

Board of Directors' Meeting (Part A) – 5 November 2018

Minutes

Minutes of the Board of Directors Part A which was held in on 5 November 2018 at 1330 in Lecture Theatre 1, MAU, Broomfield Hospital.

Those Present:

Nick Alston (NA) Chair, Colin Grannell (CGr) Non- Executive Director, Parm Phipps (PP) Non-Executive Director, Jill Stoddart (JS) Non-Executive Director, Karen Hunter (KH) Non-Executive Director, David Wilde (DW) Associate Non-Executive Director, Clare Panniker (CP) Chief Executive, Diane Sakar (DS) Chief Nursing Officer, James O'Sullivan (JOS) Chief Finance Officer, Tom Abell (TA) Transformation Director and Deputy Chief Executive, Celia Skinner (CS) Group Medical Director, Danny Hariram (DH) Chief Director of People Strategy & Organisational Development, John Henry (JH) Interim Chief Estates and Facilities Officer and Director of Specialist Services, Stephen Beeson, (SB) MEHT Director of Finance, James Day (JD) Trust Secretary and Director of Strategy, Simon Myles (SM) Group Director of Capital Projects (for part),

In attendance for part:

Jo Myers (JM) Associate Director of Nursing, Tony Walentowicz (TW) for Patient Story, Mike Sinden (MS) Teletracking Manager, Helen Clarke (HC) Head of Governance.

Members of the Public Present: Mrs Janet Cloke (JC)

1 Welcome and Apologies for Absence and Declarations of Interest

- a NA welcomed all to the meeting.
- b There were no changes to existing declarations of interest and no new declarations.
- c Apologies were received from Jane Farrell – Managing Director, Martin Callingham - Chief Information Officer, Jonathan Dunk - Chief Commercial Officer, Mary Foulkes – Chief HR Director
- d NA thanked Samantha Riley, Head of Improvement Analytics and Thomas Nicholas, Senior Improvement Analyst from NHSI for their earlier board development session entitled 'Making Data Count'. NA also thanked Mary Foulkes for leading a workshop with the board relating to 'Guidance for Boards on Freedom to Speak Up in NHS Trusts and NHS Foundation Trusts'.

2 Patient Story

- a JM introduced TW who, with the aid of a PowerPoint presentation took directors through the care pathway and complaint pathway applicable to his late brother, Mr PW.
- b A series of missed opportunities following tests and scans in different specialties failed to pick up the development of primary lung cancer and secondary tumour sites until less than two weeks before Mr W died. He first presented on 9 September 2015 and died on 4 June 2016 aged 65.
- c JM confirmed that TW had already spoken to the Patient Safety Group and that whilst there had been a complaint, the timeline of which was detailed as a further area of concern, nevertheless the intention was to share the experience to avoid help avoid future problems.
- d JM outlined the lessons learned, including a recommendation following the first CT scan for further tests to be undertaken. This was not followed up by the referring doctor. There was also a missed opportunity for the patient to be discussed by the urology MDT. As a consequence there was a

delayed diagnosis during which time Mr W was trying to understand why his health was deteriorating.

- e Unfortunately he had no time to contemplate his terminal diagnosis and to put his affairs into order. The impact on him, his family and friends was significant.
- f In confirming the sympathy of the trust and the board CS thanked TW for coming forward with his account of his brother's experience, which he recognised would have been horrible for TW and all those close to him.
- g Without in any way wishing to take away from the powerful testimony, there had been opportunities for intervention by the GP and it needed to be realised that not every test or x-ray provided unequivocal evidence of abnormality and frequently showed abnormalities of no great significance. Regular re-scanning carried its own risks.
- h There was always a risk that a particular specialty would concentrate on its own area with limited overrun into other areas where unexplained symptoms persisted.
- i CG reflected on personal experience and sympathised with TW. As with TW, the aim for him had been to ensure that processes changed for the better as a result of what had happened. CG indicated that he hoped changes would be introduced to avoid the gaps in joined up support suffered by Mr W prior to his death. TW reflected that had a referral to CT imaging be made after the second ultrasound this may have been picked up appropriately by the urology team.
- j KH indicated that she needed to understand the process and relative caseload to review how diagnosis had been delayed until such a late stage. It was recognised that there was no flagging system electronically and that were one to be introduced then the likelihood of such occurrences would reduce.
- k CS reflected on the lessons learned, not least the need for a sensible fail-safe process in relation to radiological and neurological scans of incidental findings.
- l In response to CP, TW indicated that the GP had been concerned by the increased discomfort and changes experienced by Mr W. CP confirmed that she welcomed the exposure of Mr W's story and had been unnerved by it. With NA she confirmed the importance of regular review at key milestones in time.
- m JM confirmed that she had been uncomfortable with the trust performance when this had been spelled out by TW, particularly in relation to unanswered elements within the complaint and inquiry process. It was critical that all physicians in such circumstances work together to address the issues once identified and provide meaningful responses to patients and relatives.
- n Currently, it was recognised that because of the many different scenarios which existed across the hospital, it was not impossible that similar gaps could occur again. TW confirmed his intention to ensure that as much could be done as possible.
- o NA confirmed that he felt uncomfortable by the difficulties experienced and the timeline and that there was a need to look again, not only at process, but at the complaints process.
- p TW confirmed that Mr W had appreciation and was supportive of the NHS and therefore no litigation was contemplated, although it remained vital that lessons learned from the various unlinked inquiries should be learned.
- i) **Decisions made:** TW and JM were thanked for their contribution and their ongoing work to learn from the death of Mr W was endorsed.

3 Minutes of Part A of the Board of Directors Meeting held on 10 September 2018 and Action Points Arising

- a The minutes of the meeting of 10 September were approved.
- b In response to HR involvement in working together to create innovative responses to nurse staffing levels and ratios, DH confirmed he had reported to the June JWB on the current progress with the retention strategy. It was agreed that the earliest next possibility DH and DS would bring back a paper updating the position with regard to nursing staffing shortages and the effects of change ratios as part of an innovative response to low nurse staffing levels.

DH/DS

4 Formal Board Notifications

- a There were none.

5 Chairman's Report

- a NA referred the board to his written report incorporated in the meeting papers.
- b NA expressed his gratitude for the enormous efforts made by everyone concerned with the CQC inspections, particularly DS.
- c NA had attended a number of the early morning staff huddles instigated by JF and recognised the value of these for communication opportunities, particularly when the pressure upon the trust was so relentless.
- d NA was aware that Southend Council had referred the clinical reconfiguration to the Secretary of State for review and expressed his disappointment. TA indicated that the text of the referral had yet to be developed and once submitted it was unclear the extent to which the independent review panel and Secretary of State would take to resolve the difficulties.
- e NA welcomed Niki Eves to the trust as the new Head of Communications. The results of her appointment were already being noticed.
- f The opportunity needed to be taken to build the trust membership ahead of merger to ensure that there was not a democratic deficit affecting the patients and those connected with the hospital within the Broomfield catchment.
- g Lastly, NA confirmed that after well over seven years as a NED and more than 15 months as Interim Chair, he would be retiring from the board at the end of January 2019. Plans were being drawn up for a smooth transition to an interim position ahead of the eventual merger of the three trusts.
- i) **Decisions made:** The report was noted.

6 Chief Executives Report

- a CP indicated that the CQC operational and well-led inspections had concluded with some positive early signs. A draft report was anticipated in December. This would allow the trust a chance to check factual accuracy prior to publication, which was anticipated ahead of Christmas. DS had led the establishment of a comprehensive plan which had prospectively identified areas of concern and put in place remedial action. The CQC did not uncover any items that had not previously been identified as being of concern.
- b Tele-tracking was being rolled out across the group, with introduction at MEHT anticipated on 27 November 2018.

- c In response to NA, CP and DS recognised the importance of maintaining the momentum established in preparation for the CQC inspection. DS confirmed that there were weekly meetings to address the necessary improvement actions with the intention that the matters identified for action before the arrival of the CQC, would become business as usual, not just 'one-off' issues.
- d In addition to the work being done to action the required improvements, ad hoc inspections were taking place, including peer inspections, on each site.
- e There would be regular reporting of progress against the action plans to the JWB.
- i) **Decisions made:** The report was welcomed.

7 Managing Directors Report

- a It was confirmed that this would be covered within the integrated quality and performance report later in the meeting.

8 Board Assurance Framework (BAF)

- a DS introduced the BAF and confirmed that work was underway to create a new group board assurance framework reflecting the revised objectives and taking into account a new template recently approved by the Oversight Committee. In due course the local site BAFs would adopt the same format and it was likely that future boards would receive the BAF in the new format.
- b Key developments had been the reduction in the CQC risk from 20 to 16 as a result of the actions underway to address issues raised as part of the inspection process. Following site review, the workforce risk had been increased to 25 to reflect the continuing financial and other implications of workforce shortages.
- c In discussion CG asked that there be continuous vigilance both in JWB and locally on the informatics risk.
- d CP indicated that there was a longer term group plan to ensure the necessary resilience rather than simply plugging existing known gaps. JDu and MC were reviewing the position and it was intended that this would be reported to the Finance and Performance Committee in due course.
- e CG indicated that it was vital that the group informatics be integrated and aligned given the importance of informatics to the overall success of inter-site working.
- f CG reflected that the merger could be as much as 18 months away and that it was therefore important that there be full analytics support. CP confirmed this and indicated the importance of building capacity. CG had seen the beginnings of the strategy being developed at the JWB and welcomed Naresh Chenani who was assisting in building the necessary capacity. Currently, CG reflected that informatics resources were overstretched and that the informatics risk score could well rise.
- g NA reflected that it would be helpful to understand the position with regard to informatics and the likely cost of developing the right structure.
- h NA reflected that the current BAF was in good shape as a working tool as a result of development progress over a number of years. He was confident that progress would continue to be made.
- i) **Decisions made:** The report was noted.

9 Monthly Report on Nurse Staffing Levels – September 2018

- a DS presented the monthly report on nurse staffing levels for September 2018. Fill rates had been consistently above 95% in all areas for the past five months despite registered nurse ward vacancies sitting at 265 whole time equivalents, amounting to 38% of the total in that category. Overall nursing vacancies had increased from 511 to 517 whole time equivalents, amounting to 22.9%. The position on medical wards remained particularly challenging.
- b Covering midwifery had been assisted by HCA staff because of the absence of nurses trained in that speciality.
- c Goldhanger ward remained particularly challenging with limited staff and 13 patients requiring 1:1 nursing. The approach had been to engage more bank HCAs staff and reduce the use of agency. Current actions included the rollout of the safe care tool and matching staffing levels to acuity. There were now daily meetings with the site directors of nursing to approve nursing levels and a new specialty audit had encouraged the use of HCA staff for specials and DOLS.
- d A full risk assessment on the vacancy position was being undertaken to establish where it might be safe to reduce staffing levels without placing patients at risk. Risks were assessed on a shift by shift basis.
- e The report was welcomed and in subsequent discussion CS asked what the tipping point was to reduce the number of beds in use. DS indicated that ratios needed to be 1:8 in general medical wards and 1:6 in surgical wards.
- f CS asked what levels the risk assessments indicated were safe, separately from the national ratios. Tailoring cover for the needs of the hospital was required.
- g A point could be reached when there were insufficient staff to move about to provide the necessary cover.
- h NA asked whether the trust was at the edge of normal range because out of the three trusts, MEHT had the largest vacancy rate, particularly in nursing and HCA vacancies.
- i DH indicated the hard and dedicated support work to ensure those recruited were retained and it was hoped that an impact would be seen soon. In response to PP, DH confirmed there were a number of initiatives in play to assist with staffing levels and that learning was underway.
- j DS indicated that Writtle ward remained challenging with staff becoming tired. Staff were reluctant to move from areas they were familiar with, particularly if they worked on overnight rosters.
- k NA asked whether work was underway to ask staff how things could be improved, particularly with regard to retaining new staff. DS confirmed that there were now forums to meet new student nurses to ascertain why they chose to join, but also why there were pressures to leave. Nothing particularly new was emerging. KH indicated that London weighting rates and the provision of CPD training for advancement were usually the main reasons for being able to retain staff. DS provided some examples of staff who had worked with GOSH but had returned to the trust. There were opportunities to draw from good experience across the group.
- l CG reflected that the nursing vacancy levels were going up which indicated that the system was broken. There were gaps in all roles and the agency fill rate to ensure safe working remained an issue. CG reflected that the trust would always need agency support to retain flexibility, but the key was which agency, at which rate, fulfilling which role. A £30m agency cost was not sustainable.
- m CP confirmed that work was underway to reduce the levels payable to agency and encourage agency staff to join the trust bank.

- n CG indicated that he could not see the fill rates coming down. DS indicated that some of the vacancy figures reflected enlarged establishments that had never been recruited to.
- o DH reflected that the importance of CPD, education, relocation encouragement and London weighting impacted upon both recruitment and retention. And there was a need to deliver upon CPD and how trust funding was used to find and keep staff. There would be a need to look at alternative roles given the anticipated increases in nursing vacancies over the coming years. DS indicated that it was important to add CPD and extended university training as a key factor in retaining staff.
- p DS reflected that the board did recognise the importance of retaining recruited nurses and there would be benefit in ensuring all staff were aware of the opportunities available to them.
- i) **Decisions made:** The report was noted.

10 Tele-tracking Update

- a Mike Sinden, Tele-tracking Project Manager was welcomed to the meeting for this item.
- b CP introduced the known benefits of tele-tracking and the intended go live date on 27 November 2018. Having real time knowledge of the capacity of the hospital and discharge rates was clearly advantageous.
- c The biggest anticipated risk of the system introduction was that in order to be fully effective, the live bed state needed to be introduced and signed off on Lorenzo which would then report to tele-tracking. Lorenzo reported to tele-tracking, but tele-tracking did not report back to Lorenzo.
- d It was important that batching should not occur and that any Lorenzo update and tele-tracking input be in real time and not delayed. This placed a high expectation on ward management, ward clerk input and data ownership.
- e CP stressed the importance of being on top of live Lorenzo and tele-tracking reporting and timely recording of discharge by the deposit of used tele-tracking devices in the appropriate discharge bins.
- f CP confirmed that notwithstanding some unexpected down time, the position in SUHFT had been improved by the introduction of tele-tracking with YB reporting better discharge visibility. It was important that all involved persevered with Lorenzo and tele-tracking so that this became the new normal without reverting to unapproved processes. This required a cultural shift and would not be without difficulties.
- g NA stressed the importance of driving out the benefit of tele-tracking and clearly identifying and bringing back to the board the benefits of the investment. DW indicated that it was important to maximise the benefit and target resource to maximise discharge.
- h CG indicted the importance of reviewing the business case to establish whether the intended benefits were being delivered. A February review would be most appropriate.
- i CG also confirmed that being the third of the three trusts to go live was beneficial to allow necessary learning.
- j JS asked whether there was a management unit which could be built into tele-tracking that could assist in real time viewing the use of agency. It was confirmed that such a unit did exist, but was not included in the trust's current tele-tracking package.
- k JS returned to the role of agency and bank staff and with the assistance of NA asked whether

agency staff could be included within staff entitled to operate Lorenzo and tele-tracking to ensure benefit could be maximised.

- l TA confirmed his understanding that staff on payroll needed to log on with their payroll number which would limit use by agency staff, but it was important that the right IT access be provided to all staff.
- m NA indicated that he looked forward to implementation and for clear visibility of the business case benefits.
- n MS left the meeting.
- i) **Decisions made:** The report was noted.

11 Freedom to Speak up Annual Summary 2017/18 and Quarterly Update for Quarter 1 of 2018/19

- a HC was welcomed to the meeting for this item. With reference to a written report containing charts of referral statistics, HC indicated the number and nature of items raised during 2017/2018 and the number and nature of matters raised during the first quarter of 2018/2019. Whilst numbers were low the areas raised related to patient safety and quality, and bullying and harassment. There had been just one referred matter in the first quarter of 2018/2019 and 11 overall in the entire previous year.
- b In discussion CP indicated that the numbers involved were very small and a move to introduce the guardian service to MEHT held the potential to make better use of this resource. There was also a need for work to be done to improve the reporting culture within the trust.
- c NA identified that with better data, themes could be extracted although the bullying and harassment remained a concern and he supported all opportunities to address this.
- i) **Decisions made:** The report was noted.

12 Integrated Quality and Performance Report July 2018

- a CP introduced the Integrated Report.
- b DS outlined the position regarding falls and confirmed there had been a successful falls conference in the previous month. A SWARM approach to falls had commenced in September, with initial areas for improvement in assessment and care for patients being identified. Environmental factors also played a part. It was noted that Goldhanger ward had 27 different coloured floor coverings.
- c DS also updated the position with regard to pressure ulcers and serious incidents reported. This included the learning from incidents fed back through the Patient Safety Group and Executive Review Group.
- d CS outlined the infection prevention and control position with two cases of C.Diff identified in September. The themes identified from the review of cases during the period April to August 2018 were shared along with the actions being taken including that for C.Diff. The work underway to establish a new permanent infection prevention and control team was outlined with secondments currently in place to provide the necessary trust support. The data was being reconsidered to draw upon long-term trends to assist learning and prevention.
- e DS outlined work underway to improve the structured dissemination of learning from 'never events' across the site. There had been no such events since July.
- f The mortality position was noted.

- g CP reflected upon A&E performance against the four hour standard, which had dropped slightly in September, but which appeared to have improved once more in October. Hospital flow remained critical and whilst there had been a welcome slight improvement in the delayed transfers of care the overall position had worsened slightly. Externally, CQC intervention had resulted in the loss of 200 local care home beds out of the capacity of 800, thereby limiting discharge options.
- h In the right circumstances, with bed capacity, the trust had the ability to deliver A&E performance between 90% and 95% as had occurred the previous Sunday. The aim was to sustain this level because the circumstances when the trust was challenged were more frequent. Fortunately, the trust had recruited to the emergency department and this was now close to full establishment having attracted more middle grade doctors.
- i The need to improve the external position remained work in progress, with particular attention being paid to the risk posed by the reduction in out of hospital capacity, the local health economy and staffing pressures.
- j The trust was still not reporting national performance referral to treatment (RTT) results, but was working with IST on its remedial action plan. The second phase of the return to accurate reporting action plan had been drafted and was being reviewed by IST with further additions suggested. There had been a focus on the 52 week reduction trajectory with the aim to reduce this to a minimum at the end of December at a sustainable level.
- k Problems remained with urology and skin tumour sites in relation to delivering the 62 day cancer wait standard. Work continued with the group to address the on-going under-performance. Fortunately, the trust continued to deliver against the six week wait for diagnostic procedures.
- l In discussion NA requested that there be a concentration in business planning on ensuring the necessary pace of throughput.
- m KH endorsed a suggestion that the Braintree Community Hospital expand the range of procedures undertaken to more complex cases thus freeing capacity within the Broomfield site. She accepted that this had financial implications and also implications across the group in relation to the availability of orthopaedic services. It was recognised that the RMO safeguards in place, in relation to the more simple orthopaedic cases at Braintree, had the potential to limit the use of the site beyond the current use. The use of the Braintree facility to process large volumes of cases relatively cheaply and quickly was welcome. Opportunities to outline progress would be available at forthcoming performance committees.
- n CG asked whether the trust remained on track towards its declared intention of reporting November RTT figures. In response the involvement of IST and further potential input indicated that this needed to remain under review.
- o DH outlined the workforce position including a reduction in spend in relation to medical agency. This improvement had been made over the October period.
- p Work was also underway to harmonise bank rates across the three trusts, with work continuing to reduce the qualified nursing agency spend.
- q There had been concentration on controlling above cap spend with above cap agency use running at 89% in September and 69% in November.
- r New starters were being contacted and written to with a view to reducing turnover and promoting longer stays with the trust.
- s CG indicated the importance of embedding the reduction in agency costs into the 2019/2020 financial year. JO indicated an expectation of a downward trend to under £2m. However, it was

important to note that this still left the trust as an outlier on agency spend compared with BTUH and SUHFT.

- t PP indicated that the Audit Committee would be prepared to assist in reviewing the workforce and agency spend over the next financial year in order to support the progress being made. Additionally, assurance was required.
- u CP indicated that at last there had been progress on robust internal control. Both NA and CG indicated the importance of maintaining the improvements recently reported.
- v JH reported on the estates position including broad adherence to the capital programme.
- w In resulting questions, NA noted that hedge planting alongside the new MRI annexe had been removed elsewhere and speculated on the internal communications issues that had resulted in the re-planting.
- x The cleaning and cleanliness figures were encouraging but JH indicated that on-going review and audit would continue in order to maintain the pre-CQC position.
- y CP took the opportunity to confirm that the trust's financial position was not hampered by the PFI position as had been the case historically and that there were additional factors now in play that were being addressed. The model hospital data would help the trust to address where it was a financial outlier.

z CP also took the opportunity to outline the position regarding the consultation and potential move of support services staff to a new central hub at Britannia House in Southend. JO indicated his confidence that as a result of the consultation process the moves could take place, although it remained important that the necessary infrastructure and IT be in place to support the endeavour.

i) **Decisions made:** The report was noted.

13 Finance Report September 2018 – Month 6

- a JO indicated that the trust was largely on target on financial performance in month six, but remained £7.4m adverse to plan in the year to date.
- b Principal pressures remained reduced plastic and musculo-skeletal income and on-going agency costs. The trust's £13.5m adverse to the forecast budget of £47.3m at the current time. The year-end deficit had since been re-forecast and reported at £61.7m and the process of arriving at this level was identified in the monthly financial summary narrative.
- c The pay analysis was visited and reflected earlier conversations.
- d Pressures on non-pay were explored with the non-pay overspend of £302k being principally driven by clinical supplies costs and high cost drugs. The importance of retaining control and oversight of this element, coupled to the continuing need to deliver CIPs, was recognised.
- e In discussion JS asked whether rarely used high cost drugs could be held in a pooled arrangement given that at any one time it was unlikely that all would need to be used. In this way the trust could save money in not needing to have reserves of medicines which had a high potential to be unused and go out of date.
- f It was agreed that the opportunity would be explored.
- g PP reflected favourably on the work being undertaken to seek to control the trust's financial position and welcomed the apparent improvement over the previous five weeks. An opportunity would present itself at the 6 December Finance & Performance Committee to see whether the dial had been turned back and that there was some assurance on the progress being made.

- i) **Decisions made:** The report was noted.

14 Report from Chair of the Finance and Performance Committee

- a CG indicated that the recent committee had not discussed anything that had not now also been aired in the current meeting.

15 Report from Chair of the Patient Safety and Quality Committee

- a KH outlined the key decisions from the previous Patient Safety & Quality Committee and in particular drew attention to the committee's consideration of the annual complaints report 2017/2018.
- b This has been re-supplied to the board along with a slide-deck of summary findings in the expectation that the board would approve the annual complaints report supported by the endorsement of the Patient Safety & Quality Committee. Approval by the board was required for future use of the report.
- c Following discussion the report was welcomed and was approved.

- i) **Decisions made:** The annual complaints report for 2017/2018 was approved for use.

16 Report from the Chair of the Charitable Funds Committee

- a NA reported that a hoped for meeting of the three chairs of the charities had not gone ahead but that there remained opportunity for change and merger within the new trust format.
- b David Wilde had agreed to chair the local Charitable Funds Committee following the departure of NA. Opportunities existed to step up the financial input and ambition of the funds.
- c It was possible to report a success in terms of the new surgical robot having been paid for and with a potential for the old robot to be disposed of beneficially. Enthusiasm for the use of the equipment remained undiminished.

- i) **Decisions made:** The report was noted.

17 Report from the Chair of the Audit Committee

- a PP outlined the elements of assurance and reassurance obtained as part of the recent committee. Internal audit had reported there being no assurance in relation to the delivery of the CIP ambitions and concerns relating to the delivery of financial plans that had resulted in a recommendation that this be returned to the executive team for consideration.
- b Partial assurance only had been received in relation to data quality, although PP recognised that there were some elements regarding the scope of the audit that needed to be understood. The input of the director of nursing in relation to service related audits would be of value in the future.
- c PP had sought the assistance of the trust's internal auditors to maintain progress and responses in relation to management tasks identified in prior audits. Action and responses needed to be prompt.
- d Feedback on the improved financial control had been favourable.
- e PP indicated that risk had remained in relation to divisional governance, pay roll and CIP delivery, which were core elements remaining to be resolved.
- f PP confirmed that the proposed terms of reference for the Oversight Committee had been

considered with a recommendation that these be approved by the JWB until merger. The importance of retaining individual site audit committee capacity had been recognised as important and that this would be kept under review.

- g In relation to the Oversight Committee, PP also indicated that DS had outlined the policy harmonisation work.
- h In response to NA, it was confirmed that where there was benefit to be gained the outputs of trust audits could be shared with other group trusts.
- i CG indicated the importance of undertaking joint audits where this was possible across the group and avoiding duplication between the Audit Committees and the Oversight Committee.
- i) **Decisions made:** The report was noted.

18 Any Other Business

- a The meeting received input from a member of the public, Janet Cloke. This included a concern relating to the large number of houses being built in the Chelmsford area, problems with the intermediate care beds in St. Peter's Hospital Maldon being full and the opportunity provided by the Anglia Ruskin Medical School.
- b In response CS confirmed that the first need in relation to population growth was sufficient primary care cover. These needs had been identified.
- c The St. Peter's intermediate care beds were provided by Provide and the trust had continued to work with Provide to make best use of the facilities and to manage the resource.
- d CS confirmed the benefits of the Anglia Ruskin Medical School were welcome because not only did it provide the increased likelihood of trainees staying in the area, but it was also valuable in attracting consultants to the Group trusts because there were potential of teaching opportunities, which was attractive for recruitment.
- e CP confirmed that new housing usually resulted in initial demands for primary care and education with the need to provide elderly care coming some years later. Statistically, 60% of medical students ended up practising in the areas in which they were trained, so the ARU potential was great.
- f Concluding the meeting CP took the opportunity to reflect that the meeting was likely to be the last Board meeting to be chaired and attended by NA and the opportunity was taken to thank him for his input and service.
- g CP reflected on his eight years with the trust and his time as chair and thanked all involved for their support.