

**BOARD OF DIRECTORS' OPEN MEETING  
MINUTES, ACTIONS & DECISIONS**

<b>Date:</b>	Thursday 9 February 2017	<b>Time:</b>	09:00-11:15
<b>Venue:</b>	Conference Room, Field House, Bradford Royal Infirmary	<b>Chair:</b>	Professor Bill McCarthy
<b>Present:</b>	<p><b>Non-Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Professor Bill McCarthy (BM)</li> <li>- Dr Trevor Higgins (TH)</li> <li>- Dr Mohammed Iqbal (MI)</li> <li>- Mr David Munt (DM)</li> <li>- Mr Amjad Pervez (AP)</li> <li>- Ms Selina Ullah (SU)</li> <li>- Mrs Pauline Vickers (PV)</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Professor Clive Kay, Chief Executive (CLK)</li> <li>- Ms Donna Thompson, Director of Governance and Operations /Deputy Chief Executive (DT)</li> <li>- Mr Matthew Horner, Director of Finance (MH)</li> <li>- Dr Bryan Gill, Medical Director (BG)</li> <li>- Ms Pat Campbell, Director of Human Resources (PC)</li> <li>- Mr John Holden, Director of Strategy and Integration (JH)</li> <li>- Ms Karen Dawber (from 11.00-11.15)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- David Hollings, Deputy Director of Informatics (DH) representing Cindy Fedell</li> <li>- Shelley Bailey, Assistant Chief Nurse (SB) representing Karen Dawber</li> <li>- Fiona Ritchie, Trust Secretary (FR)</li> <li>- Nahida Mafuz, Minute Taker (NM)</li> </ul>		
<b>Observers:</b>	<ul style="list-style-type: none"> <li>- Four Public Governors</li> <li>- One member of the public for the patient story</li> <li>- Two members of staff for the patient story</li> </ul>		

No.	Agenda Item	Action
<b>Bo.2.17.1</b>	<p><b>Apologies for absence</b></p> <p>Professor James Walker, Non-Executive Director            Ms Cindy Fedell, Director of Informatics            Ms Karen Dawber, Chief Nurse (from 09.00-11)</p>	
<b>Bo.2.17.2</b>	<p><b>Declaration of Interests</b></p> <p>There were no declarations of interest to note.</p>	
<b>Bo.2.17.3</b>	<p><b>Patient Story</b></p> <p>SB introduced the patient and welcomed her to the meeting. The patient explained her conditions and talked about how Ehlers-Danlos Syndrome (EDS) impacts her life. The patient shared her experiences at Bradford Royal Infirmary and St Luke's Hospital and the importance of having her partner, who is her main carer, with her during hospital visits and the challenges she faced at times explaining this to staff. In addition to this the patient explained the difficulties she faced when accessing facilities such as toilets and wash basins. The patient also</p>	

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	<p>talked positively regarding some aspects of her visits and stays.</p> <p>SU asked whether the Disability Forum, which the patient is a member of, gets involved in the design of buildings and proposed changes to ensure accessibility, is considered. The patient said it does and that it would welcome the opportunity to have a say in any changes at the hospital. SB explained that the Director of Estates is ensuring that the Foundation Trust does liaise with patients in terms of access and any major changes to buildings.</p> <p>SB wished to reassure the patient and explained that staff are being supported to better understand the role of a carer and posters and leaflets are also available for patients and carers at pre-assessment stage to help them understand the expectations.</p> <p>SB explained that the patient story has been shared with ward managers, matrons and leads to ensure lessons can be learnt. BG said he will also be sharing this with consultants and doctors to ensure lessons are learnt and thanked the patient for sharing her story.</p> <p>CLK wished to reassure the patient and explained that all new builds within the hospital are purpose built and take into account the needs of all patients. CLK agreed that some of the old estate does have accessibility issues this will be reviewed and resolved where possible. CLK explained that written communication and signage around the hospitals will also be reviewed and improved.</p> <p>BM agreed for an update to be provided in six months to the Board of Directors and to the patient with regards to improvements that have been made.</p> <p>BM thanked the patient for her attendance and sharing her story.</p>	Chief Nurse
<b>Bo.2.17.4</b>	<p><b>Minutes of the Meeting held on Thursday 12 January 2017</b></p> <p>The minutes of the previous meeting were accepted as an accurate record subject to the following changes:</p> <ul style="list-style-type: none"> <li>- Bo.1.17.8: Second bullet point amended to read: CLK was very pleased to report that the final figure for flu immunisation uptake up to 31 December was 75.2% and the immunisation was still available to staff.</li> <li>- Bo.1.17.10: First bullet point amended to read: Performance in relation to screening patients at risk of developing thrombosis has declined and this is being addressed.</li> </ul>	
<b>Bo.2.17.5</b>	<p><b>Matters Arising:</b></p> <p><i>The following items were concluded from the action log:</i></p> <ul style="list-style-type: none"> <li>- B16/291.0 and B16/294.1 (10/11/16): An Exception Report regarding the Emergency Care Standard to be provided to the Performance Committee. Action concluded.</li> <li>- B16/324.4 (15/12/16): Integrated Quality and Performance</li> </ul>	

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	<p>Dashboard: specifics to be provided i.e. issues to be addressed with timelines for next Quality &amp; Safety Committee meeting. Action concluded.</p> <ul style="list-style-type: none"> <li>- Bo.1.17.18 (12/01/17): Operational Plan 2017-19: a detailed report will be provided on the overall position of contract income to the next Finance and Investment Committee. Action concluded.</li> <li>- Bo.1.17.7 (12/01/17): Council of Governors activities calendar to be shared with the Board of Directors. Action concluded.</li> <li>- Bo.1.17.11 (12/01/17): "Our People, Our Future: Together, Putting Patients First": SU suggested including something within the principles section in relation to the communities we serve and being the employer of choice. It was agreed that PC and SU will discuss this further. Action concluded.</li> <li>- Bo.1.17.10 (12/01/17): Integrated Quality and Performance Dashboard: AP asked how the tracking of each patient journey from start to finish could fit into the dashboard. CLK and CF to discuss further with AP. Action concluded.</li> </ul>	
<b>Bo.2.17.6</b>	<p><b>Report from the Chairman</b></p> <p>BM wished to highlight the following key points:</p> <ul style="list-style-type: none"> <li>• Governors update: <ul style="list-style-type: none"> <li>○ BM attended the recent Council of Governors meeting. BM explained that he was meeting with members of the Council of Governors regularly in order to maintain dialogue between the Council of Governors and the Board of Directors.</li> <li>○ A lot of work has gone on into developing the indicator for the audit and a working group is in place in relation to the appointment of the External Auditor.</li> </ul> </li> </ul>	
	<p><b>Reports from the Chief Executive</b></p>	
<b>Bo.2.17.7</b>	<p><b>Report from the Chief Executive</b></p> <p>CLK outlined the following key points from his report:</p> <ul style="list-style-type: none"> <li>• Correspondence has been received from Chris Hopson, Chief Executive of NHS Providers in relation to recent media coverage regarding the state of the National Health Service.</li> <li>• The new retail concourse is now fully open and has been a great success with patients, visitors and staff. The care of the Elderly Ward (Ward 31) was also opened the previous week and this is also very impressive.</li> <li>• The West Yorkshire Acceleration Zone (WYAZ) has been established to deliver rapid implementation of improvements in urgent and emergency care delivery across the West Yorkshire and Harrogate Sustainability and Plan (STP) footprint. Its initial aim was to achieve an aggregate emergency care standard of at least 95% for the month of March 2017. DT and her team have put in place a number of schemes.</li> <li>• There are a number of good news stories and achievements as detailed within the report and CLK wished to congratulate staff and</li> </ul>	

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	teams in relation to these.	
<p><b>Bo.2.17.8</b></p>	<p><b>Report from Integrated Governance &amp; Risk Committee (IG&amp;R) – January 2017</b></p> <p>CLK reported that the Committee had agreed to add three new risks to the Corporate Risk Register as detailed within the report. Four risks have changed score and an explanation has been provided within the report. Seven risks were closed and explanations are included within the report. No risks were escalated from the Divisions.</p> <p>TH queried the new risk in relation to relationship with partners (Risk 3037) and asked whether indeed this was a risk as the Foundation Trust is collaborating with partners much better than it has in the past. CLK agreed this was the case but felt that the benefit of these discussions are not yet visible. JH also agreed and explained that the risk is in relation to the Foundation Trust's confidence in how the collaborations help patients. BM explained that this was a strategic risk in relation to ensuring the success of our ability to serve patients and the community being dependent on our ability to maintain relationships with partners.</p> <p>BM queried risk 2854 regarding limited assurance for the management of health and safety. DT explained that the risk was added following an internal audit review. The recommendations are now being worked through and these will be reported to the Audit and Assurance Committee and then reported to the Board of Directors through the usual Committee reports.</p> <p>DM queried risk 2441 related to the outstanding estates work at the community hospitals. DT explained that the estate of the community hospitals is not directly managed by the Foundation Trust but managed through third parties and there had been frustration from staff regarding the delay of issues being resolved. The issue has been escalated to ensure it is resolved as soon as possible.</p> <p>The Board of Directors noted the report.</p>	
<p><b>Bo.2.17.9</b></p>	<p><b>Integrated Quality and Performance Dashboard</b></p> <p>CLK presented the current Quality and Performance Dashboard and made the following key points:</p> <ul style="list-style-type: none"> <li>• There have been improvements in terms of nurse fill rates and risk-adjusted mortality rate (HSMR) but there has been some deterioration in relation to moving patients out of hours which is a reflection of the continued bed pressures.</li> <li>• A new approach is being taken in relation to improving appraisal rates.</li> <li>• December's reported performance in relation to the Emergency Care Standard had deteriorated and this will be discussed further in the meeting.</li> </ul>	

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	<p>MI asked when the VT Assessment rates are expected to improve and BG explained that a report will be presented to the March meeting of the Quality and Safety Committee explaining the actions that are underway to identify the causes and address the known concerns. CLK reported that NHS Improvement had contacted the Foundation Trust the previous day to acknowledge the recent improvements we have made with regards to the Emergency Care Standard and staff should be proud of this acknowledgment and CLK wished to thank staff for their ongoing efforts. However we still need to continue to work hard to improve and achieve the standard.</p> <p>The Board of Directors noted the updated dashboard.</p>	
	<p><b>Quality</b></p>	
<p><b>Bo.2.17.10</b></p>	<p><b>Report from the Quality and Safety Committee – January 2017</b></p> <p>SU presented the report from the meeting of the Quality and Safety Committee held on 25 January 2017 and outlined the key matters that had been discussed.</p> <p>SU highlighted that a Maternity Services Quality Summit has been held as a result of an apparent cluster of serious incidents. An action plan has been developed to address the recommendations agreed at the Summit and a full review of the implementation of this will be provided to the Quality and Safety Committee in June 2017.</p> <p>TH referred to the pressure ulcers detailed within the Serious Incidents report and asked if there was there anything more than can be done to decrease the number of hospital-reported acquired pressure ulcers. SU explained that the team now need time to embed the training and support to staff members following which we will see whether this has had an impact.</p> <p>TH raised his concerns in relation to the low numbers of non-medical appraisals. DT explained that as well as this being the Foundation Trust's responsibility it is also the personal responsibility of each member of staff. PC reported that the campaign is aiming to ensure 100% of eligible staff are appraised The Foundation Trust expects to be in a better position by the end of Quarter 2. However, if a significant improvement is not seen then an exception report will be presented.</p> <p>DT provided an update regarding the Information Governance Toolkit and explained that following an audit undertaken by Internal Audit, a limited assurance report was provided. As a result of this, the Audit and Assurance Committee have asked Internal Audit to do undertake a re-audit of the original work plus some new areas. The Quality and Safety Committee will also ensure a deep dive is carried out into this area of concern and report back to the March 2017 Quality and Safety Committee meeting.</p> <p>BM asked whether an analysis could be undertaken of those incidents that have been looked at during Quality &amp; Safety Committee meetings over the previous twelve months to review the lessons that have been</p>	<p>Director of Human Resources</p>

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	<p>learnt resulting in sustained change. DT explained that the Serious Incidents report now provides the details of any follow up actions and the lessons learnt. An annual report will be produced to include learning points grouped by theme. FR to add to the Board's workplan for 2017/18.</p> <p>The Board of Directors received the report and noted the remedial actions agreed at the committee.</p>	Trust Secretary
<b>Bo.2.17.11</b>	<p><b>Senior Information and Risk Owner (SIRO) Quarter Three Report</b></p> <p>DH presented the report and made the following key points:</p> <ul style="list-style-type: none"> <li>• There have been no high risk reportable incidents up to the end of Quarter 3.</li> <li>• Following the Information Commissioner's Office (ICO) Best Practice audit in November 2016 an action plan has been developed and submitted to the ICO. A report will be presented to the February meetings of Quality and Safety Committee and the Information, Governance and Risk Committee.</li> </ul> <p>The Board of Directors noted the report.</p>	
<b>Bo.2.17.12</b>	<p><b>Annual Midwifery Report 2016</b></p> <p>SB presented the annual Midwifery Report for 2016 and explained that the report provides an overview of the maternity services located at Bradford Royal Infirmary as well as the services integrated in the community delivering care to 6000 women per year. The report highlights areas of good practice and achievements whilst also looking at challenges and areas for improvements.</p> <p>BM commented that it is a very interesting report but for future reports he would welcome a context in terms of benchmarking with maternity services in other hospitals.</p> <p>AP felt that the report should include engagement, challenges and forward planning in relation to the diverse population of Bradford and the community we serve.</p> <p>The Board of Directors noted the report.</p>	
<b>Bo.2.17.13</b>	<p><b>Nurse Staffing Data Publication Report – December 2017</b></p> <p>SB presented the report and explained that there had been an increase but this was reflective of a skill mix review that had recently taken place within areas that can be staffed with Health Care Assistants (HCA) rather than Registered Nurses (RN). A significant amount of work is undertaken daily by senior staff to ensure wards are staffed to a safe level.</p> <p>TH asked the reason why fill rates had dropped in December. SB</p>	

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	<p>explained that this was likely to have been due to a combination of holidays and sickness.</p> <p>BG highlighted that recruitment to HCA roles had been successful recently and he was therefore surprised to see low fill rates in the Neonatal Unit and asked whether HCAs should be expanded to this area. PC stated that this reflected a low denominator. SB explained that a lot of work is ongoing with the Human Resources department to look at how fill rates can be improved across all areas.</p> <p>CLK asked whether the red RAG rated areas were RAG rated red on an ongoing basis or whether this was a 'one off'. CLK asked that detailed exception reports were presented for those areas persistently rated red. Action: to consider how this can be reported in future reports.</p> <p>The Board of Directors received and noted the report.</p>	Chief Nurse
	<b>Finance</b>	
<b>Bo.2.17.14</b>	<p><b>Report from Finance &amp; Investment Committee – January 2017</b></p> <p>PV provided a brief summary of the key issues which had been covered in the meeting at the Finance &amp; Investment Committee held on 25 January 2017.</p> <p>The key point to highlight was that the overall financial position for income and expenditure at the end of December 2016 was a surplus of £5.6m which is ahead of the planned year to date surplus of £5.5m.</p> <p>The Cost Improvement Plan (CIP) delivery is behind plan by £2.2m, with £15.7m of savings delivered against a year to date target of £17.9m. At least £8.1m of these savings are non-recurrent relating to vacancies and other one off corporate benefits. The recurrent CIP position is therefore a YTD shortfall of £10.3m.</p> <p>The Trust has successfully signed NHS contracts covering 2017/18 and 2018/19.</p> <p>BM wished to complement MH and his team in keeping the Foundation Trust on track to deliver the current position whilst managing the risk and although the performance is very strong there is recognition of the risks ahead.</p> <p>The Board of Directors received the report and noted the remedial actions agreed at the committee.</p>	
<b>Bo.2.17.15</b>	<p><b>Finance Report</b></p> <p>MH presented the Finance Report and explained that a lengthy discussion had taken place at the Finance and Investment Committee. MH highlighted that it was important to recognise the successes in terms of being on plan, the level of CIP delivery and the scale of the capital investment programme when set against the current and</p>	

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	<p>projected financial and economic challenges.</p> <p>MH explained that the finance report has been updated with the forecast plan. Although the Foundation Trust is slightly ahead of plan at the end December, it was important to recognise that Quarter 4 remains a significant challenge. The Foundation Trusts financial plan for Quarter 4 is a surplus (pre- STF funding) of £0.6m and all efforts will be made to deliver this target. It should be noted that this poses a considerable challenge given the underlying deficit run rate, which is further compounded by:</p> <ol style="list-style-type: none"> <li>1. The continued cessation of non-urgent elective work throughout January</li> <li>2. Fewer working and calendar days in February</li> </ol> <p>Both of the above factors will have direct impact on the income run rate. Initial projections indicate a pre-STF forecast deficit of approximately £3m, which is £0.8m (or 0.3% of turnover) worse than originally planned for the year. Whilst this represents a shortfall on the delivery of the plan, it is a significant achievement, given the scale of the challenge and the risks faced by the organisation at the start of the year.</p> <p>BM highlighted the importance of maintaining a sound financial position whilst delivering a high quality and safe service to patients – both these elements are fundamentally connected.</p> <p>AP commented that productivity and operational efficiency is very important in order to achieve the CIP target.</p> <p>BM highlighted that the Foundation Trust has worked very hard towards achieving the pre-STF control total and hoped that this funding will be received, particularly in light of the in-year challenges faced. However the Board of Directors remains particularly concerned about the Trust’s ability to deliver the 2017/18 control total. This was previously communicated to NHSI in a formal letter but as yet a response has not been received. It was agreed that MH would contact NSHI.</p> <p>The Board of Directors noted the report.</p>	<p>Director of Finance</p>
	<b>Performance</b>	
<p><b>Bo.2.17.16</b></p>	<p><b>Report from the Performance Committee – January 2017</b></p> <p>PV provided a brief summary of the key issues which had been covered in the meeting at the Performance Committee held on 25 January 2017 and wished to highlight the following points:</p> <ul style="list-style-type: none"> <li>• The Emergency Care Standard was not achieved in December 2016. Attendances in December 2016 were higher per day compared to November 2016 and represent the second highest December attendances in the last seven years. Year to date the growth rate compared to 2015/16 is 3.63%.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• The RTT incomplete position for December 2016 was not achieved. The Foundation Trust has maintained elective lists for cancer and urgent patients over the holiday period and continuing into January 2017 but a number of routine operations have been delayed.</li> <li>• The Cancer 62 day threshold was not achieved in November 2016 and is projected to fail the Quarter. The committee continues to monitor this. All other NHSI Cancer thresholds were achieved.</li> </ul> <p>TH asked whether quality is taken into consideration in relation to improvement programmes. DT explained that a Financial Impact Assessment and a Quality Impact Assessment is undertaken for every improvement programme in order to provide assurance.</p> <p>The Board of Directors received the report and noted the remedial actions agreed at the committee.</p>	
<b>Bo.2.17.17</b>	<p><b>A&amp;E Delivery Board Update</b></p> <p>DT explained that the report provides an update following the A&amp;E Delivery Board meeting on 19 January 2017.</p> <p>The Board of Directors received and noted the report.</p>	
<b>Bo.2.17.18</b>	<p><b>Performance and Productivity Report</b></p> <p>MH presented the Performance and Productivity Report. No further points to be made as the key highlights were covered at agenda item Bo.2.17.16.</p> <p>The Board of Directors received and noted the report.</p>	
<b>Bo.2.17.19</b>	<p><b>Informatics Performance Report</b></p> <p>DH presented the Informatics Performance Report and wished to highlight the following key points:</p> <ul style="list-style-type: none"> <li>• The EPR Programme is progressing against the approved “Option A/B” plan.</li> <li>• The replacement pharmacy information system is on track.</li> <li>• IT for Joint Pathology service phase 1 went live on 9 January 2017. There is some outstanding work and a plan is being drafted to complete this.</li> </ul> <p>BG reported that interviews will be taking place at the beginning of March for the Head of Business Intelligence position.</p> <p>The Board of Directors received and noted the report.</p>	
	<b>For Information</b>	
<b>Bo.2.17.20</b>	<b>Leeds Teaching Hospitals NHS Trust: Pathology Lessons Learnt</b>	

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	<p>The paper notes the main conclusions of the LTHT external review, and confirms that measures will be taken to mitigate the risk of a similar occurrence with the new Pathology Joint Venture.</p> <p>The Board of Directors received and noted the report.</p>	
<b>Bo.2.17.21</b>	<p><b>Minutes of Finance &amp; Investment Committee – December 2016</b></p> <p>The Board of Directors received and noted the minutes of the Finance and Investment Committee for December 2016.</p>	
<b>Bo.2.17.22</b>	<p><b>Minutes of Performance Committee – December 2016</b></p> <p>The Board of Directors received and noted the minutes of the Performance Committee for December 2016.</p>	
<b>Bo.2.17.23</b>	<p><b>Minutes of the Quality and Safety Committee – December 2016</b></p> <p>The Board of Directors received and noted the minutes of the Quality and Safety Committee for December 2016.</p>	
<b>Bo.2.17.24</b>	<p><b>Any other business</b></p> <p>CLK encouraged Non-Executive Board members to undertake informal walkrounds and to request any support from the Executive Directors in relation to this if required.</p>	
<b>Bo.2.17.25</b>	<p><b>Issues to add to Corporate Risk Register</b></p> <p>There were no issues to be added to the Corporate Risk Register</p>	
<b>Bo.2.17.26</b>	<p><b>Issues to escalate to NHS Improvement</b></p> <p>It was agreed to contact NHSI to follow up on the letter previously written to them regarding the quality control total as a response has not been received as discussed at agenda item Bo.2.17.15.</p>	<p>Director of Finance</p>
<b>Bo.2.17.27</b>	<p><b>Issues to be reported to Care Quality Commission (CQC)</b></p> <p>There were no issues to be reported to CQC.</p>	
<b>Bo.2.17.28</b>	<p><b>Items for Corporate Communications</b></p> <p>There were no items to escalate for Corporate Communications other than to continue to appreciate the hard work of staff through usual channels of communication.</p>	
<b>Bo.2.17.29</b>	<p><b>Date and time of next meeting</b></p> <p>Thursday 9 March 2017 at 0830-1030</p>	



**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST  
ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 9 FEBRUARY 2017**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
12/01/17	Bo.1.17.19	Report from the Performance Committee – December 2016: An update will be provided to the next Performance Committee regarding a sustainable trajectory in relation to AED and RTT performance with the aim of getting sustainable performance. This plan will then be signed off at the subsequent Board of Directors meeting.	Director of Governance and Operations	Board of Directors 09/03/17	The Board of Directors afternoon session of 09/03/2017 will include AED and RTT performance
10/11/16	B16/291.0	Explore possibility of adding links within BAF section headings to working documents	Director of Informatics	Board of Directors 09/03/17	This has been reviewed and will be included within the refresh of the integrated dashboard. Further update will be provided in March 2017
09/02/17	Bo.2.17.15	Issues to escalate to NHS Improvement: It was agreed to contact NHSI to follow up on the letter previously written to them regarding the quality control total as a response has not been received as discussed at agenda item Bo.2.17.15.	Director of Finance	14/03/17	This item will be covered in the quarterly BTHFT/NHSI meeting of 14/03/2017
09/02/17	Bo.2.17.13	Nurse Staffing Data Publication Report – December 2017: Consider how future reports demonstrate whether the red RAG rated areas are sustained or one off.	Chief Nurse	Board of Directors 13/04/17	
09/02/17	Bo.2.17.10	Serious Incident Annual Report, which will include learning points grouped by theme, to be added to Board workplan for 2017/18	Trust Secretary	Board of Directors 13/04/17	2017/18 Board Workplan is an item on April agenda
12/01/17	Bo.1.17.18	Board Development session on Contract income to be arranged	Trust Secretary	Board Development Session 11/05/17	Added to Board Development Programme
15/12/16	B16/326.3	Equality & Diversity Update: BM suggested a longer discussion regarding equality and diversity takes place at a future Board development session where staff are	Director of Human Resources	Board of Directors July 2017	

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		invited to come and talk to the Board of Directors. PC explained that a review of the focus groups will be undertaken in January following which there will be more data available for an in-depth discussion at a Board development session.			
09/02/17	Bo.2.17.3	Patient Story: Update to be provided in six months to the Board of Directors and to the patient with regards to improvements that have been made.	Chief Nurse	Board of Directors September 2017	
09/02/17	Bo.2.17.10	Report from the Quality and Safety Committee – January 2017: Non-medical appraisal review – the Foundation Trust expects to be in a better position by the end of Quarter 2 and a report will be presented to the Board of Directors. However, if an improvement is not seen then an exception report will be presented.	Director of Human Resources	Board of Directors September 2017	