

Board of Directors (in Public)

Item 9

minutes

Minutes of the Board of Directors' meeting held on 20th October 2015

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| Present : | <p>Neil Large Jane Tomkinson David Bricknell</p> <p>Lawrence Cotter Julian Farmer David Jago Mark Jones Sue Pemberton Raphael Perry Marion Savill</p> | <p>Chairman Chief Executive Non-Executive Director/ Deputy Chair and Senior Independent Director Non-Executive Director Non-Executive Director Chief Finance Officer/Deputy CEO Non-Executive Director Director of Nursing and Quality Medical Director Non-Executive Director</p> |
| In Attendance: | <p>Mark Jackson Lucy Lavan Tony Wilding Katherine Sheerin</p> <p>Nadim Fazlani Steven Colfar</p> | <p>Director of Research and Informatics Associate Director of Corporate Affairs Chief Operating Officer Chief Officer, NHS Liverpool CCG (Item 2.3) Chair, NHS Liverpool CCG (Item 2.3) Divisional Head of Nursing – Clinical Services (Item 3.1)</p> |
| Apologies for absence : | <p>Debbie Herring</p> | <p>Director of Strategy and Organisational Development</p> |
| Observers: Governors / Staff/ Members of the Public: | | |

- Patient Story**
The Director of Nursing and Quality read a patient story.

Action

1
Chair's
Initials

2 Welcome and Opening Matters

2.1 Apologies for absence

Apologies were received from Debbie Herring.

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.

2.3 Healthy Liverpool Programme Update

The Chair welcomed Katherine Sheerin and Nadim Fazlani from Liverpool CCG, to the meeting and invited them to present to the Board on latest progress of the Healthy Liverpool Programme (HLP)

It was noted that the 'Blueprint for Change' is to be launched at the forthcoming Mayor's summit, with wider engagement and formal consultation process to follow in 2016. Phase 1 priorities include 7 day working, improving cancer services for a range of specific tumours, women's health, cardiology and stroke.

The Board discussed the Hospitals Programme and the drivers for change around the sustainability of service provision from multiple sites including challenges for junior doctor rotas, clinical adjacencies, financial tariff and opportunities in relation to the City being a centre for research and therefore well positioned to attract the best clinicians. Whilst as a whole system the local health economy has been financially resilient to date, there are fragilities in respect of individual providers and transformation is essential to enable further investment in prevention.

The Board discussed the CCG's plans to pilot a 7 day GP service in the context of local research indicating that demand for Sunday services may not be high. The work programme will focus on a pilot in approximately 4 areas of the city; the political imperative to take this forward along with benefits for patient access and support for the specialist community model were noted.

A discussion followed in relation to the ambitions around physical activity and the challenges posed, noting that a number of high profile individuals had been identified as champions.

The financial challenge facing local authorities was recognised and it was noted that the CCG demands that any investment proposal be backed by a strong case demonstrating the sustainability of NHS services. The 'devolution' agenda and current lack of positive support from the Centre for devolved budgets in Liverpool was noted; yet a clear focus on joint working and integration with a joining up of commissioning across Liverpool and surrounding CCGs and NHS England will continue at pace to improve collaboration across pathways.

The Chief Executive noted that thinking at LHCH had moved on significantly in the last two years and there was now a clear appetite for clinicians to engage and move at pace to deliver the cardiology

strategy, despite disappointment that the recent vanguard bid had been unsuccessful. CCG colleagues acknowledged the Trust's need for support to enable work to move forward on a strategic options appraisal and paid recognition to the importance of the wider geography beyond Liverpool that is crucial for the sustainability of specialist service provision in the City and beyond.

The Chairman congratulated CCG colleagues on the way in which the Healthy Liverpool Programme has facilitated a system-wide approach to working collaboratively and confirmed the continued commitment of LHCH to this agenda. He thanked Katherine Sheerin and Nadim Fazlani for attending to update the Board.

Katherine Sheerin and Nadim Fazlani left the meeting.

3 Patient Safety and Quality

3.1 LHCH Monthly Staffing – July 2015, August 2015 and September 2015

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

Reference was made to narrative on Page 3 in relation to monitoring of the telemetry system on the Coronary Care Unit and it was noted that when patient numbers and acuity levels permit, it is possible and safe for the team leader to monitor telemetry alongside his / her coordination role.

The Director of Nursing and Quality briefed the Board on a joint letter from NHS England and the regulatory bodies dated 13th October 2015 on 'Safe Staffing and Efficiency' which stated clearly that the recognised 1:8 staffing ratio for general wards should be seen as a guide, not a requirement and acknowledging the need for Trusts to get the balance right by neither under-staffing nor over-spending. She advised that work is underway to explore new models of care to address the recruitment challenge and emphasised the need to balance finance whilst ensuring that staffing levels are safe.

The Board noted the report.

Presentation on Agency Nursing Usage

The Chairman welcomed Steven Colfar, Divisional Head of Nursing, Clinical Services to the meeting and invited him to present on nurse agency usage and expenditure in critical care. The presentation provided the Board with clarity around how the nursing establishment had been set in relation to planned numbers of Level 3 and Level 2 beds on weekdays and at weekends. The Board heard that the Unit faces a number of ongoing challenges relating to the ability to recruit and retain staff; fluctuation in activity and the levels of dependency; and blockages in patient flow which can hinder timely step down to the wards.

The Board noted improvement work in progress around forward

recruitment and plans to speed up 'time to recruit', proactive management of sickness absence, training, support and career progression to aid retention, improved scheduling to take account also of planned procedures undertaken at weekends and work to improve patient flow, including the opening of the new discharge lounge.

The Board noted that the financial investment made following the last CQC visit was to provide extra supervision and support to staff by protecting supervisory time for the trainers and ensuring that that these staff are not routinely rostered in the numbers. Feedback from the Critical Care staff has been positive with junior staff feeling that they are now adequately supported.

It was noted that a consultation exercise will start in November around the redeployment of the Band 4 ICAs. There are 9.34 WTE ICA staff who are highly experienced but are unable to undertake all duties of a Band 5 qualified nurse and therefore their role is not cost-effective within Critical Care. This issue was raised by the CQC during the last inspection.

The Board reviewed the analysis of bank and agency usage on Critical Care over the last two years noting an increasing reliance on agency staff over bank and an increasing requirement for these staff due to the number of flexible hours needed to meet fluctuations in dependency.

The imposition of a 3% cap on nursing agency spend as a percentage of the nursing budget was considered along with a forward trajectory for Critical Care which will see a peak in October and then gradual reduction to 6% (best case) at the end of March 2016. Whilst current performance has seen a favourable movement from 12% to 9% over the last quarter, there will be a spike in October linked to the transition of the management of HDU beds from Cedar Ward to Critical Care. It was noted that achievement of the trajectory will yield an upside of £200k in 2015/16 which is not yet reflected in the forecast outturn position.

The Board noted that use of agency staff on other Wards is also being closely monitored but currently accounts for around 1.5% of agency costs, with the Critical care Unit being the primary user. Theatres and Cath labs are also reviewing their usage of agency staff and commencing proactive recruitment. Ward / departmental leaders are working collaboratively to redeploy permanent staff wherever possible, in order that use of agency is last resort. A monthly report on agency usage against the trajectory will be provided to the Executive Team going forward.

The Board heard that a number of measures are being instigated to incentivise employed staff to work overtime or bank shifts, including a review of pay rates for Bands 5 and 6 who work bank shifts; introduction of a fortnightly payroll from November 2015 (and weekly payroll from April 2016); and enhanced rates for unsocial hours. The Trust is also implementing an e-rostering system which is expected to

deliver benefits including increased workforce productivity and tighter grip on management of annual leave. Further work is required to improve scheduling within the surgical division in order to better manage case-mix and take into account of capacity for delivering routine work at the weekends.

It was noted that the assumptions underpinning the bed model and dependency mix of Level 3 and Level 2 beds on Critical Care will be rigorously tested through the review of activity and demand as part of the 2016/17 operational planning and budget setting process.

The Board explored the underlying reasons for the £1m increase in agency spend to Month 6 compared to the same period last year, noting that a primary factor is the national shortage of qualified nursing staff and a level of vacancies that exceeds historical trends. Whilst the Trust has recruited 97 WTE nurses in the last 12 months, there have been 140 leavers and work to address this problem includes a review of pay rates, career pathways for staff including preceptorships, achievement of competencies and an accredited degree pathway; as well as consideration of retention incentives in what is an increasingly competitive recruitment market. It was agreed that the People Committee will maintain a strong focus on analysis of the workforce profile and seek assurance on the impact of the improvement workstreams.

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The Board acknowledged the challenges ahead, including the necessity to instigate organisational change which could impact negatively on staff engagement and experience in the coming months.

The Chairman welcomed the development of a clear trajectory to track progress and requested inclusion of key performance measures within the Board dashboard going forward.

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Steven Colfar was congratulated on the excellent work he had presented to the Board; he then left the meeting.

3.2 Excellent, Compassionate and Safe (ECS) Care – Ward Assessments

The Board received a paper describing in detail the ECS process and outcome of the first round of assessments which had been completed for all clinical areas. 11 areas had been rated 'Good' and 2 areas were rated 'Requires Improvement'. The paper highlighted many areas of good practice and provided a thematic analysis of areas for improvement. Those areas requiring improvement will be re-assessed within 4 months, with all other areas followed up within 8 months. Action plans have been developed for each area and will be monitored through the Divisional governance meetings.

It was confirmed that a review of complaints features within the assessment process.

The Board heard that the assessment process and outcomes had been important to staff and that certificates of the rating achieved will

be displayed outside each Ward area, with Level 3 'Gold' status achieved following 3 consecutive 'Good' assessments.

The Board congratulated the Director of Nursing and Quality on this excellent process.

3.3 PLACE Report*

The Board noted the report.

3.4 DoLs Report*

The Board noted the report.

3.5 Winter Preparedness Report *

The Board noted the report.

3.6 Director of Infection Prevention and Control – Quarterly Report Q2 2015/16

The Board received the quarterly report, highlighting the following :

- 3 C-Diffs to date against a target of 4 with action focussed on ensuring that temporary / agency staff are fully engaged in the trust's protocols for infection prevention;
- The need to procure new surveillance software and resultant cost pressure;
- 1 potential incidence of CPE – screened at LHCH and isolated;
- Work underway to improve the quality of reporting and action planning in relation to wound infection;
- Satisfactory cleanliness audits and the intent to identify benchmarks and targets for continuous improvement;
- Remedial action underway in relation to mitigation of the contamination risks associated with the heater-cooler units;
- The testing process underway in relation to a new UVA de-contamination system

The Board noted the report.

4 Strategy and Development

4.1 In Patient Entrance

The Board received the paper and noted that the tenders received were priced higher than the initial estimate following the work up of requirements identified by the design team. The additional cost of this scheme is £400k, bringing the total cost to £1.6m with payments phased across the current financial year and 2016/17.

The Board sought clarity of the impact of this increase on the Trust's liquidity metric and considered affordability in the context of the reported financial position at Month 6. It was noted that Monitor had introduced a new requirement around reporting of capital expenditure variances and that the increased capital cost is equivalent to 2.5 days liquidity.

The wider impact of deferring this scheme was considered in relation to the inclusion of essential engineering works on the hospital switchboard, fire alarm and nurse call systems. It was noted that the

tendered price would be fixed for 3 months, after which time it would be necessary to re-test the market and this process could possibly result in a further increase in the cost.

The Board discussed the design process and impact of wide stakeholder engagement and resultant changes to the specification and requested that in future, this work is undertaken at the planning stage to ensure that the final design is affordable.

The Chairman advised that the Board would return to this item after full consideration of the Trust's financial position later in the agenda. (Refer Minute 5.3)

4.2 Chief Executive's Report

The Board received the report and the Chief Executive updated on the following:

- The success of a Recruitment Open Day held on Saturday 17th October 2015 – this had been well attended by prospective employees and had been beneficial in raising the profile of LHCH. Staff had been on hand to deliver talks and provide tours of their departments. A number of PC stations had been set up to allow people to apply for posts on-line. Thanks were extended to the staff who had given their time to attend and support the event.
- 46% of staff had so far received a flu vaccination with the campaign running until 3rd November 2015. It was noted that the Flu Nurse is making herself available at a variety of times and locations to enable uptake by all staff including those working night shifts.
- The Strategic Development Day on 16th October 2016, facilitated by Pat Oakley and attended by members of the Operational Board and Clinical Leads; it was noted that there had been good discussion and full support for progressing at pace with the planned strategic options appraisal; Helen Jackson from RLBUHT had attended to present the outline plans for the new Royal and City campus. It was noted that the actions and follow up from the Board development session with Mike Farrar would be followed up at November Board meeting.
- Publication of the North West Cardiac Services Strategic Review, which will be circulated to Board members in the next e-pack. Headlines include positive support for the continuation of centralised specialist service provision and a need for imaging services to better support the patient pathway. Plans to increase capacity for PCI services at DGHs are unlikely to be supported, with PCI pathways remaining unchanged. The awaited review of cardiac surgical services has not yet been published.

The Board noted the report.

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5 Targets and Financial Performance

5.1 Board Dashboard Metrics : Definitions and Criteria for assignment of RAG ratings

The Board received a schedule of the thresholds applied to each indicator within the Board dashboard that determine each indicator's RAG rating, along with the criteria and a new template for generating exception reports. It was noted that in future, the Board will receive this schedule annually at the start of each financial year when targets are set via the annual planning process.

It was noted that new targets will be introduced to the dashboard in November 2015 to enable the Board to note performance on nurse agency spend; and also that the definition of the dementia target required refinement.

The Board approved the schedule of RAG rating definitions that support the Board indicators.

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5.2 Board Dashboard – Strategic Indicators and Operational Performance

The Board reviewed the strategic and operational dashboards and discussed adverse variances in operational performance in relation to:

- Mixed sex accommodation breaches relating to difficulties in timely transfer Level 1 patients from Critical Care into Ward areas– there is a potential financial penalty of £12k;
- 26 week RTT target for Wales – long waits in part are due to patients opting to wait for mini mitral procedure for which the Trust currently has limited capacity;
- Cancelled operations;
- Staff appraisals;
- Financial metrics.

The positive trend around increased incident reporting was noted.

5.3 Finance Report for period ended 30.9.15

The Board received the finance report for Month 6.

Key highlights include:

- an overall financial sustainability risk rating of 2 against a plan of 3;
- capital expenditure at £2.2m , slightly below the cumulative plan of £2.4m;
- cash balances at £8.0 million; £0.2m above the planned cash balance of £7.8m;
- a normalised net deficit of £1,053k against a planned deficit of £177k;
- total income below plan by £707k;
- CIP achieved at £1.6m (planned CIP £2.1m)
- expenditure on agency staff and additional sessions - £2.5 m

at Month 6, compared to £1.0m for the same period last year.

It was noted that the report had been reviewed in detail at October's Integrated Performance Committee meeting and that the Committee had undertaken a deep dive into Divisional performance as well as a review of SLR data.

The Chairman expressed concern about the adverse financial position and potential implications for regulatory action. The Chief Finance Officer was invited to deliver a powerpoint presentation to supplement the financial reports provided and the Board was taken through a bridge analysis showing the deterioration in the Month 6 position compared to plan highlighting CIP delivery, payment of premium pay rates, fluctuations in activity and case-mix and reduced private patient income as the key contributing factors. The net deficit position at Month 6 included application of 50% of the CIP risk reserve together with balance sheet adjustments which together provided a subsidy of £1m; and indicating an underlying gap of £2m at Month 6. £1.8m had been spent to date on agency nursing and £700k on waiting list initiatives.

The Board considered the assumptions underpinning the forecast outturn position, noting that there is likely to be an upside of £200k against the full year £3.3m forecast for nursing agency costs, per the trajectory considered earlier in the meeting; and went on to question the sums paid to consultants to deliver the activity needed to meet waiting time targets. The consultant job planning work and appointment of additional substantive consultant posts to provide the required capacity in core time will be factored into the 2016/17 planning round. It was recognised that delivery of Cardiology activity and more recently, Surgical activity, has been hampered by the unforeseen absences of senior clinical staff, which has placed increasing pressure on delivery of RTT targets as well as an adverse financial impact. The Divisions have also recognised the need for a tighter grip on prospective sign-off of additional waiting list sessions; and have been fully engaged in reviewing activity patterns to inform future workforce plans and the income forecast to the year-end. It was noted that over 80% of consultant job plans had been reviewed but there is further work to do to improve scheduling and align available capacity with planned workload.

It was noted that the Integrated Performance Committee had reviewed Divisional performance in more granular detail and explored the impact of case mix which has seen a reduced contribution to fixed costs. The slow uptake of TAVI activity this year should be corrected with the new pathway driving through income and increased contribution for the remainder of the year.

The Chief Executive requested that future reports incorporate an analysis of planned forecast compared to revised forecast; along with a reconciliation of outsourced work showing clarity around impact on income and activity for work referred to UHSM and to Stoke. She stressed the need for clarity around the impact of remedial actions being undertaken, noting that the impact of introducing consignment

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stock had not been factored in.

It was confirmed that remedial actions will not impact adversely on the quality of service provision and that all cost improvement schemes are subject to the Trust's protocol for quality impact assessment.

The Board reviewed the year end projections noting that the outturn scenarios were overly pessimistic as a number of the mitigating actions identified had not yet been incorporated. There were a number of lessons to be learnt for the 2016/17 planning process.

The Chairman summarised that the Board will require a clear tactical solution for 2015/16 and clarity around the underlying position (finance and activity) which will inform the 2016/17 plan. This must be underpinned by a more detailed understanding of the bridge analysis and granularity around remedial actions, including timelines and individual responsibilities assigned to accountable executives and management leads.

The Board noted that a tactical solution for 2015/16 could be found through flexible use of provisions to achieve a financial sustainability rating of 3.

Immediate action is required to explain fully why the plans are off-track; granularity around the action plan; clarity around application of reserves; and work up of additional / new initiatives. All actions requiring clear timescales, trajectories to deliver and clear accountability.

The Board returned to review the request for additional capital funding to provide the new in-patient entrance. After careful consideration it concluded that deferral of the scheme was not in the interests of the organisation, nor was it necessary in terms of impact of the current year's financial trajectories. The Board approved the capital scheme at a cost of £1.6m.

The Board noted the financial position and further actions required.

5.4 Quarter 2 Monitor Return and Board Declarations

The Board gave careful consideration to the Board declarations, noting that it had received sufficient assurance in relation to the impact of a more robust methodology for forecasting and action planning; along with a tactical solution for 2015/16. The Board reviewed the narrative report that supported the Q2 monitoring return, and supported this subject to inclusion of further narrative setting out the future risks, including impact of tariff. The final narrative is to be approved by the Chief Executive prior to submission.

The Board confirmed the Board declarations at Q2 as follows:

- For finance, the Board anticipates that the Trust will continue to maintain a financial sustainability risk rating of at least 3 over the next 12 months; and
- The Board anticipates that the Trust's capital expenditure for

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the remainder of the year will not materially differ from the amended forecast in the financial return;

- 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; and a commitment to comply with all known targets going forward;
- Otherwise that the Board confirms there are no matters arising in the quarter requiring an exception report to Monitor (per the Risk Assessment Framework , Diagram 6) which have not already been reported.

The Board approved the Q2 return and Board declarations for submission to Monitor by 30th October 2015, subject to inclusion of additional narrative on risk as described above.

6 Governance and Assurance

6.1 Ratification of Consultant Appointments

The Board ratified the following consultant appointments:

- Mr Ivancarmine Gambardella – Consultant Aortic / Cardiac Surgeon
- Dr Dilip Nazareth – Consultant Physician (Specialist in Cystic Fibrosis)

6.2 *Regulatory Updates : Q4 and 2015/16 Annual Plan Review* Q1 Monitor Letter**

The Board received and noted the above letters from Monitor.

6.3 *Receipt of ICMS Board Minutes**

The Board received the unapproved minutes of the ICMS Board meeting held on 4th September 2015.

7 Board Assurance

7.1 Quarterly Review of Board Assurance Framework

The Board received the paper and noted the progress made towards closing the gaps in controls and assurances that had been highlighted at the Q1 review.

The Board considered proposed changes to the risk ratings applied to two principal risks as follows:

- Risk 2 – an increased impact score (3 to 4) resulting in a total risk score of 12 to reflect recent examples of harms arising from human factors and a need to strengthen organisational learning. It was noted that the Board had recently approved a new policy on organisational learning but this needed to be embedded and time had been set aside at the November meeting of the Operational Board to review lessons learnt and processes for cross-divisional learning.
- Risk 8 – a reduced likelihood score (3 to 2) resulting in a reduced total risk score of 6 in recognition of the positive and proactive engagement work with stakeholders, both at Divisional and Executive level.

The Board confirmed that Risk 6 should remain red rated in recognition of the adverse financial position and there would be a new focus at Board level on performance against the trajectory for nursing agency spend. It was noted that the CIP Steering Group, chaired by the Chief Executive is now up and running and that the Operational Board is becoming increasingly effective with Divisions focussing on the assumptions underpinning financial forecasts, actions to recover overspent budgets and the mitigation of financial risks.

The Board confirmed inclusion of new controls including the adoption and rollout of the new Trust values ('Our PACT'); the new Organisational Learning Policy; establishment of the People Committee; approved policy on consultant job planning; revised vacancy control process; appointment of a Head of Fundraising; and dedicated senior clinician time to support the Healthy Liverpool Programme.

Additional risks / gaps relating to the effective management of patient flow; sustainability (including meeting new national standards around co-location of services and consideration of strategic options); ability to recruit and retain staff in short supply and mitigate the need for agency staff at premium rates; were supported.

The Board approved all recommended updates to the BAF, and noted two potential risks on the horizon that had been highlighted by the Integrated Performance Committee :

- i) an increase in cardiology referrals; and
 - ii) reduced capacity within surgery;
- both of which could have an adverse impact on RTT compliance.

The Board noted these potential risks but determined not to qualify the BAF at this point in respect of these, as further detailed analysis and consideration of mitigation plans is required.

The updated BAF (presented as an appendix to the report with tracked changes highlighted) was approved.

7.2 BAF Key Issues Reports and Minutes from Assurance Committee Meetings:

7.2.1 Quality Committee BAF Key Issues Report

The Chair of the Quality Committee presented the report of the meeting held on 1st September 2015, noting that this included a copy of the protocol for conducting Quality Impact Assessments (QIAs) of CIP schemes together with a position statement in relation to QIAs completed for 2015/16 CIPs. He went on to highlight the work of the Committee in relation to the monitoring of VTE prophylaxis, medication errors and review of the sepsis audit.

The Board noted the report.

The Board received the approved minutes of the meeting of the Quality Committee held on 7th July 2015.

**7.2.2 Integrated Performance Committee
BAF Key Issues Report (Oral)**

The Chair of IPC advised that all key issues had been discussed previously within the meeting and that the work of the Committee had supported the Board's decisions in relation to the Q2 monitoring returns and Board declarations.

The Board received the approved minutes of the meeting of the Integrated Performance Committee held on 27th April 2015

7.2.3 People Committee

The Chair of the People Committee presented the report of the first meeting of the People Committee held on 8th September 2015, noting that the Board had been well sighted during the course of the Board meeting on key workforce issues, including the work to mitigate reliance on agency staff.

**7.2.4 Charitable Funds Committee
BAF Key Issues Report**

The Chair of the Charitable Funds Committee provided an oral overview of key items of business conducted at the recent meeting of the Charitable Funds Committee held on 13th October 2015. These included a review of the Committee's terms of reference which will be brought to the Board for approval in November 2015; consideration of the fundraising strategy and re-branding proposals; an update on progress with the case being developed to support a major campaign ('ICECAP'); review of receipts and payments; and consideration and approval of various bids for charitable funding including the upgrading of staff facilities on Cedar ward, completion of landscaping work in the courtyard adjacent to the Critical Care family rooms; and the staff recognition annual awards and celebratory event. It was noted that the Committee planned to review new national guidelines for fundraising in conjunction with the ethical giving policy at its next meeting. It will also review the reserves and investment policies.

7.3 Operational Board

Summary Report for meeting held on 2nd October 2015*

The Board noted the report.

8 Chairman's Briefing

The Chair noted that the Register of Directors' interests is to be updated by David Jago in respect of his part-time secondment to the Countess of Chester Hospital which had commenced with effect from 15th October 2015. This move followed discussion and approval at a meeting of the Nominations and Remuneration Committee held on 13th October 2015, at which all NEDs had been present. The Chair advised that if any potential conflicts of interest arose in the course of the Board's business, David Jago would be mindful to bring these to the attention of the Board in order that any conflict can be managed appropriately.

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

The minutes of the meeting of the Board of Directors held on 28th July 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:

- Action 1 – it was confirmed that the Quality Committee continues to monitor VTE compliance and reports to the Board on an exceptions basis via the BAF key issues report; compliance with documentation standards following radiological alerts is now being managed at Divisional level; it was agreed that this action could now be removed from the Board action log.
- Action 3 – completed and closed.
- Action 4 – the stakeholder plan is under development and will be brought to the Board for consideration in November 2015.
- Action 5 – it was confirmed that the review of pay rates for additional hours worked had been completed for nursing staff but was still in progress for non-clinical staff – assurance on this work will now be undertaken by the People Committee and therefore the action can be removed from the Board action log.
- Actions 6 and 7 – completed and closed.
- Action 8 – the Board discussed the process governing the reduction of budgets in respect of CIP schemes that are low risk in relation to quality impact, such as price reductions and non clinical supplies savings; before confirming that this action could now be removed from the Board action log.
- Actions 9 and 11- completed and closed.
- Action 12- the Chief Finance Officer updated the Board on forthcoming scheduled meetings with suppliers to attempt to resolve disputed debts. This action is to remain on the action log pending follow up review / receipt of assurance from the Integrated Performance Committee.
- Action 13 - completed and closed.

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 24th November 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.