

Sherwood Forest Hospitals NHS Foundation Trust
Board of Directors Meetings (Public): May 2013 – February 2014

MATTERS ARISING / ACTIONS TRACKER
27 FEBRUARY 2014

KEY:

GREEN	ACTION COMPLETE	AMBER	ACTION ON TRACK	YELLOW	UPDATE REQUIRED	RED	ACTION OVERDUE
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7.	13/85	MONTHLY QUALITY AND SAFETY REPORT – PPC WORKFORCE	Directors noted that the recent PPC workforce change will be reviewed in 3 months to check the effectiveness and benefits.	JT	MAR 2014	This action remains ongoing. The review of the PPC model utilising a full resource calculator had commenced and will be complete by the end of March	
11.	13/111	INTEGRATED PERFORMANCE REPORT – PALS CONCERNS	Directors noted that the level of concerns that are registered via PALS is currently being reviewed and a further update will be provided in the next Quarterly report	SB	JAN 2014	COMPLETE An update was provided in the January Quarterly report.	
ACTIONS ARISING FROM EXTRAORDINARY MEETING 29th OCTOBER 2013							
12.	13/ 125	CLINICAL SERVICE PLANS	PO responded that he had recently met with the Chair of Hardwick CCG and agreed that an Executive to Executive meeting will be arranged to map out any opportunities that are apparent.	PO	JAN 2014	COMPLETE	

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13.	13/ 126	CLINICAL SERVICE PLANS	Following discussions Directors APPROVED the Clinical Services plan as a blueprint and requested that action be taken to transform this blueprint into a firm plan with a definitive action plan.	PW	MAR 2014	Stage 2 of the Clinical Service planning activity is underway, with Healthcare Planners having been engaged to support detailed analytical work at service line (clinical specialty) level – running until the end of March 2014 and including clinical and managerial engagement to produce strategic plans at a specialty level.	
ACTIONS ARISING FROM MEETING 7TH NOVEMBER 2013							
15	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – COMPLAINTS	PO requested that SB demonstrate clear ownership of the commitment to reduce complaints by reducing numbers in each theme.	SB	Ongoing	COMPLETE This ownership is demonstrated in the Keogh action plan	
16.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – NURSING STAFFING	PO requested that SB provide an update regarding the nursing establishment to the next Board meeting on 19 December 2013 and that final	SB	DEC 2013	COMPLETE Paper supplied to Board meeting 19.12.13	

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			agreement of this report be finalised by 31.03.14		MAR 2014		
17.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – STRATEGIC DIRECTION	PO requested that following submission of the Improvement Plan to Monitor an update detailing Monitor's response be discussed as part of the agenda of the Board of Directors meeting on 19 December 2013	FS	JAN 2014	COMPLETE Monitor's response has been to challenge the extent to which the discretionary requirements have been met on the basis of commissioner convergence, and the overall deliverability of the financial plan. This has been the subject of detailed discussion at the Risk Assurance Committee of the Board – the outcome of which will be reported to the Board.	
18.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – STRATEGIC DIRECTION	PO requested that an update pertaining to our Commissioners intentions be provided to the January 2014 meeting of the Board of Directors.	FS	JAN 2014	COMPLETE This information was provided to the January 2014 Board as requested	

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19&20.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – NEWARK STRATEGY	The Newark Operational plan that will be developed by the end of December 2013 following the completion of the work stream groups.	JT/PW	DATE REVISED TO MAR 2014	A detailed update on the 5 work streams and their progress was submitted to the BoD and the CCG Governing bodies in Jan 2014. It has now been agreed that the detailed operational plan will be complete by the end of march 2014 but agreed implementation work continues in the meantime	
21.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – QUALITY AT BOARD LEVEL	It was agreed that the Quality strategy will be discussed at a future Board meeting.	SB	JAN 2014	COMPLETE This strategy Phase 1 was discussed at the December 2013 Board meeting	
22.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – WARD PERFORMANCE INFORMATION	TR suggested that the importance of the ward dashboards be included in the Communication strategy so that inpatients are aware of their existence prior to and during admission.	SB	FEB 2014	COMPLETE Ward information is publicly displayed and patients made aware.	

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23.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – WARD PERFORMANCE INFORMATION	PO requested that a report be presented to the March 2014 Clinical Governance and Quality Committee pertaining to a 3 month assessment of the Ward dashboards and ward performance	SB	MAR 2014	This action remains on track	
24	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – PATIENT MOVES	<p>PO requested that updated trend analysis data be presented to the December Board of Directors and the Nursing care forum meeting to gain assurance that outliers are reviewed as often as patients that are on the correct speciality ward.</p> <p>PO proposed that the cause and effect data be analysed in greater detail at the next CG&QC meeting and a report regarding the ward performance matrix information also be presented on a monthly basis from November 2013 onwards</p>	JT SB/PM	JAN 2014	COMPLETE All information required is presented to the CG&QC on a monthly basis	

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25.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – HANDOVER TIMES	Evidence of the benefits of intentional rounding and the leadership round will be included in the Patient Quality and Safety Report submitted to the January Board of Directors meeting	SB	JAN 2014	COMPLETE This information was included in the January 2014 quarterly Quality Report	
26.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – PATIENT EXPERIENCE	KF advised that it is anticipated that the Trust's OD strategy will be completed in January 2014 as work needs to be undertaken to ensure that this strategy is aligned with the feedback from the staff "In Your Shoes" events, the Clinicians engagement session on 18 th November 2013 and the Governors "In your shoes" feedback session on 2 nd December 2013.	KF	JAN 2014	COMPLETE	
27.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – PATIENT EXPERIENCE	SB advised that she would provide a report pertaining to Patient experience to the January 2014 Board of Directors meeting	SB	JAN 2014	COMPLETE This report was presented to the January 2014 Board meeting	

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28.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH- NEWS	AH reported that regular reports pertaining to NEWS will be submitted to the Board on a quarterly basis from March 2014 onwards	AH	MAR 2014	Action on track	
29,30	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH- SUPPORTING STRUCTURES AND SERVICES	A paper will be submitted to the January 2014 Board of Directors meeting providing a report on radiology capacity in January 2014 A review of the current working practice will be undertaken in November 2013 and a report will be submitted to the Executive Team in December 2013 followed by a paper to the Board of Directors in January 2014	JT	JAN 2014		
ACTIONS ARISING FROM 19 DECEMBER 2013							
32.	13/164	PATIENT STORY	TR requested that the divisional team liaise with their colleagues regarding any specific support that is required from the Board and relevant feedback be given to the next Board meeting.	SB	JAN 2014	COMPLETED SB has liaised with the divisional team who have confirmed that no further support or resource is required at the present time to assist them with	

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							addressing their complaints	
33.	13/168	MATTERS ARISING – PATIENT MOVES	AH proposed that further work be undertaken to ascertain whether the 4 moves is associated with the patients complex medical needs or medical workforce pressures. MC requested that when feedback is provided, information pertaining to what exactly the risks are associated with patients moves and also the risks of being an outlier are and how these risks will be addressed.	JT/AH	FEB 2014		JT confirmed that clarification will be provided in a report to the February Board of Directors meeting regarding inappropriate moves.	
34.	13/169	QUALITY REPORT	JT responded that she is happy to engage with NEDs outside the meeting to understand the level of information that they would like to receive.	JT	FEB 2014		REMOVE from action log. Board members are reviewing Board report requirements as part of Board development	
35.	13/169	QUALITY REPORT	JT advised that Dr Anne-Louise Schokker is currently undertaking a review of 30 day readmissions on behalf of the	JT	JAN 2014		COMPLETED JT updated that Dr Schokker has undertaken a review of 30 day	

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			Trust and feedback will be given in due course.				readmissions and feedback will be provided as appropriate	
36.	13/169	QUALITY REPORT	AH informed Directors that all junior doctors undertake attitude and behaviour training prior to beginning their employment but the issue appears to be how this training is put into practice. This issue will be investigated in greater detail.	AH	FEB 2014		COMPLETED An update regarding training for junior doctors was provided at the January meeting	
37.	13/169	QUALITY REPORT	AH added that the Trust plans to use all of the additional modules for vitalpak over time and would be agreeable to meeting with MC outside the Board meeting to discuss the roll out plan in greater detail	AH	JAN 2014		AH confirmed that he would arrange to meet with MC to discuss the roll out of the vitalpac system and the additional modules that have been purchased.	
38.	13/174	ANNUAL PLAN	The involvement of Governors from the beginning of the annual plan process needs to be clearly denoted.	PW	JAN 2014		COMPLETED PW reported that he would ensure that Governors are included in the annual plan planning process as requested.	

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39.	13/175	INTEGRATED PERFORMANCE REPORT	KF responded that perception of the occupational health service varies and proposed that these variances be discussed in greater detail outside the meeting with RD	KF	JAN 2014	COMPLETED KF confirmed that she would arrange to meet with RD to discuss the varied perception of the Trust Occupational Health service	
40.	13/176	FINANCIAL PERFORMANCE REPORT	PO responded that there may be restrictions in place pertaining to how the A&E additional monies can be spent and proposed that further consideration be given to this allocation at the Board to board meeting with commissioners later in the month.	PO	JAN 2014	COMPLETED JT advised that following the Board to Board meeting JT has sent a written proposal to the CCG and further update will be provided in the private session of today's Board meeting	
41.	13/176	FINANCIAL PERFORMANCE REPORT	MC proposed that in 2014/15 each divisional cost line is linked with an appropriate CIP	FS	APR 2014		
42.	13/180	CQC- REVIEW OF COLCHESTER	RD confirmed that he would liaise with the Trust's Internal audit team with a view to them providing a 3 rd party opinion	RD	JAN/FEB 2014	COMPLETED RD updated that he had spoken to JT, FS and KR and agreement had been	

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			following the Trust assessment against the failings at Colchester.			reached that this matter should be assessed internally but not necessarily by the Trust's internal audit team. Consideration would be given whether to include this review in the 2014/15 internal audit programme	
ACTIONS ARISING FROM 30 JANUARY 2014							
45.	14/012	BOARD FORWARD PLANNER	KR requested that any amendments that Directors wish to be made to the BAF be communicated to KR in time for the plan to be presented again at the March 2014 Board meeting and the workplan to commence in April 2014.	KR	MAR 2014	REMOVE FROM ACTION LIST FEB14 Further opportunity will be given at March BoD to discuss the BAF going forwards	
48.	14/018	ESTATES STRATEGY	MC requested that the strategy identify clear links to the benefits of the changes and provide further reference to the PFI and any surplus estate that the Trust currently holds. CW requested that the strategy	PW PW	FEB/MAR 2014 FEB/MAR	The business case for the 1 st phase of implementation will describe these benefits in detail. The document contains a particular focus on King's Mill Hospital and the	

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			<p>be more “public facing” and further explanation be included to support the Trust’s decision to reduce the theatre accommodation from 9 to 5.</p> <p>GMc requested that a clear benefit realisation statement be included pertaining to the effect of the incorporation of the Estates Strategy on backlog maintenance.</p>	PW	<p>2014</p> <p>FEB/MAR 2014</p>	<p>rationalisation of its estate. The next phase of strategy development will encompass Newark Hospital and Mansfield Community Hospital and will have a published summary. The business cases will contain a detailed evaluation of its capacity</p>	
49.	14/023	BOARD ASSURANCE FRAMEWORK & CORPORATE RISK REGISTER	<p>KR proposed that the Board review the BAF during the forthcoming strategy time out session on 13 February 2014 and commit to completing the BAF document in its entirety before the Board meeting in April 2014</p>	KR	APRIL 2014	<p>See item 45 REMOVE FROM ACTION LIST FEB14 Further opportunity will be given at March BoD to discuss the BAF On workplan</p>	
50.	14/025	PROGRESS AGAINST GOVERNANCE REVIEWS	<p>It was acknowledged that improvements needed to be made in order to better communicate information relating to themes and trends that were identified during the Confirm and challenge events.</p>	KR	FEB 2014	<p>COMPLETE Agreed plan with chairman, for a face to face feedback event after BoD discussion on QGF</p>	

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**MATTERS ARISING / ACTIONS TRACKER FOR MANAGEMENT ACTION (TMB)
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Action No.	Minute Ref.	Agenda Item	Action Agreed	Exec Resp	Agreed Due Date	Comments on Status / Progress /Outcome	RAG Rating
ACTIONS ARISING FROM 30 MAY 2013							
1.	13/80 (private meeting)	MONTHLY QUALITY & SAFETY REPORT	Significant concerns were raised regarding the performance of the complaints department & the amount of complaints that are now being referred to the Ombudsman. It was noted that the Trust are currently in the process of merging the PALS & complaints departments together & had taken the decision to bring in additional temporary support to clear the complaints backlog.	SB	ONGOING Management Action Transfer to TMB	A review of the complaints process is being done and will be driven forward via a PMO project. A piece of work on clearing the backlog of complaints through a validation process & performance management has been completed.	
ACTIONS ARISING FROM 27 JUNE 2013 TRUST BOARD MEETING							
2.	13/112 (private	MONTHLY QUALITY & SAFETY –	JH reported that she would be working with SC to refine the	SB	ONGOING Management	This action remains ongoing	

	meeting)	COMPLAINTS	Complaints service workbooks and will monitor progress through the relevant task and finish group.		Action Transfer to TMB		
3.	13/118 (private meeting)	CHIEF EXECUTIVES REPORT - CIP	SC advised that the PMO were tasked, via the Finance and Performance Committee, to engage further with clinicians to bring forward more savings and this work has commenced.	SC	ONGOING REMOVE FROM ACTION LIST ONGOING TASK	This action remains ongoing. Engagement with clinicians to bring forward more savings incentives continues	
4.	13/128 (private meeting)	ORGANISATIONAL DEVELOPMENT PLAN	The following additions were proposed for inclusion in the ODP <ul style="list-style-type: none"> • more reference be given to core areas such as Quality and Safety, ability to learn and good governance. • As there is a lot to be achieved in 2013/14 clearer yearly priorities be identified as it is not possible to achieve everything in one year. • Reference to recruitment and retention of staff and looking at incentives, reward and recognition schemes be included in the plan. 	KF	JAN 2014 REMOVE FROM ACTION LIST OD strategy to Jan14 board TMB to monitor implementation	This action remains ongoing. It was intended that the ODP would be presented at the Board meeting in November 2013. However, the date of completion is now January 2014 in order that data that has been collated via the "In your Shoes", "In our Shoes" and April Consulting Strategy work can be captured.	
5.	13/61	INTEGRATED PERFORMANCE -	MC requested that HR set the example by gaining a 100%	KF	JAN 2014	The current appraisal rate in HR is 82%. If staff	

		APPRAISAL	appraisal rate asap within their department		REMOVE FROM ACTION LIST TMB to monitor progress	on maternity leave, sick leave and new to post are excluded the appraisal completion rate is 95%. There are 9 staff who require appraisal and managers have been advised to ensure they are completed.	
6.	13/83	CHAIRMAN'S REPORT	It was identified that in the past Governors received an update following each Board meeting but this has not been forthcoming during the last few months. KR responded that consideration will be given to this as all Board papers are now available on the Trust website.	KR	JAN 2014 REMOVE FROM ACTION LIST Communications with Governors agreed at Jan Forum	It was acknowledged that the Chairman's update report to Governors has begun and further discussions are planned for November 2013 regarding how this report will formally connect to the Board meetings. This work remains ongoing and governors will determine their needs following the CoG meeting on 14 Nov 2013.	
8.	13/91	GOVERNANCE PROGRAMME TASK AND FINISH	PO updated that the Governance Programme task and finish group continue to meet on a weekly basis and he encourages any NEDs to attend the meeting, for information and assurance, as often as possible.	NEDS	JAN 2014 REMOVE FROM Action List Progress now tracked through mngt structures TMB to monitor embededness of actions	It was noted that the meeting that was scheduled to take place on 22nd October was cancelled and will be rescheduled in due course	
9.	13/91	GOVERNANCE	It was agreed that the internal audit team will look at 7	RD	See also 8 above Audit Committee	This action remains on	

		PROGRAMME TASK AND FINISH	specific areas which will be incorporated into the 2013/14 audit plan. Further feedback will be given later in the year.		to agree 14/15 plan which will pick up governance REMOVE FROM Action List	track	
ACTIONS ARISING FROM 3rd OCTOBER 2013 TRUST BOARD MEETING							
10.	13/109	MONTHLY QUALITY AND SAFETY REPORT – PATIENT TRANSPORT	<p>SG expressed his disappointment that he has to advised that patients are still being transported through the main entrance, by the patient ambulance service, in full view of visitors and other patients compromising their privacy and dignity.</p> <p>JT responded that she had written again to commissioner colleagues and work with IG to ascertain whether it is possible for the security staff to stop the ambulance crews at the front entrance requesting that they use the agreed route into the building.</p>	JT	<p>JAN 2014</p> <p>Management Action Transfer to TMB</p>	JT updated that she had attended a meeting with the patient ambulance transport manager and the local CCG to address this matter. Trust security staff are also apprehending any ambulance staff that are seen using the incorrect route. It is anticipated that this issue will be resolved quickly. Feedback received is that the practice has ceased	
14.	13/ 128	QUARTERLY MONITOR SUBMISSION	CW requested that the Trust engage with the CCG's to investigate the possibility of installing smoking cessation posters within the shelters.	SB	<p>ONGOING</p> <p>Management Action Transfer to TMB</p>	SB reported that she had liaised with the CCG regarding the Trust's plans. However the shelters are not in place yet although planning permission has been requested for their installation. A further update will be given in January 2014	

31.	13/148	BOARD ASSURANCE	JT concluded that she would liaise with Ian Hall, Head of Service Improvement, to write a paper to detail how the service improvement changes can be embedded trust wide.	JT	JAN 2014 Management Action Transfer to TMB Transformation paper due to Feb TMB	Service Improvement Strategy in development with Executive Team reviewing progress on 13 December 2013	
46.	14/014	QUARTERLY WORKFORCE REPORT	SB questioned whether it would be beneficial to send a survey out to staff after they leave the Trust, that they can complete in a less formal setting. KF agreed to consider this option and feedback regarding the feasibility of this proposal	KF	MAR 2014 Management Action Transfer to TMB		
47.	14/015	OD STRATEGY	PM advised that he had undertaken the staff induction sessions over the last few months and did not feel that the current format gave a true reflection of the aspirations of the Trust and the values that we hold. A review of the induction process will be held outside the meeting and an update will be provided.	KF	MAR 2014 Management Action Transfer to TMB		