

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON
TUESDAY 16 JANUARY AT 09:30 hours
Present:

Chairman of the Trust:	Caragh Merrick	Chairman
Board members: (voting)	Michelle McKay	Chief Executive
	Philip Mayhew	Non-Executive Director
	Inese Robotham	Interim Chief Operating Officer
	Jill Robinson	Director of Finance
	Vicky Morris	Chief Nursing Officer
	Steve Williams	Non-Executive Director
	Mark Yates	Non-Executive Director
Board members: (non-voting)	Kay Darby	Interim Director of Governance
	Richard Haynes	Director of Communications
	Richard Oosterom	Associate Non-Executive Director
	Tina Ricketts	Director of People and Culture
	Sarah Smith	Director of Planning and Development
In attendance:	Kimara Sharpe	Company Secretary (minutes)
	Mike Murphy	NHSI Improvement Director
	Graham James	Deputy CMO
Public Gallery:	Press	0
	Public	3
Apologies:	Stewart Messer	Chief Operating Officer
	Suneil Kapadia	Chief Medical Officer
	Chris Swan	Non-Executive Director
	Bill Tunncliffe	Non-Executive Director

115/17

WELCOME

Mrs Merrick welcomed members of the public to the meeting and explained that an opportunity for questions would be given at the end of the meeting.

She also welcomed Mr James as deputy CMO, covering for Dr Kapadia who was on annual leave and Mr Murphy, NHS Improvement Director.

116/17

PATIENT ENGAGEMENT

Mrs Merrick invited Mrs Morris to outline the development of the Patient Engagement Strategy.

Mrs Morris spoke to a tabled presentation. She explained that the draft Quality Improvement Strategy had been presented to the Quality Governance Committee

(QGC) at its December meeting. This Strategy was the overarching Quality Strategy and was supported by three other strategies, patient safety, clinical effectiveness and patient engagement.

The Patient, Carer and Community Strategy will review patient experience, carer experience and see how that experience can be improved. She was keen to ensure that a range of patient groups were involved including young people, people with learning disabilities, people with mental health issues. She was also keen to review the voice of the patient at the Board.

She outlined the process for the further development of the strategy which included actively engaging with patients, carers and the community. The main thrust was to ensure patient centred care and how to ensure that the care is designed in conjunction with patients. This is a step change in the way care is currently delivered.

She has discussed the strategy with HealthWatch and has had stalls within the three hospital sites. There has been a lot of positive engagement.

Ms Robinson suggested that the strategy should cover administrative functions as well as direct care. Mrs Morris agreed and reflected that the patient story in November showed a number of areas that could be improved within administration.

Mr Mayhew welcomed the presentation. He endorsed the comments made by Ms Robinson. It was essential to ensure that the administrative functions were included as part of the overall patient experience.

Mr Oosterom stated that the strategy should not be driven by anecdotes. He suggested that patients should be clients and the client journey should be reviewed. He also suggested that structured data be collected so that there was an evidence base for the development of the strategy.

Mrs Morris stated that the use of the national tool kits was to ensure that there was an evidence base. She outlined 'Always Events' which were events which should happen to all patients all the time. She would be incorporating these within the document. She felt it also important though to reflect the local priorities and comments from patients and carers.

Mr Williams stated that issues such as car parking and other estate issues should also be part of the patient journey and urged Mrs Morris to review the whole patient journey from the time that the patient was first in contact with the Trust.

Mr Haynes stated that anecdotally issues arose when patients moved from one part of the NHS to another e.g. from primary to secondary care. He confirmed that the Trust was working with STP partners to look at the holistic patient pathway.

Mrs Merrick expressed a desire to visit a high performing organisation to see how others undertake engagement. She confirmed that she has contacted national bodies to ask for a presentation at the May Board Development session.

Mrs McKay emphasised that the shift to patient centred care is a significant change and the Board should not underestimate the time that this would take. The process needs to be designed such that patients must become more active in managing their own health.

Mrs Morris confirmed to Mr Oosterom that she is reviewing the leading Trusts and she will ensure that the Trust learns from them.

ACTION: Mrs Morris to contact leading Trusts to incorporate learning from the way they undertake patient engagement.

**Resolved: that
The Board**

- Noted the presentation

117/17 **ANY OTHER BUSINESS**

There were no items of any other business.

118/17 **DECLARATIONS OF INTERESTS**

The Board noted the following declarations of interest:

Steve Williams: Governor, Warwickshire College Group; Director, Unity Ltd
Tina Ricketts: Gloucestershire Care Services NHS Trust, Director of HR *until 28-1-18*.

There were no additional declaration of interests.

119/17 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 9 NOVEMBER 2017**

Resolved that:-

- The Minutes of the public meeting held on 9 November 2017 be confirmed as a correct record and be signed subject to the following amendment:

Change 'out of date' to 'due for review' (98/17/3)

119/17/1 **MATTERS ARISING/ACTION SCHEDULE**

102/17/3: Mr Williams confirmed that he was taking this forward with Ms Robinson.

Mrs Merrick was pleased that Mrs Morris had joined the confirm and challenge meetings. She thanked the non-executive directors for supporting this work.

All other actions had been completed or not yet due.

120/17 **Chairman's Report**

Mrs Merrick outlined the changes she was making to Board Committee membership in the light of Mr McGinity's term of office ending.

She also gave a summary of the Board Development sessions held and those that were planned. She confirmed that she would be revisiting the Board development programme and in particular *Wisdom in the Workplace*.

Resolved that:

The Board approved

- The appointment of Mark Yates as vice chair and Senior Independent Director
- The appointment of Steve Williams as:
 - Chair of Audit and Assurance Committee
 - Member of Finance and Performance Committee
 - Member of the Remuneration Committee
 - Member of the Charitable Funds Committee
 - NED lead for end of life care
- Noted the report

121/17

Chief Executive's Report

Mrs McKay outlined the work being undertaken in respect of the Board's three priorities. In relation to patient flow, she was pleased to report that there had been only two 12 hour breaches compared to 118 in the same period in 2016/17. The current situation was challenging and she thanked the staff for their dedication and hard work. She had received many letters of praise from patients.

She was pleased to report that the Trust met the month 8 financial recovery plan target and was on track for month 9. In respect to cancer waits, the key constraint was diagnostics but she was pleased to report that the Trust was ahead of the improvement trajectory in this area.

Moving onto the recent CQC inspection, she reported that the Trust was anticipating the report to be released on Wednesday 17 January. She confirmed that staff briefings would be held on all three sites. She was expecting the CQC to return imminently and the Well Led review was planned for the end of February.

Mr Oosterom was pleased with the progress being made. However he asked data to be presented showing achievement against trajectory and comparison to prior year.

ACTION: Ms McKay to ensure future reports to contain data as suggested by Mr Oosterom.

Mrs Merrick explained that there would be the opportunity to develop the discussion in relation to the key priorities later in the meeting. She expressed her thanks to all the staff for the work undertaken.

Resolved that:-**The Board**

- Noted the report.

122/17

Integrated Performance Report

Mrs Merrick invited Ms Robinson to summarise the key elements within the report.

Ms Robinson stated that the report shows the key operational standards that the Trust is measured against within the single oversight framework.

In summary, the Trust is not meeting the four hour emergency access standard; not meeting the cancer 62 days standard although the report shows a positive trend. She confirmed that the standard for operating on people who had a fractured neck of femur had been met.

Mrs Merrick confirmed that the next sections on the Board agenda would give opportunities for discussion and she would return to the recommendations after each section.

Resolved that:

The Board

- Received the Summary Integrated Performance Report for Month 8.

123/17

QUALITY OF CARE

123/17/1

Quality Report

Mrs Morris reported that she was hopeful that the CQC report would show improvements in the four core services that had been inspected.

She confirmed that the Quality Governance Committee had considered venous thrombotic embolism (VTE) assessments and were assured of the improvement. She also reported that the last infection control inspection from NHS Improvement had amended the Trust's rating to green from amber.

The Quality Improvement Strategy had been discussed at QGC and she would be presenting the final document to the Board in March.

She was concerned with the responsiveness of responding to complaints and whilst an improvement had been shown, she continued to give focus to this area of work. QGC had consistently expressed their concern with this performance.

The safety and leadership walkabouts had proved a success with the staff and she thanked the NEDs for their involvement. She also reported that QGC was using the interactive information source (SQuID).

Mr Yates asked whether the safety walkabouts should include staff other than nurses. Mrs Morris and Mr James agreed and they confirmed that they would discuss this with Dr Kapadia and the allied health professionals.

ACTION:

Mr James to discuss with the divisional medical directors the involvement of medics in the safety walkabouts.

Mrs Morris to discuss with allied health professionals the involvement in the safety walkabouts.

Mrs Merrick asked whether there were themes emerging from the visits. Mrs Morris confirmed that the discussions were positive in relation to the identification of risks. Many staff had discussed the issues relating to patient flow. She was also pleased to discuss the areas that the staff were proud of. Mrs McKay commented that it would be useful to share the process and outcome across the Trust. Mrs Merrick asked for common themes to be presented to QGC.

ACTION: Mrs Morris to present the common themes in relation to walkabouts to QGC.

Mr Williams commented that there had been comments about the responsiveness of support services e.g. to mend a door. He was keen to ensure that the staff experience was captured, in addition to the patient experience. Mr Mayhew suggested that estate staff were included in the walkabouts. This was agreed. Ms Robinson agreed to include the implementation of localised budgets as part of the financial strategy to empower staff.

ACTION:

Include estate staff on the walkabouts. (Mrs Morris)

Ms Robinson to include the implementation of localised budgets as part of the financial strategy.

In response to a comment about the length of time recruitment takes from Mrs Merrick, Mrs McKay confirmed that the People and Culture Committee were reviewing this area and improvements should be seen. Mr Yates stated that at the recruitment fair on 27 January, conditional offers would be made on interview day, which was a welcome change.

Resolved that:-**The Board:-**

- Received the report for assurance

123/17/2

Learning from Deaths

Mr James presented the report. He stated that overall the Trust was improving in the reviewing of deaths.

There had been an improvement in the HSMR compared to previous years. It was now within the national acceptable range. The process for mortality reviews had been improved with the introduction of an electronic form and the appointment of six medical examiners. The medical examiners had within their job plans the specific role to carry out structured reviews of all deaths within the Trust.

He then turned to appendix 3 which showed the avoidable deaths which were nine within quarters 1 and 2. There had been eight for people without a learning disability and one of a person with a learning disability. He explained that all the cases had been through a serious incident process and thus a thorough clinically-led investigation had taken place.

Mr James went onto say that the next step for the process was to examine whether any of the avoidable deaths were caused by any gaps in care. He reminded members that some of the deaths were subject to the coroner's procedures and he was unable to speak about any specific case. He would however ensure that the nine deaths were reviewed any further data presented to the board to show whether there had been any gaps in care.

ACTION: Mr James to further review the nine avoidable deaths to determine whether there had been any gaps in care and report back to the Board.

Mr Mayhew welcomed the paper and the work that was on-going. He asked about the serious incident process and whether relatives were involved. Mr James confirmed that as part of the process, relatives were contacted and invited to contribute to the investigation terms of reference. The report is sent to them and there is a meeting arranged to discuss it if required. The action plan would include patient experience and relative experience if necessary.

Mrs Morris explained that the weekly serious incident meeting actively challenges the content of the reports. She welcomed the improvements in the mortality process.

Mrs Merrick thanked Mr James for his report and urged him to make learning the central focus.

Resolved that:-**The Board:**

- Noted that the Trust crude mortality, HSMR and SHMI figures are within the 'as expected' banding. HSMR and SHMI values are reducing (improving).
- Noted that mortality reviews are conducted by a group of medical examiners (currently 3 – will increase to 6 by the end of Jan 2018) as well as speciality consultants.
- Noted over 50% of inpatient deaths and all ED deaths are reviewed within 30 days. The increasing number of Medical Examiners will help improve this figure.
- Noted that during Q1 and Q2, there were 9 avoidable deaths. These were confirmed through the serious incident investigation process.

- Noted our reporting of deaths is compliant with the national quality metrics.

123/17/3 **Quality Governance Committee Report**

Mr Yates as deputy chair, reported on the meetings held in November and December. He was pleased that HealthWatch were actively involved in the meetings. He was also pleased with the green rating for infection control.

QGC had received a presentation from the Specialised Clinical Services Division (SCSD) which highlighted the changes made to the governance structure. Concern was raised about the lack of adherence to the WHO (World Health Organisation) check list.

QGC continues to be concerned with the performance in relation to complaints responses. Mrs Merrick echoed this concern and asked why this continued to be a challenge for the trust. Mrs Morris confirmed that she has instigated a new approach to the support the central complaints team now gives. Mrs McKay confirmed this and that virtually all complainants were now telephoned to discuss their complaint so that early contact was made.

QGC also had heard from the divisional medical director for surgery in respect of a dip in performance in the time people spend waiting for a surgery following a fractured hip. Assurance was give on this area of work.

The Chair of the Committee has requested a deep dive into discharge times and the lack of progress with pre-midday discharges.

Resolved that:-

The Board:

- received the report for assurance

123/17/4 **Quality dashboard**

Mrs Merrick returned to the Quality Dashboard contained within the integrated performance report (enclosure C3). She asked whether, after having had the quality discussion, were members satisfied that the risks had been suitable mitigated.

Mr Oosterom asked what the biggest inhibitors were to improving performance. Mr James stated that the ownership of the quality agenda by clinicians was imperative and the cultural change programme would therefore have the biggest impact. It was agreed that a board development session would cover medical engagement.

ACTION: Mrs Sharpe to programme a board development session on medical engagement.

In response to Mrs Merrick, Mrs Morris felt that the development of the Quality Improvement Strategy was a major stepping stone for the Trust and she was looking forward to the development of the supporting strategies and associated work plans.

Resolved that:-

The Board:

- Were assured that the risks were undergoing suitable mitigation and robust plans are in place to improve performance.

124/17 **FINANCE AND USE OF RESOURCES**

124/17/1

Financial performance report

Ms Robinson clarified that the report shows progress against the original operational plan. However members will be familiar with the reporting against the financial recovery plan. The overall deficit for the year is £57.9m and the financial recovery target had been met for month 8 and was on track for month 9.

Ms Robinson praised the Women and Children division which had recruited to four consultant posts which will have an immediate effect. Medicine were also progressing. She expressed confidence that the expenditure targets would be met for months 10, 11 and 12.

She recommended that the Trust formally requests the control total to be changed to £57.9m. This was agreed.

She went onto state that the Department of Health were aware of the possible change and was aware of the impact that this would have on cash.

Ms Robinson went onto discuss the financial confirm and challenge weekly meetings held recently with the Asset Management division. She was pleased to see the progress that had been made and reported that there was commitment to ensure that the target set was met. Mr Williams endorsed this view.

Mr Yates reported that his view was that all the divisions were now taking responsibility for the financial recovery plan.

Mrs McKay, in response to a comment from Mrs Merrick explained that the Women and Children division only had three directorates whereas other divisions had many more. Clarity was required with the structure and responsibilities where there were more directorates.

Mrs Merrick stated that the focus must be on the final quarter. Ms Robinson agreed. She added that the momentum being built would stand the Trust in good stead for the next financial year and the underlying monthly run rate should not exceed £4m deficit.

In response to Mr Oosterom, Ms Robinson agreed to ensure that the discussion at the Finance and Performance Committee would be around the risk and opportunities to deliver the required outturn. This would be part of the report to Board in March.

ACTION: Ms Robinson to detail the risks and opportunities to deliver the required outturn.

Finally, Ms Robinson stated that there is a real challenge around capital. The requested loan of £16.7m made in the summer 2017 had not been agreed and as such the capital programme would be reviewed for following day. Mrs Merrick confirmed that this was a Department of Health issue and NHS Improvement were supportive of the Trust's case.

Resolved that:-**The Board**

- Noted the year to date financial position at the end of Month 8
- Noted the Month 8 delivery to the revised forecast
- Agreed that the Trust submits a revised forecast outturn deficit of £57.9m to NHSI as part of Month 9 reporting
- Noted that further cash support is requested from NHSI through uncommitted term

loans in line with the revised forecast outturn deficit of £57.9m

124/17/2 **Winter Plan update**

Ms Robotham reported that the main initiatives in respect of the Winter Plan have been actioned. The Frailty Unit has opened and has successfully discharged 41% of patients back to their usual place of residence. The medical Ambulatory Emergency Care (AEC) unit opened on 20 November and has successfully discharged 59% of patients. Both Evergreen wards are now fully open with 28 beds on each. There are a range of smaller supportive measures in place which Ms Robotham referred to in her paper.

Ms Robotham stated that there has been an increased in patients whose discharge has been delayed. The two main reasons for this is the increased focus on this area and thus identification of patients and the slower opening of additional capacity within the community than planned. Ms Robotham explained that extra beds have opened at Evesham hospital to mitigate this as well as additional spot purchasing by commissioners.

Ms Robotham then turned to the national mandate to cancel non urgent and non cancer surgery. She explained that this has a risk to the operational performance standards and there could be a financial impact. She was working with clinicians to increase activity on the Kidderminster site.

The winter monies received shortly before Christmas were being monitored weekly to ensure appropriate spend.

In response to Mrs McKay, Mrs Morris confirmed that there had been 90 cases of flu in patients, mainly at Worcestershire Royal Hospital. The numbers were now decreasing. She thanked the staff and infection control team for their work in containing the cases and stated that this was added pressure for the front line staff. She confirmed that the number of staff with confirmed flu was negligible.

Ms Robotham confirmed to Mr Williams that the Frailty Unit and the AEC have successfully discharged people who may well have been admitted in previous years. She stated that the external consultants working under the auspices of NHS E are focussing on patient flow and she was hopeful that they would suggest further improvements that can be made.

Mr Yates was pleased to recognise that the Trust is dealing with more patients, there is more activity but there are less breaches.

Mrs Merrick stated that whilst in the short term there had been improvements, there needed to be more work for the medium and long term and sustainable improvements made. Mrs McKay agreed and stated that she was keen to develop a different model for supporting people in Winter which would be based around supporting people at home.

Resolved that:-

The Board

- Received the report for assurance

124/17/3 **Finance and Performance Committee Report**

Mr Mayhew, Chair of the Finance and Performance Committee reported that he was 'cautiously optimistic'. He was assured with the progress being made but stated that there continued to be fragility within the system. He expressed disappointment that not all the Winter Plan had been implemented by partners.

Resolved that:-**The Board**

- Received the report for assurance

124/17/4

Operational Performance dashboard

Mrs Merrick then returned to the operational dashboard. Mr Mayhew confirmed that he was assured that there were robust plans in place.

Resolved that:-**The Board:**

- Were assured that the risks were undergoing suitable mitigation and robust plans are in place to improve performance.

125/17

LEADERSHIP AND IMPROVEMENT CAPABILITY

125/17/1

People and Culture Report

Ms Ricketts reported on the development of the People and Culture Strategy which had been approved by the board at its November meeting. The People and Culture Committee would be discussing the priority actions at its meeting in the following week. She had developed a scorecard which was within the report. A more granular version would be presented to TLG.

Ms Ricketts presented the first iteration of the people and culture scorecard and highlighted that whilst a detailed programme of work had been undertaken to ensure the quality of mandatory training data the figures provided within the scorecard were still subject to validation.

She shared the Board's concern about clinical engagement and confirmed that the Committee had identified this as a priority and would be discussing future actions at the January meeting.

Ms Ricketts confirmed to Mr Williams that she was working on a strategic workforce plan which would be presented to the Committee in May.

Mrs Merrick stated she was looking forward to Ms Ricketts joining the Trust full time. She stated that there continued to be significant challenges with the people agenda.

Resolved that:-**The Board**

- Received the report for assurance

125/17/2

Safer Staffing

Mrs Morris spoke to this paper. She confirmed that the table in the appendix showed the gaps in rotas prior to the mitigations taking place. The total vacancy factor was 8.1% against a target of 7%. There are pockets where the vacancy factor is higher (medicine and SCSD).

She explained that the information is published monthly and that in future the report would include any impacts on quality

Mrs Merrick reflected that most staff cite staffing challenges as one of their high risk areas. She stated that the recruitment and retention plan was a priority for the Trust.

Resolved that:-

The Board

- Received the report for assurance

125/17/3

People and Culture Committee

Mr Yates presented this report in the absence of Mr Swan. Mr Yates stated that the Committee identified clinical engagement as a key area for improvement. He also reported that the Committee was keen to ensure that the child care arrangements met the needs of staff.

He reported that the meeting was moving to bi-monthly and divisions would be asked to attend to present their key workforce issues and risks.

Resolved that:-**The Board**

- Received the report for assurance

126/17

STRATEGY

126/17/1

Delivering the Trust Vision and Strategic Objectives

Ms Smith presented the report. She was keen that the Board gives direction to staff who have been asking for a clear simple vision which would then be reflected in the strategies and priorities.

She was recommending the vision *Improve, Innovate, Inspire*.

Ms Smith recognised that this was the first step in the planning process. An operational plan for the year 2018/19 will be developed. A strategic dashboard will be developed to measure progress.

She highlighted the strategy documents which were in development and will be aligned to the vision and strategic objectives. They will set out a three year ambition. Each year, a one year plan would be developed to measure progress.

Mr Oosterom challenged the vision of *Improve, Innovate, Inspire*. He felt that there should be a purpose to wrap around the proposed vision so that clients were clear about the purpose of the strategy for them.

Mrs McKay stated that she would be keen to keep the wording simple for staff at this time and over time further develop the strategy so that all STP partners were aligned. She was clear however that she felt that what was proposed was what the organisation needed at this moment.

Mr Haynes agreed. He stated that this was the first step in the process. It gives a common narrative with the signature behaviours. It was simple and easy to explain.

Mrs Merrick stated that whilst she recognised that this development was an important step forward, the purpose was missing. Mr Mayhew and Mr Williams concurred.

Mrs McKay stated that she was keen to develop a purpose and strategy but this would require more time and discussion, including engagement with the community and staff. She reiterated that she felt the staff needed something short and simple at the current time. This would also support the further development of the strategies such as the People and Culture strategy, the timeframes for which were 2-3 months.

Mrs Merrick summarised and stated that the Board supported the vision at the current

time but requested further debate at a Board Development session regarding purpose and strategy.

ACTION: Mrs Sharpe to schedule a Board Development session on strategy development.

Resolved that:-

The Board

- Approved the proposed approach to the delivery of the Trust Vision and Strategic Objectives from the start of the 2018/19 financial year.

126/17/2 Acute Service Review (ASR) Capital Development Programme

Ms Smith provided the paper as an update on the ASR and the capital development programme. She reminded members that the proposals were agreed in July and there has been a lot of progress since that approval. The outline business case for the £29.7m has been approved and the next step is to develop the full business case (FBC) to access the money. The cost of developing this (£1.2m) is within the £29.7m and the Department of Health will not release any money before the approval of the FBC. She described other actions which had been taken to obtain the money but currently there had been no progress.

Mrs McKay agreed that the situation was very challenging.

Resolved that:-

The Board

- The Board is asked to note the current status of the ASR capital development programme and the options being pursued to ensure progression.

127/17 GOVERNANCE

127/17/1 Processes and responsibilities for maintenance of the Board Assurance Framework

Resolved that:-

The Board

- Approved the process and responsibilities for maintenance of the Board Assurance Framework.

127/17/2 Board Assurance Framework

Resolved that:-

The Board

- Reviewed and approved changes to the BAF which were proposed by the Board sub-committees
- Agreed to review bi-monthly in the Board Committees

127/17/3 Audit and Assurance Committee report

Mr Williams reported that he was looking forward to his tenure as Chairman of this committee and would be working with internal audit in setting the plan for the coming year.

Resolved that

The Board

- Received the report for assurance

128/17/4 Remuneration Committee

**Resolved that
The Board**

- Noted the work plan.

DATE OF NEXT MEETING

The next Trust Board meeting will be held on Thursday 15 March 2018 at 09:30 in the Kidderminster Hospital and Treatment Centre.

The meeting closed at 12:20 hours.

Signed _____

Date _____

Caragh Merrick, Chairman

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST
PUBLIC TRUST BOARD ACTION SCHEDULE – MARCH 2018

RAG Rating Key:

Completion Status	
	Overdue
	Scheduled for this meeting
	Scheduled beyond date of this meeting
	Action completed

Meeting Date	Agenda Item	Minute Number (Ref)	Action Point	Owner	Agreed Due Date	Revised Due Date	Comments/Update	RAG rating
09-11-17	A&A Committee report	102/17/3	Develop a summarised version of the Standing Orders	KS	Dec 2017		Completed. With Communications for branding. Action closed.	
16-1-18	Patient Engagement	116/18	Contact leading Trusts to incorporate learning from the way they undertake patient engagement	VM	Mar 2018		Patient Carer and Community plan on the agenda. Action closed.	
16-1-18	CEO report	121/17	Show a comparison between the monthly run rates by year.	KS	Feb 2018		Within report. Action closed.	
16-1-18	Quality report	123/17/1	Discuss with the divisional medical directors the involvement of medics in the safety walkabouts	SK(GJ)	Mar 2018		Medics invited to walk abouts. DMDs will give a higher profile to this activity. Action closed.	
16-1-18	Quality report	123/17/1	Discuss with allied health professionals the involvement in the safety walkabouts	VM	Mar 2018		AHPs invited to the walk abouts. Action closed.	
16-1-18	Quality report	123/17/1	Include estate staff on the walkabouts	VM	Mar 2018		Facilities included for PLACE inspections and other inspections as necessary. Action closed.	
09-11-17	A&A Committee report	102/17/3	Review the internal audit plan with Mrs Morris and Dr Kapadia	JR	Dec 2017	Jan 2018	A&A Chair to progress this item. Internal audit forward plan discussed at TLG	

							7.3.18. Action closed.	
16-1-18	Quality report	123/17/1	Include the implementation of localised budgets as part of the financial strategy	JR	Mar 2018		In place. Action closed.	
16-1-18	Quality report	123/17/1	Further review the nine avoidable deaths to determine whether there had been any gaps in care and report back to the Board	SK(GJ)	Mar 2018		In Learning from Deaths report on agenda. Action closed.	
16-1-18	Quality report	123/17/1	Present the common themes in relation to walkabouts to QGC.	VM	Mar 2018		On QGC work plan for Mar 2018. Item closed.	
16-1-18	Quality report	123/17/1	Programme a board development session on medical engagement.	KS	TBD		On Board development agenda. Item closed.	
16-1-18	Developing a vision	126/17/1	Schedule a Board Development session on strategy development.	KS	April 2018		On Board development agenda for April 2018. Item closed.	
16-1-18	Financial Performance Report	124/17	Detail the financial risk	JR	Feb 2018		Transferred to F&P	
09-11-17	Patient Story	91/17	Source a patient pathway story for presentation in May 2018	VM	May 2018			