

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

Date:	Thursday 8 June 2017	Time:	08:30-10:30
Venue:	Conference Room, Field House, Bradford Royal Infirmary	Chair:	Professor Bill McCarthy
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Professor Bill McCarthy (BM) - Dr Mohammed Iqbal (MI) - Mr Amjad Pervez (AP) - Ms Selina Ullah (SU) - Professor James Walker (JW) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Professor Clive Kay, Chief Executive (CLK) - Ms Pat Campbell, Director of Human Resources (PC) - Ms Karen Dawber, Chief Nurse (KD) - Ms Cindy Fedell, Director of Informatics (CF) - Dr Bryan Gill, Medical Director (BG) - Mr John Holden, Director of Strategy and Integration (JH) - Mr Matthew Horner, Director of Finance (MH) - Ms Donna Thompson, Director of Governance and Operations / Deputy Chief Executive (DT) 		
In Attendance:	<ul style="list-style-type: none"> - Ms Jacqui Maurice, Corporate Governance Manager (JM) representing Fiona Ritchie, Trust Secretary (FR) - Ms Nahida Mafuz, Minute Taker (NM) - Mr Paul Featherstone (PF), Director of Estates and Facilities for agenda item Bo.6.17.5 - Mr Shane Embleton (SE), Head of Capital Projects, for agenda item Bo.6.17.5 		
Observers:	<ul style="list-style-type: none"> - 1 member of staff - 1 member of staff for agenda item Bo.6.17.5 		

No.	Agenda Item	Action
Bo.6.17.1	<p>Apologies for absence</p> <ul style="list-style-type: none"> - Dr Trevor Higgins (TH), Non-Executive Director - Mr David Munt (DM), Non-Executive Director - Mrs Pauline Vickers (PV), Non-Executive Director 	
Bo.6.17.2	<p>Declaration of Interests</p> <p>There were no declarations of interest to note.</p>	
Bo.6.17.3	<p>Minutes of the Meeting held on Thursday 11 May 2017</p> <p>The minutes of the -meeting were accepted as an accurate record.</p>	
Bo.6.17.4	Matters Arising:	

No.	Agenda Item	Action
	<ul style="list-style-type: none"> - Bo.1.17.18 (12/01/17): Board Development session on Contract income to be arranged. Post meeting note: Agreed with Chairman to move to 28 June 2017 Finance Committee. Added to 28 June 2017 Finance Committee agenda. <u>Action concluded.</u> - Bo.4.17.8 (13/04/17): Report from the IGRC: Process review to be undertaken of longstanding risks. Agenda item Bo.6.17.9. <u>Action concluded.</u> - Bo.5.17.9 (11/05/17): Integrated Quality and Performance Dashboard: DM queried the short notice clinic cancellations and asked if anything could be done to reduce these. MH informed the Board that an additional section would be added to the Performance Report and presented to the Performance Committee on 28 June 2017. He added that the Performance Committee had agreed that a deep dive should be undertaken into one specialty which would be reported to the Performance Committee on 28 June 2017. - Bo.5.17.14 (11/05/17): Annual Staff Survey Results 2016 and Action Plan: An error was noted on page 16 of the report against action 3 “Errors and Incidents”, the priority should start with “increase” and not “decrease the percentage of staff reporting errors, near misses or incidents in the last month”. PC to amend the report. The report has been amended. <u>Action concluded.</u> - Bo.5.17.9 (11/05/17): Integrated Quality and Performance Dashboard: Nurse staffing. DT asked if any predictive work is done regarding retirements and PC explained that an age profile is provided to Divisions. DT felt that more should be done with the profile data and BM suggested that this is reviewed by the Q&S Committee. PC to include an update in the next Workforce report for the 28 June 2017 Quality and Safety Committee. 	
Bo.6.17.5	<p>Estates Department Presentation Including the Capital Development Report</p> <p>PF and SE delivered a presentation regarding Capital Development for 2016/17. The presentation provided an overview of significant projects delivered; including reference to ‘achievements and benefits’ and the governance and accountability for each project. SE explained that public and staff engagement played a key role throughout the projects. Following the comprehensive presentation, SE stated that there are a number of projects that have been committed to over the next 12 months as the Foundation Trust continues to invest in its estate for the benefit of patients, visitors and staff.</p> <p>SU asked what the key learning had been from the development of the New Hospital Wing. PF felt that the most positive key learning had come from stakeholder engagement which had contributed to the development of the new state of the art facilities. Key learning also came from areas of reflection on the issues faced in relation to the delivery of the contract and negotiations with the contractors, which had taken place at the end of</p>	

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	<p>the project.</p> <p>AP asked how the Board of Directors can be assured that the Foundation Trust receives value for money to ensure projects align with budgets. PF stated that it was imperative to ensure that the procurement process was correct and to reflect and learn from the issues that arose from the New Hospital Wing.</p> <p>MI asked whether any analysis would be undertaken in relation to the use of the main entrance compared to usage of the new entrance. PF said this could be reviewed. BM requested a report on the analysis of usage since the new concourse opened to be provided at the new Major Projects Committee.</p> <p>BM asked how capital projects are prioritised and PF explained that risks are prioritised, health and safety is considered as is the impact on the patient environment. DT added that a reconfiguration group meets regularly which contributes to prioritising capital projects against clinical priorities. BM requested that a short report is presented to the new Major Projects Committee to demonstrate how strategic objectives are linked to capital projects and prioritised.</p> <p>BM thanked PF and SE for the presentation.</p>	<p>Director of Governance and Operations</p> <p>Director of Strategy and Integration</p>
Bo.6.17.6	<p>Report from the Chairman</p> <p>The Board of Directors noted the report from the Chairman.</p>	
	<p>Reports from the Chief Executive</p>	
Bo.6.17.7	<p>Report from the Chief Executive</p> <p>CLK asked the Board of Directors to note the new Consultant appointments now included within the report, explaining that this section will be a monthly feature going forward. CLK felt it was important to recognise that recruitment to Consultant posts was improving.</p> <p>MI was pleased to see the Consultant new starters feature in the report. He asked if nurse staffing turnover was improving. KD confirmed that turnover was improving and asked the Board to note that that student nurses from Universities outside of Bradford were also applying to work for the Foundation Trust. She added that a recent recruitment event also generated a good deal of interest. SU noted that of the eight Consultant appointments seven are women and asked if there was a reason for this. PC stated that the Foundation Trust offers flexible working which may be a factor in attracting more female applicants.</p> <p>CLK highlighted the success of the Bradford Virtual Ward team for winning the HSJ Value in Healthcare 2017 Award for Improving Value in the Care of Frail Older Patients. CLK thanked JH for the support he had provided to the team with their application. BM was pleased to see the team had won the award and stated that he would write to the team on behalf of the Board to Directors to congratulate them.</p>	<p>Chairman</p>

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	<p>CLK stated that he would liaise with the Chief Nurse to bring either a Virtual Ward patient story or, arrange for a presentation to be delivered from a staff team member from the Virtual Ward, to the Board of Directors.</p> <p>The Board of Directors received and noted the report.</p>	Chief Executive
Bo.6.17.8	<p>Report from Integrated Governance and Risk Committee</p> <p>CLK presented the regular report from the Integrated Governance and Risk Committee (IGRC) Monthly Meeting and made the following key points:</p> <ul style="list-style-type: none"> - Three new risks were added to the Corporate Risk Register. Details of these have been provided within the report. - Seven risks have changed in score since the previous report to the Board of Directors. - Six risks were closed or removed from the Corporate Risk Register. - Two risks were escalated from the Divisions which were added to the Corporate Risk Register. - Four risks were escalated from the Divisions which were declined and an explanation has been provided within the report. <p>SU queried the risk in relation to Maternity Services (ID 3093). KD explained that the Royal College of Obstetricians and Gynaecologists (RCOG) have undertaken a quality summit and determined that maternity services are safe. A report will be presented to the Quality and Safety Committee in relation to this. BG added that maternity services had been through some change in terms of consultant staffing.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.6.17.9	<p>Process review of longstanding risks on the Corporate Risk Register</p> <p>CLK explained this paper was related to an action from the previous meeting.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.6.17.10	<p>Integrated Quality and Performance Dashboard</p> <p>Safety:</p> <p><u>Never Events:</u> As reported in the previous month, a Never Event was reported for April 2017. The case involved the insertion of the wrong lens</p>	

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	<p>for an Ophthalmology patient. The error was identified at the time and corrected immediately and reported via the appropriate mechanisms. BG explained that he undertook a review with the clinical teams as part of the investigation and he was assured with the interventions that were put in place immediately after the event. A full report will be presented to the Quality and Safety Committee. CF added that one of the key learning points was that it was important to assess the human factors as well as assessing the systems when incidents take place. JW agreed, emphasising the importance of ensuring systems are in place to manage potential human errors to help avoid them reoccurring. BM asked whether the issues related to some IT systems shutting down part way through the procedure (due to timing out) had previously been escalated. BG explained that the issue was previously dealt with locally and not escalated but this is one of the areas that has significantly improved.</p> <p>BG and KD to ensure a process is in place to encourage staff to escalate issues and to present this to the Quality and Safety Committee.</p> <p><u>Patient Falls with Harm:</u> KD reported that a detailed discussion had taken place at the Quality and Safety Committee in relation to this. A 'back to basics' campaign has been initiated and sessions are being undertaken to help staff to look at things differently in relation to falls. The new approach involves the Matron or KD visiting the patient immediately following a fall to see how they provide reassurance to the patient and, to highlight the seriousness of any falls to staff. SU asked whether the Community Hospitals are included within this. KD confirmed that staff have been invited to the sessions and are involved in the campaign fully.</p> <p><u>VTE Assessed:</u> Under performance has been reported since July 2016 and is continuing into April 2017. Performance is significantly below the threshold and actions are underway to identify the causes and address the known concerns. KD explained that a 'task and finish' group is reviewing this. The position in May has improved slightly and continues to improve. BG said it was important to note that this was a consequence of assessment and the impact on Hospital Acquired Thrombosis. The Thrombosis Group is being re-established and the outputs of this group will be reported to the Quality and Safety Committee.</p> <p><u>Nurse Staffing:</u> KD reported there was a decrease in Bank and Agency Staff in March which had impacted the fill rates but this has now improved. There will be a cohort of new starters in September 2017 and BM reported that the University of Bradford will have a second intake in January 2018 therefore there will be two intakes in the next academic year.</p> <p>Effectiveness:</p> <p><u>Summary Hospital Mortality Indicator (SHMI) and Standardised Mortality Rate (SMR):</u> BG explained that a 'risk adjusted mortality score' was produced some years ago as a way of benchmarking across organisations. This has recently come under a lot of scrutiny in terms of the value it provides. National guidance is awaited before consideration is given to the presentation of mortality data. BG felt it was important to recognise that although the Foundation Trust was performing better than</p>	<p>Medical Director and Chief Nurse</p>

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	<p>expected it continued to learn from patients' who die in our care. Further discussion will take place at the Quality and Safety Committee once national guidance has been received.</p> <p>Performance and Access:</p> <p><u>RTT:</u> DT explained that a detailed presentation was provided at the May 2017 Performance Committee including details of the recovery plan. Trajectories and plans are in place but one of the known issues the Foundation Trust continues to face is providing adequate capacity - a consequence of the staffing issues particularly in Theatres. Improvement programmes are in place focussed closely at developing solutions to help improve this. KD felt it was important to note that the Board of Directors undertook a decision to cancel elective inpatient treatment from December 2016 to February 2017 which is believed to be having an impact on the RTT pathways.</p> <p><u>Emergency Care Standard:</u> Since the previous report to the Board of Directors a number of actions were identified and enacted. There has been intense commitment from senior colleagues but the Foundation Trust has continued to face significant challenges with regard to the identified issues. Deterioration in performance was seen in April 2017 and has continued into May 2017. April 2017 attendances rank as the second highest of the last eight years and are 0.9% higher than attendances in 2016.</p> <p><u>Diagnostic Waiting Times:</u> A paper was presented to the Performance Committee which described the issues and details of the recovery plan. The recommendations were accepted by the Committee and the recovery plan is now being implemented.</p> <p>A detailed discussion took place in relation to the financial pressures faced by the Foundation Trust and how these may have impacted on a number of the standards. CLK stated that this was not solely a finance related issue - there were staffing issues that should be considered as well. The Foundation Trust continued to be committed to achieving standards and everything possible was being done to improve staffing levels however, the impact of caps on agency staff / locums is likely to have had an impact.</p> <p>BM asked if this could be evidenced in a report to the new Workforce Committee and requested that the report includes a comparison of Medical Consultant agency and locum staff utilised this year compared to the previous year.</p> <p>AP asked whether marketing of the organisation was being undertaken to support recruitment on an ongoing basis. CLK advised that this focus formed part of the work being undertaken by JH.</p> <p>CLK referred to the Bradford Producer City Board and the lack of formal representation on that Board from the Foundation Trust since the resignation of the previous Chairman (Lord Patel of Bradford). CLK emphasized the importance of the Foundation Trust being formally represented on the Producer Board. BM stated that he would raise the</p>	<p>Director of HR</p>

No.	Agenda Item	Action
	<p>subject of the Foundation Trust's representation with the Chair, Cllr Susan Hinchcliffe.</p> <p>The Board expressed concern about the overall position; acknowledged the pressures facing teams across the Foundation Trust and the need for improvement to be sustainable; and asked the Performance Committee to oversee the recovery plans.</p> <p>Finance:</p> <p>MH reported that the Foundation Trust has reported a deficit of £1.7m for Income and Expenditure for month 1 which gives an overall Use of Resources rating of 3. Month 1 deficit is due to Cost Improvement Plan (CIP) shortfalls of £0.8m and an estimated £1.1m activity under trade mostly on elective and outpatient work. MH highlighted a range of measures that are being undertaken to help stabilise the position.</p> <p>Workforce:</p> <p><u>Staff Sickness Rate:</u> PC reported that the sickness rate has continued to reduce each month for both long and short term sickness.</p> <p><u>Appraisal Rates (Non-Medical):</u> Appraisal rates have increased in April 2017 from the previous month.</p> <p><u>Staff Friends and Family Test:</u> Recent results indicate that 65% of staff would recommend the Foundation Trust as a place to work. However, there are higher results for the provision of patient care. PC explained that work is being done to improve the recommendation of the Foundation Trust as a place to work. The Board noted that from June 2017 the Staff Friends and Family data will be available for all employees. The Chairman stated that it would be appropriate for the new Workforce Committee to take on the challenge of seeking to improve the level of staff willing to recommend the Foundation Trust as a place to work.</p> <p>The Board of Directors received and noted the report.</p>	<p>Chairman</p> <p>Director of Human Resources</p>
	<p>Quality</p>	
<p>Bo.6.17.11</p>	<p>Report from the Quality and Safety Committee – May 2017</p> <p>This item was discussed under item Bo.6.17.10.</p> <p>The Board of Directors received and noted the report.</p>	
<p>Bo.6.17.12</p>	<p>Complaints and Patient Advice and Liaison Annual Report 2016-17</p> <p>KD explained that the report provides an update on the position with regard to the number of formal complaints and patient advice and liaison (PALS) contacts, between April 2016 and March 2017, received by the Foundation Trust. KD asked the Board of Directors to consider the changes that have taken place within the Divisions as a result of the</p>	

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	<p>Divisional restructure when comparing year on year data.</p> <p>KD wished to highlight that although the PALs issues show a significant reduction it must be noted that this was due to resource issues which are being resolved. However, this has resulted in an increased number of complaints within Divisions.</p> <p>SU asked how the data is used to support improvement and to stop similar complaints reoccurring. KD explained that the data is shared with Divisions and a learning hub has also been established. From this month a 'confirm and challenge' meeting will be undertaken with Divisions in order to receive assurance. KD is also working closely with DT and BG to look at how else the data can be used to support improvements.</p> <p>BG noted that complaints have increased within General Surgery and Gynaecology and asked if there was an understanding as to why this was the case. KD explained these specific areas are linked to issues related to cancellation of appointments and cancellation of surgery. KD and BG agreed to look into both these areas. The outcomes would be reported back to the Quality and Safety Committee as part of the quarterly complaints report for September 2017.</p> <p>The Board of Directors received and noted the report.</p>	Chief Nurse
	Finance	
Bo.6.17.13	<p>Report from Finance & Investment Committee – May 2017</p> <p>This item was discussed under item Bo.6.17.10.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.6.17.14	<p>Finance Report</p> <p>This item was discussed under item Bo.6.17.10.</p> <p>The Board of Directors received and noted the report.</p>	
	Performance	
Bo.6.17.15	<p>Report from the Performance Committee – May 2017</p> <p>This item was discussed under item Bo.6.17.10.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.6.17.16	<p>Performance Report</p> <p>This item was discussed under item Bo.6.17.10.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.6.17.17	Informatics Performance Report	

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	<p>This item was noted at item Bo.6.17.10.</p> <p>SU asked if staff engagement was being sustained in relation to EPR. CF stated that there are a number of staff engagement initiatives in place.</p> <p>The Board of Directors received and noted the report.</p>	
	Audit & Assurance	
Bo.6.17.18	<p>Report from the Audit and Assurance Committee – May 2017</p> <p>SU presented the report which provided a summary of the key matters discussed at the Committee Meeting which was held on 16 May 2017.</p> <p>SU informed the Board of Directors that the Draft Annual Accounts for 2016/17 were approved at a subsequent meeting of the Committee on 24 May 2017. BM thanked the Committee, MH and his finance team for their work in relation to the Annual Report and Accounts. In particular special thanks were extended to Jennie Parker, Corporate Compliance Manager for the excellent work that she had done in pulling together the Annual Report (including the Quality Report) and Accounts – feedback from the external auditor and the contributors from across the Foundation Trust had been excellent. BM agreed that he will write to Jennie Parker, Corporate Compliance Manager on behalf of the Board of Directors to thank her for her excellent work.</p> <p>The Board of Directors received and noted the report.</p>	Chairman
	Governance	
Bo.6.17.19	<p>Corporate Governance Statement</p> <p>DT explained that NHS Foundation Trusts are required to annually provide a Corporate Governance Statement, setting out whether they are compliant with the provisions of NHS Provider Licence Condition FT4.</p> <p>NHS Foundation Trusts are also required to confirm whether they have provided the necessary training to their Governors.</p> <p>DT explained that the paper provides a self-assessment of compliance with Condition FT4 of the provider licence and Governor training requirements.</p> <p>The Board of Directors confirmed that they are content to confirm compliance as set out in the declaration. The Board of Directors approved the submission of a ‘compliant’ declaration against all provisions.</p>	
	For Information	
Bo.6.17.20	<p>Confirmed Finance and Investment Committee Minutes – April 2017</p> <p>The Board of Directors received and noted the minutes of the Finance and Investment Committee for April 2017.</p>	

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Bo.6.17.21	<p>Confirmed Performance Committee Minutes – April 2017</p> <p>The Board of Directors received and noted the minutes of the Performance Committee for April 2017.</p>	
Bo.6.17.22	<p>Confirmed Quality and Safety Committee Minutes – April 2017</p> <p>The Board of Directors received and noted the minutes of the Quality and Safety Committee for April 2017.</p>	
Bo.6.17.23	<p>Nurse Staffing Data Publication Report – April 2017</p> <p>The Board of Directors received and noted the report.</p>	
Bo.6.17.24	<p>Any other business</p> <p>There were no other items of business to discuss.</p>	
Bo.6.17.25	<p>Issues to add to Corporate Risk Register</p> <p>There were no issues to be added to the Corporate Risk Register.</p>	
Bo.6.17.26	<p>Issues to escalate to NHS Improvement</p> <p>There were no issues to be escalated to NHSI.</p>	
Bo.6.17.27	<p>Issues to be reported to Care Quality Commission (CQC)</p> <p>There were no issues to be escalated to CQC.</p>	
Bo.6.17.28	<p>Items for Corporate Communications</p> <p>No items identified for Corporate Communication.</p>	
Bo.6.17.29	<p>Date and time of next meeting</p> <p>Thursday 13 July 2017 at 09:00</p>	

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 8 JUNE 2017**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
11/05/17	Bo.5.17.9	Integrated Quality and Performance Dashboard: DM queried the short notice clinic cancellations and asked if anything could be done to reduce these. MH advised that the Performance Committee had agreed that a deep dive should be undertaken into one specialty which would be reported to the Performance Committee on 28 June 2017.	Director of Finance	Performance Committee June 2017	Added to 28 June 2017 Performance Committee Agenda. Action concluded.
11/05/17	Bo.5.17.9	Integrated Quality and Performance Dashboard: Nurse staffing – DT asked if any predictive work is done regarding retirements and PC explained that an age profile is provided to Divisions. DT felt that more should be done with the profile data and BM suggested that this is reviewed by the Q&S Committee. PC to include an update in her next Workforce report for the June Q&S Committee.	Director of Human Resources	Quality & Safety Committee June 2017	PC to include in the Workforce Report for 28 June 2017 Quality and Safety Committee. Action concluded.
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	BoD session planned for 13 July 2017. Action concluded
08/06/17	Bo.6.17.7	Report from the Chief Executive: BM to write to the Bradford Virtual Ward team on behalf of the Board to Directors to congratulate them on winning the HSJ Value in Healthcare 2017 Award for Improving Value in the Care of Frail Older Patients.	Chairman	Board of Directors July 2017	Letter sent. Action concluded

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
08/06/17	Bo.6.17.10	Integrated Quality and Performance Dashboard: BM stated that he would raise the subject of the Foundation Trust's representation on the Bradford Producer City Board with the Chair of the Board, Cllr Susan Hinchcliffe.	Chairman	Board of Directors July 2017	
08/06/17	Bo.6.17.18	Report from the Audit and Assurance Committee – May 2017: BM to write to Jennie Parker, Corporate Compliance Manager on behalf of the Board of Directors to thank her for her work in the production of the Annual Report and Accounts for 2016/17.	Chairman	Board of Directors July 2017	Letter sent. Action concluded
08/06/17	Bo.6.17.10	Integrated Quality and Performance Dashboard: Never Events. BG and KD to ensure a process is in place to encourage staff to escalate issues.	Medical Director and Chief Nurse	Quality and Safety Committee 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	
08/06/17	Bo.6.17.7	Report from the Chief Executive: CLK stated that he would liaise with the Chief Nurse to bring either a Virtual Ward patient story or, a staff team member from the Virtual Ward, to deliver a presentation to the Board of Directors.	Chief Executive	Board of Directors September 2017	
09/02/17	Bo.2.17.10	Integrated Quality and Performance Dashboard: 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	
08/06/17	Bo.6.17.10	Integrated Quality and Performance Dashboard: Staff Friends and Family Test - the Chairman stated that it would be appropriate for the new Workforce Committee to take on the challenge of seeking to improve the level of staff willing to recommend the	Director of Human Resources	Workforce Committee September 2017	

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		Foundation Trust as a place to work.			
08/06/17	Bo.6.17.10	Integrated Quality and Performance Dashboard: Regarding staffing levels and their impact on diagnostic waiting times; BM asked if this could be evidenced in a report to the new Workforce Committee and requested that the report includes a comparison of Medical Consultant agency and locum staff utilised this year compared to the previous year.	Director of Human Resources	Workforce Committee September 2017	
08/06/17	Bo.6.17.12	Complaints and Patient Advice and Liaison Annual Report 2016-17: KD and BG to look into General Surgery and Gynaecology complaints and report back to the Quality and Safety Committee as part of the quarterly complaints report for September 2017.	Chief Nurse	Quality and Safety Committee September 2017	
08/06/17	Bo.6.17.5	Estates Department Presentation Including the Capital Development Report: BM requested a report on the analysis of usage of the main entrance compared to the new entrance since the new concourse opened.	Director of Governance and Operations	Major Projects Committee October 2017	
08/06/17	Bo.6.17.5	Estates Department Presentation Including the Capital Development Report: BM requested that a short report is presented to the new Major Projects Committee to demonstrate how strategic objectives are linked to capital projects and prioritised.	Director of Strategy and Integration	Major Projects Committee October 2017	
13/04/17	Bo.4.17.13	Quarterly Report on Safe Working Hours: Doctors and Dentists in Training - April 2017: The Guardian of Safe Working to be invited to present at October's Board of Directors Meeting.	Medical Director	Board of Directors November 2017	Moved to November to fit with new Board schedule
13/04/17	Bo.4.17.12	"Ward to Board": 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	