

**Trust Board Meeting in Public**

Held on Thursday 3 May 2018

Lecture Theatre, Education Centre  
Queen Alexandra Hospital

**MINUTES**

<b>Present:</b>	Melloney Poole David Parfitt Christine Slaymaker Gary Hay Inga Kennedy Jon Watson Mark Cubbon Chris Adcock John Knighton Theresa Murphy Paul Bytheway	Chair Non-Executive Director (NED) Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive (CEO) Chief Finance Officer (CFO) Medical Director (MD) Chief Nurse (CN) Chief Operating Officer (COO)
<b>In Attendance:</b>	Mark Power  Emma McKinney  Lois Howell Penny Emerit Sonia Clarke Margaret Godfrey	Director of Workforce and Organisational Development (DWOD) Director of Communications and Engagement (DCE) Director of Integrated Governance (DIG) Director of Performance and Strategy (DSP) Committee Clerk Interim Board Secretary
<b>Observing:</b>	Alison Tong, NHS Improvement (NHSI) Care Quality Commission (CQC) Observer Anaesthetist Registrar (observer) 7 members of the public	

Item No	Minute
<b>083/18</b>	<b>Welcome, Apologies and Declarations of Interest</b> The Chair extended a warm welcome to everyone, in particular Mark Power and Sonia Clarke attending their first meetings. The Chair also welcomed the members of the public who had attended. There were no apologies and no declarations of Interest. The chair advised that the Board's new Committee Clerk, Sonia Clarke, would be using a tape recorder during the meeting, for the purposes of accuracy only. There were no objections to this.
<b>084/18</b>	<b>Staff Story</b> The Interim Director of Workforce and Organisational Development introduced two staff members who gave presentations previously delivered in the poster competition at the Trust's inaugural Patient Safety Conference held in February. The runner up in the poster competition at the conference, Dr Rebecca Smith, Gastroenterology Registrar and the overall winner, Kerry Burrows, pharmacist proceeded to present to the Board.

The competition runner-up, Dr Rebecca Smith, Gastroenterology Registrar, presented her findings on a pilot project to introduce Ward Round Managers. This role encompassed a wide variety of responsibilities, including organisation of the ward round, administrative tasks and urgent phlebotomy. The study showed that the effective work of a ward round manager saved time and brought a number of other improvements including the raising of staff morale and improved patient experience.

The overall poster competition winner, Kerry Roberts, a specialist Pharmacist in Medicine for Older People and Rehabilitation Services (MOPRS), presented on the work undertaken to improve medication reviews for frail and elderly patients. Previous levels of compliance with medication audits were at 29%, but following a range of work undertaken by Ms Roberts, including the alteration of paperwork, compliance levels had risen to 85% which was an excellent result for both pharmacists and patients.

The Chair thanked both Dr Smith and Ms Roberts for their excellent presentations and the associated clinical improvements. The Medical Director thanked them both for their work and for their attendance at the Patient Safety Conference and for their ongoing commitment to their improvement projects.

**085/18**

**Minutes of the Previous Meeting – 5 April 2018**

The minutes of the meeting of 5 April were approved as a true and accurate record subject to the following amendments:

Page 3, Item 069/18 Quality Scorecard – to confirm that the Medical Director did not state that the Trust's HSMR was not of concern. The DIG indicated that a revised version of those minutes would be circulated.

Page 4 Item 169/18 Finance - the DOF advised that the control total for 18/19 had not been accepted.

**086/18**

**Matters Arising/Summary of Agreed Actions**

The Board reviewed the action log from previous meetings and noted updates as follows:

041/18 – The Medical Director updated the meeting on the Mental Health Assessment Unit bid, stating that there had still not been a decision in terms of funding. He advised if the funding was not secured then a business case would be developed with the Trust's mental health partners in order to progress the work. The Chair highlighted her concerns on the delay in progressing this. The Medical Director was asked to continue to focus on the embedding of training and good practice for relevant staff on the conduct of mental health assessments.

**ACTION MD**

069/18 – Lesbian Gay Bisexual Transgender (LGBT) Network – The Chief Nurse advised that the Terms of Reference were currently being drafted and would be taken to the Workforce Committee once completed.

071/18 – Health Care Associated Infections (HCAI) – The Chair stated that she remained unsatisfied that the question she had posed regarding the link between the CDiff rate and the estates and cleaning resource availability had been answered. The Chair requested an update at the June Board meeting in the CEO's report.

**ACTION CEO**

072/18 – The DIG advised the Board that future board paper front sheets would all include Quality Impact Assessments.

**ACTION DIG**

The Chairman of the Finance & Investment Committee (F&I) raised a query relating to

	<p>previous reports to the Board concerning the proposed disposal by HM Government of the bond connected with the Trust's PFI and sought an update. The DIG agreed to seek an update for the F&amp;I Committee.</p> <p style="text-align: right;"><b>ACTION DIG</b></p>
<b>087/18</b>	<p><b>Notification of Any Other Business</b> There were no items of other business.</p>
<b>088/18</b>	<p><b>Chair's Opening Remarks</b> The Chair highlighted the fact that the Trust should take great pride in PHT's position as one of only 23 kidney transplant units within the United Kingdom. Of the 23 trusts that perform this work, PHT is the only district general hospital, yet is the second largest provider of non-directed altruistic donors in the country. In 2017/18 the Trust had undertaken 57 transplants. This was recognised as a very significant service for both kidney patients and the wider local population. The Chair drew attention to the story set out in the draft Annual Report (currently before the Board for consideration), highlighting the experience of one such donor and recipient.</p> <p>The Chair also mentioned Organ Donation Week takes place in September, during which time the Trust will be outlining the work of the organ donation team and the benefits to the patient recipients.</p>
<b>089/18</b>	<p><b>Chief Executive's Report</b> The Chief Executive formally introduced Mark Power as the Interim Director of Workforce and Organisational Development. He advised that Mark will be in position for a few months whilst the recruitment process to replace Tim Powell was undertaken. Tim Powell had been with the trust for 7 years and had now moved to a new role in Surrey. The Chief Executive extended a formal welcome to Mark and wished to record his thanks to Tim Powell for his many years of service with the trust.</p> <p>The Chief Executive went on to present his formal report. He highlighted the Trust's year-end financial position and the fact that the Trust had delivered against its revised plan; this had included a further allocation of sustainability and transformation funding which made the final year end position a £31.8m deficit. He noted this was a good result for the Trust and thanked all staff who had worked hard to deliver improvements to the financial position safely.</p> <p>The Chief Executive also reported that the Trust's operational performance had improved and that the Cancer 62 Day standard had been achieved, along with other improvements in the urgent care pathway in recent weeks. He went on to note that the IT Strategy, mentioned in the Board Assurance Framework, was in development, advising that there was more work to be done for the Trust to become "digitally mature". It was anticipated that a proposal on the steps needed to improve the Trust's IT infrastructure and capability would be brought to Board in June 2018.</p> <p>The Chief Executive advised that the Trust had made four successful applications to Wessex Health Education England for Quality Improvement project funding, and commented that this reflects the amount of work being undertaken in quality improvement throughout the Trust. He highlighted the level of healthcare acquired infection in the Trust and noted that there had been no further incidents of MRSA reported this month. The Trust had reported a total of 48 CDiff cases against a trajectory of 40 for the year.</p> <p>The Chief Executive reminded the Board that the Care Quality Commission (CQC) inspection was underway, which included a mixture of announced and unannounced visits and that the report of the unannounced winter review undertaken by the Commission at the end of February was expected to be in the public domain Friday 4<sup>th</sup> May.</p> <p>In relation to the CSC restructure, the Chief Executive advised that the consultation was now closed and all directly affected staff would soon be advised of the outcome. The responses</p>

from staff had been mainly positive. A paper setting out the revised structure, implementation plan, and related governance will be brought to the Trust Board in June.

The Chief Executive highlighted his top three concerns as being the financial position, bed occupancy and flow, and his top three clinical concerns as the nurse vacancy rate, medicines management, and sepsis and the early management of deteriorating patients. He also mentioned the national news relating to breast screening system failures, advising that Trust has this on its Risk Register and that once the associated details had been received, additional capacity will be procured to accommodate the provision of services to women affected by this problem.

NEDs asked if funding for the IT strategy was part of the capital plan priorities. The Chief Executive responded by saying that it would require significant capital funding and innovative solutions were currently being explored.

NEDs sought clarity about the expected dates for resolution of items mentioned in the report, particularly the medicines management issues. The Chief Executive responded, indicating that updates on governance arrangements would be brought to the Board in June, and that these would include the medicines management improvement outcomes. He added that learning from the winter planning review would be noted and put into action before winter of 2018.

**090/18**

### **Strategy Development Update**

The DSP presented the strategy report which contained a timetable for the development, adoption and implementation of the Trust's five year strategy and the strategic aims for the organisation. She summarised the way in which this work had been undertaken and outlined that three key supporting strands were IT, Estates and Quality Improvement. She noted the wide context of the development process and highlighted that a number of staff sessions had taken place, with further meetings planned. Feedback from the meetings had been excellent. The DSP highlighted the work being undertaken with the Isle of Wight system colleagues and advised that this will be included in the strategy. Also highlighted was the initial engagement work which the Trust is undertaking in connection with the Pathology network.

The Chair thanked the DSP for the report, noting that she felt assured by it as a baseline report and summary of the current position. NEDs asked how support for the Isle of Wight health system could be managed safely within the Trust's capacity and resources. The MD responded, advising that the Trust, Isle of Wight and University Hospital Southampton NHS Foundation Trust teams were working closely together and having regular, productive discussions regarding opportunities and sustainable solutions. The Board discussed the issues that may arise from a regional decision to reduce services on the island and the impact that this would have on providers on the mainland, and the reallocation of contracts and budgets to which this may give rise. The DF advised that there were other areas in the country where this had occurred and assured the Board that he and his finance colleagues in other parts of Hampshire were taking this into account. The Board asked for assurance on this by means of a report at its next meeting.

**ACTION: CFO/DSP**

In response to a question from the Chairman of the Quality & Performance Committee, the DSP confirmed that voluntary and mental health organisations would form part of the Trust's strategy and that workforce issues would be included as a strategic aim to reflect their priority and the degree of risk attached.

**091/18**

### **2018/19 Operational Plan**

The DSP presented the Operational Plan 18/19 for the Board's approval. This plan had been reviewed by the Finance and Investment Committee (FIC) and by NHS Improvement (NHSI) on 30<sup>th</sup> April. She highlighted that in making the submission, the Trust would be formally rejecting the control total and the Capital Resource Limit (CRL) set by NHSI - ongoing discussion continues with NHS England on these points.

The DSP advised that all draft budgets for the year have been signed off by Clinical Service Centres (CSC'S), with a few areas of work to be completed. She noted that contract assumptions had been included in the plan, although contracts with the commissioners had not yet been signed off. The plan was noted to deliver the minimum requirement relating to Referral to Treatment (RTT) activity, maintain cancer standards and reduce agency spend, with a modest income growth. The DoS highlighted that performance around the plan would be monitored through performance and accountability meetings, which would be held with the current CSC's and once the new structure was in place, the Divisions. She highlighted a risk to the plan as being the current £5m Cost Improvement Plan (CIP) gap, the outcome of the CRL negotiations, the realisation of all financial assumptions, bed capacity and a reduction in agency spend.

NEDs asked whether the CIPs could be monitored in relation to their impact on quality. The DoF responded that the process for Quality Impact Assessments (QIA) was being reviewed and that CIPs would only be approved after they had undergone a quality impact assessment which satisfied the MD and CN.

The Chair of the FIC advised that the Board needed to be aware of the risks in the plan as these were significant, particularly in relation to the CIP and bed capacity. The Chief Executive indicated that the Executive team was very aware of the level of risk and that there was a clear programme of works to mitigate the risks where possible. He further advised that the Trust had a proven record of CIP delivery and a proportion of the savings schemes in the CIP had been tested and were considered robust.

The Board approved the Operational Plan 18/19.

**092/18**

**Board Assurance Framework (BAF)**

The DIG presented the BAF in a summary format, including a heat map and short table setting out the current scores and movement of each risk. A new risk, BAF 21 was proposed, concerning apparent inconsistencies in non-18 week waiting lists. More detail concerning this risk and the actions necessary to mitigate its impact will be presented in future iterations of the BAF. The Board agreed to adopt the BAF and its updates.

It was noted that the BAF will continue to be reviewed at the Executive Management Team and Senior Management Team meetings, and that following the appointment of the Committee Clerk, it is anticipated that more detailed integration of BAF risks in the work of the Board's committee will be possible. The DIG advised that the Risk Management Strategy was being reviewed and would be presented to Board in July for approval.

**ACTION: DIG**

The Medical Director advised the Board that an independent review of the governance arrangements set out later on the agenda included consideration of the BAF by external consultants, who had described that BAF as "one of the best they had seen". The Chair thanked the DIG for her work on the BAF.

**093/18**

**Quality, Safety and Performance Analysis Report**

The Integrated Performance Report (IPR) had been circulated to the Board as a separate data pack. Current exceptions to planned performance were noted as dementia screening, the urgent care pathway, diagnostics and appraisal rates. The Chair highlighted her concern at the increase in number of serious incidents (SI) to 19.

The MD outlined the following items on the IPR:

- a. Pressure Ulcers (PU) – although it was considered that overall performance was reasonable, work was continuing to reduce numbers. It was noted that the incidence of pressure ulcers in the community is on the increase.
- b. Falls – this was identified as an area where significant improvement opportunity exists, although the Trust was performing reasonably well.

- c. HCAs remain a significant focus and details of current performance were included in the Chief Executive's report.
- d. SIs and Never Events – 19 SIs had been reported in March, and as a result SIs rose over the course of quarter 4. Some of these related to 12 hour breaches and others were due to previously delays in Cardiology. It was noted that practice in the use of the Cardiology Day Unit had been changed as a result of the SIs. The MD reported that the Trust continues to work with NHSI in relation to reduction and elimination of Never Events.
- e. Hospital Standard Mortality Ratio (HMSR) – the MD advised that although this remains a focus of continued work, there were reasons to be encouraged by the latest results, as the Trust's HMSR has come down and stayed down over the last six months. It was noted that the Trust has more detailed information available about the deaths that occur in the hospital and is able to learn from them because every death is now reviewed at the Trust's Mortality Review Group.
- f. Dementia Screening – The CN acknowledged that levels are not where they should be and advised that her teams are undertaking a review to look at reasons for this. The review will include scrutiny of the ways in which the screening is recorded.
- g. Friends and Family Test (FFT) – It was noted that the Trust had changed its FFT provider and that it may assist in increasing responses in the future. As had been noted previously, obtaining responses in some areas was a challenge, particularly in the Emergency Department.

**094/18**

**Quality Improvement Plan (QIP) Update**

The CN advised that the QIP had been developed following the CQC visit during 2017, and re-formatted in March and April to improve its ease of use and increase the levels of assurance it was able to provide. The report focused on the outcomes of the actions undertaken to address the CQC's concerns, and provided evidence of the achievements in each work stream. The document was updated on a monthly basis and was responsive to any changes in circumstances. The QIP document was noted to indicate executive accountability for each work stream. The key areas of change since the last version were highlighted to the Board; these were band 5 nursing recruitment, complaints performance, dementia screening and a reduction in overdue risks.

The Board noted the update and thanked all involved for the good work that was in progress.

**095/18**

**Response to Radiology Incident**

The MD summarised the findings and lessons learned following the CQC inspection in Radiology in 2017. The key findings were that amongst the 30,000 chest x-rays reviewed as part of the investigation, 27 films had been found to show an abnormality which had been missed at the time of first review. Following the associated harm review, four patients were found to have suffered significant harm as a result of their abnormality being missed. The Board agreed that this was deeply regrettable for each of those patients. The Trust's duty of candour had been fulfilled for each patient and family affected.

The MD noted that low level of missed abnormalities highlighted that the skill levels of the junior doctors interpreting the film was appropriate, but that this in no way detracted from the appalling consequences for all of the patients and families affected. The VERITA report included with the Board report recognises the changes that had already been put in place by the Trust and the improvements that have been made. It was noted that the Trust would now be reporting on all x-rays, both plain and complex films. This was considered to be in line with best practice, however it was noted that there was a nationally scarcity of radiologists and radiographers.

NEDs commented that the problems arising from the position in radiology were an example of what may happen as an unintended consequence of the adoption of new technology, and sought assurance that the Trust's policy on assessing new technology addressed this. The MD responded by advising that the policy was considered to be robust, but that changes in practice were harder to anticipate in particular when capacity was stretched. NEDs noted that this issue arose from a local deviation in practice that had not been noticed and

	<p>additionally sought assurance that something similar could not happen again. The MD advised that although the Trust's new governance processes were still bedding in, there was much better awareness of what is going on from service to Board level. There has been an increase in clinical staff awareness of the importance of reporting and the formal pathways to do so.</p>
<b>096/18</b>	<p><b>Mortality Report</b></p> <p>The Medical Director presented the his report which contained the mortality report for Quarter Four. He confirmed that learning from deaths was now an integral part of the organisation and that all inpatient deaths were reviewed. He also confirmed that clinical engagement at all levels was now part of the process and very effective.</p>
<b>097/18</b>	<p><b>General Data Protection Regulations (GDPR) Readiness Update</b></p> <p>The DIG provided at update to the Board on preparations for the implementation of the GDPR. There were two information governance risks brought to the Board's attention: one was achieving compliance with the revised training module issued by NHS Digital, which is much longer must be undertaken online. The second is the risk of cyber-attack arising from changes in the international political environment. The DIG reported that NHS Digital has published an enhanced cyber-security guide and that the Trust will be carrying out a self-assessment against the relevant cyber security recommendations.</p> <p>The NEDs commented that there had been good progress in preparing for the introduction of the new legislation, but sought to remind colleagues that GDPR is more than a process, it is an attempt to change culture.</p>
<b>098/18</b>	<p><b>Quality Account Priorities 2018/19</b></p> <p>The Chief Nurse presented the report and highlighted page 91 which outlined the priorities for 18/19. She further advised that on an ongoing basis throughout the year these would be audited to provide evidence of improvements and progress made in the delivery of the objectives.</p> <p>The Board reviewed the priorities and suggested amendments as follows:</p> <ol style="list-style-type: none"> <li>a. The patient experience metrics should be made more stretching</li> <li>b. E Coli should be included amongst the HCAI targets</li> <li>c. Change "sustain" to "reduce" the numbers of pressure ulcers and falls</li> <li>d. The national and local priorities should be distinguished.</li> </ol> <p style="text-align: right;"><b>ACTION: CN</b></p>
<b>099/18</b>	<p><b>Operations Report</b></p> <p>The COO advised that March had proved a challenge with adverse weather conditions causing issues for both staff and patients. The weather had resulted in cancellation of appointments and operations, and an escalation to OPEL 4 on occasion. He highlighted the improvements in performance that had commenced towards the end of the month, with work being undertaken to improve flow, which had reduced bed occupancy from 97.5% to 94.6%. This improvement had continued into April and the Trust had been at OPEL 1 for 12 days in April, with only one "Black"/OPEL 4 day which was due to demand within the Emergency Department.</p> <p>The Chair noted concern at the number of cancellations which were due to non-clinical reasons during March. The COO advised that these had been related to the weather and the difficulties some staff had in getting into work despite all efforts undertaken within the snow plan. NEDs commended the performance improvement throughout April and asked if it could be sustained. The COO responded by saying that work was underway to ensure the newly introduced processes would assist in the organisation's response to high levels of demand. He added that staff morale was currently very high as a result of the improvements in flow and performance and that it was important to maintain this.</p>
<b>100/18</b>	<p><b>Quality and Performance Committee Feedback</b></p>

	<p>Mr Watson (NED) advised that the first meeting of the new Committee had been held and that the terms of reference were under review. He further advised that levels of patient involvement with the committee structure needed to be considered and the Director of Communication &amp; Engagement advised that she would work with Mr Watson on this matter.</p> <p style="text-align: right;"><b>ACTION: DCE</b></p>
<b>101/18</b>	<p><b>Workforce and Organisational Development Performance Report Analysis</b></p> <p>The Interim Director of Workforce and OD presented his report which included plans to reduce workforce expenditure and the use of agency staff. The plans also addressed targeted clinical recruitment, monitoring of turnover rates, increase in appraisal rates and review of the appraisals process. He further advised that all of this work would be overseen by the Workforce and OD Committee to review performance to provide assurance to the Board.</p>
<b>102/18</b>	<p><b>Gender Gap Pay analysis</b></p> <p>This report was noted. The Interim Director of Workforce and OD advised that the current requirement was for employers to undertake a Gender Pay Gap analysis exercise every year, and that this was not the same as looking at equal pay for equal work, where the Trust was compliant. The Interim Director of Workforce and OD highlighted some of the reasons for the gender pay gap revealed in the report, which included the fact that there were many more female employees employed within the lower pay bands, many of whom were part time. In contrast the Trust's highest paid staff group was the consultant body which is comprised of a majority of male employees. The Interim Director of Workforce and OD acknowledged that the position set out in the report would not be easy to fix, but that the Trust will look at it to see what can be done.</p>
<b>103/18</b>	<p><b>Chief Registrar Annual Report</b></p> <p>The MD introduced Dr Helena Edwards and Dr Zoe Burton, the two Chief Registrars. He reminded the Board that this was the first time the Trust has had Chief Registrars, and noted that the Trust had been very lucky to have made such strong appointments into the posts. The Chief Registrars said that holding the roles had been a hugely positive experience for them both throughout the year, and hoped that the Board had seen the value that the role of Chief Registrar had brought to the junior doctor body and to the Trust as a whole. They thanked the Board for its engagement and support which had been invaluable, and highlighted a few further initiatives they hope to take forward.. The Chair thanked Dr Edwards and Dr Burton for this and advised that we must give serious consideration to progressing the free breakfast, although it was noted that this might be difficult bearing in mind how many of our staff worked night duties..</p> <p>The NEDs advised that they had heard about the achievements of the Chief Registrar programme from other sources, including the junior doctors themselves. The CEO confirmed that the Trust is supportive of the continuation of the role. The MD noted that the Trust had been very fortunate in securing Dr Edwards and Dr Burton from among a strong field of applicants. The MD particularly thanked the Chief Registrars for their work and input to the Patient Safety Conference.</p>
<b>104/18</b>	<p><b>Medical Engagement Scale</b></p> <p>The Chair noted that this item would be discussed in more detail in the private part of the Board meeting.</p>
<b>105/18</b>	<p><b>Workforce and Organisational Development Committee feedback</b></p> <p>Mr Hay (NED) advised that the first meeting of the new Committee had been held and that the Terms of Reference were agreed. He further noted there had been discussion around key performance indicators to be monitored by the committee, this would provide assurance to the Board.</p>

	<p>NEDs asked about the challenges in relation to recruitment and how the Trust could ensure that it attracts enough high quality staff. The Chief Executive advised that the gaps in the workforce were known, and that challenges in recruitment were not new to the Trust. The development of new roles and staffing models would be required to attract staff. He further advised that targeted recruitment campaigns were already underway and that the use of social media was helping to promote the Trust.</p>
<b>106/18</b>	<p><b>Financial Performance Report analysis</b></p> <p>The DoF presented a report on the year end position and was pleased to advise that the Trust had delivered its forecast. However this still represented a material overspend and the plan for 18/19 was to create stabilisation of that overspend and work towards recovery. He thanked commissioner colleagues for their part in assisting the Trust to manage its risks to delivery of the year-end total. He went on to advise that key focuses for 18/19 were to manage pay costs, drug costs and outsourcing costs, and to maximise income. He reported that the Capital Resource Limit (CRL) had been underspent by £1.3m in 17/18 with a net underspend of £500k - this was due to slippage on the MRI scanner project. The DoF confirmed that this underspend did not affect the Trust's capital allocation for 18/19.</p>
<b>107/18</b>	<p><b>Finance and Investment Committee Feedback</b></p> <p>Ms Slaymaker (NED) advised that the F&amp;I Committee had met in April and discussed the year end position, , Budget 18/19, Cost Improvement Plans, capital planning and infrastructure.</p>
<b>108/18</b>	<p><b>IT and Estates strategies development</b></p> <p>The CFO advised that an Estates Strategy was being developed to support the Trust's Clinical Services Strategy. Immediate priorities were the Emergency Department redevelopment project which was to be completed before the winter of 2018. A further priority was the Linear Accelerator Programme - He indicated that the Trust had submitted bids for Sustainability and Transformation Partnership (STP) capital funding to add theatre capacity, support the pharmacy procurement hub project and the maternity records project.</p>
<b>109/18</b>	<p><b>Non-Executive Directors' Reports</b></p> <p>NEDs reported as follows:</p> <ol style="list-style-type: none"> <li>a. Ms Slaymaker (F&amp;I) – complimented the progress that had occurred in many areas but in particular in leadership, the BAF, the QIP, the learning from deaths report and the Medical Engagement Scale report.</li> <li>b. Mr Watson (Q&amp;P) – commented that further work was required to improve the quality of Board papers and asked that the Executive team ensured that the CSC restructure worked both vertically and horizontally across the entire Trust.</li> <li>c. Ms Kennedy – commented that although challenges still existed within the trust she had received informal feedback from outside the Trust which indicated that there is a perception that the Trust was moving in a very positive direction.</li> <li>d. Mr Parfitt (Audit) – commented that the Audit Committee had met in April and reviewed the draft 17/18 Annual Report and Accounts related documentation.</li> <li>e. Mr Hay (WOD) – commented that it had been decided to hold the committee meetings monthly to keep pace with the agenda.</li> </ol>
<b>110/18</b>	<p><b>Record of attendance</b></p> <p>This was noted.</p>
<b>111/18</b>	<p><b>Board Work-plan 18/19</b></p> <p>This was noted.</p>
<b>112/18</b>	<p><b>Opportunity for the Public to ask questions relating to today's Board meeting</b></p> <p>Members of the public commented as follows:</p> <ol style="list-style-type: none"> <li>1. To note that the number of patients medically fit for discharge on 3 May was 179.</li> <li>2. To register concern that the levels of Fire Training had gone down. The Executive advised that this was being addressed.</li> </ol>

113/18	<p><b>Any Other Business</b> There were no items of other business.</p>
114/18	<p><b>Additions to the Board Assurance Framework and Risk</b> The Board agreed there was nothing to be added to the BAF/Risk Register.</p>
115/18	<p><b>Date of Next Meeting:</b> Thursday 7 June 2018, Lecture Theatre, Queen Alexandra Hospital.</p>
	<p><b>Resolution:</b> That the remainder of the meeting shall be held in private Committee because publicity would be prejudicial to the public interest. By reason of the confidential nature of the business to be transacted in accordance with the Public Bodies (Admissions to Meetings) Act 1960's s.1(2).</p>