

Board of Directors (in Public)

Item 9

minutes

Minutes of the Board of Directors' meeting held on 26th May 2015

Present :	Neil Large	Chairman
	Jane Tomkinson	Chief Executive
	David Bricknell	Non-Executive Director/ Deputy Chair and Senior Independent Director
	Lawrence Cotter	Non-Executive Director
	Debbie Herring	Director of Strategy and Organisational Development
	David Jago	Chief Finance Officer/Deputy CEO
	Mark Jones	Non-Executive Director
	Ken Morris	Interim Non-Executive Director
	Sue Pemberton	Director of Nursing and Quality
	Glenn Russell	Medical Director
	Marion Savill	Non-Executive Director
In Attendance:	Mark Jackson	Director of Research and Informatics
	Lucy Lavan	Associate Director of Corporate Affairs
	Tony Wilding	Chief Operating Officer
	Omar Al-Rawi	Consultant Anaesthetist (Item 1 only)
Observers: Governors / Staff/ Members of the Public:	David Cavanah	Member of the public

		Action
1	Reflective Practice Dr Omar Al-Rawi, Consultant Anaesthetist attended to present to the Board on an example of reflective practice, providing insight into some of the complexities and challenges involved in clinical decision making and how clinical practice can be rapidly changed to provide a safer environment in light of learning.	
2	Welcome and Opening Matters	
2.1	Apologies for absence	

There were no apologies for absence.

2.2 Declaration of interests relating to agenda items

The Chair asked Board members if they had any interests to declare 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 LHCH Monthly Staffing – April 2015

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

It was noted that an update on recruitment will be provided in July and that a number of avenues are being explored including overseas recruitment and links with the armed forces clinical personnel.

It was noted that the reported shortfall of unqualified staff on Maple Ward had been balanced by provision of additional registered nurses and that on the Amanda Unit the shortfall in qualified nurses had been met by the ward manager, who is supernumerary, being rostered within the numbers. The Director of Nursing and Quality advised that it is useful for ward managers to work as part of the shift periodically and to be part of the rostered team. It was noted that staffing issues are discussed on a daily basis at the safety huddle and that ward managers work well to redeploy staff as needed to meet the acuity needs of patients on a daily basis.

The Board discussed the limited value of the data presented, given that variances are linked to daily acuity assessments and actual staffing levels are flexed according to professional judgement. The Board noted however that it gained strong assurance from other data sources such as quality indicators relating to harms and that on a 6 monthly basis it receives a comprehensive ward staffing report that links shifts filled with acuity data and quality KPIs in the context of recruitment, retention and other workforce measures. The next 6 monthly comprehensive report is due in July 2015 and the Board requested that this report should include an action plan addressing wider issues such as training and education relating to retention of staff along with any financial implications.

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The Board noted the report.

3.2 Patient Survey Results

The Director of Nursing and Quality delivered a presentation on the national patient survey results which had been published on 21st May 2015. LHCH had achieved an exceptional response rate of 75% against a national average of 47% and had achieved higher scores than the majority of the 154 Trusts in most areas. Notably, LHCH achieved the top scores in the country for nurses, cleanliness and care and treatment of patients; the Trust was rated second best in the country for overall patient care, missing the top overall score by a very small margin.

The Board noted the areas where responses indicated an improvement or deterioration compared to last year's survey and the key areas for which improvement work is being targeted, including patient flow and discharge arrangements; and addressing patient perception that the Trust does not always provide single sex bathroom facilities. Listening into Action will be a key vehicle for taking forward the improvement work.

It was agreed that a full copy of survey results will be circulated to Board members and actions reviewed at Quality Committee. A press release will be issued and further consideration given to promotion of the Trust's work on patient and family centred care, possibly building on the successful conference hosted by the Trust some years ago.

The Board acknowledged the excellent results and expressed a wish for staff and volunteers to be congratulated on this significant achievement and track record over a period of 9 years.

3.3 Response to Savile Enquiry

The Board received the report on a review of policies and practice at LHCH in relation to national recommendations published following the Savile Enquiry. The Board received assurance that processes are in place to ensure that all visitors to the Trust are accompanied on any visits to clinical areas.

The Board asked if volunteers were always accompanied by a member of staff and heard that this was not practical since many volunteers undertake the valuable role of providing company to patients who wish to talk or who have no visitors.

It was noted that the Trust has effective safeguarding policies and all volunteers are subject to a robust selection process including DBS check, induction process and ongoing line management support from both the volunteer coordinator and team leader in the assigned area. The Board asked if the Trust had received any complaints relating to volunteers. None could be recalled but it was agreed that this will be checked and confirmed.

It was noted that an order had been placed for new lanyards in a distinctive colour that can be issued to visitors and make them recognisable as visitors to staff and patients.

The Board accepted the recommendations set out in the report.

4 Strategy and Development

4.1 Chief Executive's Report

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

- Listening into Action - the first three 'Big Conversations' had been well attended and the two Non Executive Directors who had each attended a session provided positive feedback. The top 5 themes identified to date are :
 - use of bank and agency staffing;
 - equity in relation to pay;

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- communications across the organisation;
 - the discharge process;
 - car parking.
- Development of a Merseyside alliance proposal for provision of ACHD.
 - A key meeting on 23rd June 2015 in relation to Healthy Liverpool.
 - Analysis of top risks as set out in the report.

The Board discussed the partnership development work in the context of provision of support for cardiology to DGH partners at a time when the Trust has insufficient capacity to meet its own direct demands. It was noted that the Trust's circumstances are unusual with two cardiologists currently absent due to sickness. However plans to expand capacity are now well underway with funding secured for additional posts. It was agreed that LHCH must continue to support Southport and other areas and failure to do so could result in additional work presenting in an unmanaged way and / or risk a change to the flow of patients away from Merseyside. The partnership developments are consistent with the Trust's Cardiology Strategy and role as network leader for cardiology.

The Board noted that the awaited national cardiac strategy had not yet been published and that the CCG did not anticipate undertaking specialist commissioning in the current financial year.

The Board referred to the analysis of top risks in the CEO's report and discussed the scoring methodology noting that although the impact scores appeared high, the scoring had been undertaken in accordance with recognised national definitions. The risk impact in relation to RTT is high given the consequences for the Trust in respect of possible regulatory action if sustained compliance is not achieved. Similarly, the implications of a destabilised financial position are significant given the potential impact this could have on the quality of service provision. The mitigation plans for these risks were noted.

The Board noted the report.

5 Targets and Financial Performance

5.1 Board Dashboard – Strategic Indicators and Operational Performance

The Board noted the updates to the strategic dashboard to reflect new KPIs for the 2015/16 milestones, noting that some new indicators were still under development; and reviewed exception reports on operational performance in relation to :

- Incident reporting;
- Mixed sex accommodation breaches;
- 18 week admitted pathway, non-admitted pathway and incomplete pathway (English patients);
- 26 week admitted, non-admitted and incomplete pathways (Welsh patients);
- Cancelled operations;

- Delayed transfers of care; and
- Staff turnover.

The declining trend for incident reporting was discussed and it was noted that the Trust's performance against benchmarking data had declined since the last reporting period. The Board acknowledged that incident reporting is a widely recognised marker for safety culture and sought to better understand the reason for the downward trend. An audit of incidents raised at the daily safety huddle is underway to check that staff are continuing to submit incident reports as well as raising the issues at the safety huddle and other outlets including the Speak out Safely campaign. A new electronic risk management system is being commissioned and when this is rolled out, a training programme encompassing incident reporting will be delivered across the organisation. It was noted that performance against the target for incident reporting will continue to be closely monitored at Quality Committee, alongside other indicators of safety.

The Board discussed the high usage of bank and agency staff in Month 1 along with underachievement of the CIP.

The Chair of the Quality Committee expressed concern about the delay in receipt of Quality Impact Assessments (QIA) for this year's CIPs, noting that CIPs to the value of £200k had been delivered to date and yet the Committee had so far received assurance on only one QIA for a minor scheme. He advised that if the QIAs are rejected then this could pose a threat to the delivery of the financial plan and urged that this work be expedited quickly.

It was noted that a number of schemes are transactional and relate, for example, to negotiated price reductions with no impact on clinical care. It was also recognised that the 2015/16 financial plan provided for significant investment in additional staff.

Whilst recognising the issues of materiality and risk, it was agreed that the protocol and criteria for QIA should be clarified and agreed by the Quality Committee and that the Committee must receive a schedule of CIP schemes detailing explicitly whether a QIA is needed or not and this must be endorsed by the Medical Director and Director of Nursing and Quality, along with formal QIAs for qualifying CIPs. It was agreed that the Executive Team will review this work on 3rd June 2015 and that the work will be completed for presentation to the Quality Committee in July 2015, along with a clear timeframe for 2016/17 schemes that is better aligned to the financial planning process and enables sign off prior to the start of the financial year.

It was agreed that the underperformance of the CIP will be discussed further under agenda item 5.3.

On bank and agency usage, the Board heard that work had been undertaken with a company called Allocate to identify areas where improved rostering could deliver efficiencies; and that the recruitment timeline had been tightened with a new 8 week standard, supported through implementation of a tracking tool.

Consideration is also being given to use of NHS Professionals for provision of a managed service for bank and agency staff.

It was noted that a significant 2015/16 CIP target is linked to reducing bank and agency expenditure through improved management of sickness absence.

The Board will keep progress under review through inclusion of regular updates in the monthly finance report.

It was noted that the escalation process in relation to cancelled operations had been strengthened but that the primary problem related to flow and additional capacity requirements linked to beds and staff, all of which are being addressed.

On delayed discharges, it was noted that a planned forthcoming regional meeting will aim to facilitate better engagement with partners and enable the development of improved protocols for timely discharge.

As a result of one patient being delayed on critical care in mixed sex accommodation, the Trust has incurred 6 breaches as 6 patients were accommodated in the affected bay. Work to improve flow and increase capacity should reduce the risk of recurrence of this issue.

The Board concluded that the dashboard indicated some early challenges at Month 1 which would require early action and close monitoring.

The Board noted the report.

5.2 Update on 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 on target to reduce to 113 at the end of May 2015; however the cardiology backlog was not on plan with an expected backlog of 67 against a plan of 54 at the end of May 2015. It was noted that this variance is largely driven by excess EP activity and that a new EP locum had now begun work and should enable the cardiology backlog to return to trajectory by the end of June.

The cardiologist appointed jointly between RLUBHT and LHCH is due to return from long term sick leave, initially under a period of supervision, and this will alleviate the current pressure on the PFO ASD service.

In cardiac surgery, it was noted that there had been an increase in the number of patients declining treatment at Stoke or UHSM and exercising a preference to wait longer for treatment at LHCH. To date

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a total of 42 patients have transferred to Stoke and 10 to UHSM.

Planned activity had also been hampered by a breakdown in the decontamination service which is now resolved. As there are now a number of issues emerging from the safety huddle and walkabouts, a review of this service had been requested from the Surgical Division.

It was noted that individual consultant waiting lists have been regularly reviewed and regular performance meetings scheduled to ensure focus on returning to sustained RTT compliance from July 2015.

The Board noted the risks and challenges set out in the paper including the impact of increasing urgent workload and an unprecedented level of consultant absence that the Trust has recently experienced. The Trust is currently in the process of recruiting to two joint surgical posts, at which point the surgical locum cover can be stepped down. The key requirement is need to open the additional beds as soon as possible.

The Chair of the Integrated Performance Committee advised that the Committee wished to see further development of the forward trajectory with clear alignment to demand, outsourcing and the timeframes for increasing capacity; noting the current decline in referrals for elective surgery which would require continued monitoring.

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The Board supported this view and asked if there was any additional support required. The Chief Executive advised that time was needed to recruit high calibre staff to support the opening of additional beds and the scheduling of more weekend cases; and that in the interim it is likely that the outsourcing arrangements will need to continue beyond the end of June 2015. She supported the need for improved forecasting which is also important for commissioners in their understanding of the Trust's need to invest. It was agreed that the Chief Operating Officer will meet with the Chair of the Integrated Performance Committee and the Head of Informatics to refine the data to support the forward trajectory.

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The Board concluded that the point may have been reached at which the Trust had reached its maximum capacity, with medical staffing a key constraining factor. Notwithstanding the risks discussed it was confirmed that at the present time the Trust remained on trajectory to return to sustained RTT compliance from July 2015.

5.3 Finance Report for period ended 30.4.15

The Board received the finance report for Month 1.

Key highlights include:

- an overall continuity of services risk rating of 3;
- total income broadly on target (marginal underperformance of £14k);

- a normalised net deficit of £277k against a planned deficit of £187k;
- cash balances at £10.8 million (planned cash balance £7.9m);
- capital expenditure £0.4m (on target);
- CIP achieved at £0.2m (planned CIP £0.4m).

The Board highlighted the need to accelerate CIP delivery to return to plan and to continue the focussed drive on recruitment to reduce reliance on bank and agency staff. In addition to vacancies, there is a need to recruit successfully to the new posts approved as part of the investments agreed in the 2015/16 financial plan. In relation to income, no TAVIs had been undertaken in Month 1 and private patient activity had presented but the casemix was such that the planned level income had not been achieved.

It was noted that recently published NCCB data offered opportunities for potential efficiencies and is to be reviewed with a focus on areas where LHCH is an outlier. The Board noted the tensions between delivery of the financial plan and quality but stressed the importance of the need for confidence in the financial projections given the disappointing Month 1 results.

It was noted that the Operational Board had focused its most recent meeting on finance, with shared learning from the Deputy Chief Finance Officer in relation to his experiences of financial turnaround and presentations from each Division on financial performance. Each of the Divisions were asked to return to the next meeting with a robust action plan to deliver their financial plan, including CIP.

It was agreed that the Integrated Performance Committee will focus on the detailed assumptions in July and conduct a deep dive of the CIP plans with the PMO and Divisional Managers.

The Board noted the report.

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6 Governance and Assurance

6.1 Receipt of External Auditor's Report

The Board received the draft Audit Findings Report from Grant Thornton. It was noted that the report had been reviewed by the Audit Committee and that the auditor anticipated providing an unqualified opinion, subject to completion of some outstanding audit work and some minor amendments that the Trust had been asked to make to the Quality Report. It was confirmed that although the audit was substantially complete, there remained a small number of audit procedures to be finalised by the submission deadline of 29th May 2015; however, no issues were anticipated.

It was noted that the Audit Committee had discussed the concept of going concern and the recommendation that the Trust reviews and strengthens the assurances provided to the Board in respect of its forward plans and the likelihood that 1-3 year plans will be required for the 2016/17 planning round.

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The Board noted the report.

6.2 Approval of Annual Report and Accounts 2014/15

The Board received and reviewed the annual report and accounts 2014/15 (including the Quality Report.)

It was noted that the Audit Committee had met immediately prior to the Board meeting and had reviewed the audited annual report and accounts 2014/15, including the Annual Governance Statement and had received the Director of Internal Audit's annual opinion, providing an overall opinion of 'significant assurance', in addition to the external auditor's draft report.

The Board noted the Chief Finance Officer's summary report and schedule of required approvals.

On the recommendation of the Audit Committee and subject to finalisation of the external audit report and making the required amendments to the Quality Report, the Board of Directors :

- Approved the accounts for the year 31st March 2015;
- Authorised the Chief Executive to sign the Foreword to the Accounts;
- Authorised the Chief Executive to sign the Accounting Officer's Statement of Responsibilities (within the accounts);
- Authorised the Chief Executive to sign the Annual Governance Statement;
- Authorised the Chief Executive to sign the Statement of Financial Position at 31st March 2015;
- Authorised the Chief Executive to sign the Management Representation Letter to the external auditor; and
- Authorised the Chief Executive and Chief Finance Officer to sign the letter to Monitor regarding the consistency of the (FTC) Schedules to the accounts.

It was agreed that a schedule of changes made to the Annual Report together with the final report from Grant Thornton would be circulated to members of the Board by e mail. Hard copies of the financial statements will also be provided to the Non Executive Directors.

The Board approved the submission of the final audited annual report and accounts 2014/15, subject to incorporation of the required amendments, to Monitor by 29th May 2015.

It was noted that the annual report and accounts would not be made available to the public until the documents have been laid before Parliament. The Governors will receive the documents at a combined general meeting of the Council of Governors and Annual Members' meeting scheduled to take place on 1st October 2015.

6.3 Board Self-Certifications

- **General Condition 6 – Systems for compliance with license conditions**

The Board received the paper and gave careful consideration to its declaration of compliance with General Condition 6 of the provider

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licence, in the knowledge that any issues not identified but that may subsequently arise, could call into question the Board's self-certification process. It was noted that the declaration must be submitted to Monitor by 29th May 2015, in accordance with the requirements of Monitor's Risk Assessment Framework.

The Board reviewed the arrangements that it has in place for ensuring compliance with licence conditions in the context of its wider governance system including the Board Assurance Framework process and the controls in place for ensuring the effectiveness of the Assurance Committees. The Board confirmed that for the financial year ended 31.3.15, the Trust took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS constitution. In confirming this declaration, the Board confirmed its wish to provide additional explanatory narrative in relation to the 'managed' breach of the 18 week RTT target between Quarters 2 and 4 of 2014/15 as a result of exceptionally high levels of non-elective activity and increased patient complexity and acuity. This was in keeping with a national initiative to reduce the backlog of long waiters and Monitor has been fully sighted on the Trust's position and action plans. The need for increased investment in capacity had been supported by the Board in April 2015 and an action plan is in place to ensure sustainable compliance with the RTT target from July 2015. It was noted that the Trust has signalled to Monitor that the RTT breach will continue for Quarter 1 of 2015/16, pending delivery of plans to provide additional operational capacity and that in the interim some surgical activity will be outsourced to other NHS providers. The Board supported compliant declaration together with the proposed form of words for inclusion within the submission, in the knowledge that Monitor is fully aware of the Trust's position on RTT.

The Board went on to confirm that the Trust continues to meet the criteria for holding a licence, subject again to a planned Quarter 1 RTT breach pending full implementation of the action plan involving investment in additional capacity. It was confirmed that Monitor had been kept fully informed of the Trust's position on RTT going in to Quarter 1 2015/16.

- **Receipt of MIAA Assurance Report on evidence to support Corporate Governance statement 2015**

The Board received and reviewed a comprehensive report from Mersey Internal Audit Agency following a high level evaluation of the Trust's processes for preparing and assessing compliance with the Corporate Governance Statement. This included:

- i) the follow up of progress in implementing the recommendations made by KPMG as part of the self-certification of the Corporate Governance Statement in 2014.
- ii) the update and review of the evidence base to support the 2015 Corporate Governance Statement; and
- iii) an evaluation of the adequacy and sufficiency of evidence, taking into account earlier work carried out on the Quality Governance Framework.

The review concluded that taking into account the issues identified, the Board can take reasonable assurance that the processes upon which the organisation relies for preparing and assessing compliance with the Corporate Governance Statement are appropriately designed and consistently applied.

The review highlighted that the main risk to compliance relates to the 18 week RTT target, noting the action plan for sustained compliance from July 2015 and challenges presented by increasing non elective referrals and patient complexity and acuity.

Many areas of good practice were identified during the review and prioritised improvement opportunities were set out. The Board noted that the quality of evidence provided for the majority of statements was rated 'green' (low priority) but that there were two areas rated 'amber' (medium priority) relating to the need to fully embed the new governance arrangements and to improve assurance in relation to workforce.

The Board considered progress against the recommendations made by KPMG in 2014 and noted the schedule of evidence that had been updated and reviewed in relation to the 2015 Corporate Governance Statement.

The recommended actions were noted and it was agreed that a management response to each action would be compiled by the Executive Team for review by the Board in July 2015.

The Board noted the report.

- **Corporate Governance Statement, AHSCs and training of Governors**

The Board gave careful consideration to the Corporate Governance Statement, noting that the declarations relate to forward compliance with the governance condition for 2015/16 and require any risks and mitigations to be set out.

The Board determined that all statements were to be 'confirmed' and that an explanatory narrative on the risk and mitigating actions relating to the 18 week RTT was to be included.

The Board confirmed the AHSC statement and accompanying note stating that the Trust is involved in Liverpool Health Partners but that this did not meet the definition of an AHSC.

The Board noted that it had previously received strong assurance around the training of Governors and confirmed the self-certification of this statement.

It was noted that the Board statements had previously been shared with the Council of Governors to provide Governors with an opportunity to raise any issues that it wished the Board to consider in making the self-certification. The Governors had confirmed their

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satisfaction with the proposed compliant declarations, including the noted risk in relation to RTT; and did not raise any matters for the Board to consider.

The Board approved the Corporate Governance Statement and declarations on AHSCs and training of Governors for submission to Monitor by 30th June 2015, on the proviso that if further challenges present that result in the RTT trajectory being off-course in mid-June, then the Board may wish to convene to re-consider its self-certification on 23rd June 2015. Any such decision to reconvene will be made by the Chairman.

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6.4 Risk Management Policy

The Board heard that the Audit Committee had reviewed the new Risk Management Policy immediately prior to the Board meeting and had recommended the inclusion / amendment of text to further clarify the role of the Assurance Committees in the risk escalation process and to ensure that the Committees' responsibilities for risk management are also articulated consistently within the terms of reference. This includes the role for Assurance Committee Chairs in reviewing and triangulating risk issues through discussion at NEDs meetings, Audit Committee Meetings and the Board.

The Audit Committee had also noted that the policy was clear that risk is the responsibility of everyone but that particular emphasis should be given to the role of clinical staff.

The Board supported the recommendations of the Audit Committee and approved the Risk Management Policy subject to the amendments described.

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6.5 Integrated Incidents, Complaints and Claims Report

The Board received the 6 monthly report and noted its earlier discussions relating to the decline in incident reporting and actions planned to raise awareness across the organisation of the need to report incidents and provide training to support a new electronic reporting system, once this is implemented. It was noted that there is now much greater visibility with instant on-line feedback available to ward managers and departmental heads in relation to reported incidents. In addition Divisions are provided with monthly incident reports for review at Divisional Governance meetings.

The Board noted the top 5 themes from reported incidents and the reduction in the number of complaints.

CNST benchmarking indicated that the Trust has an amber rating for the value of claims paid and a red rating for having paid less into the scheme than payouts, indicating a potential increased financial pressure in future years. It was agreed that comparative data would be sought from Papworth and the Royal Brompton via the Finance Directors network.

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The Board noted the report.

6.6 *Single Equality Scheme Annual Report**

The Board noted the report.

6.7 *NHS Constitution Compliance Report**

The Board noted the report.

6.8 *Annual Assurance Report on Emergency Preparedness and Business Continuity**

The Board noted the report.

6.9 *Health and Safety Annual Report**

The Board noted the report.

7 *Board Assurance*

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

**7.1.1 *Quality Committee
BAF Key Issues Report***

The Chair of the Quality Committee highlighted the need to improve the quality of documentation and the continued work to improve the management of VTE.

The Board noted the approved minutes of the meeting of the Quality Committee held on 10th March 2015.

**7.1.2 *Integrated Performance Committee
BAF Key Issues Report***

The Chair of the Integrated Performance Committee advised there had been no meetings since the last Board. She noted that agenda Items 6.8 and 6.9 (starred items) had not been reviewed at Integrated Performance Committee in advance of the Board and as these assurances are included within the terms of reference for IPC, she asked that this be checked to ensure alignment of the IPC cycle of business with that of the Board.

The Board noted the unapproved minutes of the meeting of the Integrated Performance Committee held on 27th April 2015.

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

The Chair of the Audit Committee advised that key items (Annual Accounts and Risk Management Policy) has already been discussed and noted also that the clinical audit work plan had been reviewed and had highlighted a need to improve attendance at the Clinical Audit Committee.

**7.2 *Operational Board
Summary Report for meeting held on 22nd May 2015****

The Board noted the report.

The Board noted the unapproved minutes of meeting of the Operational Board held on 24th April 2015.

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8 Chairman's Briefing

The Chairman paid tribute to David Hicks, founder Governor and former patient, noting that he has been deeply saddened by David's sudden death on 19th May 2015. Board members expressed their condolences.

The Chairman thanked Dr Glenn Russell for his service to the Board over the last 9 years, noting that as he was retiring from his role as Medical Director at the end of June 2015, this would be Dr Russell's final Board meeting. On behalf of the Board he wished Dr Russell all the very best for the future.

The Chairman thanked Ken Morris for his contribution as Interim Chair of Audit Committee over the last 4 months. Ken will leave his position on 31st May 2015.

The Board noted the successful opening of the family rooms on the Critical Care Unit noting that the improvements are already making a significant difference to families attending to visit their loved ones. Board members expressed their appreciation for the families who had raised the funds and contributed to the design and planning that had made the new facilities possible.

The Chairman acknowledged the work of Gill Donnelly in the production of the recent excellent edition of Members Matters.

9 Minutes of the Board of Directors Meeting held on 28th April 2015 (in public)

The minutes of the meeting of the Board of Directors held on 28th April 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 2 and 3 – completed and closed
- Action 5 – the Chief Operating Officer advised that the update had been dealt with in discussion on Item 5.2 – Action closed
- Action 6 – completed and closed
- Action 7 – the Chief Operating officer advised that he had received verbal feedback from a sample of 4 patients who had received treatment at Stoke – one patient commented that the helpline number post-discharge had not been provided (this has now been followed up), but otherwise all feedback had been positive- action completed and closed.
- Actions 8,10 and 16 – completed and closed
- Action 9 – to remain on action log until improvement plan on debtors management has been implemented

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 28th July 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.

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