

Agenda items 43/16

DRAFT
MINUTES OF PART 1 BOARD OF DIRECTORS MEETING
HELD ON
WEDNESDAY, 6 April 2016

Call to Order

Present:

Alan Tobias
David Parkins
Sue Hardy
Yvonne Blücher
Fred Heddell
Neil Rothnie
Qadir Bakhsh
Tony Le Masurier
Mike Green
Tim Young
Jan China
Mary Foulkes

James O'Sullivan

Chairman
Deputy Chairman/Non-Executive Director
Chief Executive
Chief Nurse
Non-Executive Director
Medical Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Director of Estates & Facilities
Director of Organisational Development (OD)
& Human Resources (HR)
Chief Financial Officer

Also in attendance:

Jo Furley
Les Catley
Geoff Stokes
Karoline Singleton
Claire Hankey
Trevor Johnson
Linda Cook
Elaine Blatchford
Joe Cooke
Nigel Gayner
Judith Craven
Majzoub B. Ali
Frances Cohen
Rob Everitt
Cheryl Schwarz
Melanie Hood
Jenny Galpin

Namdi Ngoka
Adrian Buggle

Deputy Chief Operating Officer
Vice Chair of Council of Governors
Interim Company Secretary
Assistant Trust Company Secretary (minutes)
Head of Communications
Public Governor
Public Governor
Public Governor
Public Governor
Public Governor
Member of the public
Member of the public
Member of the public
Member of the public – for patient story
Deputy Chief Nurse – for patient story
Acting Head Nurse Medicine – for patient story
Project Director Transformation – for item
25/16
Deputy Director of HR – for item 29/16
Deputy Director of Finance – for item 24/16

Patient Story

Rob Everitt presented the experience of his mother-in-law's (Mrs S.) recent stay at Southend Hospital. Mrs S and her relatives encountered several difficulties and issues during her stay mainly relating to miscommunication regarding her discharge process and consequently being discharged with missing and incorrect equipment.

More general queries were raised regarding the ward doors on Paglesham ward and it was suggested that staff members were showing a stressed appearance.

It was further noted that the hospital's 'No smoking policy' is not being policed or enforced.

Melanie Hood, Acting Head Nurse for Medicine, described to the Board the following improvements which have been made since Mrs S's stay on Paglesham ward.

- Training sessions have been provided to the nurses regarding feed bottles for peg pumps.
- New nurses are gradually starting on the stroke unit/Paglesham ward.
- Therapy staff are now on shift until 8pm.
- 7 beds have been closed on Paglesham which should help to reduce work load and to improve staff morale.
- Open visiting hours have been introduced which will give more time for communication between staff and family/carers/relatives.
- Handover and whiteboard rounds are continuously worked on to provide improvement.
- The 'no smoking policy' is a contentious subject and difficult to enforce as patients wish to smoke and they cannot be escorted off the grounds, for example. However, more effective deterrent methods are being discussed to encourage people to smoke away from the main entrances and from the ward windows.

The Chairman thanked Mr Everitt on behalf of the Board for presenting his story and apologised on behalf of the hospital for Mrs S's experience.

16/16

Welcome and Apologies

The Chairman welcoming all to the meeting. Apologies were received from Jon Findlay, Chief Operating Officer (COO) – Jo Furley, Deputy COO attended in his place.

17/16

Declaration of conflicts of interest

No conflicts of interest beyond those registered, were declared.

18/16

Approval of Part 1 minutes of 3 February 2016 meeting

The minutes of the previous meeting were agreed as an accurate record with two minor corrections to be made on pages 4 and 7.

19/16

Matters Arising

There were no matters arising which were not on the action tracker or on the agenda.

20/16

Consideration of Part 1 Action Tracker

The Action Tracker was approved as presented.

Updates were given on items 63/15(ii) (Review of Scheme of Delegation) and 07/16 (re local benchmarking figures for falls and pressure ulcers).

21/16

Safe Staffing Report

Yvonne Blücher (YB), Chief Nurse, presented the report to the Board. This report relates to fill rate against planned staffing for February 2016.

Key Points:

- Registered Nurse/Midwife (RN & RM) fill rate decreased on both days and

nights in February to 86.3% on days and 90.1% on nights.

- In February there were 7 areas on days with a RN fill rate below 80%, compared to 5 in January. On nights, in February, there were 5 areas with a fill rate below 80%.
- There continued to be high level of emergency admissions throughout February, particularly within the medical specialties.
- There was an increase in the number of red flags reported in February, with 330 being identified compared to 200 red flags in January. The majority of red flags were identified / escalated due to RN deficit, impacting on safe staffing ratios, inappropriate skill mix and increased acuity and dependency.
- The additional 28 escalation beds were closed during the second half of January and have remained closed in February. There have also been 18 temporary bed closures which will remain in place until staffing levels improve to allow for safe re-opening.

The Board discussed concerns with the stress levels of the nursing staff as many have been working extra hours to help during 'black alert' periods. Teamed with low staffing levels in several wards this has contributed to low staff morale and high stress levels.

It was noted that it is important that patients and relatives understand the meaning of bed closures and that the correct messages are being relayed as otherwise seeing empty beds might be confusing when we are reporting that the hospital is full.

Actions:

- Trajectory for recruitment to be included in future IPRs. The details of this to be provided to QAC.
- Appropriate signage to be put in place in wards where beds have been closed for staffing reasons

Decision:

- The Board received the report and noted the recommendations given in the report.

22/16

Mortality Report

Neil Rothnie (NR), Medical Director, presented the update to assure the Board that there are processes in place for a mortality review in the Trust, which meet the new guidance from Monitor and the TDA, and the steps already taken and future plans for improving the mortality review process to meet this guidance

Key Points:

- It is anticipated that there will be further publication of national guidance and a standardised methodology which can be incorporated into the trust process; therefore, the current process should be seen as an interim set up.
- Currently the process does not include a review of all deaths but a targeted approach to using the Copeland's Risk Adjusted Barometer (CRAB) to analyse hospital deaths. Following this approach, patients with greater than four triggers identified are subject to a clinical review process.
- The next steps for the Trust include the reconfiguration of the mortality surveillance group (MSG) with multi-disciplinary and multi-professional membership, to establish a review process for in-hospital deaths, improve reporting to Board, increase clinical engagement with the mortality review process and improve coding issues.

It was noted that the impact of the Success Regime is not included in the guidance but as the three trusts are expected to align revalidation and appraisals it is likely that mortality review will be expected to be aligned accordingly as well.

It was agreed that the feedback loop is crucial to ensure that learning from past cases takes place and to identify changes to avoid repeat incidents of avoidable deaths.

The Board briefly discussed external membership on the MSG – NR confirmed that the CCGs are represented, however Health Watch Southend had not been approached yet. Monitor had also suggested including a patient representative, in which case patient identifiable information (PII) would have to be redacted for meetings.

Action:

- NR to circulate documents to help the Board of the Directors and the Council of Governors to help understand the metrics of how hospital mortality measures are calculated and interpreted.

Decision:

- The Board received the report and was assured by the report.

23/16

Integrated Performance Board Report (IPBR)

Jo Furley (JFu), Deputy COO, presented the operational performance part of the report to the Board on behalf of Jon Findlay (JF), COO.

Key Points:

Patient Access / Performance / Cancer standards / Short notice cancellations

- The A&E 4hr standard was not achieved for February 2016.
- Provisional figures indicate that the 62 day referral to treatment and the 31 day subsequent surgery cancer targets were not achieved for February. The Joint Oncology Clinic starts on 8 April 2016 which will improve the 62 day referral to treatment performance.
- Provisional figures indicate that the Referral to Treatment (RTT) standard was achieved for February.
- The unadjusted backlog at the end of February was 1053 (880 in January) with orthopaedics, general surgery and ENT having the largest cohort of patients.
- Additional outpatient clinics are being implemented for February and March to meet demand within ENT, Cardiology, Respiratory, Diabetes and Ophthalmology.
- Additional surgical day case lists have been introduced at the weekends which were due to continue until March 2016. An outsourcing plan is being developed to transfer some surgical activity to local private providers commencing in March. A process has been agreed whereby patients having been operated on by a surgeon employed by the Trust, are followed up at the Trust. If patients have received their surgery from a surgeon not employed by the Trust, they will receive their follow up at the local external provider who performed the surgery.
- Ophthalmology has engaged the support of an external company to assist with the review of patients.
- Pain management and nutrition & dietetics are undertaking a review of the patients in the backlog and will create clinic capacity as required.
- Medicine for the elderly, general surgery, oral surgery and general medicine review the patients weekly, patients are allocated as needed into existing

clinics.

- The number of short notice cancellations has decreased in January (1.49%) and February (1.06%) against the target of 0.8%.

JFu confirmed that the aim is to be compliant with the A&E target by September 2016 – the main focus continues to be on discharge and improving the patient flow out of the hospital into the community. Co-operation from the local GPs, local authorities and local community health providers is required for the action plan to be fulfilled. The Board discussed the action plan in more detail and a trajectory was requested to be included in future Board reports. SH confirmed that an escalation meeting had taken place with Monitor, NHS England and other parts of the system to ensure that all parts work together as the hospital cannot deliver this plan by itself.

Action:

- Trajectory for achieving action plan and a date for compliance with the A&E target to be included in future IPRs. The details to be discussed at Quality Assurance Committee (QAC) meetings.
 - Feedback to be provided on progress with overarching projects on-going within the Trust such as external companies providing services on behalf to Trust to clear backlogs.
 - The detailed updates regarding the external review into the Trust's high C-section rate from the Royal College of Obstetricians and Gynaecologists (RCOG) to be provided to QAC.
 - Avoidable harms arising from the ophthalmology backlog to be identified and reported on in future IPRs.
-

YB presented the Patient Quality section of the report to the Board.

Key Points:

Complaints:

- A slight increase in the number of formal complaints was seen in January and February 2016.
- Year to date 892 complaints were received which is an average of 81 per month. Key themes include cancelled elective procedures, appointment availability, medical treatment, waiting times, communication and nursing care.
- The new complaints process will commence in April.

Friends & Family:

- The inpatient and day case response rate was up significantly to 20% which is the highest in the past six months.
- Bottom scoring wards are Chalkwell, Balmoral and Shopland wards.
- Percentage of who would recommend ED is between 86% and 87% for January and February; for outpatients the average is 92%.

HCAI (Healthcare associated infections):

- 3 cases of CDiff (Clostridium difficile) were reported for January 2016 and another 3 cases reported for February 2016 resulting in a total of 25 cases year to date against a ceiling of 30.
- 1 case of MRSA bacteraemia was reported in February 2016 – though classed as unavoidable it will still be counted against the Trust as this case occurred more than 48 hours after admission.

Pressure Ulcers:

- There were 7 reported cases in January and February of grade 3 ulcers.

Falls:

- Fall numbers for January and February are within expected limits and in total there were 190 including 2 moderate harm and 2 high severity falls.

Serious Incidents (SIs):

- 2221 incidents, near misses and concerns were reported on DATIX during January and February. There were no reported Never Events.
- Issues with ophthalmology follow up appointments have resulted in 16 new serious incidents (SIs) being declared for this area.
- Directorates receive a monthly governance report outlining current SIs and action plans requiring review.

Duty of Candour (DoC):

- Compliance for November and December is 100%.
- The number of DoC figures relates to number of SIs.

Action:

- Communications breakdown and 'lessons learnt' to be included in the complaints report being presented to the Quality Assurance Committee (QAC).

Neil Rothnie (NR), Medical Director presented the mortality section of the report to the Board.

Key Points:

- The new Summary Hospital-level Mortality Indicator (SHMI) data has been published very recently. It is at 1.13 which is 'worse than expected' and above control limits
- The above increase warrants further review and root cause analyses (RCAs) have started to be carried out.
- Further steps taken include: continued improvement of communication between clinicians and coders, improved palliative care as SHMI incorporates cases 30 days after discharge, carrying out retrospective reviews of high risk groups.
- An external CRAB review was carried and issues were identified with high-dependency patients and level 2 care.
- NR is keen for all palliative patients to be registered on the 'end of life' register to ensure correct coding.

Action:

- Mortality to be discussed in further detail at the Board Development Session in July 2016.

Jan China (JC), Director of Estates & Facilities presented the Estates & Facilities section of the report to the Board.

Key Points:

Maintenance

- The total number of reactive jobs referred was 1,826 in January and 1,519 in

February.

- Target of 80% for Priority 4 was not achieved (71.16% in January and 67.95% in February).
- Target of 90% for Priority 5 was not achieved (58.2% in January and 62.5% in February).

Catering

- The domestic team and Medirest have continued to deliver sandwiches and drinks to staff during the Trust black alert status.
- All SLA targets were met in February.

Cleaning

- The 'very high' target based on the first audit was met with 98.67%.
- Nurses – 'very high risk': there are still issues and the target (98%) was not met (96.13% in January and 97.14% in February).

Telephony

- The team continue to struggle to meet their targets for priority 2 and 3 calls.
- The redevelopment of the switchboard/general office area should be completed by May 2016.

Action:

- Full update on the Medical Equipment Management Service (MEMS) to be provided to the next Board.

Mary Foulkes (MF), Director of HR & OD presented the workforce section of the report to the Board.

Key Points:

Appraisal:

- The appraisal compliance rate in February was 73.36% compared to a target of 85%. Appraisal compliance rates are reported at Clinical Directorate monthly performance meetings.
- In Q1 of 2016 the implementation of a revised and simplified appraisal system process is planned.

Agency Spend:

- A decrease in agency spend has been noticed in February compared to January, though there was a higher increase in January compared to December. The overall trend remains downward.
- Spend on agency workers was 11.24% of the Trust's pay bill which is up from 10.91% in December.

Bank:

- The amount spent on bank workers was 6.81% of the pay bill in February compared to 5.5% in December 2015.

Staffing level:

- The vacancy rate in February was 8.06% and the nursing recruitment trajectory is to achieve a reduction in qualified nursing vacancies to 6.9% by March 2017.

Sickness:

- The rate for year to date is 4.04% with in-month figures at 4.61% for February.
- Action is being taken locally with HR business partners to address issues of higher than average sickness absence rates in some wards or for some professions such as nursing and HCA staff.

Staff turnover:

- Turnover increased from 12.19% in December 2015 to 12.29% in February. The target is 9.7%.

Statutory/mandatory training:

- The percentage of statutory/mandatory training achieved for the year for February has reduced from 76.73% in December to 75.54% in February.
- Some training session had to be cancelled during the periods of black alert in January and February.
- Compliance is monitored at Clinical Directorate monthly performance review meetings as well as the OD & Education Board and the Statutory Mandatory Training Committee.

The Board discussed recruitment versus retention and turnover in more detail and when/how the target to recruit will be achieved.

Decision:

- The Board noted the report and received assurance where required.

24/16

Financial Position – Month 11

JOS presented the report to the Board to present the financial position to 29 February 2016.

Key Points:

- There was a deficit in February of £2.9m which brings the year to date (YTD) deficit to just under £15.9m
- The year-end forecast of £19.5m deficit is maintained.
- The Financial Sustainability Risk Rating was 1.
- Pay expenditure increased again in February with £168k spent on paying all bank nurses an additional £50 per shift due to the black alerts (£65k higher than the amount paid in January).
- For February, the Trust's level of trained nurse agency was 11.7% compared to the target of 8% set by Monitor.
- Non-pay expenditure in the month was lower than plan due to the number of cancelled operations resulting in less clinical supplies being used.
- The Transformation Programme has achieved £11.7m of savings to date and is behind plan by £0.8m (or 7%).
- The cash balance at the end of February was £2m which is £14.9m below the original plan and is almost entirely due to the increased deficit.
- The Trust is supported by an Independent Trust Finance Facility (ITFF) of £18.5m which comprises a loan of £7m and a working capital facility of £11.5m. This cash support was received in March and will enable the Trust to achieve a cash surplus of £1.5m at year-end.
- Capital spend for February was £3061k bringing the cumulative spend to £10,672k.

The Board briefly discussed options of dealing with the fines that the Trust incurs from

CCGs.

Action:

- Cells in balance sheet to be separately identified on the balance sheet
- KPIs on distressed funding to be shared

Decision:

- The Board noted the report.

25/16

Transformation Programme

Jenny Galpin (JG) presented the update to the Board by exception only as a detailed presentation had been given to Board members on 8 March for assurance.

Key Points:

- The target for the year for transformation schemes is to achieve savings of £7.6m.
- Current expenditure in relation to overall cost improvement measures shows achievement of savings of £4.7m compared with the target of £6.8m in February, an under achievement of £2.1m.
- A forecast of the position to the end of the year is that the Trust will under achieve by £2.4m.
- Cost improvements for 16/17 have been updated since the report was printed and are now at 3% of income in line with NHS planning guidance which equates to a target of approx. £9m for this Trust.

Decision:

- The Board received the report.

26/16

Part 1 Report from the Chairman

Alan Tobias, Chairman, updated the Board as follows:

- 1) The NED appointment process continues and a decision will be made after 20 April 2016.
- 2) The latest Monitor Performance Review Meeting meeting was held in March and attended by the Chairman, Jon Findlay (COO) and James O'Sullivan (CFO). Items discussed included mortality, the governance (Deloitte) action plan and the implementation of the reference cost system.

Decision:

- The Board noted the update.

27/16

Part 1 Report from the Chief Executive

Sue Hardy (SH), Chief Executive, updated the Board as follows:

- 1) The Simulation Suite has been opened – this is a very positive and good development for the Trust.
- 2) The new Brachytherapy Suite will be opened in May.
- 3) In April the Roslin Hotel has agreed to pay for the refurbishment of two day rooms in conjunction with the Trust's Dementia appeal.
The Board expressed its thanks to the Roslin Hotel for this very generous offer and their continued support of the Hospital.
- 4) The Board discussed the forthcoming junior doctor strikes and the process the Trust follows to ensure safe staffing. The next strike will affect the provision of emergency care and therefore the Trust will need a more plan in place.
SH explained that the Trust has been instructed to implement the new junior doctor contract. It is anticipated that there will be a gap in covered hours

especially at the weekends.

- 5) The new Trust values have been launched and the launch event was well received.

Action:

- NR and JF to provide an update on the plan in relation to the junior doctor's strike to the Board for assurance.

Decision:

- The Board noted the update.

28/16

Success Regime – Update

SH presented to the Board a paper drafted on behalf of all the Trusts involved in the Success Regime and describes the six priority areas addressed by the Mid and South Essex Success Regime, the drivers behind it and the approach that has been taken.

The Board's views were sought on the paper and the appendix for feedback to be provided by 2 May 2016.

Action:

- If appropriate, feedback to be emailed as outlined on page 7 of the report by 2 May 2016.

Decision:

- The Board noted the report and recommendations as outlined in paragraph 21 on page 7.

29/16

Staff Appraisal Review Proposal

Mary Foulkes (MF), Director of OD & HR, presented a proposal outlining recommended improvements to the Trust's appraisal form and process.

Key Points:

- The proposed improvement actions include the introduction of a much shorter and simpler form, the introduction of a 5 scale rating system and improved governance around the reporting and moderation process.
- 87% of staff, who have completed the 2015 NHS staff survey, report that whilst they are having an appraisal, the quality of the appraisal is not good.
- The Trust's local terms & conditions are being reviewed in comparison to Agenda for Change.
- The new appraisal system will be implemented from May 2016.

Action:

- Trajectory to compliance with appraisal targets to be provided in future IPRs.

Decision:

- The Board noted the report.

30/16

Human Resources and Organisation Development Strategy 2016 – 2019

MF presented the HR and OD Strategy 2016 – 19 and the corresponding action plans to drive improvements to the Board.

Key Points:

- The document details how the Trust will meet its overall workforce priorities to

attract, retain, support and reward its staff in order to ensure that the Trust continually provides high quality care.

- The strategy was written with a focus on the Trust vision and staffing priorities contained in its Five Year Strategy (2015 - 2019) and embodies the Trust's recently agreed values.
- The strategy contains five main strategic aims which are:
 - To implement an effective recruitment and retention plan
 - To develop and retain a highly skilled, motivated and engaged workforce
 - To develop leadership capability and capacity
 - To develop a healthy organisation culture
 - To develop HR capacity and capability.
- Targets are outlined until 2017 as there are many unknowns such as the Success Regime.
- The implementation plan included in the strategy will be reviewed regularly and reported quarterly at QAC.

Actions:

- Trajectories and milestones to be reported at QAC.
- Output measures to be included in the strategy.
- A staff forum to be arranged / organised.

Decision:

- The Board approved the strategy and the corresponding action plan

31/16

Recruitment Update

MF presented the report to the Board to provide an update on the current level of staff vacancies and the actions that are being taken to reduce the gap between the approved staffing establishment and the number of staff in post.

Key Points:

- The vacancy rate in February was 8.06% which is an increase on 7.86% in January.
- Scheduled nursing interviews have increased from 14 to 51.48 in one week.
- 56 Skype interviews have been booked with nurses from the EU or already in the UK, some with NMC clearances.
- 22 job offers have been given to nurses with start dates in March and April.
- There are plans to travel to Italy in April to recruit Band 5 nurses for all directorates.
- Through the introduction of the 'TRAC' recruitment management systems it is hoped to reduce the recruitment process by up to 7 days.
- Auto enrolment onto the bank for nurses has been launched which will increase the numbers on the bank.

It was noted with concern that there had been increased number of leavers for the month of February with 7 more leavers than anticipated.

Action:

- Trajectory for recruitment targets to be included in future IPRs.

Decision:

- The Board received the report and was assured by it.

32/16 **Quality Assurance Committee Report (QAC)**

Fred Heddell (FH), Chair of QAC, presented the update to the Board to provide assurance concerning the QAC's fulfilment of its Terms of Reference duties and objectives.

Decision:

- The Board noted the report and was assured by it.

33/16 **Finance and Investment Committee Report (FIC)**

Tony Le Masurier (TLM), Vice Chair of FIC, presented the update to the Board on the meeting of the FIC held on 9 March 2016.

In this meeting the FIC had heard the updated MRI business case and the Committee had agreed to recommend to the Board to approve the next stage of the business case (i.e. option to procure two scanners with the option for a possible third in the future).

Decision:

- The Board noted the report, was assured by it and agreed the recommendation made by the Committee pending the production of a formal business case.

34/16 **Audit Committee Report (AC)**

Mike Green (MG), Chair of the AC, presented the update to the Board on the meeting of the AC held on 9 March 2016.

Key Points:

- The action plan to improve the Trust's reference costing system received 'virtual' approval via email following the meeting.
- The EEE (economy, efficiency and effectiveness) requirements have changed this year now being driven by National Audit Office Value for Money requirements. The Trust is required "to have had proper arrangements to ensure it took properly informed decisions and deployed resources to achieved planned and sustainable outcomes for taxpayers and local people".

The auditors are required to report by exception on the above and the Committee has requested for the external auditors to provide some context to their exception report if the Trust has not put in place proper arrangements to secure the 3Es.

Decision:

- The Board noted the report and was assured by it.

35/16 **BAF Review**

Geoff Stokes (GS), Interim Company Secretary, presented the report to the Board for discussion and noting of the revised risks as well as agreeing the recommendation regarding the allocation of risks for review at the Board sub-committees.

Key Points:

- A review of the BAF was carried out to align the document to the new Trust strategy.
- The number of risks has reduced from nine to six due to some of the old risks having been amalgamated.
- Recommendations of the internal auditors have also been taken into consideration during the review of the BAF.

- The Board is asked to agree the recommendation that the risks will be reviewed as follows:
Risks 1, 2, 5 and 6 to be reviewed by QAC
Risk 3 to be reviewed by AC
Risk 4 to be reviewed by FIC

Actions:

- The Corporate Risk Register (CRR) to be linked to the BAF.
- CQC domains to be linked to the BAF.
- Negative assurance to be defined.
- Control of finances re the distress funding to be included.
- Link to the IPR timetables to be established.
- Backlog review to be added Risk 1 and/or 2.
- Risk management strategy to be reviewed by YB and GS.

Decision:

The Board noted the report, was assured by it and agreed the recommendation made by the Committee.

36/16

Trust Seal Register Entries

Geoff Stokes (GS), Interim Company Secretary, presented the update to the Board about the use of the Trust seal since March 2015.

Decision:

The Board noted the report.

37/16

Directors' Register of Interests

Geoff Stokes (GS), Interim Company Secretary, presented the report outlining the up to date entries in the Register of Directors' interests following its annual review. The Register is available for public inspection in accordance with the Trust Constitution.

Decision:

The Board noted the report.

38/16

Deloitte Action Plan

Geoff Stokes (GS), Interim Company Secretary, presented the final report and completed actions of the Trust's governance action plan, based on the Deloitte review recommendations.

Key Points:

- Four previous recommendations from 2015 remain where implementation is on-going.
- The action plan is regularly monitored at Executive and Board level.
- Once updated this action plan will be forwarded to Monitor.

Action:

- Executive Directors to email GS with updated timelines for completion of actions.

Decision:

- The Board received the report as written, subject to GS receiving updates on timelines for inclusion into the final action plan before submission to Monitor.

Review of Board Calendar

The Board Calendar was reviewed and several changes suggested.

Decision:

- The Board approved the calendar.

The Chairman invited questions from the public:

- *Mr Ali enquired (member of the public) about Health Watch joining the Mortality Group and it was re-iterated that the group had not been approached yet.*
- *Mr Ali (member of the public) also enquired about the ophthalmology backlog and it was confirmed that the Board had been receiving reports and updates on this for many months as this is not a new issue.*
- *Nigel Gayner (Governor) expressed his concern that heating issues in the women's clinic had not been rectified within the last 6 weeks. JC explained that the department is aware of the issue and is working towards a resolution.*
- *Elaine Blatchford (Governor) asked whether the fines the CCG receives from the Trust are shown in their accounts. JOS stated that the fines were not shown in the CCG accounts transparently as far as he is aware.*
- *Elaine Blatchford (Governor) requested for the meeting dates of the Patient & Carer Experience Group (PCEG) to be added to the Board Calendar (KS to action).*
- *Judith Craven (member of the public) enquired about performance management of staff and MF confirmed that the Trust has a policy in place which includes regular feedback to staff members on their progress.*

The Chairman thanked members for their contribution and declared Part 1 of the meeting closed.