

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

<b>Date:</b>	Thursday 13 April 2017	<b>Time:</b>	09:30-11:45
<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>- Mr David Munt (DM)</li> <li>- Ms Selina Ullah (SU)</li> <li>- Mrs Pauline Vickers (PV)</li> <li>- Professor James Walker (JW)</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Professor Clive Kay, Chief Executive (CLK)</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>- Ms Karen Dawber, Chief Nurse (KD)</li> <li>- Ms Cindy Fedell, Director of Informatics (CF)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- Ms Terri Saunderson, Acting Assistant Director of Operations (TS) representing Donna Thompson</li> <li>- Ms Fiona Ritchie, Trust Secretary (FR)</li> <li>- Ms Helen Sutcliffe, Minute Taker (HS)</li> <li>- Ms Sharon Barker, Matron, Division of Medicine &amp; Integrated Care (SB) for agenda item Bo.4.17.12</li> <li>- Ms Andrea Gillespie, Nursing and Midwifery Quality Lead (AG) for agenda item Bo.4.17.12</li> </ul>		
<b>Observers:</b>	<ul style="list-style-type: none"> <li>- One public governor</li> <li>- One member of staff</li> <li>- Two members of the public for the patient story</li> <li>- Three members of staff for the patient story</li> </ul>		

No.	Agenda Item	Action
<b>Bo.4.17.1</b>	<p><b>Apologies for absence</b></p> <ul style="list-style-type: none"> <li>- Mr Amjad Pervez, Non-Executive Director</li> <li>- Dr Mohammed Iqbal, Non-Executive Director</li> <li>- Ms Donna Thompson, Director of Governance and Operations /Deputy Chief Executive (represented by Ms Terri Saunderson, Acting Assistant Director of Operations)</li> <li>- Mr John Holden, Director of Strategy and Integration</li> </ul>	
<b>Bo.4.17.2</b>	<p><b>Declaration of Interests</b></p> <p>There were no declarations of interest to note.</p>	
<b>Bo.4.17.3</b>	<p><b>Minutes of the Meeting held on Thursday 9 March 2017</b></p> <p>The minutes of the previous meeting were accepted as an accurate record of the meeting subject to the amendment of the following:</p>	

No.	Agenda Item	Action
	<p><b>B0.3.17.11 Workforce Report</b></p> <p>TH was pleased to see the continued improvement in sickness rates asked whether we should consider sharing our good practice with other organisations. PC will share areas of good practice with other Trusts.</p> <p><b>Bo.3.17.20 Audit &amp; Assurance Committee Terms of Reference</b></p> <p>The Board of Directors reviewed and approved the Terms of Reference subject to the agreement of the track changes. FR to circulate the finalised Terms of Reference to the Audit Committee.</p>	<p>Director of HR</p> <p>Trust Secretary</p>
<p><b>Bo.4.17.4</b></p>	<p><b>Matters Arising:</b></p> <p><i>The following items were concluded from the action log:</i></p> <p>B16/291.0 (10/11/16) B16/291.0 Explore possibility of adding links within BAF section headings to working documents. Action concluded.</p> <p>Bo.2.17.13 (09/02/17) Nurse Staffing Data Publication Report – December 2016: Consider how future reports demonstrate whether the red RAG rated areas are sustained or one off. Action concluded.</p> <p>Bo.2.17.15 (09/02/17) Issues to escalate to NHS Improvement: It was agreed to contact NHSI to follow up on the letter previously written to them regarding the control total as a response has not been received as discussed at agenda item Bo.2.17.15. Action concluded.</p> <p>Bo.3.17.5 (09/03/17) Report from the Chairman: BM agreed to circulate the Governors ‘update brief’ for March 2017. Action concluded.</p> <p>Bo.3.17.19 (09/03/17) Report from the Audit &amp; Assurance Committee: Cyber Security to be added as an agenda item for the April Board of Directors meeting. Action concluded.</p> <p>Bo.3.17.10 (09/03/17) Information Governance Toolkit Progress: The Board of Directors noted the report and agreed to delegate the final sign off of the annual IGT submission to the March Quality and Safety Committee. Action concluded.</p>	
<p><b>Bo.4.17.5</b></p>	<p><b>Patient Story</b></p> <p>KD introduced the patient and her mother and welcomed them to the meeting and highlighted the significant positive impact the Children facility within the Accident and Emergency Department is having for the people of Bradford and their children.</p> <p>The patient’s mother explained the background to her daughter’s attendance at the Childrens Accident and Emergency Department after falling and hitting her head. She shared their positive experience following their initial attendance at the Childrens Accident and Emergency Department and subsequent attendances to the Department and the Orthopaedic Plaster Room.</p> <p>Following the patient’s initial attendance at the Childrens Accident and Emergency Department, she was brought back the next day as she was</p>	

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	<p>experiencing pain and discomfort in her arm. The patient was found to have broken her arm in two places. KD explained that the patient's story has been shared with the Department to ensure lessons can be learnt. Reminders are given at handover and medical staff are taught to look at other signs on presentation, to check for other underlying symptoms and to assess the whole body.</p> <p>SU requested clarification regarding dealing with negative feedback. SU highlighted that when looking at the websites for NHS choices the reviews for the Foundation Trust are not always positive.</p> <p>KD to provide assurance to the Board of Directors that a process is in place to deal with the reviews published on NHS Choices.</p> <p>BM thanked the patient's mother for attending with her daughter and sharing their story.</p>	Chief Nurse
<b>Bo.4.17.6</b>	<p><b>Report from the Chairman</b></p> <p>The Board of Directors noted the report from the Chairman.</p>	
<b>Reports from the Chief Executive</b>		
<b>Bo.4.17.7</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>• James Friend, Special Advisor to the Secretary of State, visited the Foundation Trust on Thursday 30<sup>th</sup> March 2017. James has recently visited a number of Trusts in relation to the Emergency Care Pathway. CLK wished to thank DT and her team for preparing such a successful and positive visit.</li> <li>• CLK confirmed that the Foundation Trust has received confirmation that the Wolfson Foundation will provide a £1million grant to support the building of the new Centre for Applied Health Research. CLK thanked BG for leading the work on behalf of the Foundation Trust. DM congratulated the Foundation Trust on securing support from the Wolfson Foundation but questioned who would be responsible for owning the building and the maintenance. BM confirmed that this level of detail is to be finalised and that BG is the Foundation Trust's representative on the established Steering Group. <b>Action: BG to provide quarterly updates on progress to the Board of Directors. FR to add to the BoD workplan.</b></li> <li>• BM highlighted the recent publication of the '<i>Review of Progress made since the launch of the NHS Five Year Forward View in October 2014</i>'. BM confirmed that the Foundation Trust continues to remain committed to all its access targets which are continually monitored through the Performance Committee.</li> </ul> <p>The Board of Directors received and noted the report.</p>	Trust Secretary
<b>Bo.4.17.8</b>	<p><b>Report from Integrated Governance and Risk Committee (IGRC) – March 2017</b></p>	

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	<p>CLK presented the regular report from the Integrated Governance and Risk Committee Monthly Meeting. CLK confirmed that the report will be updated following April's IGRC meeting.</p> <p><u>Corporate Risk Register – New Risks Added</u> CLK reported that the Committee had agreed to add three new risks to the Corporate Risk Register as detailed within the report. The risks are in relation to complaints (ID 3057); IR35 (ID 3066) and dealing with waste contamination (ID 3068).</p> <p><u>Corporate Risk Register – Risks That Have Changed In Score</u> CLK reported that four risks have changed in score since the previous report to the Board of Directors in relation to estates work at the community hospitals (ID 2441); pathology outage (ID 3002); issues relating to winter planning (ID 3003) and managing demand (ID 3016). CLK confirmed that robust processes are now in place to deal these risks issues.</p> <p><u>Corporate Risk Register – Risks Removed or Closed</u> The risk regarding the Information Commissioner's Office audit (ID 3042) removed as duplicate entry. The risk associated with the new hospital wing (ID 3041) has been removed as the process is now complete.</p> <p><u>Divisional Risks Escalated to the Corporate Risk Register</u> At the meeting held on 20<sup>th</sup> March 2017, six risks were escalated from the operational groups to the Integrated Governance and Risk Committee. The Committee agreed to escalate three of the risks to the Corporate Risk Register and three were declined as per the reasons stated.</p> <p><u>Corporate Risk Register – Risks Scoring 12 and above</u> The report details the items scoring 12 or above on the Corporate Risk Register.</p> <p>BM questioned whether a process is in place for dealing with the risks which are proving to be a challenge to close or remove from the Corporate Risk Register. <b>Action: CLK agreed to review the process and report back to the Board on this matter.</b></p> <p>The Board of Directors received and noted the report.</p>	<p>Chief Executive</p>
<p><b>Bo.4.17.9</b></p>	<p><b>Integrated Quality and Performance Dashboard</b></p> <p><b>Safety:</b></p> <ul style="list-style-type: none"> <li>- BG updated the Board of Directors regarding an incident in ophthalmic theatres where the incorrect lens was used during cataract surgery. This meets the criteria for a Never Event. BG has met with the theatre team and Consultant Ophthalmologist and immediate measures put in place to prevent recurrence. The SI investigation will further refine the safety procedures required to avoid this happening in future.</li> </ul> <p>BM raised the issue of how the Foundation Trust can learn to improve its standing operating procedures, processes and systems in place to minimise the chances of things going wrong. Discussion occurred around Foundation's Trust interventional procedures safety</p>	

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	<p>improvement work. The Board asked the Quality and Safety Committee meeting in April to look at the safety response to this incident. <b>Action: FR to add to the April Quality &amp; Safety Committee agenda.</b></p> <p>CLK notified the Board of Directors that requests have been made to other Trusts to share the learning from serious incidents and Never Events and also raised through WYAAT and NHS Quest. CLK requested the Board of Director's support for BG to approach Trusts within WYAAT to share their learning regarding Never Events and Serious Incidents. BG confirmed that he has raised this issue with the WYAAT Medical Directors and to date the Medical Director at Airedale NHS Foundation Trust has agreed to share this information.</p> <ul style="list-style-type: none"> <li>- KD confirmed that the number of falls with harm have reduced within the month. The Chief Nurse office is about to commence a significant piece of work to look at falls and falls prevention.</li> <li>- Performance regarding VTE Assessment continues to decline. BG reported that the move, in July 2016, to an electronic reporting system resulted in a decline in the recording of VTE risk assessments. BG noted that there has been no change in clinical practice. MH will be providing an exception report to the Performance Committee in April.</li> <li>- There have been six MRSA cases reported year to date. KD updated the Board of Directors of the work undertaken within the Trust regarding the scrub the hub campaign and review of recording of VIPS (Visual Infusion Phlebitis Score).</li> </ul> <p><b>Effective:</b></p> <ul style="list-style-type: none"> <li>- The Trust's recent rolling year standardised mortality rate was 'better than expected'. This is the first time for a few years that the mortality rate has reached this position. BG informed the Board of Directors that this level of 'better than expected' is a positive event as we are one only a few trusts in this position.</li> </ul> <p><b>Caring:</b></p> <ul style="list-style-type: none"> <li>- In February 2017 an Information Governance breach was reported by the Foundation Trust to the Information Commissioner. CF confirmed that the Information Commissioner's Office has closed the case.</li> </ul> <p><b>Performance and Access:</b></p> <ul style="list-style-type: none"> <li>- Report to be submitted to the Performance Committee regarding the RTT position. MH noted that performance against the incomplete standard continues to deteriorate, with the biggest deterioration in admitted patients which relates to the cancellation of non-urgent elective cases during December 2016 and January 2017.</li> <li>- The Emergency Care Standard has improved over recent months. A presentation at the Board of Directors Time-Out In March 2017 detailed the driving factors for the performance. The Foundation Trust's WYAZ March target was 92.3% with the final March figure for being reported at 92.4%. TS asked the Board of Directors to note that the Foundation Trust's ECS performance has been noted nationally. Following the launch of the A&amp;E Action Workshops, the Foundation</li> </ul>	<p>Trust Secretary</p>

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	<p>Trust has been invited to present at a national event. The Foundation Trust will focus on the two initiatives which have made a considerable impact on the improvement of performance which were the opening of the short stay ward and also the streaming in AED.</p> <ul style="list-style-type: none"> <li>- The diagnostic waiting time standard was delivered in February 2017. MH reported that cardiac CT is experiencing capacity and demand issues.</li> <li>- The 62 day cancer standard was delivered in March but the Foundation Trust has failed to deliver the quarter. An exception report will be presented to the Performance Committee on the actions to be taken.</li> </ul> <p><b>Finance:</b></p> <ul style="list-style-type: none"> <li>- For the period ending February 2017, the Foundation Trust continued to report a financial use of resources risk rating of one.</li> <li>- The Foundation Trust remains on plan in relation to the Pre STF control total.</li> </ul> <p>PV highlighted the discussion undertaken at the Finance and Investment Committee regarding the CIP management process and the assurances given regarding the tightening of controls.</p> <p><b>Workforce:</b></p> <ul style="list-style-type: none"> <li>- The year to date sickness rate has fallen with a further reduction in March to 4.7%</li> <li>- #timetotalk campaign launched in January 2017. Appraisal rates in March 2017 have increased by 6% with good performance in estates, facilities and theatres. CLK highlighted the success of the new campaign with staff welcoming the change to the appraisal format and process.</li> </ul>	
	<b>Quality</b>	
Bo.4.17.10	<p><b>Report from the Quality and Safety Committee – March 2017</b></p> <p>The <i>Board of Directors received and noted the report</i></p> <p>This item discussed under item Bo.4.17.9</p>	
Bo.4.17.11	<p><b>Care Quality Commission – State of the Nation</b></p> <p>The ‘<i>Care Quality Commission (CQC), State of Care in NHS Acute Hospitals: 2014 to 2016</i>’ circulated to members of the Board of Directors for information. CLK reported that the Board of Directors is aware of the activity and work the Foundation Trust has undertaken in relation to the CQC inspection.</p> <p>The Board of Directors received and noted the report.</p>	



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Bo.4.17.12	<p><b>“Ward to Board”</b></p> <p>KD gave an overview to the Board of Directors of the Nursing Quality Dashboard. Some of the data from the Dashboards will be displayed on the new electronic boards on the wards, but will be displayed in paper format until electronic boards are fully functional.</p> <p>KD gave a brief overview of the current Bradford Accreditation Scheme (BAS) within the Foundation Trust which currently has 30 wards participating. The scheme will be rolled out to the Day Case Unit on Ward 5 at the end of May 2017. Paediatrics, operating theatres, ICU will be included in the scheme later in the year. The BAS is a range of indicators which looks at patient experience; documentation; fridge audits; appraisal rates and friends and family.</p> <p>AG gave a brief demonstration, of the Dashboard, to the Board of Directors outlining that the Dashboard can be set per ward which enables the ward to see where there hot spots are. The Chief Nurse and her staff were invited to return to the Board of Directors Meeting in 9 months' time to provide an update on progress made on an organisational wide dashboard.</p> <p>CF confirmed that similar dashboards have been developed for clinical governance and are in the process of being rolled out.</p> <p>BM thanked SB and AG for attending the meeting and thanked the team for the work being undertaken.</p>	Chief Nurse
	<b>Workforce</b>	
Bo.4.17.13	<p><b>Quarterly Report on Safe Working Hours: Doctors and Dentists in Training - April 2017</b></p> <p>BG presented the first report produced under the new terms and conditions of the new junior doctors' contract prepared by the Guardian of Safe Working, Dr Andrew Brennan. BG added that the report content will evolve as more junior doctors are transferred onto the new contract. At present only a small number of junior doctors have transferred to the new contract. Exception reporting will replace the twice yearly hours monitoring.</p> <p>BG highlighted the work undertaken to develop the engagement of support to the trainees.</p> <p>BG highlighted the challenge made at a recent LNC meeting, from the BMA, regarding the low exception reporting rate. This requires further work to be undertaken with the Education Supervisors. PC confirmed that the Foundation Trust is an outlier in the region with regard to the number of exception reports. PC felt we should be cautious about accepting the statement that the low reporting rate suggests that only rarely do trainees stay late. CLK felt that it is important to see the benchmarking data to understand the Foundation Trust's position nationally and the impact on safety. It was agreed that Benchmarking, where available, would be added to quarterly reports.</p>	

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	<p>The Guardian of Safe Working to be invited to present at October's Board of Directors Meeting.</p> <p>The Board of Directors received and noted the report.</p>	Medical Director
<b>Bo.4.17.14</b>	<p><b>IR35 Changes</b></p> <p>PC presented the paper which summarises the key legislative changes in respect of how IR35 is applied to off payroll working in the public sector and how this will affect the Foundation Trust detailing the process to be put in place to ensure compliance.</p> <p>Internal Audit will review our processes in quarter one to ensure they are robust. PC confirmed that the risk has been added to the Corporate Risk Register and any issues will be reported through the Workforce Report to Quality and Safety Committee.</p> <p>The Board of Directors received and noted the report.</p>	
	<b>Finance</b>	
<b>Bo.4.17.15</b>	<p><b>Report from Finance &amp; Investment Committee – March 2017</b></p> <p>The Board of Directors received and noted the report.</p> <p>This item discussed under item Bo.4.17.9</p>	
<b>Bo.4.17.16</b>	<p><b>Finance Report</b></p> <p>The Board of Directors received and noted the report.</p> <p>This item discussed under item Bo.4.17.9</p>	
	<b>Performance</b>	
<b>Bo.4.17.17</b>	<p><b>Report from the Performance Committee – March 2017</b></p> <p>The Board of Directors received and noted the report.</p> <p>This item discussed under item Bo.4.17.9</p>	
<b>Bo.4.17.18</b>	<p><b>Performance and Productivity Report</b></p> <p>The Board of Directors received and noted the report.</p> <p>This item discussed under item Bo.4.17.9</p>	
<b>Bo.4.17.19</b>	<p><b>Informatics Performance Report</b></p> <p>The Board of Directors received and noted the report.</p>	



No.	Agenda Item	Action
	This item discussed under item Bo.4.17.9	
	<b>Governance</b>	
<b>Bo.4.17.20</b>	<b>Compliance with the NHS Foundation Trust Code of Governance</b>  The Board of Directors approved the report with the caveat that clarity is to be sought concerning the use of the word 'Director' rather than 'Non-Executive Director' from NHSI.	Trust Secretary
	<b>For Information</b>	
<b>Bo.4.17.21</b>	<b>Nurse Staffing Data Publication Report – February 2017</b>  The Board of Directors received and noted the report.	
<b>Bo.4.17.22</b>	<b>Confirmed Finance and Investment Committee Minutes - February 2017</b>  The Board of Directors received and noted the minutes of the Finance and Investment Committee for February 2017.	
<b>Bo.4.17.23</b>	<b>Confirmed Performance Committee Minutes - February 2017</b>  The Board of Directors received and noted the minutes of the Performance Committee for February 2017.	
<b>Bo.4.17.24</b>	<b>Confirmed Quality and Safety Committee Minutes - February 2017</b>  The Board of Directors received and noted the minutes of the Quality and Safety Committee for February 2017.	
<b>Bo.4.17.25</b>	<b>Confirmed Audit &amp; Assurance Committee Minutes - February 2017</b>  The Board of Directors received and noted the minutes of the Audit and Assurance Committee for February 2017.	
<b>Bo.4.17.26</b>	<b>Draft Health &amp; Safety Committee Minutes – March 2017</b>  The Board of Directors received and noted the minutes of the Health and Safety Committee for March 2017.	
<b>Bo.4.17.27</b>	<b>Any other business</b>  There were no other items of business to discuss.	
<b>Bo.4.17.28</b>	<b>Issues to add to Corporate Risk Register</b>  There were no issues to be added to the Corporate Risk Register.	

No.	Agenda Item	Action
Bo.4.17.29	<p><b>Issues to escalate to NHS Improvement</b></p> <p>BG confirmed that the Never Event will be escalated to NHSI.</p>	
Bo.4.17.30	<p><b>Issues to be reported to Care Quality Commission (CQC)</b></p> <p>BG confirmed that the Never Event will be reported to the CQC.</p>	
Bo.4.17.31	<p><b>Items for Corporate Communications</b></p> <ul style="list-style-type: none"> <li>- The Foundation Trust's commitment to access targets.</li> <li>- The Foundation Trust' lessons learnt from patient experience.</li> <li>- The CQC State of the Nation report will be circulated to senior management.</li> <li>- The Nursing Dashboard will be featured in a future 'Let's Talk'.</li> </ul>	
Bo.4.17.32	<p><b>Date and time of next meeting</b></p> <p>Thursday 11 May 2017 at 09:00</p>	

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST  
ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 13 APRIL 2017**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
13/04/17	Bo.4.17.3	PC to share areas of good practice with other Trusts	Director of Human Resources	Board of Directors May 2017	PC has shared learning with other organisations
13/04/17	Bo.4.17.3	FR to circulate agreed Audit Committee ToRs	Trust Secretary	Board of Directors May 2017	ToR circulated 4/4/2017
13/04/17	Bo.4.17.5	Patient Story: KD to provide assurance to the Board of Directors that a process is in place to deal with the reviews published on NHS choices and NHS UK and ensure there is some consistency on how these reviews are dealt with.	Chief Nurse	Board of Directors May 2017	KD met with SU post BoD meeting and provided evidence that all reviews are dealt with and that this is in a consistent manner.
13/04/17	Bo.4.17.7	Quarterly updates on progress of the Centre for Applied Health Research to the BoD to be added to BoD workplan.	Trust Secretary	Board of Directors May 2017	Added to the BoD workplan
13/04/17	Bo.4.17.9	FR to add Never Event to the April Quality & Safety Committee agenda.	Trust Secretary	Board of Directors May 2017	Discussed at the 24 April 2017 Quality and Safety Committee
13/04/17	Bo.4.17.20	Compliance with the NHS Foundation Trust Code of Governance: FR to seek clarity from NHSI over the word 'Director'.	Trust Secretary	Board of Directors May 2017	NHSI contacted. Awaiting a response.
12/01/17	Bo.1.17.18	Board Development session on Contract income to be arranged <b>Post meeting Note:</b> Agreed with Chairman to move to June Closed BoD	Trust Secretary	Board of Directors June 2017	Added to June Closed BoD agenda
13/04/17	Bo.4.17.8	Report from the IGRC: Process review to be undertaken of longstanding risks.	Chief Executive	Board of Directors June 2017	

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
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 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.	Director of Human Resources	Board of Directors July 2017	
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	
13/04/17	Bo.4.17.13	The Guardian of Safe Working to be invited to present at October's Board of Directors Meeting.	Medical Director	Board of Directors October 2017	
13/04/17	Bo.4.17.12	Chief Nurse invited to present to the Board of Directors in 9 months' time on progress made on the dashboard.	Chief Nurse	Board of Directors January 2018	