

**Cover report to the Trust Board meeting to be held on 9 January 2020**

**Trust Board paper K**

<b>Report Title:</b>	<b>People, Process and Performance Committee – Chair’s Report</b> (formal Minutes will be presented to the next Trust Board meeting)
<b>Author:</b>	Hina Majeed – Corporate and Committee Services Officer

<b>Reporting Committee:</b>	<b>People, Process and Performance Committee (PPPC)</b>
<b>Chaired by:</b>	Andrew Johnson – PPPC Chair and Non-Executive Director
<b>Lead Executive Director(s):</b>	Rebecca Brown – Chief Operating Officer Hazel Wyton – Director of People and Organisational Development (OD)
<b>Date of last meeting:</b>	19 December 2019

**Summary of key public matters considered by the Committee and any related decisions made:**

This report provides a summary of the following key public issues considered at the People, Process and Performance Committee on 19 December 2019:-

**Junior Doctors Guardian of Safe Working quarterly update (1 September 2019 – 29 November 2019)** – the report advised that 170 exception reports had been recorded in that quarterly period, which was an increase on the previous quarter. Members noted that NHS Employers and the BMA had agreed the implementation of a revised Junior Doctors Contract, which had been introduced in August 2019 and the implementation would be phased over a period of 14 months. Further significant changes to the contract provisions had recently been published. The Deputy Director of Human Resources advised that an assessment of the rota templates at UHL had indicated that over 70% of the rota templates would need to be revised in line with the new rota rules. Meetings were taking place with Junior Doctors, Consultants and CMG Managers to produce compliant rota templates and resolve any queries. In response to a query on the upward trend in exception reporting, the Deputy Director of HR advised that the Trust’s culture of encouraging reporting had played a part. The Medical Director provided assurance that the number of exception reports were in line with UHL’s size. A high-level update on progress with the implementation of the revised Junior Doctors contract would be provided to EPCB in February 2020 and subsequent PPPC.

**PPPC recommended the Junior Doctors Guardian of Safe Working quarterly update for Trust Board approval, as appended to this summary.**

**Becoming the Best (BtB) (including consideration of the Communications Strategy)** – an update was provided on progress with the cultural, leadership and Quality Improvement (QI) elements of the Trust’s Quality Strategy – Becoming the Best. The design mapping had been completed and interventions worked through with the Improvement Agents and Subject Matter Leads. A design consolidation event had been scheduled on 4 February 2020. Work had been undertaken in clarifying the role of Improvement Agents as there was a need to make real and relevant improvements in everyday work in order to grow awareness of the programme and adoption of the methodology. Dedicated Organisational Development Specialists had been appointed and were initially focusing efforts on supporting Improvement Agents with progressing design/service improvement initiatives. In discussion, the PPPC noted that the Trust Board Thinking Day to be held in February 2020 would focus on outcome of the design consolidation event and implementation plans of the Trust’s culture and leadership approach. The Head of QI advised that a Quality Strategy Operational Group had now been convened which would operationalise the implementation of the Quality Strategy. The QI Team would also support the Discharge QI Collaborative work planned for January 2020. The Head of Communications advised that the Communications department had engaged colleagues across the Trust through the development of BtB brand. The Communications team had also supported new initiatives such as “Perfect Day” and “Schwartz Rounds”, provided regular updates through Chief Executive briefings and continued to support the development of BtB initiatives and its alignment to the reconfiguration plans. The Chief Executive highlighted that attendance at the Chief Executive briefings would be mandatory for line managers and Improvement Agents with effect from January 2020. Specific discussion took place regarding the fact that existing UHL staff who had volunteered to act as Improvement Agents were undertaking this responsibility in addition to their own full-time jobs and of the need to provide autonomy and support for them in order to drive the change required.

**Streamlined Emergency Care Report - Month 8** – the Chief Operating Officer highlighted that urgent and emergency care continued to be extremely challenging and the continued increase in demand and lack of capacity had had a negative impact on ambulance handovers. Despite this, the focus was on ensuring that patients were being kept safe. The Chief Executive summarised the issues which were discussed at the recent A&E Delivery Board highlighting that the focus was now on a system-wide approach to safety and also sharing of risks/ownership. The Director of Safety and Risk and her team were undertaking regular walkabouts to ensure that safety of patients was being maintained. In response to a comment from the Trust Chairman regarding GP surgeries being closed at mid-day on Christmas eve, the Chief Operating Officer advised that a

plan had been sent to the Trust and it might be that alternative urgent care services would be available to reduce the pressure on ED, however, she agreed to double-check with relevant CCG colleagues. The PPPC Chair particularly noted that the LLR national ranking for the 4 hour access standard had fluctuated over a period of 4 weeks (4 November - 1 December) within a fairly tight range of 95-111 including November 2019 performance at 63.5%.

The Deputy Chief Operating Officer advised that a revised approach to the Trust's Quality Priorities relating to Streamlined Emergency Care and Safe and Timely Discharge was being taken. These were being combined into one Quality Priority called Streamlined Emergency Care but split into two main work streams 'Safe and Timely Discharge' and 'Safe and Timely Assessment'. In response to a query from the PPPC Chair in respect of the difference on the shop floor due to this revised approach, it was noted that this streamlined approach would co-ordinate operational, nursing, medical and QI work streams into one. The Chief Nurse reiterated that the ward assessment and accreditation framework which currently had a suite of nurse-sensitive indicators would now incorporate the discharge elements as part of the streamlined approach described above. Due to this revised approach being taken, the Deputy Chief Operating Officer advised that the current Urgent and Emergency Action plan would be closed and any outstanding actions would be aligned into appropriate work streams. Ms V Bailey, Non-Executive Director took assurance from the governance structure detailed in the report in respect of the Streamlined Emergency Care work stream.

The highlights from Month 8 were as follows: (1) overall demand into ED had continued (with a continued increase in ED attendances and a 5.4% increase in emergency admissions in November 2019 compared to November 2018), (2) ambulance handovers greater than 60 minutes increased to 19.8% (the Trust had seen 8 consecutive months of ambulance conveyances higher than the mean), (3) increase in Children's ED attendance had impacted on Children's ED performance against the 4 hour standard, (4) decline in injuries performance as a consequence of high ED attendance levels and resources being diverted to Majors, (5) increase in non-admitted ambulance conveyances – attributed to Same Day Emergency Care and pathway changes, and (6) significant increase in CDU activity and members were advised that there was an opportunity to redesign/reconfigure CDU.

A new Ambulance Escalation Unit ("the Pod") went 'live' on 17 December 2019. This unit would be jointly managed by UHL and EMAS and could take a maximum of 8 patients. Paramedics (EMAS to provide 2:1 cohorting) would staff the unit with regular oversight from the ED team. This unit would accept patients who did not require an immediate bed and had been assessed as being suitable for the unit. This initiative would allow the release of 50% of the waiting ambulance crews to be able to respond to other patients and improve response timescales.

The Deputy Chief Operating Officer provided a verbal update listing the 'snap-shot' figures of the different reasons patients were designated as 'super-stranded'. She undertook to include this detail in future emergency care reports to improve assurance.

Col (Ret'd) I Crowe, Non-Executive sought assurance on whether all the sub-projects were being coordinated into the Streamlined Emergency Care work stream. In response, it was noted that two Palliative Care Nurses funded by Macmillan would be part of the ED team. In addition, the Chief Nurse advised that as a result of discussions at the A&E Delivery Board, LPT would be diverting some of their Advanced Nurse Practitioners to Nursing homes in order to divert relevant ED admissions. The Chief Executive confirmed that a work stream was already in place to resolve the 'Frequent Attenders' issue. Some mental health winter funding had been made available and it was anticipated that the Core 24 model (24/7 mental health cover in ED) would be in place earlier than anticipated. In response to a query from Mr B Patel, Non-Executive Director, the Chief Nurse advised that the Trust had a good working relationship with Public Health England (PHE) and the Consultant in Health Protection, PHE was a member of the Trust's Infection Prevention Committee. Responding to a further query, the Chief Executive advised that there was a lengthy discussion on the effectiveness of the '111' service at the A&E Delivery Board.

In response to a suggestion from the Trust Chairman, the Chief Executive confirmed that the Trust was open to ideas/innovative thinking that had worked at EDs in other Trusts. The Trust Chairman also suggested that consideration be given to sharing 'softer intelligence' (i.e. On-Call Directors feeding back additional qualitative information during handover).

In response to a query from the PPPC Chair requesting assurance on behalf of the Non-Executive Directors regarding patient safety, the Medical Director and Chief Nurse briefed the PPPC on the following:- (a) patients on the back of an ambulance were having an initial assessment within 15 minutes; (b) regular conversations between the Operations team and Clinicians; (c) ED Consultants attending Command meetings, (d) regular discussion with CDU colleagues (e) silver nurse rota – providing an overview of the staffing and clinical care provided across all 3 sites, and (f) a harm review would be completed for any patients who were on an ambulance for over 2 hours. Ms V Bailey, Non-Executive Director expressed her belief that the above explanations provided assurance that patients continued to be safe.

**Bed Capacity and Bridge Report** – the Director of Operational Improvement attended the meeting and advised that ED performance and ambulance handovers remained a challenge due to the gap between capacity and demand particularly in Medicine. She provided a presentation describing the bed gap over winter in all the CMGs and how the beds could be used to the maximum. In discussion, the following conclusions were made.

Do we have enough beds for winter this year – No

Do we use all the outlying capacity at LGH – Yes  
Do activity plans for CHUGGS and MSS increase the bed gap in Q4 – Not at present  
Will we deliver efficiencies – continues to be a focus  
Do we need to open another ward and when – Yes, but this aspiration was severely attenuated by low staff availability.

Despite the challenges linked to nurse staffing, the Chief Nurse highlighted that the Trust continued to maintain low numbers of patient harms (i.e. pressure ulcers, infection rates, falls), however, maintaining quality could not be guaranteed if the staffing resource had to be stretched further by opening an additional ward at the current time.

**Staff Health and Wellbeing – Winter Support Plan** – the Deputy Director of Learning and OD presented a report, recommending the following initiatives to support staff health and wellbeing during the winter period (until March 2020):- (a) staff working on the wards to have access to free tea, coffee and squash and able to access this whilst working, (b) staff to be able to make themselves a slice of toast from the ward kitchen, (c) work being undertaken to introduce naps at nights, (d) Winter Wellbeing packs that could be delivered to areas that contained useful information and advice to help with wellbeing over the winter period, such as mental wellbeing, healthy recipes, and physical activity, (e) roadshows providing the facility for staff to check their blood pressure, pulse, weight and BMI. The Director of People and OD expressed concern over the increase in referrals to the Trust's AMICA service and advised that a report would be presented to PPPC in due course regarding this matter. The Health and Wellbeing Board had suggested the benefits of having a Non-Executive Director Sponsor on its Board and the Trust Chairman would be contacted to nominate a NED.

**ICU Workforce Planning** – the Deputy Director of HR presented a report to provide assurance on the work undertaken to develop a workforce plan for the interim ICU reconfiguration. This plan had been aligned to the Trust's People Strategy and was also part of the key changes outlined in the 2018-2023 UHL Strategic Workforce Strategy and Plan. Members were advised that CMGs had developed an initial draft of their narrative workforce plans, to provide 'bottom up' plans, however, further work was required in order to fully define the required workforce models, implications and timescales for delivery and alignment to new models of care and standard operating procedures. The Finance and HR teams would complete the operational workforce planning process which would include details of the impact of the reconfiguration. Further to this, a "confirm and challenge" process would be undertaken in February 2020 to consider any additional funding required, including workforce issues.

**UHL Security Management Report** – the Director of Safety and Risk presented a report highlighting the ongoing work streams to support patients and staff noting the decrease in physical assaults against staff in 2019-20 so far. Following the success of a pilot scheme where Police officers were stationed within the Trust's Emergency Department during busy periods (i.e. Friday and Saturday nights) working alongside ED/Security staff, the scheme would now be continued between January-March 2020. Members commended the news that the Leicestershire Police had agreed to self-fund for this period. In response to queries, the Director of Safety and Risk advised that work was on-going with Estates and Facilities colleagues to resolve the CCTV infrastructure/software issues at the LRI. The roll-out of body-worn cameras would commence imminently, these would be worn by Security Officers on all 3 hospital sites. In discussion, members requested that future security management reports also included feedback on the 'outcomes' following the physical/verbal assaults on staff. In response, the Director of Safety and Risk agreed to include this detail and also present a report to PPPC in April 2020 providing a breakdown of the patients' conditions that were deemed to be factors in the assault. In discussion on this report, Ms V Bailey, Non-Executive Director suggested the need for the PPPC agenda to be re-balanced in order that there was appropriate attention on people matters, highlighting that the majority of time at today's meeting had been focussed on emergency care. The PPPC Chair responded by explaining that the meeting agenda was necessarily time restricted and needed to focus on the Trust's priorities.

#### **Items for Information**

The following reports were noted:-

**Staff Survey/Feedback Fortnight**

**Workforce and Organisational Development data set (month 8)**

**Executive Performance Board action notes from 26.11.19**

#### **Joint PPPC and QOC session (Chaired by Col (Ret'd) Ian Crowe – Non-Executive Director)**

**Cancer Performance Monthly Report** – the cancer referral rate remained higher than last year and continued to increase; performance remained relatively stable despite the growing demand. In October 2019, UHL had achieved 2 standards against the national targets and 3 standards against UHL's trajectory. The 62 day standard remained the Trust's biggest challenge. Recruitment plans were in place in a number of tumour sites. The paper showed a breakdown of performance against all targets and performance by tumour site for the 62 day target. A detailed action plan was included within the paper which showed the actions that were being undertaken by the CMGs in order to improve performance. The areas of concern and challenge at UHL were also being seen nationally. The Chief Executive advised that the Trust had received positive feedback from the System Review meeting in terms of UHL's cancer performance. In response to a comment, the Director of Operational Improvement advised that a rolling programme with each tumour site was in place to discuss the transformational changes that needed to be made to support improved quality and performance.

**Quality and Performance Report – Month 8** – members received and noted the contents of the monthly Quality and Performance report. The report provided a high level summary of the Trust’s performance against the key quality and performance metrics, together with a brief commentary. The Chief Nurse highlighted that the ‘A&E Friends & Family Test’ metric had significantly deteriorated in-month, due to pressures in ED, however, the year-to-date target was still being achieved. The Trust had not had any 52+ week waits for 17 consecutive months, however, the 18-week RTT performance was below the NHSE/NHSI target. In response to a query, the Medical Director advised that due to a glitch in the system, the percentage for the ‘7 day turnaround of OP clinic letters’ was not available, however, this issue had been raised at the recent CMG Performance Review meetings and assurance had been provided to attendees that an improvement had been seen.

**CMG performance review data** – the report summarised the outputs from the October 2019 performance review meetings (PRMs) with CMGs, the contents of which were received and noted. In summary, the Medical Director highlighted that there was strong performance in terms of quality and safety; improvement had been seen in workforce metrics; and CMG level performance against the revised financial control totals. A detailed discussion took place about the assurance provided by the level of detail and nuancing contained within the CMG performance review data, noting that the data presented to PRMs did include SPC charts but these were not included in joint paper 3a. The Chief Executive advised that there were no arrangements for cross-charging in respect of outlying patients between CMGs. Further to this discussion, the Chief Executive undertook to consider expanding the content of this report for the February 2020 joint PPPC/QOC meeting and to consider whether a TBTD discussion on this subject would be helpful. Ms V Bailey, Non-Executive Director sought and received additional information for the baseline measurement in terms of the workforce metrics.

**Matters requiring Trust Board consideration and/or approval:**

***Recommendations for approval:-***

Junior Doctors Guardian of Safe Working quarterly update (1 September 2019 – 29 November 2019) – as attached.

***Items highlighted to the Trust Board for information:***

Urgent and Emergency Care Performance Report – Month 8  
Bed Capacity and Bridge Report

**Matters referred to other Committees:**

None

**Date of Next Meeting:**

30 January 2020

# Junior Doctors Contract Guardian of Safe Working Report

Author: Jonathon Greiff, Guardian of Safe Working, Consultant Anaesthetist, Joanne Tyler-Fantom, Deputy Director of Human Resources and Vidya Patel, Medical Human Resources Manager

Sponsor: Hazel Wyton, Director of People and Organisational Development

paper J

## Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	X
Noting	For noting without the need for discussion	

## Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board		
Trust Board Committee		
Trust Board		

## Executive Summary

### Context

The 2016 Junior Doctors Contract has now been fully implemented at UHL and in line with the requirements of the 2016 Contract; this report provides a quarterly update on Exception Reporting activity at the Trust. Arrangements are in place to manage the implementation of the 2019 Junior Doctors Contract changes.

### Questions

1. How many Exception Reports have been received at UHL in the last quarter and how are Exception Reports being managed?
2. How many junior doctor vacancies exist at the Trust?

### Conclusion

1. From 1st September to 29<sup>th</sup> November 2019, 170 exceptions reports have been recorded, which is an increase from the previous quarter. The Exception Reporting procedure was initially implemented in December 2016.

2. As at November 2019 there are 49 vacancies on junior medical staff rotas. Active recruitment is on-going to fill any remaining gaps. Locum backfill is arranged where required.

## Input Sought

We would like the Trust Board to note the progress being made and provide feedback if required.

We would welcome the Trust Board to note the progress being made and provide feedback if required.

**For Reference (edit as appropriate):**

**This report relates to the following UHL quality and supporting priorities:**

### 1. Quality priorities

Safe, surgery and procedures	[Yes /No /Not applicable]
Safely and timely discharge	[Yes /No /Not applicable]
Improved Cancer pathways	[Yes /No /Not applicable]
Streamlined emergency care	[Yes /No /Not applicable]
Better care pathways	[Yes /No /Not applicable]
Ward accreditation	[Yes /No /Not applicable]

### 2. Supporting priorities:

People strategy implementation	[Yes /No /Not applicable]
Estate investment and reconfiguration	[Yes /No /Not applicable]
e-Hospital	[Yes /No /Not applicable]
More embedded research	[Yes /No /Not applicable]
Better corporate services	[Yes /No /Not applicable]
Quality strategy development	[Yes /No /Not applicable]

### 3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)? N/A
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required N/A
- How did the outcome of the EIA influence your Patient and Public Involvement ? N/A
- If an EIA was not carried out, what was the rationale for this decision? N/A

#### 4. Risk and Assurance

Risk Reference: N/A

Does this paper reference a risk event?	Select (X)	Risk Description:
<b>Strategic:</b> Does this link to a <b>Principal Risk</b> on the BAF?	No	N/A
<b>Organisational:</b> Does this link to an <b>Operational/Corporate Risk</b> on Datix Register	No	N/A
<b>New Risk</b> identified in paper: What <b>type</b> and <b>description</b> ?	N/A	N/A
<b>None</b>		

5. Scheduled date for the **next paper** on this topic: April 2020
6. Executive Summaries should not exceed **5 sides** [My paper does comply]

## **1. Introduction**

- 1.1 In line with the requirements of the 2016 Junior Doctors Contract, the Guardian of Safe Working (GSW) will provide a quarterly report to the Trust Board (April, July, October, and January) with the following information:
- Management of Exception Reporting
  - Work pattern penalties
  - Data on junior doctor rota gaps
  - Details of unresolved serious issues which have been escalated by the GSW
- 1.2 These reports shall also be provided to the Local Negotiating Committee and the Trust Junior Doctors Forum for review and oversight management.

## **2. Review of the Junior Doctors Contract**

- 2.1 The current 2016 Junior Doctors Contract was introduced in England without the BMAs agreement in 2016. NHS Employers and the BMA agreed the implementation of a revised Junior Doctors Contract, which was introduced in August 2019 and will be phased in over a period of 14 months.
- 2.2 A Task and Finish Group, Chaired by Daniel Barnes, Deputy Medical Director will oversee the implementation of the revised 2019 contract changes at UHL.
- 2.3 An assessment of the rota templates at UHL has shown that over 70% of the rota templates will need to be revised in line with the new rota rules. Meetings are taking place with Junior Doctors, Consultants and CMG Managers to produce compliant rota templates and answer any questions raised.
- 2.4 Further updates on progress with the implementation of the contract will be provided in the next paper.

## **3. Management of Exception Reporting**

- 3.1 In line with the Trust procedure for Exception Reporting, doctors that have transitioned to the 2016 contract will raise Exception Reports on work pattern or educational problems using a web based package.
- 3.2 At UHL all junior doctors (including Trust Grade Doctors) are encouraged to raise exception reports if there are concerns with their work patterns and/or education, therefore this report includes exceptions raised by junior doctors in training and Trust Grade Doctors.

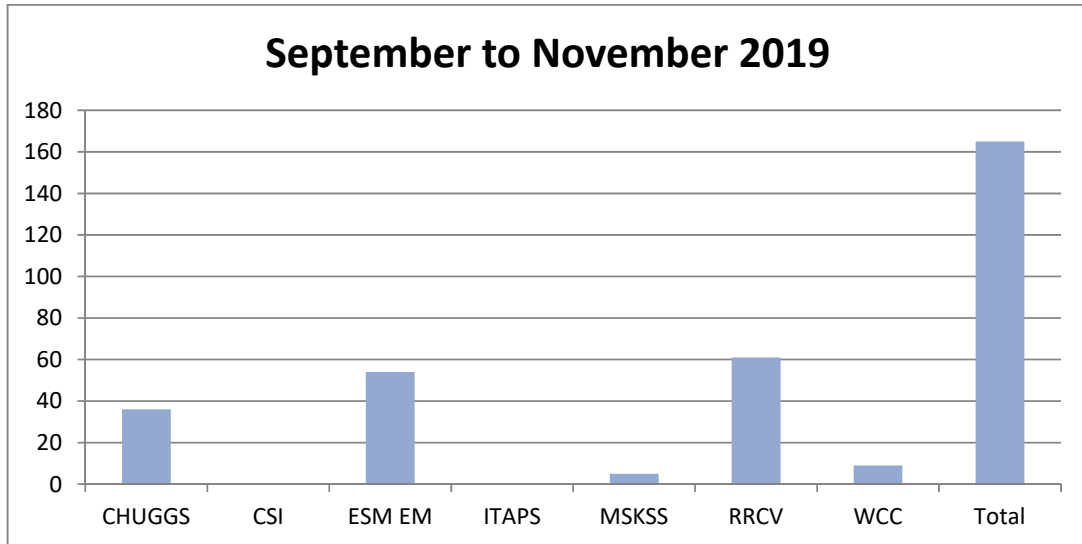
## **4. Number of Exceptions Recorded in this Quarter**

- 4.1 From 1<sup>st</sup> September to 29<sup>th</sup> November 2019, a total of 170 Exception Reports have been recorded, of which 5 were Education exceptions.



4.2 Graph 2 provides an overview of the number of Work Pattern exceptions received by CMG in the last quarter.

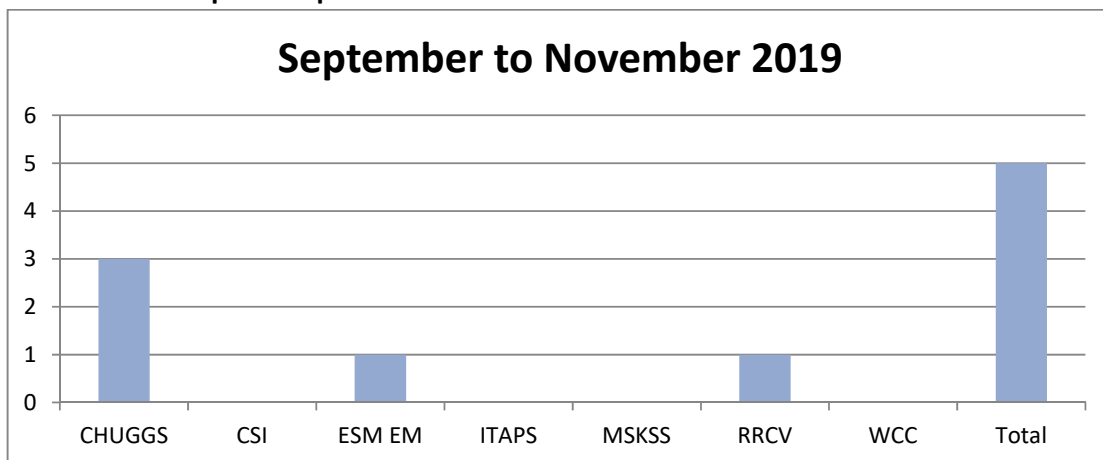
**Graph 2 Work Pattern Exception Reports**



4.3 There is a significant increase in the number of exceptions reported in RRCV in this quarter. This increase is due to parallel increases in the number of exceptions submitted both within Nephrology and Transplant, and Respiratory and Cardiovascular specialties. The Head of Service has held discussions with junior doctors in Nephrology and Transplant to ensure that is awareness of any continuing issues.

4.4 Graph 3 provides an overview of the number of Education exceptions received by CMG in the last quarter.

**Graph 3 Education Exception Reports**

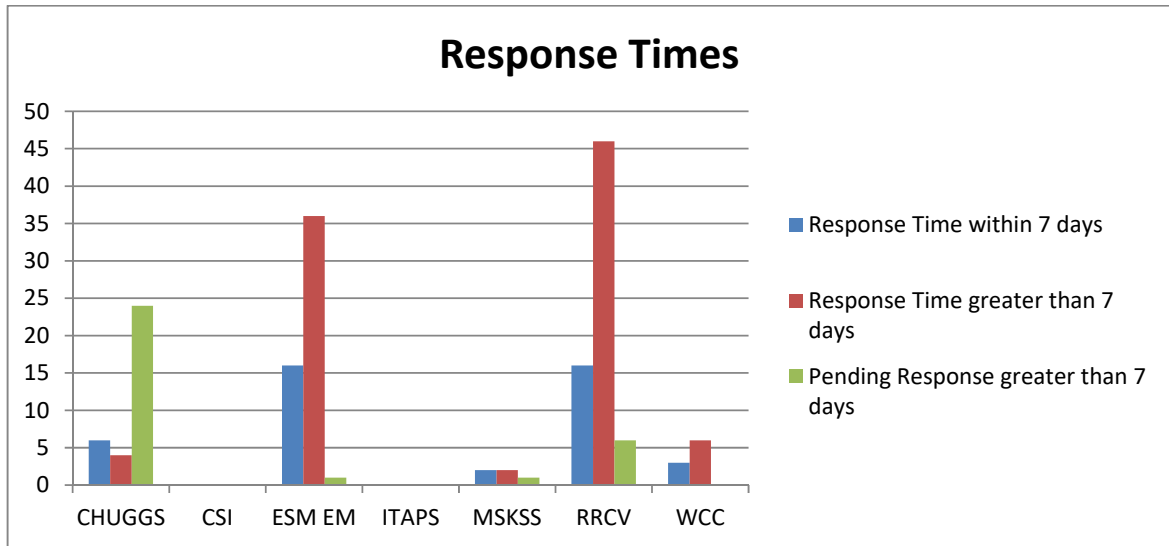


**5. Outcome of the Exception Reports in this Quarter**

5.1 For the majority of the Exception Reports time off in lieu (TOIL) is allocated. In the last quarter out of the 165 work related exceptions received, TOIL has been allocated for 107 exceptions. 8 doctors will receive additional payment for extra hours worked. Further information has been requested from 4 doctors and 9 exceptions required no further action. There are 42 exceptions still open and requiring a response, the majority of these are for Surgery and RRCV doctors. Action to provide responses is being sought through CMG's.

5.2 Junior Doctors are required to raise Exception Reports with 14 days (7 days if payment is being requested) of the issue occurring. The Trust has 7 days to provide a response. Delays in responses are being pursued with CMG's, a process to review and ensure more timely responses will be undertaken. The response time for exceptions in the last quarter is detailed in the graph 3 below:

**Graph 4 Response Time**



5.3 There has been a significant increase in the length of time taken to respond to exceptions raised within Respiratory and Cardiovascular. Action to resolve this is being taken within the CMG with a New Workforce Manager in post who is actively managing the exceptions.

**6. Work Schedule Changes**

6.1 There have been no work schedule changes in the last quarter as a result of Exception Reporting.

## 7. Junior Medical Staff Vacancies

7.1 Both trainee and trust grade vacancies are provided as they work on joint rotas, therefore any vacancies at this level will have an impact on trainee doctors. The number of junior medical staff vacancies currently is provided in table below:

CMG	Establishment	FY1	FY2	CT1/2	TG F2/CT1/2	ST3+	TG ST3+	Total	Percentage Vacancy
CHUGGS	133	0	0	0	3	1	1	5	3.75%
CSI	63	0	0	2	0	5	0	7	11.11%
ESM EM	287	0	1	0	1	5	0	7	2.44%
ITAPS	84	0	0	0	0	0	0	0	0.00%
MSKSS	129	0	0	0	5	0	6	11	8.53%
RRCV	153	0	2	2	4	3	3	14	9.15%
WCC	172	0	0	1	0	3	1	5	2.90%
<b>Total</b>	<b>1024</b>	<b>0</b>	<b>3</b>	<b>4</b>	<b>13</b>	<b>17</b>	<b>11</b>	<b>49</b>	<b>4.78%</b>

7.2 During this period there are a total of 49 which equates to 4.78% of the total junior medical staff establishment.

7.3 Recruitment is being actively managed where gaps exist, to look to fill substantively fill posts and where possible avoid premium pay.

## 8. Conclusion

8.1 Exception reports are being reviewed and changes being implemented as required, including enhancing Trust processes such as response time.

8.2 The next Guardian of Safe Working report will be provided in April 2020.

8.3 Further significant changes to the contract provisions have been published. Implementation of the changes will be managed via a Task and Finish group chaired by a Deputy Medical Director.

## 9. Recommendations

9.1 Trust Board members are requested to note the information provided in this report and are requested to provide feedback on the paper as considered appropriate.