a set of workforce priorities arising from the assessment would be reported back to the next meeting.

Questions and Comments

1. Tony Thompson questioned the leadership band width and stated that the results of the review being undertaken by the Workforce Committee should be presented in the highlight report to the Board.

The Trust Board:
- Received the report and noted the content.

<table>
<thead>
<tr>
<th>P229/15</th>
<th>TRUST DEVELOPMENT AUTHORITY (TDA) SELF CERTIFICATE RETURN</th>
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<tr>
<td></td>
<td>Received for approval the NHS Trust oversight self certification template presented by the Director of Finance &amp; Performance.</td>
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Noted
1. It was noted that the Finance and Performance Committee meeting scheduled for 26 May 2015 had been cancelled, therefore, the TDA self certification return had not been reviewed prior to presentation to the Board.

2. A draft ISA260 had been received.

3. Declaration 2 would be signed.

4. The Director of Finance and Performance recommended the TDA Oversight Self Certification Return for approval by the Board.

The Trust Board:
- Received and approved the TDA Oversight Self Certification Return.

**SECTION 6 – BUSINESS CASES FOR APPROVAL**

**P230/15 MRI BUSINESS CASE**

Received for approval the MRI business case presented by Nancy Oliver, Head of Operations, Medicine and Therapies Division.

**Noted**

1. The Trust has two MRI scanners that are 10+ years old and require replacement, due to ageing and failing technology and inability to maintain spare parts and software upgrades. Expected lifespan for such equipment is 7 -10 years. The lease on the existing two MRI scanners expires on 29/4/16 and the Trust would not wish to extend the lease beyond this date due to the ageing equipment and its reliability.

2. The MRI team have clinically and technically evaluated the equipment of 3 companies, against a specification provided to NHS Supplies Framework. The specification provided was for two 1.5 Tesla scanners to perform the range of investigations required now and for the future at Ipswich hospital.

3. The project group decided that two identical scanners with wide bores would offer the best option for future proofing the service as some manufacturers are no longer offering narrow bore scanners. Wide bore scanners support improving patient experience, particularly for those patients who suffer claustrophobia and for the bariatric patient. Opting for two scanners of the same specification enables the same range of scans on both MRI’s as they will have identical software and also supports staff training. There are also cost advantages of buying two identical scanners with cost reduction for the second scanner.

4. The implementation plan was devised on the basis that the building works programme for the MRI suite commenced in June 2015 and completed in January 2016.

5. The Lease costs were based on the current equipment operating lease costs as provided in the Outline Business Case and would be finalised when the Lease Tender was completed in 2015 for Trust Board approval.

6. The income forecast in the FBC was based on a similar mix of activity as had been delivered in 14/15 with a forecast increase in demand that would be above capacity and would still see the need for outsourcing of some demand.

7. The Trust Board was requested to approve the MRI replacement FBC for the total investment of £2,269.4k, made up of:
   - Building works cost of £526.4k for the MRI suite.
   - Two MRI’s from the preferred supplier (GE Healthcare) at a cost of £1,743k to be procured under the terms of Supplier Direct operational lease.

8. The payments schedule for the Supplier Direct operating lease would be known in early June and a subsequent report would be submitted requesting...
approval for the contract to be placed with the identified preferred Lessor.

Questions and Comments

1. Tony Thompson stated that the Board had requested an opinion on whether two new scanners was the best choice. Nancy Oliver advised that this had been reviewed and there was not enough work to require a third scanner at present but the department had seen year on year increases in activity.
2. It was confirmed that the building plans aligned to the Estates strategy.
3. Andrew George questioned whether the best price had been achieved from the supplier. Nancy Oliver stated that a number of conversations had been held with the supplier through the framework. The Director of Finance and Performance stated that the procurement department would commission an open tender to achieve the best price, however, noted that the approach could be more commercial.
4. The Director of Finance and Performance stated that the net costs were shown and these were lower than the current budget.
5. The Medicine and Therapies Divisional Board were noted to be happy to approve the business case.

The Trust Board:
- Received and approved the MRI business case for the total investment of £2,269.4k.
- Would receive a report in June requesting approval for the contract to be placed with the identified preferred Lessor.

SECTION 7 – CORPORATE GOVERNANCE

<table>
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<tr>
<th>ACTION</th>
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<tr>
<td><strong>P231/15</strong> AUDIT COMMITTEE HIGHLIGHT REPORT</td>
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Received for information a Highlight Report from the meeting held on 1 April 2015 presented by the Tony Thompson, Chair of the Committee.

Noted

The principal focus of the meeting was on Governance, Finance Structure and controls and audit plans. Key points for the Board to note:

**Governance**

The Committee noted the delays in the Governance review and drafting of the Annual Governance Statement:
- The EY report on their review of the BGAF / QGAF will be circulated to Board members
- A Board seminar will be arranged to consider governance issues including, in particular, the articulation of the Board’s requirements for assurance.
- The draft AGS will be reviewed outside the meeting structure and the agreement of the final draft will be by Chair’s action in time for the submission deadline of 28 April

The Committee approved the recommendation not to consolidate Charitable Funds in the 2014/15 Annual Accounts and to include the relevant disclosures in the Trust accounts.
Finance and Controls
The Committee noted the progress made in implementing the Finance strategy and reviewed the issues identified in the Internal Audit report giving limited assurance on Finance systems and in the Key Controls report:

- The need to identify and share learning on the management of large contracts was noted and the Committee will examine this further at the next meeting
- The need for working capital reporting to include analysis as well as the raw numbers to facilitate effective discussion at the F&P Committee was noted.

The Committee reviewed the Outstanding Audit Recommendations report and asked that clarity on the articulation of actions taken was improved. The Committee emphasised the importance of effective review of this report by the Combined Board not only to support the Board Statements but also to further develop a culture of using Internal Audit as a business tool.

In reviewing the report on the activities of the eHealth Programme Board the Committee discussed the link between a technical solution and the need for a cultural change and will examine this further at the next meeting.

Audit Plans
No significant issues were identified in the external auditor’s interim visit.

The Internal Audit Plan for 2015/16 was approved and will be reviewed every other meeting to ensure it remains aligned to the key areas of risk or concern.

The Trust Board was requested to receive the highlight report of the meeting held on 1 April 2015.

The Trust Board:
- Received and noted the report.

P232/15 REMUNERATION AND TERMS OF SERVICE COMMITTEE HIGHLIGHT REPORT

Received for information a Highlight Report from the telephone conference held on 14 May 2015 presented by the Ann Tate, Chair of the Committee.

Noted

1. The Remuneration and Terms of Service Committee convened (by telephone conference) on 14 May 2015 to discuss the proposal to appoint to the role of Director of Nursing & DIPC.
2. The job description, person specification and remuneration package were approved.
3. The make-up of the Interview Panel was determined; Chair, Chief Executive, NED – Laurence Collins and an external advisor/TDA representative - Peter Blythin – National TDA Director of Nursing. The HR Director would manage the appointment process and act as professional advisor to the panel.
4. The following process and indicative timescales were also agreed:
   - The post would be advertised on NHS Jobs (closing date 12 June 2015) and HSJ online by Friday 29 May (closing date 12 June 2015)
   - The ‘Long list’ of candidates would be reviewed by the panel by 18 June 2015
   - Informal visits with members of the Board between 19 to 26 June 2015
5. A recruitment budget of £6,800 was agreed to cover advertising and selection costs.
6. The Trust Board was asked to receive the report for information.

**The Trust Board:**
- Received and noted the report.
### CHARITABLE FUNDS AND SPONSORSHIP COMMITTEE HIGHLIGHT REPORT

Received for information a verbal Report from the meeting held on 18 March 2015 presented by the Laurence Collins, Chair of the Committee.

**Noted**

Laurence Collins highlighted the key points for the Board to note from the Charitable Funds and Sponsorship Committee meeting held on 18 March 2015:

- The Charitable Fund Strategy 2015 - 2017 and Planner had been presented.
- The Committee had focused on the implementation of the charity brand with use of social media including Facebook.
- 2014/15 Management Accounts Report for the period to 31 January 2015 received.
- Transfer of funds for Woolverstone MacMillan Centre discussed and a report would be presented to the next Charitable Funds and Sponsorship meeting.
- Presentation received from Investec, investment managers. The Committee had expressed higher aspirations for income.
- Laurence Collins thanked the charity and communications team for their work on behalf of the Charitable Fund.

**The Trust Board:**
- Received and noted the report.

### USE OF THE TRUST SEAL

Received for information a report presented by the Chief Executive.

**Noted**

1. In accordance with Standing Orders the report notified the Trust Board that the Trust Seal had been used once during the month of April 2015. The report identified the signatories and the register number of the given transaction.
2. The Trust Board was notified that the seal of the Trust was used on one occasion in April 2015.
3. On the 8 April 2015 the seal of The Ipswich Hospital NHS Trust was affixed to a licence to underlet and carry out minor works to unit 1 in the retail centre. This was a three party involved licence, approved by the Trust, Costa Coffee and Heathcroft (letting agent).
4. In accordance with the Standing Order licence was signed by the Director of Finance, Paul Scott, and the Medical Director Barbara Buckley in the presence of the Interim Trust Board Secretary, David McNeil.
5. The Register for the Use of the Trust Seal was updated and the Register Number for the transaction was No.151
6. The Trust Board was asked to receive and note the contents of the report.

**The Trust Board:**
- Received the presentation and noted the content.

### RECEIPT OF REPORTS FOR INFORMATION

| P235/15 |
|-------------------------------|---|
| **CHARITABLE FUNDS AND SPONSORSHIP COMMITTEE HIGHLIGHT REPORT** | |
| Received for information a verbal Report from the meeting held on 18 March 2015 presented by the Laurence Collins, Chair of the Committee. | |
| **Noted** | |
| Laurence Collins highlighted the key points for the Board to note from the Charitable Funds and Sponsorship Committee meeting held on 18 March 2015: | |
| - The Charitable Fund Strategy 2015 - 2017 and Planner had been presented. | |
| - The Committee had focused on the implementation of the charity brand with use of social media including Facebook. | |
| - 2014/15 Management Accounts Report for the period to 31 January 2015 received. | |
| - Transfer of funds for Woolverstone MacMillan Centre discussed and a report would be presented to the next Charitable Funds and Sponsorship meeting. | |
| - Presentation received from Investec, investment managers. The Committee had expressed higher aspirations for income. | |
| - Laurence Collins thanked the charity and communications team for their work on behalf of the Charitable Fund. | |
| **The Trust Board:** | |
| - Received and noted the report. | |
| | |
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| Received for information a report presented by the Chief Executive. | |
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| 1. In accordance with Standing Orders the report notified the Trust Board that the Trust Seal had been used once during the month of April 2015. The report identified the signatories and the register number of the given transaction. | |
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| 6. The Trust Board was asked to receive and note the contents of the report. | |
| **The Trust Board:** | |
| - Received the presentation and noted the content. | |
Received for information by consent:
- Declarations of Interests of Board Members

<table>
<thead>
<tr>
<th>P236/15 PUBLIC QUESTIONS</th>
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<tr>
<td>1. No questions were received from members of the public.</td>
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<tr>
<th>P237/15 SECTION 9 – DATE OF NEXT MEETING</th>
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<tr>
<td>The next Board Meeting in Public would be held on Thursday 30 July 2015 at 9.30 a.m. at the Ipswich Hospital NHS Trust.</td>
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Signed …………………………………………………….. Date ……………………………………

Ann Tate
Chair