St George's Healthcare NHS
NHS Trust

MINUTES OF THE TRUST BOARD

30 October 2014
H2.5 Board Room, 2nd Floor, Hunter Wing, St George's Hospital

Present:	Mr Christopher Smallwood	Chair
	Mr Miles Scott	Chief Executive
	Mr Steve Bolam	Director of Finance, Performance and Informatics
	Mrs Wendy Brewer	Director of Human Resources and Organisational Development
	Dr Ros Given-Wilson	Medical Director
	Ms Jennie Hall	Chief Nurse
	Dr Judith Hulf	Non-Executive Director
	Mr Peter Jenkinson	Director of Corporate Affairs
	Professor Peter Kopelman	Non-Executive Director
	Ms Karen Larcombe	Acting Director of Strategic Development
	Mrs Kate Leach	Associate Non-Executive Director
	Mr Eric Munro	Director of Estates and Facilities
	Ms Stella Pantelides	Non-Executive Director
	Mr Mike Rappolt	Non-Executive Director
	Mr Martin Wilson	Director of Improvement and Delivery
	Ms Sarah Wilton	Non-Executive Director
In attendance:	Ms Laura Badley	General Manager, Cardiovascular
	Dr Eric Chemla	Divisional Chair, Medicine & Cardiovascular
	Mr Matt Laundy	Infection Control Doctor
	Mr James Taylor	Assistant Trust Secretary
	Ms Alison Watson	General Manager, Acute Medicine
Apologies:	None	

14.215 Chair's opening remarks
Mr Smallwood welcomed all to the meeting.

14.216 Declarations of interest
No declarations of interest were made.

14.217 Minutes of the previous meeting
The minutes of the meeting held on 25 September 2014 were approved as an accurate record.

14.218 Schedule of Matters Arising
Ms Hall confirmed to Ms Larcombe that amber and red ratings on the Ward Heatmap within the Quality Report would be triangulated with other known concerns from this point. **Jennie Hall Ongoing**

14.219 Chief Executive's Report
Mr Scott presented the report to the Board and invited questions and comments

from Board members. In doing so, he further updated the report:

- *Call Centre:* Improvements had been made to a system that had previously been a major concern for the Trust, representing a real step change with projected improvements now being realised. The action plan was not yet complete, however, and therefore would be taken forward by Mr Wilson and the Children's and Women's division. Additionally a number of other issues in terms of Outpatients had been identified, which would be addressed as part of ongoing Service Improvement work. Further updates would be provided to the Board as appropriate. **Sofia Colas Ongoing**

  In response to Ms Larcombe's point that the number of calls had now reduced, Mr Scott reported that they were now handled more efficiently – there was no reduction in demand. Mr Scott and Mr Wilson confirmed to Mr Rappolt that the target was to answer 85% of calls within 30 seconds – there was no agreed date for achieving this target.

- *Annual Fire Safety Report:* This would be brought to the November Trust Board meeting, following a number of inspections being conducted by London Fire Brigade (LFB). Mr Munro confirmed to Mr Rappolt that a number of extreme risks had already been identified, such that it remained high on the Risk Register. Some delays in inspections had taken place as a result of recent LFB industrial action; further issues in relation to *inter alia* the Development Control Plan would be discussed at the next Trust Strategy session. It was agreed that there would be a comprehensive agenda item at the November meeting. The Board noted the Annual Fire Safety self-certification that was included in the Chief Executive's Report. **Eric Munro 27.11.14**

- *NHS Five Year Forward Plan:* It was agreed that this would be discussed at the December Trust Board meeting. **Karen Larcombe 18.12.14**

- *Appointments:* Rob Elek had been appointed as the new Director of Strategic Development, coming from Moorfields where he was currently Director of Strategy and Business Development.

- *'24 Hours in A&E':* The first episode would be broadcast on 30 October.

- *Flu jab:* A campaign to vaccinate all staff was now taking place.

- *Community Open Day:* This would take place at the St George's Hospital site on 15 November.

Mr Smallwood confirmed to Ms Wilton that discussions around the Trust's name following Foundation Trust authorisation were taking into account the Community Services division's concern regarding the inclusion of the word "hospitals" in the title.

Mr Scott confirmed to Ms Pantelides that the Trust had won the contract to provide specialist outpatient and diagnostic services at the Nelson Local Care Centre in Merton, commencing on 1 April 2015.

ACTION: The Board noted the report.

Quality and Patient Safety

14.220 Quality Report

Ms Hall presented the Quality Report and invited questions and comments from Board members. In doing so, she highlighted the following points within the report:

Effectiveness Domain

Mortality and SHMI performance remained strong for the Trust. The programme of work relating to a Care Quality Commission (CQC) mortality outlier that had recently been received was now complete.

Dr Given-Wilson reminded Board members that the CQC mortality outlier was based on Dr Foster data in relation to Coronary Artery Bypass Graft surgery and other procedures. The Trust had been asked to conduct a review, given that more deaths had occurred than had been expected. The review was conducted by Associate Medical Director Nigel Kennea, with some external input. No systemic care findings had been made, although there were some points of learning. One issue of note for the Trust was that its risk adjustment processes had difficulties in adapting when tertiary services were involved. A report had now been sent to the CQC.

The Trust's Healthcare Records Audit had highlighted the need to cover process gaps in the use of patient identification markers, as the move is made from a paper-based to an electronic system. In response to a question from Mr Rappolt, Ms Hall agreed to identify the seven specialties that failed to complete the audit, which had not been optional. Dr Given-Wilson agreed with Ms Pantelides that, given the amount of work that taken place, it was disappointing that there was a need for significant improvement in consultant attribution, as it was a key element in the formulation of the Trust's data strategy. **Jennie Hall 27.11.14**

In response to a question from Mr Smallwood relating to adherence to NICE guidance, Dr Given-Wilson reported that there had been a step change within the Trust, with a focus on obtaining good quality data and the divisions now discussing the issue at their monthly Divisional Governance Boards and reporting back accordingly.

Safety Domain

Whilst no trends in the SI profile had been identified for the month, a Never Event involving a retained swab in Maternity was now under investigation. The date for a report of outputs in relation to the offender healthcare would be provided to the next Board meeting. **Jennie Hall 27.11.14**

Safety Thermometer performance had decreased, which was of concern, and as a result a considerable amount of work was being carried out to improve the situation. The current interventions in relation to pressure ulcers appeared to be reaping benefits – whilst the position seemed to change from month to month, the deep dive review within community services, following a similar review in the Surgery division, needed to be completed before conclusions could be drawn.

With three MRSA bacteraemia cases and 22 C-Difficile reported to the end of September, the Infection Control Committee had agreed a number of changes to working practice to minimize further cases. In response to a question from Mr Smallwood, Mr Laundy confirmed that seasonality had a part in fluctuations of cases, but it was only one of a number of factors.

In response to Mr Rappolt's question regarding 5.48% of patients not receiving harm free care, Ms Hall explained that the figure derived from a snap audit taking place on one day. There were a variety of views on the merits of such data, although it was acknowledged that it could show trends. Mr Bolam calculated that the percentage translated into 70 patients. Ms Hall added that it remained a training issue, with staff assessing against a particular set of criteria; what came from such audits needed to be triangulated against other data. Key issues remained pressure ulcers and urinary tract infections – work with South West London Collaborative Commissioning on the latter issue was ongoing.

Ms Wilton said that the data on venous thromboembolism (VTE) was reassuring, but noted that the root cause analysis had not been completed because of issues such as missing notes – she questioned whether any learning had been communicated. Dr Given-Wilson reported that the data had not been compiled by a local doctor, but that it was heartening to see that targets were being reached; Ms Hall confirmed that such data was monitored regularly by the Patient Safety Committee.

Experience Domain

It remained a struggle to increase response rates for the Friend and Family Test. In response to Mr Smallwood's question about whether this had been caused by issues within the Emergency Department, Ms Hall reported that a staff member had been deployed to take surveys during the last quarter, but this had not been the case recently. Ms Hughes reported that connectivity problems had not helped the situation, but that the staff member was now to be re-deployed to resume conducting the surveys.

Following CQC comments during their inspection in February on the End of Life Care strategy, work had commenced to drive the programme forward.

A programme of work had been completed to address the number of complaints received by the Emergency Department. All of the divisions were focused on understanding the complaints received; each now had response targets, which enabled performance management of the situation.

The results of the recent dementia carers' survey showed that there was room for improvement in this area. In response to Ms Larcombe's question regarding how benchmarking might take place, Ms Hall agreed that this was a challenge; nonetheless the Trust's results were better than most other teaching hospitals.

Mr Rappolt reported that the recently commenced performance improvement programme in Outpatients had uncovered the following:

- 10,000 patients had their appointments cancelled in the last five months;
- 5000 of these cancellations were short notice – less than six weeks;
- 1000 outpatient clinics were cancelled at short notice (less than six weeks) during this period.

If correct this meant that *pro rata* the Trust was cancelling 24,000 or 3.7% of patient appointments each year. The impact on patient experience in "shop window" service would be significant and he believed that there must undoubtedly be significant 'knock-on' consequences on, for example:

- switchboard call volumes
- complaints
- cost
- and perhaps patient safety

Mr Rappolt estimated that the Trust might have lost £2m to £3m in terms of rectification costs and lost in year outpatient revenue.

Mr Rappolt reported that he had raised the issue at QRC – at that meeting, it transpired that neither Dr Given-Wilson nor Ms Hall were sighted on the issue. It was unclear as to whether there were processes in place to ensure that those patients whose appointments had been cancelled but required urgent appointments on safety grounds were prioritised for rescheduled appointments. Both had agreed to look into this concern as a matter of urgency.

Mr Rappolt believed that the Board required formal verification of these figures, a detailed analysis of why these appointments were cancelled, solid assurances that no patient safety issues arose from the cancellations and a detailed rectification plan which the Board could monitor. He noted that the Performance Report had no data on outpatients' performance, even though it was one of the Trust's priority areas – he hoped that such statistics going forward would include the monthly number of outpatient cancellations.

Martin Wilson TBC

Steve Bolam Ongoing

Mr Wilson responded to Mr Rappolt that this was a helpful challenge by the Board and that Mr Bolam would lead on the provision of a response, which would be brought to a future Board meeting.

Well Led Domain

A degree of consistency was reported in the third safe staffing return, with an average fill rate of 90.85% for all inpatient areas. A meeting was due to take place with the divisions to check e-rostering templates. E-rostering reviews now took place twice daily.

Ward Heatmap

The results shown indicated that more work needed to be done in acute medicine and community services. It was now possible to examine trends, given the consistency of data received, with some stresses identified such as business on site and staffing challenges. The divisional directors of nursing and governance would be reviewing what the information was stating and the appropriate responses.

Ms Pantelides believed that the fill rate was reassuring. In response to Mr Smallwood's question regarding improvement through performance management, Ms Hall reported that it was difficult to draw conclusions – for example, the staffing profile in the Community Services division was currently under stress but was being worked upon. She reported that complaints data only dealt with response rates and so discussions were taking place with commissioners about widening the scope.

Professor Kopelman believed that the fill rate data, heatmaps and turnover statistics all pointed towards a number of important trends. Ms Hall agreed that it was important to triangulate the data and provide support to individual areas where it was required.

Ms Hall agreed with Ms Leach's view that outstanding individuals needed to be recognized, as well as the identification of areas or staff where improvement was required.

Mr Smallwood commented that red ratings in safeguarding and dementia training were a concern, as were several results from the Community Services division. Ms Hall reported that safeguarding training was a particular challenge, especially at Level 3, which was a gap that needed to be addressed. With dementia now the subject of a national initiative, a new focus was being placed on e-learning on this topic. Mrs Brewer added that the Training Governance Group was examining the issue, noting in addition that the Community Services division had reported a number of IT problems in relation to e-learning.

ACTION: The Board noted the report.

14.221 Report from Quality and Risk Committee

Ms Wilton highlighted the following key matters discussed at the last Quality and Risk Committee meeting:

- Equality and Human Rights Committee: This committee currently reported to the Executive Management Team (EMT), but a question had arisen as to the suitability of this arrangement, with suggestions that it report to QRC, Workforce Committee or even the Trust Board. Mr Jenkinson added that the committee raised the profile of the equality agenda within the Trust; he believed that it should report to QRC, but a formal proposal to the Board, following suitable benchmarking, was required. He noted, however, that no similar committee at other trusts reported to their workforce committee; **Peter Jenkinson TBC**
- The committee had expressed concern at the recent cluster of retained swab SIs, but had received assurance that an internal review was being conducted by the Head of Theatres, to ascertain whether further, external analysis was required;
- The committee had requested that quality improvement processes in relation to Outpatients be presented to the Board;
- The committee had discussed RTT processes, including the divisional reports requested by Dr Given-Wilson to address patient safety concerns – assurance had been received, with a commitment for this to remain in focus;

ACTION: The Board noted the report.

14.222 Infection Control Annual Report

Mr Laundy presented the report, inviting questions and comments from Board members. In doing so, he highlighted the following points within the report:

- The 53% reduction in C-Difficile rates for the year was noteworthy, although this had not been continued into the current year;
- Six true cases of MRSA bacteraemia had been attributed to the Trust;
- A case of Legionella on Allingham ward had been identified as being caused by a water supply problem – the Infection Control Committee was confident that the measures that had been taken were appropriate and effective;
- The £20k granted by EMT had been used to implement an infection control software package that was leading to more efficient working by the team;
- Lack of consultant engagement remained an ongoing challenge when

conducting root cause analyses;

- 2014/14 will prove challenging, as the Trust shadows its TDA trajectory;
- A paper would be considered by EMT shortly on a further roll-out of NICE guidance compliance, with commissioners monitoring performance, which up to now had been limited;
- Further work was required in relation to multi drug resistant gram negative organisms such as carbapenemase producing enterobacteriacae (CPE), driven by Public Health England's development of a CPE toolkit;
- One flu outbreak had taken place, which had been dealt with effectively;
- Thanks were due to all who were involved in infection control within the Trust.

In response to Mr Smallwood's question regarding main concerns, Mr Laundy reported that no particular organism was of particular note; clinician engagement remained a challenge, together with the ability to collect and use data effectively, so that the correct medicine is provided to each patient.

There were particular hotspots where clinician engagement was lacking, although Paediatrics and General Medicine were impressive in their approach. Whilst Dr Given-Wilson reported that each area now had its own 'champion' for clinician engagement, Mr Laundy commented that the people chosen were not always the most suitable candidates, who were not given the appropriate time to do what was necessary and, as a result, failed to bring their colleagues with them. Dr Given-Wilson noted that individual feedback to consultants tended to be more effective.

Mr Scott stated that the Board could receive positive assurance from the report: where challenges were identified, concerted, relentless work was done to address issues, such that real progress had been made. It was important to use methods that had already proved effective in other parts of the Trust, recent work in Estates being a good example.

In response to Professor Kopelman's question on the visibility of infection control teams on wards, Mr Laundy reported that ward rounds took place three times every week, as that proved more effective than making presentations to teams outside of the ward environment. Professor Kopelman believed that junior doctors in particular needed to be sighted on infection control issues.

ACTION: The Board noted the report.

14.223 NHS England (North) Hillsborough report requirements

Mr Wilson introduced the paper by noting that it demonstrated the huge improvements in responses to major incidents by the NHS over the last twenty-five years.

ACTION: The Board noted the recommendations for the NHS arising from the Independent Panel Report into the Hillsborough Stadium football disaster and confirmed that the recommendations had been embedded within the Trust's approach to emergency preparedness, resilience and response.

Strategy

14.224 Divisional Presentation – Medicine and Cardiovascular Services

Dr Chemla gave a presentation to the Trust Board on behalf of the division. The presentation is appended to these minutes.

In response to Mr Rappolt's question on theatre capacity, Dr Chemla reported that the division was a theatre user – the situation might be different if the division "owned" the theatres concerned. Two vascular and three cardiac theatres were required, together with one for renal transplants (CEPOD). Previous staffing issues had now been resolved.

Mr Scott noted that there was no "quick fix" to address theatre capacity issues, although the Trust was ahead in terms of bed capacity. Dr Chemla and his team were working with Mr Wilson on the challenges faced and their solutions.

In response to Ms Hall's question about the ability of Critical Care to cope in the event of cardiac surgery being increased, Dr Chemla reported that the division was working towards a 24 hour recovery model, with surgeons prepared to work three day shifts, as long as it was planned properly.

In response to Professor Kopelman's question regarding a high staff turnover rate, Dr Chemla reported that his team were working with Human Resources to ensure that staff were treated well. A rolling policy of recruitment was considered at each divisional management meeting, but a problem of demand exceeding supply remained.

Mr Chemla explained to Mrs Leach that the 34% increase in vascular work was caused in large part, according to a recent London-wide review, by both patients and GPs bypassing the system.

In response to Ms Wilton's question regarding the risks around RTT performance, Dr Chemla reported that this was subject to an ongoing review. At twelve weeks, patients were redirected; extra lists had been created; additional consultants had been engaged to address the issue.

In response to Mr Smallwood's question regarding hotel accommodation in Ingleby House, Ms Badley reported that there were four bedrooms with a kitchenette, which are provided with Band 2 HCA nursing care. There was currently a focus on providing a bridge for post-operative patients, but this was a pilot, after which the criteria might be changed. Potentially more work would be needed, as it could be full every day of the year. Ms Hall reminded Board members that staff accommodation considerations also needed to be borne in mind.

Mr Scott believed that it was correct for the Board to be sighted on the emphasis being placed in the annual plan on the Thoracic Surgery and Oncology specialties.

ACTION: The Board noted the report.

Governance and Performance

14.225 Trust Performance Report

Mr Bolam reported that the results shown in relation to Monitor Risk Assessment

Framework KPIs were encouraging, although RTT performance needed improvement. The Trust would not be compliant during December but would return to compliance in January – both the regulators and the commissioners had been informed. Emergency Department results in Quarter 3 would not be disappointing, as they would not reach the 95% target. The recent meeting of the Finance and Performance Committee had discussed ways to improve the situation, such as investing some winter monies and putting in more doctors – it seemed that all appropriate action had now been taken.

ACTION: The Board noted the report.

14.226 Finance Report

Mr Bolam reported that the Trust was in surplus during the month in the sum of £15k, which represented deterioration during September. Factors causing this result included some activity that should have taken place in previous months, particularly within the Community Services division.

In terms of cash, an agreement had been agreed with Leaf whereby £12m would be drawn down to support liquidity – the very low interest rate assisted in providing some headroom, as trading with such a small surplus had inherent risks. Work will continue with the divisions to resolve the current overspend on the capital programme; a revised forecast would be brought back to the next Finance & Performance Committee, including provisions for a working capital facility. The outturn at present indicated that there would be a reasonable surplus of £5.4m at year end.

Mr Bolam confirmed to Ms Pantelides that the drawing down of £12m represented a mitigation and nothing else – the Trust would remain cash positive even if this option had not been available.

ACTION: The Board noted the report.

14.227 Report from Finance and Performance Committee

Mr Smallwood highlighted the following key matters discussed at the last Finance and Performance Committee meeting:

- The Committee had focused its attention upon cash and capital considerations;
- A paper reviewing Bank rates had been considered: other trusts were increasing their rates and marketing themselves more aggressively, a fact which had led to a complex discussions on the issues, and with Ms Hall pledging to provide a paper to the November committee meeting;
- A discussion took place regarding the Service Improvement Programme not resulting in the requisite number of beds – the divisions were being pursued on the matter;
- A theatre capacity plan had been discussed which identified ways of dealing with the gap, but would not be in line with CIP targets;
- Three key strands of the Service Improvement Programme were considered – beds, theatres and staff – all of which needed to be drawn together as part of the upcoming business planning process, for which the committee would receive a timetable of activity. There was a possibility that plans would need to be reconfigure, especially that of the capital

programme.

Mr Bolam confirmed to Mr Rappolt that work was currently taking place in relation to CIP programme targets, where deterioration was likely for 2015/16, and that a paper would be discussed at the committee's November meeting.

ACTION: The Board noted the report.

14.228 Workforce Performance Report

Mrs Brewer commented that the changes in statistics for the month were small, although there remained significant challenges in terms of staff turnover. Some progress had been made as regards temporary staffing; the Mandatory Training Governance Group would be considering the issue of management training, seeking to ensure that the correct training was provided to individual staff members.

In answer to Mr Rappolt's question regarding resuscitation training, Mrs Brewer confirmed that the governance group would address the issue and report back to QRC. Ms Hall added that there was no evidence to suggest that lack of such training had occurred in any reported incidents. **Wendy Brewer TBC**

Dr Hulf noted concern at the lack of increase in Fire Safety training that was reported.

Mrs Brewer explained to Mr Smallwood that the rise in vacancies was due in part to South West London Pathology and that, in some areas such as HMP Wandsworth and the Community Services division, vacancies were deliberately not filled, for a number of reasons.

ACTION: The Board noted the report.

14.229 Plans to reduce voluntary turnover

Mrs Brewer introduced the item by noting that 70% of all those staff who leave the Trust would return. There was therefore a need to produce a strategy and an action plan following from it that had focus, with work around appraisals and staff retention proving beneficial.

Mr Smallwood noted that there were no development prospects available for Band 5 nurses at the Trust. Mrs Brewer reported that it seemed staff left in order to obtain development elsewhere, but the proposed new process would, with the ability to rate staff, enable a more structured approach. Ms Hall agreed that career pathways for nurses were very necessary, perhaps with staff being "locked in" to staying post qualification for an eighteen month period, providing security and experience for new graduates.

Professor Kopelman believed that work at care group and divisional level was required to address the question of unhappy staff leaving. Ms Pantelides agreed, citing problems with line managers being a key contributing factor in many cases. A period of scarcity in the market meant that development opportunities elsewhere made other organisations more competitive.

Mrs Brewer noted that nursing revalidation will add to the need for greater staff engagement at appraisal level.

In terms of Mrs Leach's question regarding the process for advertisement of

positions, Mrs Brewer reported that they were placed on the NHS Jobs website and staff were made aware, although consideration was taking place on internal recruitment taking place for (say) two weeks before advertisements were placed externally, in the cause of reducing barriers to staff movement.

ACTION: The Board noted the report.

14.230 Risk and Compliance Report

Mr Jenkinson reported that, with the Board Assurance Framework being considered by both the Organisational Risk Committee and QRC during the next month, an enhanced report would be brought to the November Board meeting.

Mr Jenkinson noted that the high risk related to the follow up of diagnostic test results had been identified by QRC – further updates would be provided to the Board as appropriate.

Mr Jenkinson reported that the Risk Management Strategy had been subject to discussion at the upcoming QRC seminar session, as well as being an agenda items for the next Board meeting. The QRC had endorsed the proposed approach in the strategy. **Peter Jenkinson 27.11.14**

Mr Jenkinson advised that there had been a number of changes to the Quality Inspection process, including reporting of themes – the current version of the report was a work in progress, the tenets of which needed to be taken into account by divisions when considering quality issues.

In response to Mr Rappolt's question regarding one third of divisional risks relating to finance, Mr Jenkinson reported that this was a result of financial risks from the IBP being driven down to divisional level, as all divisions had such risks. It was hoped that the upcoming business planning cycle would lead to a shift in focus away from exclusively finance considerations and provide more balanced risk registers.

ACTION: The Board noted the report.

14.231 Monitor Letter of Representation

Mr Jenkinson reported that this was one of the final items required by Monitor as part of the Foundation Trust application process. The letter, which if agreed would be signed by the Board Chair on behalf of the whole Trust Board, was a standard template that confirmed that the Trust had provided all relevant and material information to Monitor "to the best of its knowledge and belief".

Mr Jenkinson reminded the Board that they had approved the same letter at the previous meeting, but advised that additional information had been provided to Monitor following the Board to Board meeting in respect of the four areas identified as needing additional assurance or evidence. He also advised that one of these additional information sources was an external report by ECIST regarding the ED performance, and the Board should seek assurance that all third party reports had been submitted.

ACTION: The Board confirmed that all relevant information had been submitted to Monitor, to the best of its knowledge, and therefore its satisfaction that the letter of management representation could be signed by the Board Chair on behalf of the Board and submitted to Monitor.

Mr Bolam advised that, in relation to the previously agreed Board Memorandum, Monitor had requested that Mr Smallwood provide a revised set of reporting procedures. In response to a question from Ms Wilton, Mr Jenkinson advised that updates regarding the four areas that Monitor had identified were required, together with financial submissions in relation to control totals.

14.232 Use of the Trust Seal

Mr Smallwood reported that there had been no use of the Trust seal since the last Board meeting.

General Items for Information

14.233 Questions from the public

In response to a point made by Dr Mike Grahn on NICE quality standards, Ms Hall reported that, given that they resulted in the collation of evidence in a single place, they represented a marker for the Trust. NICE had advised that they should be used to inform quality monitoring, but noted that compliance or otherwise was not a material consideration in their formulation.

Mr Wilson agreed to speak to Ms Ingram outside the meeting regarding the situation within the Oncology day unit and an anecdotal incident in relation to Outpatients appointments. **Martin Wilson ASAP**

14.234 Any other business

There was no other business.

14.235 Date of the next meeting

The next meeting of the Trust Board will be held on 27 November 2014 at 9.00am.