

**MINUTES OF PART 1 BOARD OF DIRECTORS MEETING  
HELD ON  
TUESDAY, 6 March 2018**

**Call to Order**

**Present:**

Alan Tobias	Chairman
David Parkins	Vice Chair
Mike Green	Non-Executive Director
Tim Young	Non-Executive Director
Fred Heddell	Non-Executive Director
Gabrielle Rydings	Non-Executive Director (part)
Tony Le Masurier	Non-Executive Director
Clare Panniker	Chief Executive
Yvonne Blücher	Managing Director
Mary Foulkes	Chief Human Resources Director
Celia Skinner	Chief Medical Officer
Diane Sarkar	Chief Nurse
James O'Sullivan	Chief Finance Officer
Martin Callingham	Chief Information Officer (part)
Paul Kingsmore	Group Estates and Facilities Director

**Also in attendance:**

Brinda Sittapah	Company Secretary
Eve Yates	Assistant Company Secretary (minutes)
Amanda Burton	Interim Head of Communications
Jason Depol	Member of the public
F Cohen	Member of the public
Mark Cohen	CYMBIO
Les Catley	Public Governor
Lawrence Collin	Public Governor
Linda Cook	Public Governor
Joe Cooke	Public Governor
Chima Okorafor	Public Governor

<b>1/18</b>	<b><u>Welcome and Apologies</u></b> Alan Tobias (AT), Chairman, welcomed all to the meeting. Apologies were received from Gail Partridge (GP), Non-Executive Director and Tom Abell (TA), Chief Transformation Officer.
<b>2/18</b>	<b><u>Declaration of conflicts of interest</u></b> No conflicts of interest beyond those registered, were declared.
<b>3/18</b>	<b><u>Approval of Part 1 minutes of meeting held on 5 December 2017</u></b> The minutes of the previous meeting were agreed as an accurate record with an amendment to the wording of the discussion held under the Operational Performance section of item 88/17. BS to liaise with YB on wording.  <b><u>Action:</u></b> <ul style="list-style-type: none"> <li>• BS to liaise with YB on revised wording as above.</li> </ul>
<b>4/18</b>	<b><u>Matters arising from minutes (if any):</u></b> There were no matters arising.

5/18	<p><b><u>Consideration of Part 1 Action Tracker</u></b></p> <p>The action tracker was approved as presented and the following verbal updates were provided;</p> <ul style="list-style-type: none"> <li>CS provided a verbal update on item 72/17, Annual Guardian of Safe Working – gather feedback from the junior doctor forum to ensure actions taken are resolving issues raised in the Guardian of Safe Working Report; a new SCU contract has been implemented and rotas for junior doctors have been revised, however, there are still some gaps to be filled. The junior doctor forum is now established. Quarter 2 report is still being finalised but there were a total of 40 exceptions reported and the estimated cost is c£8k. The Chairman requested a written report be presented at the next Board meeting.</li> </ul> <p><b><u>Action:</u></b></p> <ul style="list-style-type: none"> <li><b>CS to provide a written report to update the Board on the junior doctor forum feedback, rotas and financial impact to the Trust.</b></li> </ul> <p>The Board noted the action tracker.</p>
6/18	<p><b><u>Monthly Integrated Quality and Performance Board Report, including the Finance Report</u></b></p> <p>The Integrated Quality Performance Report is presented to the Board as written assurance on the current levels of activity and performance within the Trust. The purpose of the report is to provide an overview of performance year to date and for the month of January 2018.</p> <p>Yvonne Blücher (YB), Managing Director, presented the operational performance part of the report to the Board.</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>Emergency demand has remained a challenge, along with workforce.</li> <li>ED 4 hour performance remains a challenge with surges of ambulances at night which has caused constraints on patients being seen within the 4 hour time scale plus the right beds being available to maintain patient flow.</li> <li>A joint recovery plan with external stakeholders has been drawn up and approved at local system A&amp;E Board.</li> <li>RTT performance remains a concern due to following the National Directive to cancel all non-elective non urgent work.</li> <li>The Cancer position for January is as predicted due to a high number of breach patients being treated. Late referrals have also added to the worsened position. A new Director of Cancer has been appointed to work across the 3 Trusts so this will improve the number of late referrals. Assurance has also been received from BTUH around improving late referrals.</li> <li>The new Directive which requires ambulances to handover patients within a 15 minute target timescale has caused issues at the front door and further impact on patient pathways.</li> </ul> <p><b><u>Discussion:</u></b></p> <ul style="list-style-type: none"> <li>In relation to the ambulance 15 minute target the Board asked how the Trust are going to embed this new process into the workings of the Trust. YB replied that all 3 sites are experiencing issues and the acuity of patients has been high also for the past 4 week period. Discharging in a timely manner is key to moving patient flow throughout the hospital. Workforce remains a challenge.</li> <li>CP added that, nationally across the NHS, 95% of Trusts have not hit the 4 hour target. The change in the ambulance handover time was made as people in the community were not being responded to during January and February due to the delays.</li> </ul>

- The Board asked if internal changes had been implemented in relation to discharge and is the discharge target being met. YB replied that all departments with the exception of Medicine are meeting the discharge targets.
- The Board asked how the cancellation of routine operations has affected the trajectories for both Cancer and RTT. YB stated that if the emergency pressures continue then there is a limit on routine operation numbers which in turn will affect the trajectories. However, the Trust has the full support from NHSI and the CCG's in relation to cancer treatment.
- In relation to Diagnostics the Trust is confident that it will meet targets for March.
- The Chairman requested that an email be sent to all staff to thank them for their efforts during the recent adverse weather conditions.

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Diane Sarkar (DS), Chief Nurse, presented the Quality (Safe & Caring) Hotspot part of the report to the Board.

**Key Points:**

- There were 14 SI's and one Never Event recorded in January 2018.
- Duty of Candour verbal compliance was 80% and relates to one patient.
- There were 109 adult inpatient falls, equating to 6.5 falls per thousand bed days. There were two moderate harm falls and no high or extreme severity falls.
- There were 14 grade 2 and 4 grade 3 hospital acquired pressure ulcers. 1 grade 3 was declared avoidable, 1 unavoidable and 2 are still under review.
- For caesarean sections, the percentage in January has seen a significant improvement, mainly due to the reduction in the number of emergency caesarean sections.
- There have been 30 cases year to date of C Diff. against the ceiling of 30 for the year.
- There was one case of MRSA Bacteraemia in January which was avoidable and attributed to SUHFT. There have been 5 cases year to date with one contaminant report.
- There were 71 complaints in the backlog at the end of January.
- The Friends and Family response rate increased in surgery, medicine and maternity to above the national average.
- The SHMI and crude mortality remain above the expected control limits. Q3 data is due to be reported in March 2018. The external review undertaken by West Suffolk will be reported at the next meeting of the Board or Quality Assurance Committee.

**Discussion:**

- The Board asked about the delays in complaint responses from directorates. DS stated that there had been some training issues which have now been addressed and confirmed that patients are updated if there is a delay in responding to their complaint.

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Mary Foulkes (MF), Chief Human Resources Director, presented the Workforce Hotspots part of the report to the Board.

**Key Points:**

- The establishment increased to 89.19% in January 2018 towards the Trust's target of staff in post.
- Vacancies for January have significantly reduced from 11.28% to 10.80%.
- Overseas nursing recruitment sees 6 nurses joining the Trust in March and a further 15 in April.
- 12 overseas Doctors joined the Trust in January with a further 35 due to join.
- Total monthly agency spend was 9.67% of the total pay bill for January.

- Voluntary staff turnover has increased slightly to 13.04% in January.
- The percentage of leavers within 2 years has reduced slightly at 45.16%.
- Statutory / Mandatory compliance for January is 86.53%, a reduction of 0.5% from December 2017. This is an increase of 3.95 % on last year and continues to exceed the Trust target.
- Appraisals have slightly reduced by 0.43% to 78.76%. This is short of meeting the January 2018 trajectory of 87%.
- Sickness has increased from 3.76% to 3.81% in January, in line with the rise in winter illnesses and increased system pressures. HR are working to focus on return to work interviews and risk assessments to identify support. A health and wellbeing survey has also been sent to all staff so the Trust can further improve in this area.

**Discussion:**

- The Board asked if there was a timeline where the Trust would expect to see an effect from the retention activities. MF explained that there is an action plan in place for the forthcoming year and the role of the Retention Committee is to provide consistency across the 3 sites. Regular reports will be presented to the Finance & Resources Committee.
- The Board asked how the Trust retains overseas nurses as several have left the Trust recently. YB explained that the 7 Spanish nurses who have left the Trust were originally on a 2 year contract but were in fact employed for 3 years prior to leaving.
- The Board asked that a breakdown of percentage of bank staff is shown separately to the percentage of agency staff in future reports and suggested that the cost of agency and bank workers compared to if the post were covered by substantive staff should be included in future reports. The Board discussed the movement of bank staff between the 3 Trusts. MF explained that efforts were being made to ensure that bank workers were unable to move between the Trusts if a higher rate is offered. The solution was to have one bank rate across the three hospitals.
- The Board requested evidence of medical staff figures of those that have moved from agency to bank. MF to circulate data.
- The Board asked if lessons learnt from nurse recruitment and retention can be transferred to doctor recruitment processes. YB confirmed that this is currently being reviewed.

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Paul Kingsmore (PK), Group Estates and Facilities Director, presented the Estates & Facilities part of the report to the Board.

**Key Points:**

- All performance targets are being met in relation to Cleanliness, Patient Catering, Medical Equipment Management, Estates Maintenance and Capital Expenditure.
- The Datix Reporting target is not being met at 50% with a target of 98%. Training is being provided and a review is required to ensure robust systems are in place to manage incident reports. Trust wide training to be increased.
- The Estates Maintenance Priority 1 and 2 performance is to be discussed at the Joint Working Board being held on 7 March 2018.

**Discussion:**

- The Board requested that in future reports timelines are included as measures against the actions in Estates part of the report.
- The Board discussed the robustness of the data in the report. PK explained that there are some gaps in the data but going forward this will be rectified within the next 6 months.

	<ul style="list-style-type: none"> <li>The Board provided feedback from recent ward walks in relation to small work requests from wards. PK explained that there is a Performance Improvement Programme now in place to deal with short term as well as long term works.</li> </ul> <p>-----</p> <p>James O'Sullivan (JOS), Chief Finance Officer, presented the Finance Performance part of the report to the Board, for January 2018.</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>The year to date clinical income performance was £3,379k favourable to plan.</li> <li>Total pay expenditure in January was £16.7m, which is the highest seen all year. The higher cost is due to an increase in substantive staff.</li> <li>Agency expenditure was £1.52m in December which is consistent with the previous month.</li> <li>Non-Pay budgets were overspent by £645k in the month.</li> <li>The Cost Improvement Programme has achieved £7,417k of savings year to date which is ahead of plan by £43k (or 1%).</li> <li>The cash balance at the end of January was £0.3m which is above the planned month end cash position.</li> </ul> <p><b><u>Discussion:</u></b></p> <ul style="list-style-type: none"> <li>The Board discussed whether the backlog maintenance capital will be spent by year end. PK confirmed that it will be spent.</li> <li>The Board queried why the agency costs for medical staff are not reducing. JOS explained that the extra costs are due to the winter pressures. JOS to email document detailing a breakdown of these additional costs to the Board following the meeting.</li> </ul> <p>-----</p> <p><b><u>Actions:</u></b></p> <ul style="list-style-type: none"> <li><b>An email to be sent to all staff to thank them for their efforts during the recent adverse weather conditions.</b></li> <li><b>A breakdown of percentage of bank staff to be shown separately to the percentage of agency staff in future reports, also including cash equivalents.</b></li> <li><b>Evidence of medical staff figures of those that have moved from agency to bank to be circulated.</b></li> <li><b>In future, timelines to be included as measures against the actions in the Estates and Facilities part of the report.</b></li> <li><b>Document to be circulated detailing a breakdown of agency costs for medical staff to illustrate why the staffing costs are not reducing.</b></li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>The Board received assurance from the report.</li> </ul>
7/18	<p><b><u>Nursing Establishment</u></b></p> <p>i. <b><u>November and December 2017 report</u></b></p> <p>Diane Sarkar (DS), Chief Nurse presented a report to the Board on the Nursing and Midwifery staffing levels submitted to NHS England for the months of November and December 2017, reporting the percentage fill rate for each ward area and the impact on capacity and capability to deliver safe care.</p>

**Key Points:**

**November:**

- The registered nurse (RN) fill rate for days in November 2017 was 91.3% and night fill rate was 91.7%.
- 4 grade 2 hospital acquired avoidable pressure ulcers were reported. All wards had overall staffing over 90% and the RCAs did not highlight staffing as a contributing factor.
- 2 moderate falls were reported, 1 on Estuary ward and 1 on Balmoral ward. 1 High severity fall on Bedwell where the patient sustained a hip fracture. RCAs for these falls have been completed and staffing levels were not a factor in the fall.

**December:**

- The RN fill rate for days in December 2017 was 90.1% and night fill rate was 92.3%.
- There were 1 hospital acquired grade 2 pressure ulcer on Rochford Ward (respiratory Unit) fill rates were 93.2% for days and 86.8% on nights; the RCA has shown no direct correlation to staffing levels.

**Overview:**

- Staffing ratios continue to be monitored daily by Senior Nurses within the Trust. Bank and agency staff have been utilised to maintain patient safety where vacancy rates remain high to achieve fill rates and maintain safe patient care.
- The Trust vacancy position for RN's has increased by 2.09 WTE from October to December. Recruitment and retention strategies are in place within the Trust and continue to be a high priority.

**ii. Skills Mix Review**

Diane Sarkar (DS), Chief Nurse presented a report to the Board on the outcome of the skill mix review carried out in December 2017 to January 2018 and the implications for nurse staffing requirements in the wards.

**Key Points:**

- The acuity and dependency patient assessments took place during December and January. The data was then compared to current funded establishments to assess safe Nursing and Midwifery staffing.
- Daily assessments of acuity, dependency and activity were carried out enabling senior nurses to use professional judgement to flex staffing levels to ensure safe care is maintained.
- Increases in staffing were recommended in two wards; Blenheim and Eleanor Hobbs with an increase of 7.5 hours to support the Ward Manager co-ordinator role.
- A further review is recommended in April / May 2018.

**Discussion:**

- The Board asked if the measures were against the establishment baseline. DS confirmed that they were.
- The Board agreed that future reports should not include such detailed level information.

**Decision:**

- The Board noted and received assurance from the data relating to nurse staffing levels for November and December 2017 and the outcome of the Skills Mix Review.

08/18	<p><b><u>DIPC Monthly Report</u></b>  Celia Skinner (CS), Chief Medical Officer, presented the Director of Infection Prevention and Control report to the Board to inform of compliance with mandatory Department of Health targets and other Key performance Indicators for infection prevention and control and to identify key infection risks to the organisation and their mitigation.</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• 5 cases of MRSA Bacteraemia year to date, 1 case in January which was an avoidable delay in removing cannula, known MRSA carrier, previous MRSA bacteraemia (April 2017)</li> <li>• 30 cases of C Diff plus 72 hours of admission year to date, 2 in the month. The Trust has reached its ceiling of 30 cases. To date nil direct lapses in care were reported.</li> <li>• MRSA screening compliance currently remains below the 95% internal target.</li> <li>• Following the RED rating from the NHSI IPC Inspection in August 2017 NHSI undertook a re-inspection on 9 January 2018 and de-escalated the Trust to AMBER.</li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board received assurance from the report.</li> </ul>
9/18	<p><b><u>CQC update</u></b>  Diane Sarkar (DS), Chief Nurse, provided the Board with a verbal update.</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• Following the Well-led inspection in December, the Trust have received a factual accuracy report which requires additional comments which have been sent to the CQC.</li> <li>• The Trust is expecting the full report within the next few weeks and this will be circulated when received.</li> </ul> <p><b><u>Action:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Final CQC report to be circulated to the Board when received.</b></li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted the update.</li> </ul>
10/18	<p><b><u>Part 1 report from the Chairman previewing 7 March 2018 Joint Working Board and feedback from 7 February 2018 Joint Working Board</u></b>  Alan Tobias (AT), Chairman, gave a preview of the Joint Working Board agenda for 7 March 2018 and asked the Board if there were any items they wished to raise prior to the meeting. No items were raised.</p> <p>There was no additional feedback from the Joint Working Board held on 7 February in addition to the minutes.</p> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted the update.</li> </ul>
11/18	<p><b><u>Part 1 Report from the Chief Executive</u></b>  Clare Panniker (CP), Chief Executive, gave a verbal update to the Board as follows;</p> <p>The PCBC closing date has been extended to ensure that the scheduled meetings which were postponed due to the adverse weather conditions could still go ahead.</p> <p>A meeting is taking place at the Trust this week with local Councillors and the Stroke Association to discuss the proposed Stroke Model and the patient benefits in relation to</p>

	<p>future organisational form. Discussions will continue over the next few months.</p> <p>The consultation process has generally been positive with good meetings and some challenges.</p> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted the update.</li> </ul>
12/18	<p><b><u>Part 1 report from the Managing Director</u></b></p> <p>This item was not covered as items for discussion were raised under the Operational Performance part of the Integrated Performance Board report, agenda item 6/18.</p>
13/18	<p><b><u>BAF Quarterly Review</u></b></p> <p>Brinda Sittapah (BS), Company Secretary, presented the Board Assurance Framework Quarterly review to the Board for the Board to review and approve.</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• A review of the BAF and Risk Management process was undertaken by the Trust's internal auditor, TIAA, in January 2018 and a substantial assurance opinion was obtained.</li> <li>• The overall conclusion with regards to the BAF was as follows; <ul style="list-style-type: none"> <li>- The mechanism for receiving assurance on the BAF was found to be sound, which is complemented by a good governance structure.</li> <li>- The BAF document was clearly laid out and sufficiently detailed. Risks were aligned to strategic objectives and controls, assurances, gaps in controls and mitigating actions were stated in all cases. However, gaps in assurances were not stated in all cases.</li> </ul> </li> <li>• The BAF will be reviewed further in the next few months to take in to consideration the recommendations of the internal auditor.</li> <li>• BAF Risks 1, 5, 7 and 8 were reviewed by the Quality Assurance Committee on 14 February 2018.</li> <li>• BAF Risk 2 was reviewed by the Audit Committee on 22 February 2018.</li> <li>• BAF Risks 3, 4 and 6 were reviewed by the Finance &amp; Resources Committee on 9 January 2018.</li> </ul> <p><b><u>Discussion:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted that the amendments requested by the Audit Committee in relation to BAF Risk 2 had been made.</li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board reviewed and approved the Board Assurance Framework.</li> </ul>
14/18	<p><b><u>Register of Interests and Related Party Interests</u></b></p> <p>Alan Tobias (AT), Chairman, presented the annual review of the Register of Director's Interests and Related Party Interests.</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• Directors were asked to review and update their interests which have been entered on to the Register.</li> <li>• The Register is available for public inspection in accordance with the Constitution.</li> <li>• The report includes the up to date entries in the Register of Directors' Interests and Related Party Interests as of 26 February 2018.</li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted the updated Register.</li> </ul>

15/18	<p><b><u>Finance and Resources Committee (FRC ) Report</u></b></p> <p>David Parkins (DP), Non-Executive Director, presented the report to update and provide assurance to the Board on the Finance and Resources Committee held on 9 January 2018. The following items were considered at the meeting:</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• HR Performance including Mandatory Training</li> <li>• Workforce Retention Programme</li> <li>• Month 8 Board Finance Report for 2017/18</li> <li>• Financial Improvement Programme</li> <li>• Cash Flow and Loans</li> <li>• BAF Review of Risk 3, 4 and 6</li> <li>• CCG Contracts</li> <li>• Estates and Facilities</li> <li>• Mortuary Business Case</li> <li>• Single Data centre update</li> </ul> <p><b><u>Action:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Figures on page 2 of the report, Month 8 Board Finance Report, to be amended from £4.9m to £0.4m.</b></li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted and received assurance from the report.</li> </ul>
16/18	<p><b><u>Quality Assurance Committee (QAC) Report</u></b></p> <p>Fred Heddell (FH), Non-Executive Director, presented the reports from the meetings held on 20 December 2017 and 14 February 2018, to provide assurance concerning the Quality Assurance Committee's fulfilment of ToR duties and objectives as an assurance sub-committee of the Board of Directors. The following items were considered at the meeting:</p> <p><b><u>20 December 2017 Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• Clinical Audit Plan</li> <li>• Internal Audit Report on Clinical Audit</li> <li>• CQC Compliance</li> <li>• Never Events and SI report</li> <li>• CLIP report</li> <li>• C-section rates</li> <li>• Mortality update</li> <li>• Health &amp; Safety</li> <li>• BAF Risk 1, 5, 7 and 8</li> <li>• Human Tissue Authority Action Plan</li> <li>• Exception Reports from CCG, CMT, Quality &amp; Safety Committee and EDIC. There were no escalations to Board</li> </ul> <p><b><u>14 February 2018 Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• Ophthalmology update</li> <li>• CQC Compliance</li> <li>• Infection Control</li> <li>• Human Tissue Authority</li> <li>• Mortality</li> <li>• Clinical Audit</li> <li>• Never Events and SIs</li> <li>• BAF Risks 1, 5, 7 and 8</li> <li>• Pathology</li> <li>• Guardian Service</li> </ul>

	<ul style="list-style-type: none"> <li>• Governance Groups and Committees</li> </ul> <p><b><u>Discussion:</u></b></p> <ul style="list-style-type: none"> <li>• The Board discussed that there was some duplication between reports presented to the Quality Assurance Committee and The Board. CP stated that this is an issue that has been identified at the other 2 Boards also and some work is being undertaken to look at streamlining the reporting processes.</li> <li>• The Board agreed that the Committee reports should be higher on the agenda so that any escalated items can be cross-referenced with the performance reports.</li> </ul> <p><b><u>Action:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Committee reports to be higher on the agenda at future meetings.</b></li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted and received assurance from the reports.</li> </ul>
17/18	<p><b><u>Audit Committee Report</u></b> Mike Green (MG), Non-Executive Director, presented the report to the Board to provide an update on the meeting of the Audit Committee held on 22 February 2018.</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• Internal audit work is progressing to plan. The first limited assurance report was issued in relation to overseas patients.</li> <li>• Internal audit plan for 2018/19 was presented and agreed in principal.</li> <li>• The LCFS plan for 2018/19 was presented and agreed.</li> <li>• The External audit plan and timetable were presented.</li> <li>• The harmonising of SFI's across the Trusts was agreed in principle.</li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted and received assurance from the report.</li> </ul>
18/18	<p><b><u>Review of Board Calendar</u></b> The Board agreed the calendar and agreed the following;</p> <p>It was agreed that the DIPC report should be reported at the Quality Assurance Committee in future and any exceptions are to be escalated to the Board.</p> <p>The Board also agreed that the order of the agenda should be revised for future meetings.</p>
19/18	<p><b><u>Any Other Business</u></b> No additional items were raised.</p>
20/18	<p><b><u>Questions from the public</u></b> <i>The Chairman invited questions from the public:</i></p> <ul style="list-style-type: none"> <li>• <i>Joe Cooke, Public Governor, asked the Board to note that when he attended a PCBC meeting there was no ambulance service presence which was not well received. He also felt that there was a lack of clarity on the acute Trusts combining. He then asked the Board if they had been written to in relation to hospital parking. Clare Panniker (CP), Chief Executive responded that she had not received any correspondence at any of the 3 hospitals in relation to parking. CP then addressed Joe Cooke's point about the lack of ambulance service presence at the PCBC meeting, stating that the Trust is not required to consult on transportation but are required to provide a solution.</i></li> <li>• <i>Joe Cooke, Public Governor, then asked how the Trust is dealing with the increase in population in relation to bed modelling numbers. CP confirmed that this is factored into the bed modelling plan.</i></li> <li>• <i>Linda Cook, Public Governor, asked if CP could clarify if she was referring to the</i></li> </ul>

	<p><i>existing ambulance service in relation to providing transport between the 3 hospitals. CP confirmed that this is what she was referring to and that the Trust is considering how to provide inter-hospital transport, which does not necessarily mean via the East of England Ambulance Service.</i></p> <ul style="list-style-type: none"> <li><i>Chima Okorafor, Public Governor, asked how the changes are being received by staff. Alan Tobias (AT), Chairman answered that 2 staff surveys have been carried out and the results will be reported at the next Board meeting. Mary Foulkes (MF), Chief Human Resources Director, added that in addition to the staff survey, HR staff have visited wards to gain feedback from staff.</i></li> </ul>
21/18	<p><b><u>Date of next meeting:</u></b></p> <ul style="list-style-type: none"> <li>Thursday, 24 May 2018</li> </ul>

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