

**The minutes of the meeting of the Trust Board of Whittington Health held in public at 2.00pm on Wednesday 5<sup>th</sup> February 2014 in the Whittington Education Centre**

|                |                   |  |
|----------------|-------------------|--|
| Present:       | Greg Battle       | Executive Medical Director, Integrated Care                  |
|                | Steve Hitchins    | Chairman   |
|                | Yi Mien Koh       | Chief Executive  |
|                | Martin Kuper      | Medical Director   |
|                | Paul Lowenberg    | Non-Executive Director                                       |
|                | Lee Martin        | Chief Operating Officer                                      |
|                | Jo Ridgway        | Executive Director of Organisational Development             |
|                | Sue Rubenstein    | Non-Executive Director                                       |
|                | Bronagh Scott     | Director of Nursing & Patient Experience                     |
|                | Simon Wombwell    | Chief Financial Officer                                      |
| Guest:         | Paul Convery      | London Borough of Islington                                  |
| In attendance: | Sally Batley      | Director, Improvement, Performance and Information (interim) |
|                | Kate Green        | PA to Jo Ridgway/Trust Board Secretary                       |
|                | Caroline Thomsett | Director of Communications                                   |

14/16 Introduction and apologies

16.01 Steve Hitchins welcomed everyone for attending the Board. He announced that from henceforth two observers would be attending Trust Board meetings; Cllr. Bernice Vanier, Cabinet Member for Health and Adult Services for the Borough of Haringey and Cllr. Paul Convery, Executive Member for Community Safety for the Borough of Islington. It was noted that Cllr. Vanier was currently acting leader of Haringey council, and Cllr Convery had in the past chaired the Health Scrutiny Board. Both would, he said, be very welcome.

14/17 Patient Story

17.01 Philippa Marszall introduced Nita, a consultant from the paediatric allergy clinic. She explained that the incidence of childhood allergies had increased hugely in recent years – almost 40% of children suffer from some type of allergy and one in five suffers from eczema. Because the rise in the incidence of these conditions has happened so rapidly, education of medical staff had lagged behind. This had led to situations where, for example, advice to avoid dairy products had led to children developing rickets. The clinic had grown from a weekly service in 2008 to its current service of six sessions per week, plus an additional GP clinic in Islington.

17.02 Helen told the story of her son Theo. Theo had been born weighing 7.13oz, but had struggled with weight gain and eczema since he was one year old. His GP had prescribed a cream which had turned out to be an irritant, and both mother and baby had been advised to avoid so many foods friends had commented they had become almost vegan. Eventually they had seen a locum health visitor who had referred them to the allergy clinic. Describing the allergy nurse they had

seen as 'wonderful'. Helen explained that by this point Theo's eczema had become so bad that he looked as if he had been sunburnt all over. At the clinic, however, he was given allergy tests, weight monitoring and a planned programme of care, all issues were dealt with holistically and regular detailed reports were sent both to their GP and to them. They routinely saw the same health professionals and so did not have to repeat their history, and Theo was known, thus guaranteeing a continuity of care. Theo is now aged 4, and has little memory of the eczema which so troubled him in babyhood.

17.03 Greg Battle spoke in support of the allergy clinic's contribution to GP education. Helena Kania asked about Theo's ongoing prognosis, and Helen replied that he was now being seen annually; there was always a possibility that the eczema would flare up again, but if it did, they now knew where to take him, and they also knew that they could telephone for advice at any time.

17.04 Sue Rubenstein asked Nita whether they had considered the expert patient programme, and it was agreed that this was worthy of further thought. She added that staff from the clinic had given talks to GPs and CCGs and had run patient support groups; they had also developed an app. The aim was to be able to provide the same level of service in Haringey, although they would not rule out extending to other areas. Paul Lowenberg suggested using the Transformation and Health & Wellbeing boards to promote the benefits of the service to those commissioning services for residents of Haringey.

14/18 Minutes of the previous meeting and action notes

18.01 The minutes of the meeting held on 8<sup>th</sup> January were approved.

Action notes

18.02 104.03 The stakeholder engagement plan would now be brought to the Board in March in order to ensure compliance with new Trust Development Authority (NHS TDA) guidance

120.04 This had now been completed and could be removed from the schedule

138.01 This was scheduled on the agenda for discussion later in the meeting

148.03 The response to the Francis report would be brought to the Quality Committee in March and the Trust Board in April 2014

152.02 This had now been completed and could be removed from the schedule

05.01 There would be no change to this item until the Board was informed that the St George's Hospital NHS Trust inspection had taken place

10.01 It was noted that the Board Assurance Framework (BAF) would be considered at the next Audit & Risk Committee meeting. This item could now be removed from the schedule.

18.03 Paul Lowenberg reminded the Board that the January Board had been scheduled to receive a presentation from Emergency Department, and in order not to lose sight of this item he requested this be placed on the agenda for May or June in order to be able to look at the new pathway and interface with ambulatory care, with possibly even an accompanying patient story.

14/19            Chairman's Report

19.01            Steve Hitchins began his report by thanking all the Whittington Health governors in attendance at the Board meeting, noting that he would be holding his first formal meeting with them immediately afterwards. He also mentioned that he had had a recent query from a member of staff about whether staff were still invited to attend Board meetings, to which he had obviously replied in the affirmative.

19.02            Making reference to the fact that there were now three Non-Executive Director vacancies on the Board, Steve informed Board colleagues that the final interview for Peter Freedman's replacement was due to take place the following Monday, and he hoped to be in a position to make an announcement shortly afterwards. Regarding the other vacancies, Steve had spoken to MPs, local authority representatives and other key local figures to encourage applications, and he urged Board colleagues to use their own networks to do similar. He reminded them that the current make-up of the Board was not as diverse as it might be.

14/20            Chief Executive's Report

20.01            Yi Mien Koh began her report by informing Board colleagues that she had recently been on a service improvement walkabout to look at enhanced recovery, and the presentations given by staff had proved both interesting and informative. She urged other Board members to participate in these visits, mentioning the next scheduled one was to visit the Ambulatory Care Centre.

20.02            Moving on to the Trust's financial situation, Yi Mien stressed that the position had been difficult, but due to strenuous efforts having been made by staff the Trust was now scheduled to break even. She went on to praise both the content and quality of the maternity services business case, and also made reference to seven day working, where new national policy was imminent. She then mentioned the Electronic Patient Record (EPR) which had been implemented on the hospital site last September, acknowledging that there had been some 'teething problems' particularly with regard to generating reports; a solution to these was currently being tested. A recent bid for some additional funding for this area had been successful. EPR will be implemented within community services from summer 2015.

20.03            The Transformation Board had met on 22<sup>nd</sup> January and the Chairman had attended along with executive colleagues. It was noted that that Board now includes colleagues from Social Services, and that the Integration Fund had now been rebranded as the Better Care Fund. There was some acknowledgement within the team that this Board was possibly not the most effective (nor the fastest) vehicle to effect real transformation since it tended to concentrate too heavily on matters of operational detail. There was a real need within Whittington Health to accelerate the transformation agenda.

20.04            Yi Mien announced that Bronagh Scott had tendered her resignation following her successful appointment as Deputy Chief Nurse at NHS England (London), leading on patient experience. Yi Mien thanked Bronagh for the huge contribution

she had made to the work of the Trust and the Board congratulated her on achieving this new role.

20.05 Referring back to the item on enhanced recovery, Martin Kuper spoke of the inspiring work being carried out in this area and the ambition that all patients in hospital be placed on an enhanced recovery programme.

20.06 Sue Rubenstein asked about the roll-out of the EPR and in particular how risk was being managed. Yi Mien Koh spoke of the lessons that had been learnt in the lead-up to the implementation of the first phase including the establishment of the programme board and the extensive plans that had been drawn up. This had meant, she said, that implementation had largely proceeded smoothly, however it had to be remembered that the new system did require staff to work in a completely new way and the effect of this could not be dismissed. Front line care for patients had not been adversely affected, but there had been considerable problems with data and reporting and some returns had had to be completed manually. In summary, she felt there was a need to be even better prepared in the run-up to the next phase of implementation. For community services, it had been planned to use the same system as that used by the London Borough of Islington, however it has now been decided to create one bespoke system for the Trust rather than relying on successful interface. Going back to Sue's question about risk, Lee Martin said that the external auditors had been involved in looking at risk and had reported back to the Audit & Risk Committee. The main focus has always been on safety and quality, and external scrutiny served to provide additional reassurance.

20.07 The Intensive Support Team had also carried out an examination, as had the Trust Development Authority, and the Trust was consulting with a known expert in Leeds. Simon Wombwell emphasised that the testing was critical, and wondered whether consideration should be given to running a parallel system to guard against any potential difficulties. Lee Martin replied that discussions had also been held at the Serious Incident Executive Group.

20.08 Paul Lowenberg remembered the Audit & Risk Committee receiving reports, but his recollection is that the version implemented differed from that which had been tested. If this was indeed the case, and the Trust had incurred costs due to the additional work of, for example, producing data manually, then there might be a case for pursuing compensation from the supplier.

14/21 Quality Committee Report

21.01 Bronagh Scott gave a verbal report of the most recent meeting of the Quality Committee which had taken place on 15<sup>th</sup> January. She drew attention to the key issues discussed, beginning with complaints, where once again response times were poor. However, she assured the Board that both she and Lee Martin COO were committed to implementing a robust plan to ensure complaints were dealt with more quickly and better. She assured the Board that the actions currently being taken would result in the target response times being met at the end of March 2014. A weekly monitoring system is in place to ensure that the appropriate actions are being taken to meet this deadline. She reminded the

Board that, while the target response times will be achieved by end of March, this will not show on the performance dashboard until May. However, both she and the COO would report verbally to the Board in April on progress. Steve Hitchins added that this was also a cultural issue – both relating to the encouragement of valid complaints but also enabling them to be dealt with quickly by staff on the ground. Lee Martin reminded the Board that when complaints are received complainants now receive a telephone call within 24 hours in an attempt to resolve difficulties as quickly as possible, which was the most important aspect of the response. Jo Ridgway added that in March the Trust would have the results of its own bespoke staff engagement survey which would also help to inform the process. Bronagh Scott said that the complaints process had been better advertised of late and this had served to increase the number of complaints received.

- 21.02 The other issue of concern which had been discussed by the committee was that of Child Protection Training. Bronagh informed the Board that the divisions had committed to meeting the training target by the end of quarter three (December 2013). However, due to unexpected absence in the child protection team, a number of training sessions in December had been cancelled. Additional sessions had now been scheduled and the target would be met by end of March 2014. All divisions will be reporting on this target to the Quality Committee in March 2014.
- 21.03 The Friends and Family Test (FFT) response rate continued to improve and in January the Trust met the 15 per cent target for the first time. In addition, the net promoter score is providing additional information about what people's views of our services.
- 21.04 Moving on to infection prevention and control, Bronagh informed the Board that the figure for *C. difficile* cases was now 18 for the year, however, extensive investigations revealed that only two of these cases were related. She advised that the Trust has had in depth discussions with the NHS TDA and an action plan to reduce any health care acquired cases has been revised and shared with the NHS TDA.
- 21.05 The Trust had reached its target of 75 per cent of staff receiving the 'flu vaccination – the first Trust in London to do so.
- 21.06 Referring to the cancer patient satisfaction survey, Bronagh confirmed the Trust had agreed an action plan with the CCGs to address the issues raised. She added that the Trust had recently appointed a new cancer nurse specialist who would provide leadership on patient experience related issues across the cancer pathways and services She went onto advise that she had also received the raw data from this year's inpatient satisfaction survey. More detail on this was expected, but she did report that the response rate was low, however this was very much in line with the position in the rest of London.
- 21.07 Steve Hitchins enquired whether the Board received an annual report of complaints. Bronagh replied that the Board could expect to receive this in July.

Sue Rubenstein paid tribute to the work of the tissue viability team who she said faced a huge and difficult task.

14/22

Serious Incidents

22.01

Bronagh Scott reported the occurrence of a 'never event'. This had happened the previous month, when a piece of an instrument had broken off and was left inside the patient, necessitating a return to surgery. She advised this was a very unusual event and a full Root Cause Analysis was underway. The patient suffered no ill effects and has been made aware of what happened. In answer to a question from Steve Hitchins about the learning from such an event, Bronagh replied that procedures had been tightened up immediately the event had been reported. She advised that the outcome of the investigation will be shared with the Board in due course

14/23

Maternity Business Case

23.01

Lee Martin introduced Friedericke Eben, Divisional Director for Women, Children and Families, in attendance to lead on this item. Friedericke began by thanking all her colleagues for their work and support, and in particular she thanked Yi Mien Koh for her determination to improve the current facilities. She then described the history of the service from the 1900s to the present day, adding that environmentally, not a great deal had changed, and maternity services had been slightly left behind while other areas had been modernised. There had been many developments to the way services are provided, and they are innovative plans. Friedericke cited the example of being able to provide specialist care for sick babies in a way that allows them to be cared for at home.

23.02

A stakeholder exercise carried out last year showed that everyone wants to retain Whittington Health's maternity services. An additional in-house survey came to the same conclusion, but more tailored questioning also showed people would like the facilities to be cleaner, offer more privacy and be considerably quieter. In summary, then, the care provided is good, but the environment is unacceptable.

23.03

Friedericke said that by April 2016 the service would like to have met the following objectives:

- to improve the quality and safety of the neonatal ITU and HDU facilities
- to build a second co-located dedicated obstetric theatre, thereby improving the safety of maternity theatre service provision
- to increase the capacity of the maternity and neonatal services to meet the needs of an anticipated 4,700 deliveries.

She then took the Board through the options available and the implications of each of them prior to showing the plans for the preferred option. She also drew attention to the financial analysis contained within the business case. It was noted that both CCGs and the NHS TDA were supportive of these developments in principle.

- 23.04 Simon Wombwell explained that it was likely the Trust would be required to take out a capital investment loan, although in exceptional circumstances the drawing down of public dividend capital might be considered. He noted that the growth of the activity as described in the business case would raise the Trust's income from the service, but the risk was that this would need to be achieved in order to make the service affordable. Simon pointed out however that the 'stand still' position also carries a risk as Whittington Health's unique selling point is its reputation and the longer we delay improving the environment the more we risk losing custom.
- 23.05 Martin Kuper and Paul Convery spoke of their personal experiences of having children born at The Whittington Hospital, both praising the quality of the services they had received. The following points were made during the subsequent discussion:
- income generation in maternity is difficult, however well-run neonatal units remain in demand, babies are still transported long distances to obtain care
  - the base case, including inflation, shows that the Trust should be able to achieve at worst a break-even position
  - we are aware some are choosing other units and need a strategy for encouraging those mothers back
  - there is capacity in the birthing centre, the desired increase only amounts to two births per day
  - it is hugely important the business case is robust; it would not be possible for the Trust to remain a viable integrated community services provider without its Maternity services
  - CCGs are thought to be risk averse and understandably unwilling to appear to be destabilising the positions of other providers.
- 23.06 Greg Battle suggested conducting a survey of mothers who had opted to have their babies elsewhere in order to check on the factors that had led them to make their decision – i.e. was this mainly because of the physical environment. Paul Convery made the comparison with similar decisions having been taken on school places, where assumptions had proved quite unreliable. The part of London served by Whittington Health sees unusual socio-economic behavioural patterns, with relatively affluent families electing to remain in the area. He felt therefore that it would be easier for the Trust to make an argument for the need to make good the historic increase in demand, i.e. the Trust needs investment to meet the level of demand we have now.
- 23.07 Steve Hitchins praised the quality of the presentation the Board had received, adding that the Trust clearly had the right team in place to effect the transformation of the service. Paul Lowenberg spoke in support of Greg's proposal to conduct a survey, suggesting a similar exercise could be carried out for patients preparing for elective surgery. Sophie Harrison informed the Board that a great deal of data had already been gathered in preparation for the full business case.
- 23.08 Yi Mien Koh added her thanks to the team both for their presentation to the Board that day and for all the work that they had put into developing the Business Case. She said that there were three considerations to be taken into account:

- maternity services were by default part of Whittington Health's strategy, i.e. the provision of services from cradle to grave
- financial considerations – at worst the Trust would break even as a result of these developments, the risk of doing nothing was considerably greater
- there would be approval from the local community. Only 25% use the service at present and she is sure this is because of the environment.

23.09 The business case was formally agreed by the Board, and it was further noted that Anita Charlesworth, who had sent her apologies for the meeting, had also indicated her support.

14/24 Integrated Performance Dashboard

24.01 Steve Hitchins reiterated that from next month, the Board would like to look at three indicators that did not appear to be responding to treatment, and it was noted that Sue Rubenstein had requested complaints be included in the chosen three for next month. Lee Martin informed Board colleagues that there was a risk plan behind every indicator, and he suggested that the Board consider the areas of greatest risk. Steve also praised the layout and content of the report, describing it as sharp and good.

24.02 Martin Kuper announced that the Trust's Standard Hospital Mortality Indicator (SHMI) position had moved from 65 to 63, giving it once again the best score, and he paid tribute to all staff in both hospital and community services for this achievement.

14/25 Financial report

25.01 Simon Wombwell reported that the Board had achieved a break-even position at the end of Month 9, and remains forecast to achieve this at year end. He drew attention to two risks:

- the ongoing dispute over community estates, where the NHS TDA was working on the Trust's behalf to resolve
- the request for additional funding; the Trust continues to negotiate with the commissioners for payment for the additional unfunded activity carried out.

14/26 NHS TDA Board Statements

26.01 Yi Mien Koh reminded Board colleagues that these submissions to the NHS TDA were brought to the Trust Board each month for ratification, and the Board was content to approve the return for December 2013.



- 14/27            Annual Charitable Funds Committee Report and Accounts
- 27.01            Board members were reminded of their role as Trustees, and Steve Hitchins reminded them a new Chairman for the committee was required following Robert Aitken's departure from the Board. He preferred to wait until a full complement of Non-Executive Directors was in place before actively pursuing this.
- 27.02            The Board formally approved the report, noting that funds were in a reasonable state, with more funds having been brought in than had been spent. Sue Rubenstein suggested that given the support for Whittington Health that existed amongst the local population there should be mileage for innovative income generation, and Board members were asked to give further thought to this.
- 14/28            Catering – Market Testing
- 28.01            Introducing this item, Simon Wombwell reminded Board colleagues that this exercise had begun in 2011, when it had been decided to market test the catering service against the in-house provision to see whether the same or better quality could be achieved for a lower price, which was an economic imperative. The Trust had entered into a formal tendering process using OJEU.
- 28.02            Enlarging on the tendering process, Phil explained that this had been a market testing exercise, and bidders had been evaluated on quality (60%) and price (40%). The in-house service had not been included because external bidders had been tested against the Trust's own provider, which had been rated 60% for quality (the highest rating) and the costs were known. Overall the in-house service had been ranked fifth due to its costs. Entering into a contract with the lowest bidder, Sodexo, offered a potential saving of up to £400k per year, so could hardly be said to be a marginal saving. Sodexo would be able to achieve this through:
- the expertise the company would bring to the retail floor, and
  - being a large supplier, the savings the company would make on raw materials.
- 28.03            Phil emphasised the importance of the in-house staff, who would transfer under TUPE regulations and with a pension commensurate to the NHS pension scheme. He added that where there was staff turnover, there was agreement that any new staff coming in would be paid no less than the London Living Wage.
- 28.04            Paul Lowenberg emphasised the importance of ensuring that patient and customer experience replicated the standards set out in the business case. He suggested the Board should receive a report back in six months' time. Steve Hitchins suggested key performance indicators be included in the integrated performance dashboard.
- 28.05            Paul Convery enquired about what conversations had been held with the unions, as it was important this did not come as a shock. Jo Ridgway replied that this process had been a lengthy one, and Phil had been speaking to staff throughout,

acknowledging the discontentment caused by this having been an 'on-off' exercise for some time. It had also been raised at staff side, and a detailed consultation plan would be produced once the Board made its decision.

28.06 Sue Rubenstein asked about whether the Trust had sufficient contract monitoring expertise in place to oversee a contract of this nature. Phil replied that given quality was paramount here, it was intended to strengthen the quality function in order to be able to manage and monitor not only this but other contracted out services such as laundry and decontamination. Regular reports would be produced for the patient experience committee. Sue also asked Bronagh Scott whether she could provide any 'soft intelligence' about the service, and Bronagh replied that anecdotal evidence suggested that the quality of the service had not been so good recently and food was a subject that tended to be raised frequently when speaking to patients.

28.07 In response to a question from Sue about the company's experience, Phil replied that they had a great deal of experience within health, holding 27% of the services which had been outsourced by the NHS (around half of all NHS organisations). Paul Convery asked whether the London Living Wage clause would be built into the contract, and Simon replied that it would, appearing in the contract as in the paper.

28.08 The Board formally agreed the Executive Team's recommendation to award a five-year contract for the provision of the Trust's catering services to Sodexo.

14/29 Resource and Planning Committee Report

29.01 Paul Lowenberg introduced the report written following the January meeting of the Resource and Planning Committee which gave an update on the work of that Committee. He informed Board colleagues that the main essence of the meeting had been addressing the challenge of how to achieve a sustainable plan and budget for the next two years that the Board could sign up to in March.

14/30 Operational Planning 2014-16

30.01 Introducing this item, Simon Wombwell commented on the timetable for the production of NHS budgets. The process might be assisted by moving from a two year to a five year planning process.

30.02 Paul Lowenberg said that he understood the necessity of the Trust's having to start the budgeting process from where it had, but moving forward he would like to see the executive team considering a selective use of zero-based budgeting. He also expressed concern that there appeared to be a substantial set of business case anticipations that he could see no evidence that there was a process in place for freeing up the capital necessary to proceed with them. Steve Hitchins supported the use of zero-based budgeting, saying that the question was whether it should be introduced throughout the Trust or limited to selected areas. Paul Convery spoke of his experience in local government and in particular of planning for times when they were aware there was going to be a reduction in

government funding, warning that some plans took up to three years to achieve the desired level of savings. There was therefore a great deal to do.

14/31 Questions & Comments from the floor

- 31.01 Ron Jacob commented that although debate about EPR seemed primarily to focus on difficulties with getting data out, he had heard anecdotally there were also some problems with getting some data in, and that this was causing difficulties for staff.  
*Yi Mien undertook to ask Glenn Winteringham to attend the next Board meeting in order to give an update.*
- 31.02 Referring back to the discussion on complaints, Ron reminded the Board of the importance of supporting the staff involved, for whom the process could be difficult and depressing.  
*Board members strongly supported this contribution.*
- 31.03 If the catering contract is for five years, does this mean the Trust is locked in and thus prevented from making any innovative changes?  
*Phil lent replied that there would be sufficient flexibility in the contract to allow for developments – it undertook, for example, to be compliant with NHS standards which were themselves subject to change.*
- 31.04 Valerie Lang reflected on the differences advances in technology had made to life expectancy of very ill or chronically disabled babies. She did not, she said, expect an answer.
- 31.05 Helen Kania requested there be patient representation on the team responsible for developing community EPR. She also commented on the decision to have named consultants, which would shortly be followed by the introduction of named GPs.  
*It was noted that Governor Graham Laurie had been invited to participate in this process.*
- 31.06 Helena's mother had recently been a patient in the Whittington Hospital, and Helena drew attention to the difference between food available during the week and that available at weekends and out of hours. She also hoped there would be independent tasting of the food provided under the new contract.  
*Picking up the latter point first, Phil agreed there should be a degree of independence. He also acknowledged Helena's point about food available at weekends, and said that he hoped that might change as Sodexo maximised their commercial opportunities. A plated meals system was under consideration for out of hours requirements.*
- 31.07 Mary Slow asked for assurances that the food would be of a high quality and hopefully locally sourced. She expressed distaste for the idea of bringing in plated meals.  
*Phil assured Mary that the nutritional content of the food is set by NHS standards. He added that GM was currently unlawful in Britain.*

- 31.08 Margot Dunn informed the Board that an 89 year old friend of hers had recently been treated in the ED, and had described his care there as 'outstanding', mentioning in particular of the kindness and consideration shown by the doctor who treated him. He had particularly asked Margot to pass this message on to the Trust Board.

### Action Notes Summary 2013-14

This summary lists actions arising from meetings held September to November 2013 and lists new actions arising from the Board meeting held on 5<sup>th</sup> February 2014.

| Ref.   | Decision/Action  | Timescale     | Lead       |
|--------|--|---------------|------------|
| 104.03 | Communications team to produce a stakeholder engagement plan in the new year                                       | March TB      | CT         |
| 138.01 | Capital works to be carried out in maternity services to remain on action tracker pending discussion with the CCGs | Feb TB        | SW         |
| 148.03 | Board to agree formal response to the Francis Report   | April TB      | BS         |
| 05.01  | To consider arranging a visit to St George's following its national inspection                                     | t.b.c.        | CEO office |
| 18.03  | Board to receive the postponed presentation from the ED staff  | June TB       | LM         |
| 24.01  | Board to take a detailed look at three areas where performance appeared not to have improved for some time.        | From March TB | LM/SB      |
| 28.04  | Board to receive an update report on the catering service in six months' time                                      | Sept TB       | SW/PI      |
| 28.04  | KPIs from the catering contract to be built into the integrated performance dashboard                              | Sept/Oct      | PI/SB      |
| 31.01  | Glenn Winteringham to be invited to the March Board in order to give an update on EPR implementation               | March TB      | SW/KG      |