

## Board of Directors (in Public) Item 9

## minutes

### Minutes of the Board of Directors' meeting held on 28<sup>th</sup> April 2015

<b>Present :</b>	<b>Neil Large</b> <b>Jane Tomkinson</b> <b>David Bricknell</b>  <b>Lawrence Cotter</b> <b>Debbie Herring</b>  <b>David Jago</b> <b>Mark Jones</b> <b>Ken Morris</b> <b>Sue Pemberton</b> <b>Glenn Russell</b> <b>Marion Savill</b>	<b>Chairman</b> <b>Chief Executive</b> <b>Non-Executive Director/ Deputy Chair and Senior Independent Director</b> <b>Non-Executive Director</b> <b>Director of Strategy and Organisational Development</b> <b>Chief Finance Officer/Deputy CEO</b> <b>Non-Executive Director</b> <b>Interim Non-Executive Director</b> <b>Director of Nursing and Quality</b> <b>Medical Director</b> <b>Non-Executive Director</b>
<b>In Attendance:</b>	<b>Mark Jackson</b> <b>Lucy Lavan</b> <b>Tony Wilding</b> <b>Raph Perry</b> <b>Jay Wright</b>	<b>Director of Research and Informatics</b> <b>Associate Director of Corporate Affairs</b> <b>Chief Operating Officer</b> <b>Deputy Medical Director</b> <b>Clinical Lead Research &amp; Innovation (Item 4.4 only)</b>
<b>Observers: Governors / Staff/ Members of the Public:</b>	<b>Jennifer O'Brien</b>	<b>Staff member</b>

		<b>Action</b>
<b>1</b>	<b>Safety Huddle</b> Members of the Board observed the daily safety huddle.	
	<b>Welcome and Opening Matters</b>	
<b>2</b>	<b>Apologies for absence</b>	
<b>2.1</b>	There were no apologies for absence.	
<b>2.2</b>	<b>Declaration of interests relating to agenda items</b> The Chair asked Board members if they had any interests to declare	

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Chair's  
Initials

in respect of items listed on the Board's agenda. All directors declared that they had no interests.

### **3 Patient Safety and Quality**

#### **3.1 SHO Action Plan and Readiness for Deanery Visit**

The Medical Director presented the paper and advised that the Steering Group would continue to meet regularly to monitor the arrangements in place and to ensure momentum for the next steps which are to develop and implement strategies for medical workforce and medical training aligned to the People Strategy and ensuring sustainability for the future.

It was noted that the SHO programme had now been in place for 3 months and that during this time there had been no associated patient safety issues and minimal impact on business continuity. Recruitment to support posts including Advanced Nurse Practitioners and pharmacists had been slower than anticipated, leading to additional pressure on existing medical and support staff.

The new cohort of SHOs have now completed their induction process and are settling in well to their roles.

The NW Deanery's pre-visit is scheduled for July 2015 with the formal visit and assessment in October. It was noted that the GMC had aligned their shadow visit and formal visit to mirror this timeframe.

The Board noted that there had been no formal notification of the number of SHO posts to be allocated to the Trust for the August 2015 intake and this meant that the requirement for continued investment in the new support posts was unclear. The Trust would need to continue to plan for reduced numbers, at financial risk, but noted that the investment would mean that the Trust is well prepared for planned reductions in line with national strategy from February 2016.

The Board discussed the issue of consultant capacity to provide effective training and the need for continued focus on the change in culture required to ensure a positive experience for junior medical staff.

It was noted that from July 2015, Dr Russell will dedicate 3 Programmed Activities per week to medical workforce planning and education and training to ensure continuity and assurance around momentum and next steps. In addition, new medical leadership within the surgical division is expected to make a significant impact in this area, further supported by new role descriptions for clinical lead posts and the requirement that training provision be mandated in respect of any new appointments to consultant surgeon posts going forward.

Dr Russell advised that he will continue to convene the steering group, work actively with the consultants and seek regular feedback from the juniors in order to maintain focus and facilitate regular updates for the Board.

Plans to put in place a two year training programme to develop Advanced Practitioners were also noted.

The Board confirmed that it would dedicate time in June 2015 to discuss further the development of a comprehensive People Strategy and it was agreed that Dr Russell will prepare an action plan to deliver the next steps for consideration by the Board in July 2015.

**GNR**

### **3.2 LHCH Monthly Staffing – March 2015**

The Board received the reports on staffing levels by ward for March 2015, noting that staffing continues to be flexed to manage sickness absence, vacancies and the acuity of patients.

It was noted that the corporate approach to forward recruitment had been slower than anticipated and therefore opportunities for overseas recruitment would now be explored.

The Board noted recent press coverage claiming that three-quarters of hospitals were not meeting their own staffing targets and also that Trusts are not releasing ward staff for training.

The Director of Nursing and Quality confirmed that staffing levels at LHCH are safe and are flexed in accordance with need; also that establishments allow for training time.

It was noted that during 2014/15 the senior nursing team had undertaken an in-depth review of nursing budgets and had identified areas for investment. The investment proposals set out for the Board at Agenda item 4.2, and within the financial plan for 2015/16 addressed these requirements in relation to both additional activity and quality enhancements.

The Board noted the report.

### **3.3 Director of Infection Prevention and Control Annual Report**

The Board received the annual report, noting in particular the strong record on infection prevention, excellent compliance with hand hygiene standards and actions in place to ensure water safety.

The Board congratulated the Infection Prevention team, noted the 2014/15 report and supported the forward plan for 2015/16.

## **4 Strategy and Development**

### **4.1 Final Financial Plan 2015/16**

The Board reviewed the proposed financial plan and underpinning assumptions. The Chair of the Integrated Performance Committee advised that a detailed review of the financial plan had been undertaken and that the Committee wished to recommend that the Board support adjustments to assumptions relating to working capital to deliver a planned Continuity of Services Risk Rating (CoSRR) of 3 throughout 2015/16.

The key risks which could have a significant impact on the financial

plan were discussed as follows:

- i) The initial contract offer from NHS England has not accepted and a revised offer is awaited;
- ii) The CIP of 4% includes schemes to the value of £1m still to be identified;
- iii) There is a risk that a further tariff deflator will be applied part way through the year.

It was noted that the Welsh contract had not yet been signed but this was expected to pose a minimal risk.

The Chief Finance Officer advised that the plan would be refined to address feedback from Monitor in relation to the draft plan submission but that these changes would not impact materially.

**DJ**

He advised that this was a prudent plan which included investment in capacity to meet RTT targets and investment to improve quality. The financial modelling indicated headroom that would allow for £2.5m deterioration before CoSRR dropped to 2.

In relation to the contracting risk, it was confirmed that full PbR would apply and therefore the Trust will be paid for activity undertaken. Therefore the primary risk is that the activity does not present; however, activity assumptions are based on past trends, tested with clinicians and supported by commissioning evidence in relation to population needs. The Board noted the upside opportunities and the down side case presented at Appendix 6.

The Board discussed the level of unidentified CIP, noting that progress had been made in relation to unidentified procurement savings and that the key risks related to the pace at which savings can be released in relation to consultant job planning, administrative review and improvements in sickness absence.

It was noted that the projected drugs costs appeared to remain static despite the increase in activity; it was confirmed that assumptions around efficiencies had been tested and that the budget was realistic.

The Board discussed the cost pressure arising from the removal of discount applied to the CNST premium and it was confirmed that this was a national issue facing all providers, but with impact correlating to claims history. It was noted that a review of claims is to be undertaken by the Quality Committee in May 2015.

**SP**

A discussion followed in relation to progress on implementation of Service Line Reporting (SLR) and it was confirmed that Month 12 SLR reports would be made available to divisions once the new Heads of Operations are in post and that the Integrated Performance Committee planned to review SLR in July 2015.

**DJ**

The Board reflected on the importance of the plan in relation to significant investment that will enable a stepped change in capacity and fixed costs to support the sustainable delivery of services in 2015/16 and beyond. This will pose challenges, particularly in relation

to the timing of capacity expansion, but overall constitutes a balanced and prudent financial plan that will build resilience and long term sustainability.

The Board approved the financial plan 2015/16 **noting the 3 key risks identified above** and subject to the recommended amendments to working capital assumptions in order to deliver a CoSRR 3 throughout 2015/16.

#### **4.2 Resource Plan 2015/16**

The Board reviewed the resource plan and investment requirements to increase operational capacity to deliver the 2015/16 activity plan. The plan includes an additional 180 cardiology cases and 215 surgical cases to meet increasing demand and reduce the backlog of long waiters, ensuring sustainable compliance with the 18 week RTT target from Quarter 2 onwards.

The additional staffing and non-pay requirements involve a £3.9m investment, as set out in the financial plan – Cardiology, £897k; Surgery £2,736k; and Corporate Services £267k. This represents a stepped increase in fixed costs and is underpinned by investment in additional beds, theatre and cath lab sessions in order to embed the capacity needed to deliver backlog and recurrent growth. It was noted that the Board will review the capital investment plans in further detail in June 2015 and this would include consideration of financing options.

The Board discussed the key operational risks associated with the plan in relation to :

- i) Recruitment – workforce plans will be developed to mitigate risks in hard to fill areas including nursing, pharmacy and ICU medical staff;
- ii) Changes to referral patterns, though assumptions have been rigorously tested with clinicians and evidence based commissioning data.

It was noted that there could be a significant lead time to deliver the increased capacity and therefore an interim plan involving outsourcing activity to other providers is being worked up. Stoke Hospital is already taking some LHCH cases and University Hospital South Manchester has offered capacity although a financial agreement has not yet been agreed. Outsourced cases are carefully selected, resulting in the more complex case-mix being retained at LHCH. It was confirmed that patients considered for referral to Stoke have all exercised their right to choose this alternative as opposed to waiting longer for admission to LHCH. The Board requested clarity on the financial impact of the interim plan for consideration at the next Board meeting; and also further clarity on investment to meet recurrent demand as opposed to backlog.

The Board concluded that the investment plan represented a positive message for staff and patients and that it is undoubtedly in the best interests of patients to invest in capacity to ensure the future delivery of RTT and for a sustainable future.

**TW/DJ**

In addition to the continuation of increased non-elective referrals and increased patient complexity and acuity, the current capacity constraints had impacted on the referral pathway and the number of cancelled operations, both of which have been a focus for the Integrated Performance Committee (IPC). The IPC is also sighted on pockets of high turnover and staff absence which are being reviewed alongside the recruitment strategy.

#### **4.3 Operational Plan 2015/16 and Board Declarations – for submission to Monitor**

The Board reviewed the draft documentation prepared for submission to Monitor, noting that further amendments were required to reflect :

- Feedback from members of the Operational Board
- Response to Monitor's feedback on the draft operational plan submission including improved alignment with commissioning plans and completion of Monitor's questionnaire on capacity and demand;
- Revisions to working balances;
- Improved articulation of risk around activity; plans to increase capacity; and sustainable delivery of the 18 week RTT by July 2015.

In considering the accompanying Board declarations, the reference to sustainability over a 5 year time span was noted in the context of Monitor's expectation that Boards will update the declarations made in 2014 in relation to their 5 year strategic plan and taking into account any changes reflected in their 2015/16 operational plan.

It was noted that the Council of Governors had been engaged in the development of the Trust's plans and had been invited to give views for consideration by the Board.

The Board referred to the trajectory on RTT performance and its approval of investment in additional capacity, acknowledging the short term risk in relation to lead time for the recruitment of the additional staff required; and the additional assurances sought in relation to the interim plan involving the outsourcing of activity to Stoke and South Manchester. The Board had also sought further clarity on recurrent activity in support of the investment plan.

The Board had considered the financial plan and the risk relating to CIP delivery, commissioning contracts and the risk of a potential mid-year change to the tariff. The financial plan provided for risks within the control of the Trust but any potential change to national tariff once contracts are signed will need to be re-modelled.

In relation to clinical viability, the Trust's plans to expand capacity support the sustainability of clinical services and the risks identified in relation to medical workforce planning and medical education are being mitigated with longer term planning in progress. It was noted also that the Trust is actively engaged in the Healthy Liverpool Programme and that this will be strengthened further with the

secondment of Dr Russell to support this work, ensuring that the interests of LHCH patients in relation to provision of adult cardiothoracic services across the City and the Trust's wider catchment area are represented and considered.

The Board considered and confirmed that the Trust will be financially, operationally and clinically sustainable according to current regulatory standards in one, three and five years' time.

The Board considered and confirmed that Directors have a reasonable expectation that the Trust will have the required resources available to it after taking account of distributions which might reasonably be expected to be declared or paid for the period of the operational plan.

The Board confirmed that the Trust has no requirement for Department of Health support for the year ending 31<sup>st</sup> March 2016.

#### **4.4 Research and Innovation Strategy**

Dr Jay Wright, Consultant Cardiologist and Clinical Lead for Research and Innovation attended to present to the Board on the Trust's Research and Innovation Strategy for the period 2015/16 to 2017/18. He described the landscape for research and progress made over the last three years before setting out the next steps and describing in turn each of the 7 facets of the strategy.

The Board noted that the strategy was ambitious and incorporated further studies via the Institute of Cardiovascular Medicine and Science (ICMS) along with new and challenging work in the fields of personalised medicine, regenerative medicine and digital healthcare.

Aspirations for building a case for a major fundraising campaign to support the development of a new Department of Integrated Clinical Evaluation were signalled; along with plans for wider engagement of staff in innovation and building and embedding a research culture throughout the Trust.

The Board welcomed the Strategy and discussed the capacity to deliver the work outlined in the context of assigned Programmed Activities for individual consultants and the requirement to secure backfill for the post of Head of Research for the forthcoming 12 month period. It was noted that engagement with front line staff and with the wider patient community would be led by the Research Nurses with use of social media and Trust communication processes, including Members Matters to raise awareness.

The Board discussed the funding streams, noting that the primary income source is the National Institute for Health Research (NIHR) with additional contribution from grants and commercial sources, the latter of which is aided by collaboration with academic institutions including the University of Liverpool. The fundraising element is separate from the core programme and if successful would fund a capital project to support research ambitions.

It was noted that Dr Wright is working on a methodology for incentivising research and innovation through the Clinical Excellence Awards Scheme, but that he is also mindful of the need to encourage non-medical champions and the need to recognise all staff, including non-clinical staff who engage in research and innovation.

The Board discussed the potential to align the research programme with the IT Strategy in the future through the development of interconnected health systems.

The Board thanked Dr Wright and his team for their work and confirmed support for the Research and Innovation Strategy.

#### **4.5 Chief Executive's Report**

The Chief Executive presented the report, noting the following updates:

- Launch of Listening into Action on Friday 1<sup>st</sup> May 2015
- Positive discussions with UHSM in relation to both support with short term capacity; and longer term collaboration through building on each Trust's respective strengths to improve clinical pathways and service provision in the Northwest
- The current focus of the Healthy Liverpool Programme on the 'big data share' which, subject to data governance issues, is a sensible starting point upon which to build plans for a potential future devolved budget, depending on the future political landscape. It was noted that the Chairman and Chief Executive were linked in to wider discussions around the potential for a more devolved health economy.
- Transition to the new risk management process which will in future improve alignment of corporate risk register and the Board Assurance Framework and improve visibility of operational and governance risks from Ward to Board.
- Publication of the latest draft CQC Intelligent Monitoring Report which places the Trust in Band 5 (previously Band 6) as a result of an elevated risk in relation to whistle-blowing and a risk in relation to the level of re-admissions – the latter is the subject of an ongoing audit to enable an understanding of the issues and inform an improvement plan.

The Board noted the report.

### **5 Targets and Financial Performance**

#### **5.1 Board Dashboard – Strategic Indicators and Operational Performance**

The Board noted the dashboard and reviewed exception reports in relation to :

- Falls
- In-hospital deaths
- Medication errors
- 18 weeks admitted pathway
- 18 weeks incomplete pathway
- 26 week admitted, non-admitted and incomplete pathways



- (Welsh patients)
- Cancelled operations
- Sickness absence; and
- Turnover

The Board reviewed in detail the mortality indicators – HSMR; and observed:expected risk adjusted mortality ratios for cardiac surgery and non primary PCI major adverse cardiac events (MACE), noting the impact of recalibration in the risk adjustment model for cardiac surgery and a significant change in the audit standard which, as expected, had impacted on the results. Recalibration of the PCI MACE model is expected soon.

Delivery of strategic objectives remained on track as measured by the KPIs with the exception of 'Value' (slippage in CIP delivery) and 'Workforce' (sickness absence and turnover).

It was noted that the Integrated Performance Committee was sighted on pockets of the organisation where improvement work is being targeted in relation to sickness absence and turnover, supported by the new HR business advisors assigned to each of the divisions.

The Board discussed the focus on Cedar Ward in relation to staff development and improved retention, noting that the complexity of patients on this ward made the job particularly challenging for newly qualified staff. It was noted that the investment plan will have a significant impact, subject to the ability to recruit staff of the required calibre.

It was noted that the Integrated Performance Committee had discussed the Welsh pathway and noted that breach of the Welsh access targets had been driven by commissioners and not the Trust's ability to treat in a timely manner. The Board noted that all patients are treated in accordance with clinical need and that no patient had suffered harm as a result of inequity between English and Welsh commissioning contracts.

The Board concluded that the dashboard showed strong year end performance given the in-patient acuity and volumes experienced in 2014/15. Credit was paid to the staff for the level of performance delivered and in particular the achievement of quality targets, notably infection prevention, and cancer access targets.

## **5.2 Report from IPC – RTT Action Plan and Forward Trajectory**

The Chief Operating Officer reported on progress with the action plan to manage activity and backlog in order to return to compliance with the 18 week RTT target by July 2015.

The trajectories for referrals and activity were presented and it was noted that the reduction in the surgical backlog was ahead of plan at 135 at the end of April 2015; the cardiology backlog was on plan.

There had been an influx of urgent referrals in April, resulting in the need to defer some elective activity. 37 patients had been identified

up to the end of April for treatment at Stoke Hospital.

The plans in place and forward trajectories supported the aim to return to compliance at aggregate level by the start of Quarter 2.

The Chair of the Integrated Performance Committee advised that the Committee had debated this is topic at length and now had an understanding of the complexity of the issue and an appreciation of the level of focus being given by management. She advised that there is good evidence that the backlog is staring to plateau and reduce and acknowledged the need to see this sustained.

It was noted that data had been shared with partner providers to highlight delays in the pathway at DGH level and also to communicate the Trust's development plans including the introduction of a Saturday service for ACS transfers.

The Board noted the report and requested the collation and reporting of feedback from patients and clinicians in relation to outcomes and experience for cases outsourced to other NHS providers.

TW

### 5.3 Finance Report for period ended 31.3.15

The Board received the report noting the strong operational performance achieved in 2014/15 as evidenced in the year end financial report.

Key highlights include:

- an overall continuity of services risk rating of 4;
- total income above plan by £6.3m;
- a normalised net surplus of £88k against a planned surplus of £475k
- cash balances at £12.3 million (planned cash balance £8.7m)
- capital expenditure £5.1m (revised profiled plan £5.4m)
- CIP achieved at £4.9m (planned CIP £5.8m)

The Board discussed expenditure on agency staff and requested the inclusion in the report of a graph to track the trend of agency staff expenditure going forward.

DJ

It was noted that the forward recruitment process was now in place but progressing more slowly than anticipated due to insufficiency of applicants with the necessary skills.

It was acknowledged that there is opportunity to improve working balances through more active management of debtors and creditors going forward.

DJ

The Board noted the report.

### 5.4 Quarter 4 Monitor Submission

The Board noted that the Integrated Performance Committee had reviewed the proposed Q4 submission in detail and had supported

the proposed Board declarations.

The Board supported the submission of the Q4 return reflecting a green governance rating and Continuity of Services Rating 4, subject to inclusion of narrative to highlight planned failure of the 18 week RTT in Quarter 1 of 2015/16 and approval of an investment plan to support the additional operational capacity required to ensure delivery of the 2015/16 activity plan and sustainable compliance with targets from July 2015.

The Board declarations were confirmed as follows:

- For finance, the Board anticipates that the Trust will continue to maintain a CoSR rating of at least 3 over the next 12 months;
- For governance, that the Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework.

## **6 Governance and Assurance**

### **6.1 Board Assurance Framework – Q4 Review, Closure of 2014/15 BAF and approval of 2015/16 BAF**

The Board undertook its Quarter 4 review of the 2014/15 Board Assurance Framework (BAF), confirming its satisfaction that outstanding risks and gaps in controls and assurances had either been closed down or carried forward to the 2015/16 BAF.

The Board approved the closure of the 2014/15 BAF.

The Board reviewed the 2015/16 BAF noting the key revisions :

- Reflection of the 2015/16 milestones for each strategic objective;
- Update of controls, assurances and gaps in controls and assurances, aligned to the delivery of the new milestones;
- Inclusion of an additional column in the BAF to record actions with timescales and accountability for closing down gaps in controls and assurances;
- Application of new RAG ratings based on 5x5 scoring methodology

The Board noted that work is in progress to further improve alignment of the BAF and risk register. The new Risk Management Policy is to be considered by the Audit Committee and approved by the Board in May 2015.

The Board confirmed completeness of the 2015/16 BAF, supported the risk scores assigned to each principal risk and approved the actions identified to close gaps in controls and assurances. In relation to Risk 3, it was noted that delivery of the Risk Management action plan will not be complete by July 2015, but that this timeframe would instead indicate a review of progress.

The Board approved the opening 2015/16 BAF and supported ongoing quarterly review by the Board in accordance with the BAF

**MJ**

**MJ**

Policy. It was noted that the Board business cycle will be updated to reflect the receipt of assurances required by the Board in relation to delivery of the strategic objectives and ongoing regulatory compliance.

LL

## **6.2 Committee Annual Reports and Terms of Reference Review Audit Committee**

### **Integrated Performance Committee**

The Board accepted the report, confirming its satisfaction that the Integrated Performance Committee had operated effectively during 2014/15 and had successfully discharged its key duties and responsibilities as set out in the terms of reference.

The High Level Observations Report provided by Mersey Internal Audit Agency was noted.

It was confirmed that no changes are recommended in respect of the Committee's terms of reference.

It was acknowledged that there may need to be adjustments to the Committee's terms of reference (and those of the Quality Committee) following development of the People Strategy and consideration of the governance arrangements to support its delivery.

### **Quality Committee**

The Board accepted the report, confirming its satisfaction that the Quality Committee had operated effectively during 2014/15 and had successfully discharged its key duties and responsibilities as set out in the terms of reference.

It was noted that the review had been informed by a High Level Observations Report provided by Mersey Internal Audit Agency.

The Board reviewed and approved the proposed changes to the Committee's terms of reference.

### **Charitable Funds Committee**

The Board accepted the report, confirming its satisfaction that the Charitable Funds Committee had operated effectively during 2014/15 and had successfully discharged its key duties and responsibilities as set out in the terms of reference.

It was noted that the Committee had proposed revised terms of reference aligned to the model terms of reference recently published by the Association of NHS Charities.

The Board reviewed and approved the Committee's revised terms of reference.

## **6.3 ICMS Annual Report\***

The Board noted the report.

#### **6.4     *Annual Review of Complaints Process\****

The Board noted the report.

### **7     *Board Assurance***

#### **7.1     *BAF Key Issues Reports and Minutes from Assurance Committee Meetings:***

##### **7.1.1     *Integrated Performance Committee BAF Key Issues Report***

The Chair of the Integrated Performance Committee advised that all key issues had already been discussed under previous agenda items.

The Board noted the approved minutes of the meeting of the Integrated Performance Committee held on 21<sup>st</sup> January 2015 and the unapproved minutes of the meeting held on 26<sup>th</sup> March 2015.

##### **7.1.3     *Audit Committee BAF Key Issues Report***

The Board noted the report.

The Board noted the approved minutes of the meeting of the Audit Committee held on 24<sup>th</sup> February 2015 and the unapproved minutes of meeting held on 30<sup>th</sup> March 2015.

#### **7.3     *Operational Board***

##### ***Summary Report for meeting held on 24<sup>th</sup> April 2015\****

The Board noted the report and heard that there had been excellent clinical debate and valuable input from the new clinical leaders. It was noted that the timing of Operational Board meetings had been revised to facilitate a clear flow of governance reports from Division to Operational Board to the Board of Directors.

The Board noted the unapproved minutes of meeting of the Operational Board held on 6<sup>th</sup> March 2015.

### **8     *Chairman's Briefing***

The Chairman acknowledged and congratulated Mr Aung Oo and Dr Martin Walshaw for attaining honorary professorial positions with the University of Liverpool. It was noted that Mr Oo had also been awarded the title of Visiting Professor by the University of Sydney.

It was noted that Governor elections will take place in June 2015 and that work is underway to promote the role of staff governor.

The Chairman advised that future Council of Governor meetings will be scheduled to start at the earlier time of 1.00pm with a view to finishing by 4pm to assist those Governors who have some considerable distance to travel. Interest groups will commence at 12 noon.

The date of the Annual Members Meeting 2015 has been changed and will take place on Thursday 1<sup>st</sup> October 2015 at 4.30pm. the quarterly Council of governors meeting will precede this at 1pm.

The Chairman reported on his recent visit with a group of Governors to Critical Care to hear from staff as a follow up to the CQC inspection in 2014 and also to view the newly refurbished relatives' rooms. Feedback from staff was that the unit felt a very different place with new leadership having had a very positive impact and a significant turnaround in culture. Staff feedback on EPR was mixed with staff still needing to workaround problems and duplicate with paper records. Issues relating to medicines management were raised and will be investigated.

One Governor had also been accompanied by the Chair to Cedar Ward to commend staff for the quality of care and compassion shown to his friend during a recent inpatient stay.

The Chairman wished Michelle Laing, Governor, a speedy recovery following her recent illness.

**9 Minutes of the Board of Directors Meeting held on 31<sup>st</sup> March 2015 (in public)**

The minutes of the meeting of the Board of Directors held on 31<sup>st</sup> March 2015 (in public) were reviewed for accuracy and approved by the Board.

**10 Action Log from Previous Meeting**

The action log was reviewed and updated as follows:

- Actions 1,4 -6, 8- 9, 11-12 – completed and closed
- Action 14 – Board review extended to May 2015

All actions not listed above will carry forward per designated review dates.

**11 Legality of Board Documentation and Decisions**

Board members confirmed that the conduct of the meeting and decisions made by the Board, to the best of their knowledge, complied with the law. Board members confirmed they were satisfied with the format of the meeting.

**12 Date and Time of Next Meeting:**

Tuesday 26<sup>th</sup> May 2015 at 9.30am

**13** The Board resolved to exclude the public at this point by reason of the private nature of business to follow.