

Minutes of a Trust Board Meeting in public held on Wednesday 26 July 2017 in the Hampden Lecture Theatre, Education Centre, Wycombe Hospital

Present:

Voting Members:	Ms H Llewelyn-Davies	Chair
	Mr N Dardis	Chief Executive Officer
	Dr D Amin	Non-Executive Director
	Mrs R Devonshire	Non-Executive Director
	Mr J Drury	Director of Finance
	Mr R Jaitly	Non-Executive Director
	Mr G Johnston	Non-Executive Director / Senior Independent Director
	Dr T Kenny	Medical Director
	Prof M Lovegrove	Non-Executive Director
	Mr N Macdonald	Chief Operating Officer
	Mrs C Morrice	Chief Nurse
Non-Voting Members:	Mr Ian Anderson	Director of Human Resources & Organisation Development
	Prof D Sines	Associate Non-Executive Director
	Mr D Williams	Director of Strategy and Business Development
In Attendance:	Miss E Hollman	Director for Governance
	Mrs E Ryder	Senior Board Administrator (minutes)

098/2017	CARE AWARDS The Chief Executive Officer presented the Care Awards given to staff nominated by patients and colleagues for demonstrating the Trust's CARE values: Collaborate, Aspire, Respect and Enable. Winners who were able to be present were; the site team who manage beds, patient flow and day to day running of the sites; the endoscopy team who were nominated by a patient who was proud to be cared for by the team and the IT team who were recognised for the incredible work they do to keep systems working.
099/2017	CHAIR'S WELCOME AND OPENING REMARKS The Chair welcomed everyone to the meeting in particular those attending to receive a Care Award and the members of the public who were in attendance. The Chair informed the meeting that NHS Improvement had officially appointed Rachel Devonshire as a voting non-executive director and had also reappointed Rajiv Jaitly and Dipti Amin for a further term of office. The Chair noted that this was the last board meeting for Ian Anderson, Director of HR and organisation development and she thanked him for the fantastic things he had achieved and noted that he would be missed.
100/2017	MEETING PROTOCOL The Chair referred the Board to the meeting protocol as set out in the agenda papers.
101/2017	APOLOGIES: There were no apologies.
102/2017	PATIENT STORY The Chief Nurse introduced the patient story which was a video and shared the experience of a patient who attended the Ophthalmology outpatient department

	<p>with a condition called blepharospasm (uncontrollable and painful muscle contractions around the eye). The story highlighted the weaknesses in communication between secondary to primary care, and whilst the service provision was a success story, environmental factors could negatively impact experience for patients with visual disturbances.</p> <p>The Medical Director commented on the fact that the service was dependent on one individual who was trained to give the treatment. There was a need to review services and to identify how resilience is maintained within a service if only one member of staff has the expertise. This would be further discussed at the Strategic Workforce Committee.</p> <p>Professor Lovegrove highlighted the important message of communication between the Trust and GPs and sought assurance of making sure that communication was joined up. The Chief Nurse responded that the Trust should be aware of the patients' perception of services and that there was a need to work together with GPs to remove blocks in care to create shared care. Long term conditions were a good test and would continue to shape the service to achieve joined up care.</p> <p>Dr Amin queried if the service offered at Stoke Mandeville could be carried out in community hubs. The Chief Nurse commented that there would be a review of what could be done virtually in community hubs but this particular intervention was only carried out at Stoke Mandeville Hospital at present. Mr Jaitly queried the external factors and where the pinch factors were, how did the Trust listen to the patient voice. The Chief Nurse explained that the patient experience survey, hearing the children's voice and using different methods would show this and a paper would come to the Board in September. Mr Johnston noted the importance of service delivery meeting the needs of those patients who use services on a regular basis. It was a real opportunity to use team work and support to be genuinely responsive.</p> <p>The Chief Nurse explained how the patient experience strategy would help improve how the Trust hears the patient voice and that an update would come to the September board.</p> <p>How the Trust acknowledges nurse consultants was queried and the Chief Nurse noted that they were a strong body of experts with a clinical and corporate workload and the team would be launched more formally through board.</p> <p>The Chief Nurse was asked to write a letter of thanks on behalf of the Board to the patient and Stephanie Hartley the nurse consultant shown in the video.</p>
103/2017	<p>QUESTIONS FROM THE PUBLIC There were no questions from the public.</p>
104/2017	<p>DECLARATIONS OF INTEREST There were no new declarations of interest.</p>
105/2017	<p>MINUTES OF THE LAST MEETING HELD ON 31 MAY 2017 Mr Jaitly requested that the wording in relation to statutory training be amended to the following: Mr Jaitly commented on the shortfall in relation to the statutory training and non-medical appraisals KPI and his disappointment that progress was so slow - he felt there was a need for targets that would create accountability during the course of the year to provide clarity. The Chief Executive commented that there was a need to be clear on forecasting and that quarterly targets would be helpful.</p>

	<p>It was requested that wording be amended on page 2 to from '<i>Dr Amin congratulated the Trust on the progress made and asked for an understanding of the progress being made with community hubs</i>' to '<i>Dr Amin congratulated the Trust on the progress made and requested more specific details on the community hubs</i>'</p> <p>Following the amendments above the minutes of the meeting on 31 May 2017 were agreed as a true and accurate record.</p>
106/2017	<p>MATTERS ARISING AND ACTION MATRIX</p> <p>With regard to the action matrix 053/2017, the Director of Finance noted that new security measures were in place along with the estates being reviewed. In relation to strengthening security arrangements for lone workers, a business case for bleeps was being progressed. The Director of HR noted that in the interim those lone workers who had requested an alarm had received one. The Board would receive an update on this in October.</p> <p>There were no other matters arising.</p>
107/2017	<p>CHIEF EXECUTIVE OFFICER'S REPORT</p> <p>The Chief Executive Officer began his update to the Board by commenting on the recent announcement of Buckinghamshire's designation as a shadow accountable care system (ACS), stressing that the ACS was in line with current strategy and must be for the benefit of communities and staff and was in recognition of strong partnerships. He noted that this was a fantastic opportunity for all involved to shape the design of future healthcare. There was a workforce challenge in delivering the ACS and there would be a proposal and plans for the coming year.</p> <p>The Chief Executive Officer noted that the Trust was on plan financially and there was assurance around plans and pressure around urgent care services. There had been improvements in quality and the recent falls summit was highlighted as well as the continued high performance of the Wycombe stroke service. The theme of the continuing journey was how the Trust could achieve good and outstanding in the CQC rating. In addition the importance of celebrating successes throughout the organisation was highlighted. The Director of HR explained that new thank you cards had been purchased and some of these would be made available for the non-executive directors to use.</p> <p>The Chief Executive Officer had welcomed the invitation and opportunity to speak at the recent Healthwatch annual report launch.</p> <p>Mr Jaitly referred to the appendix to the Chief Executive Officer's report which highlighted what the Executive Team had discussed and he asked for a summary of the wider operational indicators.</p> <p>Professor Lovegrove felt it was heart-warming to see staff achievements recognised nationally despite challenges and asked for a message of congratulations from the Board to be passed on.</p> <p>Professor Sines commented on the importance on having engagement with Healthwatch and their independent voice and that it would be useful to hear directly from them at a future board meeting.</p> <p>The Board noted the Chief Executive's report.</p>
108/2017	<p>ACCOUNTABLE CARE SYSTEM UPDATE</p> <p>The Director of Strategy and Business Development updated the Board on the announcement of Buckinghamshire becoming one of nine</p>

	<p>Accountable Care Systems (ACS), which will be the forefront of nationwide action to provide joined up, better coordinated care, breaking down the barriers between GPs and hospitals, physical and mental healthcare, social care and the NHS.</p> <p>The update outlined the partners involved, how an ACS would accelerate improvements in care and proposals for collective decision making and governance. There would be four focus areas of urgent and emergency care; general practice, mental health and cancer services and improving diagnostics. The importance of social care and the voluntary sector as part of the work stream areas was highlighted.</p> <p>The Director of Strategy explained that the ambition of the ACS was to be one of the safest healthcare systems in the country where new ideas could be tried and access improved to provide better care. There would be work with partners to change and transform services. There would be national support with extra resources and at a local level, partners would be able to learn and develop from each other. It was important to understand the different areas of the country and to have the ability to provide different sorts of services to meet the differing needs, working with Commissioners to provide change.</p> <p>The Director of HR noted that this reinforced the philosophy of moving forward. The Chair noted that there had been a first meeting of Chairs and CEOs of the ACS to move forward and to look collectively at the workforce across the whole organisation.</p> <p>Dr Amin noted the objectives and queried the effect on social care for the elderly and why this was not part of the first wave. The Director of Strategy explained that this was part of the urgent and emergency care workstream and the detail would come through in the community hub paper and would tie in community support to help patients. Dr Amin commented that the use of volunteers could be utilised better and there were lots of opportunities for them to be involved in more care.</p> <p>Professor Lovegrove congratulated the Director of Strategy and colleagues for the work so far and hoped that there would be support for the work to be undertaken. It was noted that support would be available and there was confidence in building capacity.</p> <p>In conclusion the Chair commented that if the proposed changes did not improve things for patients and staff then things would not proceed.</p>
109/2017	<p>CORPORATE OBJECTIVES MILESTONES UPDATE</p> <p>The Director of Strategy and Business Development informed the board of progress in quarter 1 against the achievement of the 2017/18 corporate objectives, and headlined the focus for quarter 2. There had been increased patient engagement numbers and new musculo skeletal service (MSK) contract objectives.</p> <p>Mr Jaitly queried the patient engagement numbers noting it was on the line and asked if there were other milestones. The Director of Strategy noted that a new head of patient engagement and been appointed and would be putting a plan together over next few months which would link to the patient experience strategy.</p> <p>With regard to the new model of care for MSK services it was noted this had been delayed due to some complex issues however an update for board approval would be coming to the September Board meeting. The ACS would help to develop this service working with commissioners. It was noted that the milestone needed to be reset. The Chair noted that MSK was not wholly in the Trust's care. The system of how money flows in the system and supporting system change would involve challenging negotiations.</p>

	<p>Mr Jaitly queried the green rating for 'delivering robust costed and affordable estates strategy as part of five year long term financial model' and whether this meant the objective was on track. It was noted that it was and Mr Johnston noted that resetting deadlines was helpful as long as the original date was not lost.</p> <p>Dr Amin queried if there was a risk that the Lifesciences Innovation Hub might not get EU funding. It was noted that by the Autumn resource should have been received. Dr Amin queried if there was a back-up plan if funding was not received. It was explained that a contingency plan was in place involving the University. When funding was available a new post would be set up to have extra internal control.</p> <p>The Chief Executive Officer believed the update was helpful to look at how the Trust was managing the objectives that had been set. The Board needed to be sighted on the red areas and to move these up. It was good to get overall views and see how the Trust managed additional pressures which would come back to the Board.</p> <p>The Board noted the update.</p>
<p>110/2017</p>	<p>COMMUNITY HUBS UPDATE</p> <p>The Medical Director updated the board on the community hubs pilot at Marlow and Thame and highlighted how the local community was shaping performance. An open day had been held which had proved to be very successful with lots of members of the community attending and talking with staff. Patients had been treated in the community which had resulted in avoidance of admission into hospital. The backlog of those waiting for a community bed had reduced. There had been a variety of care on different pathways which had had an impact on hospital attendance. Indicators were being assessed however there was not enough data at the present time. This would come back to board.</p> <p>Professor Lovegrove queried what the experience had been for the staff working in the community hubs. The Chief Nurse reported that initially there had been anxiety however now there was renewed energy and they were the best advocates for selling the service. Mr Johnston noted the anxiety within the community and was delighted that stakeholders were getting involved to achieve more effective care closer to home. The Chief Executive noted the importance of on-going engagement to continue to inform development of hubs in localities across the county.</p> <p>Mrs Devonshire requested revisiting Marlow for a walkabout with the Chair before the pilot finished.</p> <p>The Medical Director noted that there would be further updates at the September and November Board meetings.</p>
<p>111/2017</p>	<p>WORKFORCE PERFORMANCE REPORT</p> <p>The Director of Human Resources and Organisation Development presented the Workforce Report update, in particular highlighting the 7% increase in staff recommending the Trust as a place for treatment and 12% as a place to work, which had improved considerably.</p> <p>Dr Amin commented on the number of vacancies and it was explained that these were in specific areas that were hard to fill, however it was noted that the number of vacancies had halved over the last year.</p> <p>Professor Lovegrove queried how the nursing vacancy was being tracked and it</p>

	<p>was explained that this would be through the Strategic Workforce Committee.</p> <p>It was noted that the issue around education funding had now been resolved and some funding had been received.</p> <p>The Board had a discussion on doctor and nursing recruitment and working with local medical schools and universities. It was important to start building relationships early which would be encouraging for the future.</p> <p>Professor Sines reported on his recent visit with the recruitment team to the university in Porto where there was a good relationship supporting specialist training in the national spinal injuries centre. He noted that he believed that Brexit was not having an impact on recruitment.</p> <p>The Director of HR explained that the Trust had experienced challenges around nursing staffing and the transfer to a new supplier of agency staff which was also a national challenge. The Trust was aware of hotspots and was working to ensure safe staffing on a daily basis.</p> <p>The Chair recognised that the biggest challenge was the recruitment and retention of staff and it was important to have time at a board meeting to understand the challenges. The Executive Team were asked to think about how the Board could understand the challenge and bring this back to the next Board meeting.</p> <p>The Director of HR noted that the workforce plan would be brought to the Strategic Workforce committee and then to Board.</p> <p>The Board noted the Workforce report.</p>
112/2017	<p>SAFE STAFFING REPORT</p> <p>The Chief Nurse reported the latest safe staffing report which provided a review of the safe staffing levels within inpatient areas for June 2017 in accordance with the national reporting requirements and guidelines. These included the use of daily safety huddles and use of existing tools to help monitor and manage to keep wards and departments safe. This was an opportunity to work more innovatively, and the nursing productivity programme would be discussed at the Strategic Workforce and Quality Committee. Over time there would be more visibility of challenges and problems.</p> <p>Mr Jaitly requested clarity on the figures and the Chief Executive Officer noted that these would be going the Finance & Business Performance Committee in September.</p>
113/2017	<p>MEDICAL APPRAISAL AND REVALIDATION ANNUAL BOARD REPORT</p> <p>The Medical Director reported on the appraisal and revalidation of doctors and the Board discussed how this was triangulated to include patient feedback.</p> <p>It was queried whether it was a good system for the person having their appraisal to choose who their appraiser was. The Medical Director commented that it had to be a different person each time.</p> <p>Mr Jaitly queried if the whistleblowing policy should be referred to. The Medical Director noted that there were a series of policies that could be included and she would address this.</p> <p>Mr Johnston noted that he was delighted that feedback from patients was being seen in the appraisal.</p>

	<p>Dr Amin congratulated the Medical Director on the report and asked for thanks to be expressed to the relevant team.</p> <p>The Board delegated authority for the CEO to sign the 'Statement of Compliance' Annex E, confirming that the organisation, as a designated body, was in compliance with the regulations.</p>
114/2017	<p>WORKFORCE RACE EQUALITY STANDARD (WRES)</p> <p>The Assistant Director of HR presented the Equality and Diversity Annual Report which included the workforce race equality standard (WRES) submission.</p> <p>Mr Jaitly commented on the 6 priorities and how these were tracked. It was explained that this would be through the Strategic Workforce Committee.</p> <p>In addition Mr Jaitly noted that the wording of some of the foreign language signs in the outpatient department needed to be adjusted. The Chief Operating Officer would link with Mr Jaitly to address this.</p> <p>Thanks were expressed to Bridget O'Kelly, Tracey Underhill and Christine Hughes for their work on this report.</p> <p>The Board noted the annual summary report and approved the WRES submission for 2017 / 2017.</p>
115/2017	<p>STRATEGIC WORKFORCE COMMITTEE CHAIR'S REPORT</p> <p>The Chair of the Strategic Workforce Committee updated the Board on the strategic workforce committee meetings noting that the committee had noted challenge with junior doctors and the quality of learning opportunities. Mr Johnston noted his concern over the large number of apologies at recent meetings.</p> <p>The Board noted the report and the level of assurance given.</p>
116/2017	<p>QUALITY PERFORMANCE REPORT</p> <p>The Chief Nurse and Medical Director presented the Quality Performance report on the quality of service provided by the Trust in reducing mortality, reducing harm and ensuring a great patient experience as well as ensuring safe staffing levels.</p> <p>The Chief Nurse noted the improvements in falls and quality rounds and in complaint response times and patient outcomes. The quality improvement plan would be presented in September.</p> <p>The Medical Director informed the Board that a number of mortality review cases had gone to the coroner. There had been developments at a national level in standardising the way that all deaths are reviewed and this would result in a new Trust policy and process which would be introduced in September 2017.</p> <p>The Chief Executive Officer highlighted that he was pleased with the improvements in outcomes. The leading indicators of learning and quality would go to the Quality Committee in the Autumn. The Chair noted that the way the Trust reports needed to get smarter to highlight what was being done.</p> <p>The Board noted the report.</p>
117/2017	<p>INFECTION PREVENTION & CONTROL REPORT</p> <p>The Medical Director presented the infection prevention control report for June 2017 and the annual report which highlighted information on recent trends in Healthcare associated infections and hand hygiene compliance to the Board. The Board were informed that there had been no norovirus cases and better than national rates of surgical site infections. Further work on infection control to reduce</p>

	<p>MRSA and clostridium difficile was on-going. An external review of clostridium cases would take place to receive assurance that everything possible was being done.</p> <p>The Board discussed patient led assessments of care environments (PLACE) as an important monitor of standards and that the report would be discussed at the Quality Committee.</p> <p>The board heard that infection prevention control issues were discussed at every Quality Committee. The Chief Nurse noted there were still issues around line infections which was a concern. There would be a visit from the NHSI Infection Prevention and Control lead and the report from that visit would be reported to Quality Committee.</p> <p>The Board noted the report and the annual report.</p>
118/2017	<p>QUALITY COMMITTEE CHAIR'S REPORT</p> <p>The Chair of the Quality Committee updated the board on the latest committee meetings noting the actions and discussions including the future programme for replacement of ageing equipment. The Chief Operating Officer would lead on this programme which would initially be presented at the Finance and Business Committee.</p> <p>The Board noted the report and the level of assurance given.</p>
119/2017	<p>QUESTIONS FROM THE PUBLIC</p> <p>Sue Hynard from Steve Baker, MP for Wycombe's office, asked 2 questions; the first one being around developing maternity services at Wycombe. The Director of Strategy noted that the Trust would need to have capacity for the rise in birth rates, noting that local areas across the Trust would need to provide different options in terms of delivery.</p> <p>The second question was around working as an ACS and who was in charge. The Chief Executive Officer explained that Lou Patten, Accountable Officer for the CCG was the nominated lead, however all partners in the ACS were equal partners.</p>
120/2017	<p>FINANCIAL PERFORMANCE REPORT</p> <p>The Director of Finance briefed the Board on the financial performance against plan for Month 3, June 2017 noting that the cash position was behind plan to date with dividend in September being drawn down. The Cost Improvement Programme (CIP) trajectory was testing delivery and there was an increase in risk.</p> <p>The capital plan had been approved in March however the estates strategy had been reworked to enable better use of the estate for clinical purposes. Additionally the IT and data security would be reviewed for reshaping the capital plan and would look at clinical risks.</p> <p>The Chair noted that the Trust was behind on CIPs and queried if they were achievable. The Chief Nurse noted there would be a scrutiny of the CIPs for realistic appraisal. The Chair highlighted that the Trust needed to have a plan B.</p> <p>The Director of Strategy explained that there was a new weekly process for going through all CIPs and looking at them in detail which was then reviewed and contingencies looked at by the Executive Team at their weekly meeting, it was important to get back on track.</p> <p>The Finance Director noted the importance of focusing on housekeeping and day to day spending, including coding. CIPs were one issue however income and non-</p>

	<p>recurrent costs in the first half of the year played their part. The Chief Nurse noted the importance of being a role model and stepping up with leadership. There would be communication to the organisation to encourage and maximise expertise.</p> <p>The Board noted the financial performance report and noted the additional information reported with regard to the Control Total and revised plan, CIP delivery and the restrictions to the Capital Programme.</p>
121/2017	<p>FINANCE AND BUSINESS PERFORMANCE COMMITTEE CHAIR'S REPORT</p> <p>The Chair of the Finance & Business Performance Committee updated the board on the latest committee meetings noting that there were still issues to address including key accountabilities. The Chair noted the challenge to the Executive Team for communicating accountability to the organisation as a whole.</p> <p>The Board noted the report and the level of assurance given.</p>
122/2017	<p>FLOODLIGHT AND OPERATIONAL PERFORMANCE REPORT</p> <p>The Chief Operating Officer presented the Floodlight Report for June 2017 identifying the key successes and risks for the Trust in its agreed operational indicators against Quality, People and Money. The report showed progress and improvement against indicators that have been subject to previous improvement work and exception reports.</p> <p>Mr Jaitly commented that the Finance and Business Performance Committee had spent time discussing the report. Mrs Devonshire asked if the report could show the indicators versus the previous year before in order that trends could be identified.</p> <p>The Director of Strategy reflected on the on-going challenge around A&E and reducing the length of stay as numbers were continuing to rise. This would be a priority for the ACS and working with partners. The Chief Operating Officer explained that there had been an improvement on last year. However the community priorities and the issue of A&E were both workforce related issues where there was a concern for quality and a financial point of view.</p> <p>The Chief Nurse noted that the pressure ulcer figures were disappointing and suggested a patient story on pressure ulcers for a future board meeting.</p> <p>The Chair requested an update report on the A&E 4 hour wait at the next meeting, noting that the capital funding for A&E would create a boost in morale and was to be included in the update.</p> <p>The Board noted the report.</p>
123/2017	<p>ORGANISATION RISK PROFILE</p> <p>The Director for Governance presented the organisational risk profile to the Board which showed how the risks were being managed. The top risks were around having the right number and calibre of staff and to improve staff retention; delivery of the financial plan and the risk to patient experience in urgent care due to the increased demand.</p> <p>It was explained that reports were reviewed by committees in detail and the full risk profile was included in the audit report and there was assurance through board on how these risks were being managed.</p> <p>The Chair commented that she felt the risk profile was following a more dynamic process which was a step forward. The Director of Strategy noted that the new risks were linked back to the corporate objectives.</p>

	<p>Mr Johnston informed the Board that the risk profile was extensively discussed at Audit committee.</p> <p>The Board noted the organisation's top risks.</p>
124/2017	<p>DECLARATIONS OF INTEREST POLICY</p> <p>The Director for Governance presented the draft declaration of interest policy to the board. The board were informed that this was new guidance which had been used to create a draft policy which had been localised for BHT. The policy had not yet been through staff side although the Audit Committee has reviewed it.</p> <p>The Chair commented on the definition of a conflict of interest which appeared to be very narrow. The Director of Finance believed that it then broadened through the policy. The definition was directly from the NHS England model policy.</p> <p>It was important to note that if there was any doubt it was better to declare the interest than not. Mr Jaitly queried how this policy would be made understandable for staff. The Director for Governance responded that there would be a communications process for the new policy.</p> <p>The Chair queried the issue of secondary employment. The Chief Nurse noted that this was included in the code of conduct for nursing staff and was a professional requirement to self-regulate.</p> <p>Professor Sines noted that the policy was complex and it would be helpful to have a dialogue with staff side.</p> <p>The Board approved the policy subject to comments from staff side.</p>
125/2017	<p>AUDIT COMMITTEE CHAIR'S REPORT</p> <p>The Chair of the Audit Committee updated the board on the Audit Committee meeting which had included a focus on cyber security. The new interim head of IT was preparing a report on the cyber-attack which would be presented to the Audit Committee and then to Board. The internal audit had just been completed.</p> <p>The Chair queried how the meeting with the new external auditors had gone and it was noted that the first contact with them had been good.</p> <p>The Board noted the report and the level of assurance given.</p>
126/2017	<p>PRIVATE BOARD SUMMARY REPORT</p> <p>The Board noted the report.</p>
127/2017	<p>BOARD ATTENDANCE RECORD</p> <p>The Board noted this report.</p>
128/2017	<p>ANY OTHER BUSINESS</p> <p>There was no any other business.</p>
129/2017	<p>RISKS IDENTIFIED THROUGH BOARD DISCUSSION</p> <p>The Director for Governance highlighted that the risks emerging through the discussions at the meeting were:</p> <ul style="list-style-type: none"> • recruitment and retention • Cash • Aging equipment • PLACE • Standards for A&E and 18 weeks

130/2017	QUESTIONS FROM THE PUBLIC Cllr David Pepler, South Bucks District Council, queried the definition of 'CIP'. It was explained that this stood for Cost Improvement Plan and that each year targets were set which the Trust had to meet.
131/2017	DATE OF NEXT MEETING The next meeting will be held on Wednesday 27 September 2017 at 9.00am in the Hampden Lecture Theatre, Wycombe Hospital. There being no further business the Chair recited the motion to bring the meeting in public to an end.
	Signed Trust Chair Dated.....

ACTION MATRIX

Minute		Lead	Timescale	Update September 2017
021/2017	Fundraising for Charitable Funds to be discussed at a future board meeting	Director of Finance	July 2017	Moved to September 2017.
041/2017	Digital transformation to be discussed at a future board meeting	Director of Finance	Sept 2017	Scheduled for Board seminar
106/2017	Update on business case for lone workers.	Director of Finance	October 2017	Not due
107/2017	Invitation to Healthwatch to speak at a Board meeting	Director for Governance	November 2017	Not due
109/2017	The Chief Operating Officer to look at an overall view of how the Trust was managing additional pressures and to bring back to the Board.	Chief Operating Officer	September 2017	On agenda
122/2017	Update report on the A&E 4 hour wait and capital funding for A&E at the next meeting.	Chief Operating Officer	September 2017	On agenda