

Board of Directors (in Public)

minutes

Minutes of the Board of Directors' meeting held on 29th March 2016

Present :	Neil Large	Chairman
	Jane Tomkinson	Chief Executive
	David Bricknell	Non-Executive Director/ Deputy Chair and Senior Independent Director
	Lawrence Cotter	Non-Executive Director
	Julian Farmer	Non-Executive Director
	Debbie Herring	Director of Strategy and Organisational Development
	David Jago	Chief Finance Officer/Deputy CEO
	Mark Jones	Non-Executive Director
	Sue Pemberton	Director of Nursing and Quality
	Raphael Perry	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
	Brian Bayley	Charge Nurse, ITU (Item 1 only)
	Kerry Fitzpatrick	Support Worker, ITU (Item 1 only)
	Jacqui Strattan	Matron, ITU (Item 1 only)
	Sarah Hobbs	Picker Institute (Item 2.1 only)
Apologies for absence :		
Observers: Governors / Staff/ Members of the Public:	Paula Pattullo	Senior Governor (Items 1 to 3.5)

	Action
1 Patient Story	

1
Chair's
Initials

Brian Bayley, Kerry Fitzpatrick and Jacqui Strattan, all members of the critical care team attended to share a patient story.

1.1 Welcome and Opening Matters

Apologies for absence

There were no apologies for absence.

1.2 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.

1.3 Chairman's Briefing

The Chairman welcomed Paula Pattullo, Senior Governor to observe the meeting.

It was noted that David Jago would leave the Trust at the end of May 2016 following his appointment to Wirral Hospitals; and that Claire Wilson had been appointed to the post of Chief Finance Officer, subject to formal ratification of the appointment by the Nominations and Remuneration Committee. Claire is expected to take up post on 1st June 2016.

The Chairman reported on a recent conference hosted by NHS Improvement to discuss the organisation's new role and the challenges facing the healthcare sector. He commented that NHS Improvement had brought together Monitor and the Trust Development Authority (TDA), but without statutory change and that at a local level, organisations were working on Sustainability and Transformation Plans (STP) across geographical footprints, led by an accountable officer, but again without any statutory changes to organisations. Louise Shepherd, Chief Executive at Alder Hey Children's Hospital was to be the Accountable Officer for the Cheshire and Merseyside footprint, with Neil Large having been asked to chair one of the key groups. Further detail on the Chairman's role would follow after a meeting later in the week. The pace of change would be significant over the next 3 months, with the STP to be developed and submitted in June 2016.

The Board was updated on the site development work involving the new inpatient entrance and out-patient department.

It was noted that the LHCH 'Bake-off' had been a huge success and had generated interest from a large number of staff.

The Chairman advised that Knowsley Council had nominated Councillor Eddie Connor to join the Council of Governors. A meeting had been arranged for Councillor Connor to attend the Trust for introductory meetings.

It was noted that a new Chair had been appointed at Liverpool Women's Hospital along with some new Non-Executive Directors. Neil Large and David Bricknell had supported the respective appointment processes as external assessors.

2 Patient Safety and Quality

2.1 National Staff Survey 2015

Sarah Hobbs from Picker Institute was in attendance and delivered a presentation on the 2015 staff survey results. LHCH results had been compared to those of other cardiac providers and also to the results of the best performing specialist Trusts.

The key area for improvement and focus in 2016/17 would be the quality of appraisal and identification of education and learning to support individual development needs. It was noted that the 2015 survey had taken place at a time when the Trust's appraisal system was in transition and this had resulted in an extended appraisal window, affecting the timeliness of some individual appraisals during 2015/16. The Chief Executive highlighted the need for significant improvement in some key areas going forward.

A discussion followed in relation to the result relating to staff experiencing violence and aggression. It was noted that delirium is a common post-surgical side effect at LHCH, as a result of the drugs administered and this can manifest itself as aggressive behaviour. It was noted that the Health and Safety Committee review all incidents of violence and aggression and were now analysing the incidents to understand the proportion relating to delirium.

The Chairman concluded that the results of the 2015 survey were very positive with considerable improvement in the overall staff engagement score.

It was agreed that the presentation slides would be circulated to all Board members for further reference.

LL

It was noted that members of the Board had previously received a full copy of the staff survey results via the e-pack.

2.2 LHCH Monthly Staffing –January 2016 and February 2016

The Board received the report on staffing levels by ward for February 2016 and it was noted that new guidance from NHS England now required the use of a 'red flag' classification to highlight times at which a minimum of two staff nurses were not on duty on a ward area. Use of this classification had also been recommended by Mersey Internal Audit agency.

The report highlighted 'red flags' for 17 days on Mulberry Ward and 11 days on Cherry Ward during the reporting period.

The Director of Nursing and Quality explained that at no time was patient safety compromised as where there are less than 8 patients, the provision of care by one qualified nurse with one assistant is safe providing that case-mix and acuity are also considered; and these factors are constantly monitored and staffing levels reviewed and flexed from ward to ward on a daily basis.

It was noted that further changes in reporting will follow as new requirements to measure care contact hours are introduced. Further guidance was awaited but it was likely that the Trust will need to invest further in IT capability to monitor this data. The importance of recognising direct care provided by other disciplines, in addition to nursing was also noted.

The monthly staffing report for January 2016 had been omitted in error and would be circulated to Board members.

SP

The Board noted the report.

2.3 **Sign Up to Safety Progress Report**

The Board received a report, noting progress since July 2014 when the Trust signed up to the national campaign. It was noted that there had been clear improvement in incident reporting, and this was expected to improve further following implementation of the new DATIX risk management system.

Other improvement work, such as the documentation of senior review was dependent upon EPR development, including the introduction of the new inpatient note which has a 6 month lead time. It was noted that as part of the 24/7 action plan, regular audits of senior review are undertaken but information gathering is manual and time consuming; nonetheless provided evidence that senior review was taking place.

The Medical Director advised that EPR work lists were prioritised with safety as a primary driver and that the EPR team would be focusing on this work in the coming months.

It was noted that the Speak Out Safely campaign continued to be promoted, supported by continuation of the daily safety huddle, launch of a new HALT campaign and introduction of the role of Freedom to Speak Up Guardian. Feedback and outcomes of staff speaking out were reported in the bi-monthly safety bulletin.

The Board noted the report.

3 **Strategy and Development**

3.1 ***Sustainability Strategy – Annual Report and Forward Plan ****

The Board noted the report.

3.2 **Chief Executive's Briefing**

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

- A recent visit to Warrington Hospital to discuss cardiology leadership support and opportunities for shared learning. This was part of the aim to develop a new model of care for cardiology via a single pathway across a much wider footprint, in order to benefit patients and ensure sustainability across the health system.
- Confirmation of a planned visit by Sir Bruce Keogh on 13th

May 2016 at which the new Cherry and Mulberry Wards would be officially opened.

- The recent meeting of the Healthy Liverpool Programme Board at which Liverpool CCG presented on the magnitude of the 5 year financial gap and a view that the hospital provider sector will be the key source of savings through redesign and change of legal form. However as yet there had been no significant work up of a new integrated service model for the Royal and Aintree hospitals. The contributions from other workstreams was as yet unclear. The estimate of the 5 year gap also required validation as it appeared that this had been derived from an aggregate of individual control totals. The STP arrangements would be critical in providing systems leadership. It was noted that the Chief Executive had arranged to meet with the CCG's Chief Officer and would suggest a follow up meeting between executive teams, timed to feedback on the outcome of the LHCH strategic options appraisal review. The Chief Executive advised that she would also be asking Dr Glenn Russell to join the Operational Board to ensure a strong engagement of operational leaders with the CCG agenda.
- The imposition of the new contract for junior doctors from October 2016, including the requirement to appoint a Guardian of Safe Working by July 2016 and new requirements around monitoring of hours and workload along with a new penalty process. It was noted that the planned further strike action would cause significant disruption. Contingency plans would be activated in accordance with guidance from NHS England on managing services during the periods for which emergency cover is to be withdrawn; there would again be a significant impact on scheduling with the need to postpone patients booked for elective procedures and clinics.

The Board noted the report.

3.3 Operational Plan 2016/17

A letter from Monitor dated 24th March 2016 and titled 'Feedback on your Trust's draft 2016/17 Operational Plan' was tabled for Board members to read. A small amendment to the Trust's control total from £1.4m to £1.3m was noted along with the acknowledgement that the Board had not accepted the control total. Feedback on specific areas of the plan including finance, activity and workforce were noted.

The Chief Finance Officer fed back on the recent conference call with the Monitor team, confirming that they were fully sighted on and understood the reasons for the planned deficit in relation to the tariff but were unable to amend the control total to reflect the shortfall. The Board discussed the possible implications of this in relation to the regulatory approach for 2016/17 but resolved that the plan set must be realistic and demonstrate a return to financial sustainability with implementation of HRG4+ in 2017/18. It was noted that work across the local delivery plan footprint had been

unable to find a way to bring the wider health system into balance and therefore the decision to reject the control total would remain. The key would now be to ensure that the plan set is delivered in spite of the inevitable operational challenges that the Trust will face in 2016/17; as well as working on plans for future sustainability.

The Board was updated on developments in the last two weeks that had not as yet been reflected in the plan. These included significant changes to CQUIn funding which had an adverse impact on the planned deficit of c£400k set against potential upsides relating to a re-living of assets and negotiation of local pricing for aortics. The latter followed a recent visit to the Trust by specialist commissioners who had met with the Associate Medical Director for Surgery and gained a clearer understanding about the highly complex and specialist nature of the aortic service being provided by LHCH on a national basis with excellent outcomes; and the implications of the tariff for this speciality which had resulted in significant under-funding.

The Board reviewed the Operational Plan on a page by page basis, whilst referencing the specific areas of feedback noted in Monitor's letter. It was noted that the final section of the third paragraph on page 3 needed to be updated in relation to the recent changes highlighted above.

DJ

The Board discussed the assumptions underpinning the Trust's forward trajectory on agency spend in 2016/17, noting Monitor's question as to whether the level of planned reduction was realistic. It was noted that the Trust's notified cap for total expenditure on agency spend in 2016/17 is £2.3m. It was noted that the trajectory is based on the fact that the plan incorporated significant investment in the capacity required to deliver the activity plan, including the repatriation of outsourced activity during the year. Whilst recruitment and retention remained a key challenge and focus, recent successful recruitment had provided evidence that the plan was deliverable and the trajectory set incorporated a reasonable level of tolerance. The Director of Strategy and OD would review again the trajectory on reduction of agency spend in 2016/17 and assess the level of risk. The Board's attention was drawn to the 3 high level workforce related risks described on Pages 15-16.

DH

The Board sought assurance that the operational plan would correlate to contract agreements, noting that contracts for 2016/17 were not yet signed. The receipt of a contract offer from Liverpool CCG was confirmed and it was noted that there had been an extension to the timetable for mediation. It was noted that the plan would be updated in line with contracting developments; and the Chairman advised that the Board would return to consider this matter further, when signing off the Board declarations that accompany the operational plan submission.

The Board reviewed the activity planning assumptions set out in Section 2, noting that the planning process had been much more

robust than previously with considerable attention paid to the phasing of activity plans since compilation of the draft plan in February 2016. The assumptions around growth and retraction of individual service lines remained unchanged and there would be an upside to delivery of core activity relating to the fact that there would be 6 bank holidays in 2016/17 compared to 10 in 2015/16. Plans to introduce additional critical care beds in May and October 2016 were confirmed and it was noted that private patient activity assumptions had been included and based on 2015/16 outturn rather than plan. (Reference was made to this within the financial narrative, page 20).

In relation to Quality, the changes to the CQuiN programme were significant and the range of schemes were large in number with little flexibility for local agreement, compared to previous years. It remained unclear as to whether LHCH would be required to comply with the clinical utilisation review and noted that if this were the case, compliance would be challenging with minimal return on the investment required. The plan assumed 90% achievement of CQuIn targets, allowing for a margin of flexibility.

The Director of Nursing and Quality highlighted that in addition to CQuIn, the Quality Contract incorporated a significant number of KPIs that the Trust was required to deliver. The size of the project management task in delivery of CQuIn and the Quality Contract KPIs was significant.

The Board requested inclusion of narrative explanation around sepsis management within the Quality section of the plan to support the fact that compliance with the sepsis care bundle had been highlighted as a risk on page 12.

In relation to the financial narrative, it was noted that the level of unidentified CIP had reduced to £400k and would be updated to reflect this. The Chair of the Integrated Performance Committee (IPC) advised that the Committee had discussed the risks to CIP delivery, noting that whilst there remained a level of unidentified CIP, plans were much further forward than they had been the previous year. The Divisional Heads of Operations had attended the last IPC meeting and had demonstrated strong ownership and highlighted the need to identify more CIPs than required in order to mitigate the risk of slippage. It was noted that Trust-wide schemes amounted to £950k and it would be important to allocate these to Divisions, ensuring clarity of accountability. It was noted that the PMO leadership position remained vacant and that the role specification had been enhanced with a view to attracting interest from high calibre candidates for this crucial position; although this did not in any way diminish the responsibility of the operational teams for delivery.

It was agreed that the narrative on Page 21 would be reviewed and updated to give better context around the Trust's expectations for implementation of HRG4+ and specialist top ups.

SP

DJ

DJ

The Chairman advised that the Board would return to the matter of approving the operational plan, subject to the amendments discussed and also consideration of the Board declarations, following a review of the Financial Plan (Item 3.4).

3.4 Financial Plan 2016/17

The Chief Finance Officer updated the Board on the key assumptions underpinning the financial plan 2016/17.

The Chair of IPC advised that the Committee had requested further assurances on cash balances given that limited cash headroom was a key concern. It was noted that the re-living of assets would provide no cash benefit. The Board requested that future finance reports include a 12 month rolling forecast in relation to cash.

DJ

The Chairman emphasised the need for the full Board to retain a clear line of sight on the financial metrics, with exception reports and action plans produced monthly to support any reported variance on I&E and CIP and a monthly re-casting of the forecast outturn from Month 2 onwards.

DJ

It was reported that IPC had been satisfied with the level of contingency within the financial plan and had noted that a number of the pay cost pressures were likely to impact on a part year rather than full year basis. Whilst the plan incorporated £2.7m investment in additional staff, the ability to deliver the activity plan would be compromised if recruitment was slow.

IPC had requested a run-rate of pay costs and an understanding of the impact of recruitment to substantive posts, noting the continued reliance on agency pending a supernumerary training period required for some key clinical posts.

The planned deficit position of £4.8m was confirmed, noting the impact of upsides and downsides previously discussed. The Board approved the 2016/17 financial plan.

The Board returned to the Operational Plan 2016/17 and approved the plan subject to the amendments discussed and as documented in the above minute; and subject to reflection of the impact of any further external changes, including progression of the contracting round.

It was agreed that an updated final document would be circulated to Board members prior to the submission deadline of 11th April 2016.

DH

The Board considered each of the Board declarations in turn :

Statement 1 - Continuity of services condition 7 - Availability of Resources

and Statement 3 - Statement of main factors taken into account in making the above declaration

The Chief Finance Officer advised that 'required resources' meant cash and explained that the decision as to whether the Board chose to confirm Statement 1a or 1b was dependent on the level of confidence around cash management plans. The Board discussed this at some length, noting a lack of clarity given that contracts had not yet been signed. It was noted that the likelihood of a contract with Wales being signed before the submission date was small but that the risk in relation to the Welsh contract was minimal. The Board determined that if contracts with Liverpool CCG and NHS England (Specialist commissioning) were satisfactorily agreed and aligned to the internal plan before 11th April 2016, then the Board would confirm Statement 1a; if however, contract sign off remained outstanding then the Board would need to confirm Statement 1b and provide a written explanation (Statement 3) of the factors, i.e. lack of signed contracts, that may cast doubt on the availability of required resources.

DJ

Statement 2 - Declaration of interim and/or planned term support requirements

The Board confirmed that it did not forecast a requirement for interim and / or planned support from the Department of Health for the year ending 31st March 2017.

Statement 4 - Declaration of review of submitted data

The Chief Finance Officer confirmed that processes were in place to internally check and validate the planning templates. The Board confirmed its satisfaction with the governance arrangements in place to ensure the accuracy of data entered into the planning templates.

Statement 5 - Control Total and Sustainability & Transformation Fund Allocation

The Board approved a response of 'not confirmed', given that it had rejected the control total. It was noted that no Sustainability and Transformation Fund allocation had been reflected in the operational plan as the Board had been unable to agree to the conditions associated with acceptance of this resource.

It was noted that in signing the declarations as approved by the Board of Directors, the Chair/CEO/Finance Director was confirming that:

To the best of its knowledge, using its own processes and having assessed against Monitor's Risk Assessment Framework, the financial projections and other supporting material included in the completed Annual Plan Review Financial Template represent a true and fair view, are internally consistent with the operational and, where relevant, strategic commentaries, and are based on assumptions which the signee believes to be credible.

The above declarations would be completed in accordance with Monitor's template and submitted with the Operational Plan by 11th April 2016.

DJ

3.5

Accountability Framework to support delivery of the Annual

Plan 2016/17

The Chief Operating Officer presented a matrix, detailing the 32 schemes that comprise the £2.7m investment in the 2016/17 operational plan. For each key scheme, accountability had been assigned to both an operational lead and an executive lead, along with a note on the impact of the investment, timeline for implementation and progress to date. The RAG ratings denoted the level of confidence in delivery, for example, red ratings had been assigned to investments where there were known difficulties in recruiting to key posts. The Board was advised that Divisional plans provided greater granularity to this high level summary and would be monitored closely through Divisional governance meetings, with assurance provided to the relevant Board Committee/s.

The Chief Executive requested that a booklet be produced for each Division, setting out a full analysis of the Divisional budget for 2016/17 and clear deliverables around finance, CIP, activity, operational targets and workforce. It was also emphasised that investment funding would not be allocated to budgets until each scheme was implemented, subject to recognition of requirements for interim resources.

The production of these booklets was important in providing absolute clarity around the expectations for delivery by each Division in 2016/17.

The Board noted the report.

DJ/TW

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4.1

Targets and Financial Performance

Board Dashboard – Strategic Indicators and Operational Performance, period ended 29th February 2016

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

Strategic Objectives:

Quality – ‘green’ with targeted improvement work in progress noted to reduce the number of falls.

Service and Innovation – ‘green-amber’ with an improvement in recruitment of patients into CRN research trials noted.

Value – ‘red’ in relation to financial margin and cost reduction strategy – for discussion under Item 4.2;

Workforce – ‘amber-red’ in relation to bank and agency spend - increased financial controls and plans in place for recovery in Q1 2016/17.

Stakeholders – ‘green-amber’ in relation to the continued under-performance of private patient activity – 2016/17 plan reduced to reflect outturn and strategy for private patients to be developed in 2016/17.

Operational Performance:

Adverse performance and exception reports were noted with more detailed discussion in relation to:

- Mixed sex accommodation breaches arising from blockages in patient flow, prohibiting timely discharge from critical care – investment in additional capacity should see improvement in Quarter 1 2016/17;
- Compliance with sepsis care bundle – it was noted that this would be discussed in more detail under Item 6.1.2;
- RTT Incomplete pathway – compliant for February 2016 but loss of activity in March due to the strike action by junior doctors place this target at risk for Q4; it was noted that the current trajectory for March 2016 was 91.6% compliance, against the target of 92%.
- 26 week RTT target for Wales – continuation of long waits resulting from patients opting to wait for mini mitral procedure instead of open heart surgery, for which the Trust currently has limited capacity; work is ongoing with Welsh Commissioners to identify ways to improve the referral process;
- Cancelled operations – there had been 143 cancelled operations and 4 breaches of the 28 day rescheduling guarantee in the year to date. Work is ongoing to improve scheduling and capacity, and commissioners have acknowledged that the target set required review for 2016/17.

The Board noted the report.

4.2 Finance Report for period ended 29.02.16

The Board received the finance report for Month 11.

Key highlights included:

- an overall financial sustainability risk rating (FSSR) of 2 against a plan of 3;
- capital expenditure at £3.8m, below the cumulative plan of £4.7m;
- cash balances at £9.9 million, above the planned position of £5.5m;
- a net deficit of £1.3m against a planned deficit position of £0.3m;
- total income above plan by £990k;
- CIP achieved at £3.3m (planned CIP £4.2m)
- expenditure on agency staff and additional sessions - £4.2m to Month 11, compared to £2.7m for the same period last year. Whilst substantive pay costs had increased in February this had not yet been matched by a reduction in agency spend.

The Board noted the financial position of the Trust including forecast outturn at the end of Month 11, noting the need to deliver a deficit no greater than £1.2m for the year ending 31st March 2016. It was noted that there would be an upside to depreciation in March

2016 and that there had been strong performance on activity plans so far for the month of March, providing confidence that a £1.2m deficit position would be delivered.

The Board noted the report.

5 Governance and Assurance

5.1 Ratification of Consultant Appointments

The Board ratified the appointment of the following consultant:

- Dr Islam Shaban –Consultant Anaesthetist (commencing 1st February 2016);

The starting date for Dr Saagar Mahida, Consultant in Cardiology with specialist interest in EP (appointment previously ratified in January 2016), was confirmed as 21st April 2016.

5.2 Fit and Proper Persons Test Policy

The Board approved the Fit and Proper Persons Policy for immediate adoption and inclusion in the Trust's Corporate Governance Manual.

5.3 Annual Review of Board Directors' Disclosures

The Board noted that all Directors had been formally requested to review their declarations of interest.

The Board reviewed the updated Register of Directors' interests and confirmed that there were no material conflicts with the business of the Trust.

The Board received evidence that all Non-executive directors (NED) had recently reviewed their self-declarations of NED independence and determined the continued independence of all NEDs.

The Board received evidence that all Board Directors (voting and non-voting) had completed unqualified self-declarations in respect of the fit and proper persons criteria set out in Regulation 5 (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and as required by the Trust's Fit and proper Persons Policy.

5.4 Code of Governance – Compliance Report

The Board reviewed the compliance report, confirming an accurate reflection of compliance with each of the Code's provisions; and approved the proposed disclosure statement for inclusion in the 2015/16 annual report.

5.5 Regulatory Updates : Monitor Letter on Q3 2015/16 performance and Draft Annual Plan *

The Board noted the Q3 monitoring letter from Monitor which confirmed a Financial Sustainability rating of '3' and a 'Green' governance rating.

A separate letter providing feedback on the 2016/17 draft annual

plan was tabled and discussed under Item 3.3

5.6 Health and Safety Compliance

The Chief Operating Officer delivered a presentation on Health and Safety leadership, reminding the Board of employers' legal duties and specific Board level responsibilities in relation to health and safety for both employees and members of the public. A series of key questions for Directors was addressed and an outline of the work of the Health and Safety Committee provided, along with an explanation of how learning from incidents was translated into changes in practice.

The Board discussed the requirement for a Health and Safety Strategy and noted that the Trust's Health and Safety Policy provided comprehensive coverage of the Trust's approach to management of health and safety. It was noted that incidents were managed and reported via the Trust's incident reporting process, with opportunity for issues to be highlighted at the daily safety huddle.

The board noted the presentation.

6 Board Assurance

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

6.1.2 Audit Committee

The Board received and noted the report of the Audit Committee meeting held on 9th February 2016.

The Board received the approved minutes of the meeting of the Audit Committee held on 10th November 2015.

6.1.3 Quality Committee BAF Key Issues Report

The Chair of the Quality Committee presented the report of the meeting held on 8th March 2016, highlighting the following:

- A deep dive into compliance with the sepsis bundle and a recognition that the Trust's internal target to administer antibiotics within 1 hour was significantly more ambitious than the published NICE standard which provided a 3 hour window.
- Concern around the number of medication errors with a detailed report and action plan requested from the Chief Pharmacist at the next meeting;
- Mortality reviews, a number of which had not been completed within acceptable timeframes. This had been addressed through the adoption of a new policy aligned to recently published national guidelines and required completion within 28 days. The Chair of the Quality Committee advised the Board that he had attended a recent Mortality Review Group meeting and had been extremely impressed with the thoroughness and quality of the review process.

The Director of Nursing and Quality highlighted to the Board an appended exception report which analysed performance of all red rated elements of the quality dashboard and for sepsis, also provided a detailed audit of all cases in January 2016 where patients had been identified as requiring the sepsis bundle. This audit revealed that of the 20 cases, 8 patients had received antibiotics within the local 1 hour target, a further 10 within the nationally recognised 3 hour standard and 2 patients exceeded the 3 hour limit but for clear reasons. This audit would be repeated periodically to provide assurance on compliance.

The Board noted the report.

The Board received the approved minutes of the meeting of the Quality Committee held on 17th November 2015.

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

The Chair of the IPC confirmed that all issues discussed at IPC had been covered under previous agenda items, adding only that the Committee would be reviewing adoption of relevant recommendations from the Carter Review and had requested a report on estates KPIs.

The Board received the approved minutes of the meeting of the Integrated Performance Committee held on 19th October 2015.

6.1.5 People Committee

The Chair of the People Committee noted that the primary focus of the Committee continued in respect of the following issues:

- Use of agency nursing;
- Recruitment;
- Workforce related recommendations from the Carter Review.

The Board received the approved minutes of the meeting of the People Committee held on 8th December 2015.

6.2 Operational Board

The Board received the approved minutes of the meeting of the Operational Board held on 18th December 2015.

7 Minutes of the Board of Directors Meeting held on 26th January 2016 (in public)

The minutes of the meeting of the Board of Directors held on 26th January 2016 (in public) were reviewed for accuracy and approved by the Board.

9 Action Log from Previous Meeting

The action log was reviewed and updated as follows:

- Actions 1, 3-7 and 10 – completed and closed,
- Action 8 – timeframe extended to April 2016, pending Audit Committee review on 5th April 2016;

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

10 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.

11 Date and Time of Next Meeting:

Tuesday 25th April 2016 at **8.30am**

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