

Minutes of a Meeting of the AWP NHS Trust Board - Part 1

Held on 26 April 2017, Jenner House, Chippenham at 10.00am

These Minutes are presented for **Approval**

Members Present

Ruth Brunt (RB), Non-Executive Director	Ernie Messer (EM), Non-Executive Director
Andrew Dean (AD), Director of Nursing & Quality	Charlotte Moar (CM), Non-Executive Director
Rebecca Eastley (RE), Medical Director	Mark Outhwaite (MO), Non-Executive Director
Sarah Elliott (SE), Non-Executive Director	Hayley Richards (HRi), Chief Executive
Charlotte Hitchings (CH) , Chair	Malcolm Shepherd (MS), Non-Executive Director
Sue McKenna (SMcK), Director of Operations	Simon Truelove (STr), Director of Finance

Non-Voting members

Neil Auty (NA), Associate Non-Executive Director
Rachel Clark (RC), Director of Strategy

Staff In Attendance

Julie Benfell (JB), Head of Compliance
M Chothoporangry – Consultant Learning
Difficulties Psychiatrist
Sarah Knight (SK), Interim Company Secretary
Lucy Robinson (LR), Communications
Erika Tandy (ET) Corporate Governance
Coordinator

Members of the Public in Attendance

Mr Ody
Mr King – Service User

BD/17/001 Welcome and Apologies

1. The Chair, Charlotte Hitchings (CH), welcomed members of the public and staff to the meeting. No apologies had been received for the meeting.

BD/17/002 Declaration of Members' Interests

1. In accordance with AWP Standing Orders (s8.1) members present were asked to declare any conflicts of interest with items on the Board meeting agenda.
2. There were no declarations received on any conflicts of interest.

BD/17/003 Patient Experience Story

1. Rebecca Eastley (RE), Medical Director spoke to the Board about the review into the Charlotte Bevan (CB) case. The coroner's report had now been published so it was important to reflect on learning. RE explained that New Horizons was a new unit which had provided some support to CB.

CB's mental health had fluctuated but prior to the birth she had been perceived to be fine. CB stopped her medication and this, together with the impending birth, made her condition worse. She was encouraged to take her medication but stated that she was fine. After the birth her behaviour caused concern with mental health staff and with her mother and she was assessed twice. The first diagnosis was not clear whether her state was due to psychosis or exhaustion from the birth. There had been a plan to move CB into a side room so that she could get more sleep, and she was again encouraged to re-start taking her medication. New Horizon was contacted for a bed but this was an informal referral.

2. CB's condition again worsened, which was apparent from her behavior but again said she felt well and she did take some medication. Once the alarm had been raised on the day that CB left, taking her baby daughter with her, security were alerted and the situation was then dealt with by members of the police force. CB's body was found, shortly followed by that of her baby.

3. RE then read out a statement from CB's mother and RE stated that the Trust had recognised the lack of the co-ordination of care, and would be ensuring that each locality had a perinatal service. The perinatal service was officially launched in February 2017 and steps had been put in place so that every pregnant service user had an individual care plan. The Trust had also looked at how red-top alerts could be misinterpreted. An audit was carried out in 2016 and the support in the mother and baby unit was increased. CH thanked RE for such a comprehensive report and recognised the need to ensure that the Trust worked effectively with other agencies. RE stated that this had been exactly what the Bristol safeguarding report had focussed on, as it showed how agencies could and should effectively work together. With regard to Connecting Care across BNSSG, Simon Truelove (STr) queried whether RE thought that if a more inclusive report had been available this would have assisted with the CB case. RE felt that it was hard to predict, but agreed that joined up communication could always be improved.

5. Sarah Elliott (SE), Non-Executive Director, asked what other contact the Trust had had with the family of CB. RE stated that the sister and the mother of CB had been in touch with the Trust. SE queried if the Trust had a formal family liaison person, and RE stated that there was not a designated individual, but staff who had prior knowledge of a patient would be involved.

6. Charlotte Moar (CM) Non-Executive Director asked whether there had been discussions with other units. RE stated that learning would be rolled out to other areas alongside the Bristol Royal Infirmary. Hayley Richards (HRi), Chief Executive, queried whether a designated AWP representative had met with the leads at other hospitals; at present RE was not sure. HRi stated that the case had shown how difficult it was to carry out a joint Root Cause Analysis. RE reported that the protocol now stated that early communications with service users and carers was essential. In system terms, Kathryn Bundle (Consultant Psychiatrist - Specialised Services) would be taking this forward, as it was clear that taking a systematic overview was essential.

7. Ernie Messer (EM), Non-Executive Director suggested that the trigger had seemed to be that CB had stopped taking her medication, so was there anything that could be done. RE agreed that this was an extremely relevant point, and that pregnant service users would be closely scrutinised with regard to medication.

8. Mr Ody queried whether this patient had been under AWP care and CH clarified that this was the case. He queried whether this should be discussed in public, and the Chair clarified that this was acceptable, as the information on CB was in the public domain.

The Board noted the Patient Experience Story

BD/17/004 Answers to written questions from members of the Public about the Board agenda items

The Chair reminded the Board and members of the public that the purpose of the section was for members of the public to ask questions about the Board strategy, agenda and topics to be discussed at the meeting. Questions about complaints, individuals and questions that had been previously dealt with would not be answered in the meeting but would be channeled through the appropriate route.

Prior to the Board meeting 5 questions were submitted. All questions had been circulated to Board members.

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Two questions were received from Mr Ody.

The first question related to a reply to a complaints letter and so that question was referred to the PALs team who would reply in writing, answering the issues raised.

The second question related to an information governance error that was raised during the public question section of the Board meeting held on 29 March 2017. This issue would be raised under matters arising when the Chief Executive would speak about the error and that statement would be recorded in the minutes of the meeting.

Three questions were received from Mr King. Again all questions had been circulated to the Board.

Question 1.

Your complaint about Board process and regarding how you are being treated by the Board has been referred to the PALs team and will be considered under the complaints process. You will receive a written reply to your comments. One issue raised in the question would be answered at the Board meeting.

Mr King queried why on the AWP question/comment/feedback form, the Trust Board agenda included a dedicated 10 minutes question and answer slot for the public when the current agenda only allowed 5 minutes. The Chair thanked Mr King for his observation and stated that all future agendas would include a 10 minute allocation of time.

Question 2 related to an information governance error that was raised during the public question section of the Board meeting held on 29 March 2017. This issue would be raised under matters arising when the Chief Executive would speak about the error and that statement would be recorded in the minutes of this meeting. It should be noted that only Board members could make amendments to Board minutes.

Question 3 'On numerous occasions, I have formally requested both verbally and in writing, that when attending the trusts board meetings, under the ' members of the public in attendance ' section of your board papers I am identified as " Mr Steven King - Service User " but regret to see again in the latest board papers I am identified just as Mr King.

I find it upsetting that the board of your Trust appear unable to carry out this simple request made on numerous occasions in accordance with my wishes, and ask the actual board members to discuss why such a simple task appears too much for your organisation?'

It was explained during the January Board meeting that member of the public would be recorded in the minutes as they signed themselves in. Here is the relevant extract of the minutes

'The Chair stated in future that the attendance list would reflect how people had signed themselves into the meeting. "Please sign yourself in as a service user, if that is how you would like to be recorded in the attendance list".'

Mr King stated he was unhappy that he was not being given the appropriate opportunity to speak after being informed by the Interim Company Secretary that his questions would not be read out and he was asked not to interject during the meeting, which to him felt like bullying. He also stated that he would request for a factual statement to be attached to the minutes. The Chair stated that his comment would be minuted.

BD/17/005 Minutes of the Part 1 Trust Board Meeting on 29 March 2017

1. The Chair noted that a page of the minutes was missing so requested that this was rectified. The Board reviewed the minutes on a page by page basis and approved them, subject to minor typographical changes. The minutes would be re-submitted at the next meeting with the missing page included, for approval.

BD/17/006 Matters Arising from the Previous Meeting

The Chair then brought the Board's attention to the information governance error that had happened and asked that the Chief Executive Officer read out the following statement.

'During the public part of the Board meeting on 29 March an issue was raised by a member of the

public about an information governance error. On investigation, a mistake was made whereby information was sent in error to a member of the public that included personal information about another member of the public. On behalf of the Board, I would like to apologise for the mistake. This was a serious mistake. An investigation has taken place and the incident has been reported via NHS Digital's information governance toolkit incident reporting system which automatically informs the Information Commissioner's Office.

The Director of Finance, as the Senior Information Risk Owner for the Trust, will write to the individual concerned explaining how the error happened and the action that has been taken to ensure it does not happen again.

Once again, I would like to apologise for the distress caused by the mistake which was human error.'

Mr King asked that his name be included in the minutes as it related to his information. The Chief Executive stated that this personal information would not normally be included. However, as Mr King had requested his name was included it would appear in the minutes.

BD/16/162: Questions from the Public – The Board was informed that the proposals for the policy for recording interviews between carers and service users had been taken to the Trust's technical Board. Andrew Dean (AD), Director of Nursing and Deputy Chief Executive Officer, confirmed that service users could ask for their conversations to be recorded so a policy would be produced, but from a technical perspective minutes of these meetings could not be produced. It was noted that the Trust would deal with requests for information under the Equality Act 2010. It was agreed to close the action

BD/16/139. The Board discussed the due diligence undertaken with regards to the CAMHS and asked that the Programme Management Office review the Business Transfer Process and that the learning from the CAMHS transfer was written up and shared. The process that had been established was described and appropriate actions would be reviewed by the Finance and Planning Committee. Horizontal reporting to Finance and Planning Committee. Item to be removed from the Board action list.

BD/16/223: Integrated Performance Report – Sue McKenna (SMcK) informed the Board that work had been done to support the new version of the report, but due to CQC demands on staff time this would not be ready until the May meeting. Item to remain on the action list.

BD/16/262: Patient experience story – RE informed the Board that she had written to the service user to discuss co-working and was awaiting a response. The Chair requested that this action had the deadline of May.

BD/16/268: Clinical Executive Report – Ruth Brunt (RB), Non-executive director, informed the Board that she had met on 24 April to discuss the revisions for the report, and that it had been agreed that in future, this would be in line with the headings from the Trust's annual objectives. Due to the interdependence between the Integrated Performance Report and the Clinical Executive report, there would be some transition reporting. The first draft of the amended report would come to the Trust Board meeting in May, following consideration at the Quality & Standards (Q&S) Committee.

BD/16/269: Smoke Free Hospitals – this had been added to the annual Board cycle so the Chair requested that this item be removed from the action list.

BD/16/274 a) Annual Operating Plan (AOP); bank and agency spend – AD informed the Board that he had sent a set of questions to all Executives, to be asked when bank shifts were requested, to ensure a consistent approach. AD was looking at how assessment of acuity could be made more robust. The Chair requested that the action on acuity was removed from the action list, as it was on-going.

BD/16/274 b) AOP; Deep Dive on agency spend - it had been agreed that AD would meet with the F&P Chair to produce this, and the Chair requested that this was kept on schedule for May. Mark Outhwaite (MO), non-executive director, confirmed that this was in line with SSG requirements so was not duplication.

BD/16/275: Staff Experience Action Plan – RC informed the Board that unfortunately this had not been taken to the Q&S meeting on 18 April so would come to the next Trust Board meeting.

BD/17/007 Chief Executive's Report

1. Hayley Richards (HRi), Chief Executive, presented the report and highlighted a number of points for the Board's attention.
2. With regard to the general election, HRi stated that the Prime Minister Theresa May had announced an election for 8 June. This, combined with the triggering of Article 50, contributed to a sensitive political climate. The Trust would continue with business as usual during this period while being mindful of purdah requirements.
3. There had been a publication on the Five Year Forward Plan which had given various areas of priority. Mental health was identified as one of four national service improvement priorities for 2017/18 and 2018/19 along with urgent and emergency care, primary care and cancer.
4. Sir Robert Naylor's independent review *NHS Property and Estates: Why the Estate Matters for Patients* was published this month. The report examined how the NHS could make the best use of its estate to support NHS England's Five Year Forward View. It highlighted the opportunities available to support the Sustainability Transformation Partnerships (STPs) and to optimise the use of NHS land and buildings. The review of the Trust's property and estates would be discussed further in part 2 of the Board meeting to ensure that changes were heading in the right direction.
5. In relation to the workforce equality standard, this would be discussed at the next Board Seminar on 10 May, and localities had also received the outputs relevant to their areas.
6. NHS England had launched improved mental health services for veterans and AWP was one of four providers of the Veterans' Mental Health Transition, Intervention and Liaison Service. The Trust's specialist veterans team would be providing support for veterans and those approaching discharge across Buckinghamshire, Oxfordshire, Berkshire, Hampshire, Isle of Wight and the South West of England.
7. A key priority for the Trust was the need to look at recruitment and a central recruitment day had taken place recently. It was positive that the Trust was able to recruit a number of newly qualified nurses, and HRi thanked Anita Hutston from the Nursing and Quality team for taking this forward.
8. Wristbands and other publicity for the Trust's new charity, Headlight, were available in reception to purchase and many staff had been signing up for the first major event – the Headlight Dragon Boat Race in Bath in July.
9. Sarah Elliott (SE), Non-executive director, asked if any benchmarking information on the workforce equality findings would be circulated and it was confirmed that this would be the case. It was agreed that the most appropriate forum for this would be the Quality and Standards Committee.
10. Neil Auty (NA), Associate Non-Executive Director requested feedback from HRi with regard to her visit to the Section 136 suite in Swindon. HRi explained that Swindon had quite low levels of patients coming through, but when she had visited the suite in Bristol, it had seemed very calm and controlled. It was agreed that NA could accompany HRi on her next visit.

The Board noted the report.

BD/17/008 Report of the Quality and Standards (Q&S) Committee Chair

1. Ruth Brunt (RB), Non-Executive Director, presented the report. She explained to the Board that the last Quality & Standards Committee (Q&S) had taken place in Swindon and it had been apparent from their presentation, that the Swindon team had been delivering well against their targets, and had plans in place to address quality priorities for the coming year. Q&S had also been assured by the high level of service user involvement.
2. Present at the meeting had been a service user who was actively involved in the service user and carer forum. He had assisted with the Friends and Family test, undertaking telephone calls to service users which had met with positive response from these individuals.
3. RB informed the Board that as there had been no Clinical Executive report submitted to Q&S, and as a number of other items were reported verbally, the Committee was not fully assured on key clinical issues including clinical quality and workforce priorities and risks. The Q&S Committee had recognised that the co-production of the service users and carers strategy had been a thorough and worthwhile piece of work, and this aligned with the Trust's direction. It had been agreed that this strategy would be signed off once the consultation period had ended.
4. The Q&S Committee had also been pleased that the SMART objectives had been included in the annual objectives.

The Board noted the report.

BD/17/009 Clinical Executive Report

1. RE apologised for the lack of Clinical Executive Report. This was due to demands on staff time in readiness for the CQC visit. In relation to the mortality review, guidance had been released and the Trust's processes would be reviewed in line with this. SE was involved in the mortality review work. Plans were in place to address findings from recent internal audit plans, e.g. medicines management. RE informed the Board that she had received approval to appoint a Chief Pharmacist/Director of Medicines Optimisation.
2. RE stated that CQC preparation would include looking at the Child and Adolescent Mental Health Service (CAMHS), which would incorporate communications with North Bristol Trust (NBT) on property, negotiation with commissioners, and the aim to ensure the Riverside Unit is fit for purpose. There were ongoing issues with the CAMHS IT platform and cultural issues with staff, who had not felt that they had been fully integrated into the Trust.
3. The CQC would also be looking at the Daisy Unit with regard to its registration status and reviewing place of safety facilities. A strategy for the work stream for older adults and dementia care had been completed and risk management was being reviewed as part of governance review.
4. There had been a lot of work regarding Bristol in-patient streams and this would be taken to the Q&S Committee.

The Board noted the report.

BD/17/010 Integrated Performance Report

1. Sue McKenna (SMcK), Director of Operations presented and summarised the highlights from the Performance report, stating that the report had already been to both Finance & Planning and Quality & Standards Committees.
2. CH queried why the Delayed Transfer of Care (DTOC) figures for North Somerset were lower, and what could be learnt from them. SMcK explained that increased scrutiny had improved performance but had also identified that the historic process was not as effective as it should have been. She went

on to report that learning had been shared and all areas now had a good grip on DTOC, however, there was still significant pressure in the system. DTOC would be discussed further at the forthcoming Contract Quality and Performance Management Group.

3. Other members of the Board queried the gap in reporting for secure services and SMcK stated that the reporting through from Secure was in the early stages of development but would improve.
The Board noted the report.

BD/17/011 Report of the Finance and Planning (F&P) Committee Chair

1. Mark Outhwaite (MO), Non-Executive Director, presented the report stating that the Committee had been assured by the attendance of staff from the Local Delivery Units (LDUs).

2. CM stated that she was very concerned with regard to the bank and agency issue. She stated there were no risks in the corporate risk register which identified workforce. The Chair accepted this point but recommended that this was discussed further under the agenda item for the risk register.

3. MO extended his thanks to the finance team for increasingly producing clear and accurate papers, and accepted that this was a challenge in these difficult times.

The Board noted the report.

BD/17/012 Finance Report Month 12

1. Simon Truelove (STr), Director of Finance, presented the report and added some additional comments that were not flagged up in the Chair of the Finance and Planning Committee report.

2. The key points that were discussed:- There was concern that the run rate at month 12 was much higher than previous months and that additional cash drawdown would be required in 2017/18. ST made it clear that £6.35 million would need to be further drawn down even if the Trust delivers its control total in 2017/18. However if it failed to deliver the savings in 2017/18 then based on the current savings forecast it was anticipated that a figure between £6 and £7 million would be the extra cash that would be needed in 2017/18.

3. CM queried if all of the budgets had been signed off and STr stated that they had all been signed off, bar the Wiltshire and BANES locality and CAMHS. STr was confident that these would be confirmed very shortly.

4. MO felt that with regard to transformational change, it was important to remember when discussing consultations, that the timelines for these needed to be factored into the CIPs. The Chair agreed with this comment.

5. Malcolm Shepherd (MS), Non-Executive Director had concerns with regard to agency costs and the impact on the run rate. He asked if there had been any indication as to what had caused the 'blip' in March. AD responded by saying that he had identified some aspects which had an impact. These included the approval of leave, the bank and agency office and the understanding of information on shift plans. He had put in place a process to look at these issues. The old system had been to leave unfilled shifts until the last minute, but the new process was that all shifts were covered, but then bank and agency were not cancelled if they were no longer required. Some staff had been applying safer staffing numbers in all circumstances without properly assessing actual safety needs.

6. The Chair felt it was clear that AD had measures in place to address this which was positive.

7. HRi explained that there were things all staff could do to assist, to test out their understanding of safety when identifying staff required for each shift and the associated use of bank and agency staff. CM felt that having agreed workforce budgets would help.

8. Members of the Board queried why the Trust was not yet delivering on the Meridian findings. SMcK stated that this work had now finished, gaps had been identified and the team needed to decide whether to re-model or not. At present changes had not been taken forward pending further

consideration.

9. CH queried whether the potential impact on service users in relation to a change in capital for anti-ligature works had been looked at, and RB stated that this was due to be presented to Q&S.

10. There had been concern regarding the run rate and the drawdown of the loan. The assumption had been made that the £6.35 million would need to be further drawn down. It was anticipated that a figure between £6 and £7 million would be the extra funds that would be needed in 2017/18.

The Board noted the report.

BD/17/013 Workforce Information Report

1. Andrew Dean (AD) reported that the new workforce report built upon the extra areas that EM had identified, but it was still work in progress as it had not yet been possible to collate all the information required. In terms of the report itself, AD stated that key areas such as recruitment and retention had been compared against last year's figures. Recruitment had significantly improved. Retention of staff continued to be a key issue with static retention rates.

2. With regard to the use of bank and agency staff, there were currently 24 categories which were used when requesting staff, some of these categories would be removed in an attempt to simplify the system. The most used were vacancy, sickness, observations and acuity.

3. There appeared to be far more bank and agency used than vacancies and sickness would suggest was required. It was noted that the raw data raised questions and as the report was work in progress it would require further validation.

4. In response to CM's earlier comment AD stated that Operations, LDUs and Executives did have workforce risks on their register, which were regularly reviewed.

5. EM thanked AD for the report which had clearly addressed the previous Board action to produce a more strategic overview for the Board.

6. RB felt that the report could be expanded upon for Q&S, and would provide the Committee with the necessary assurance. She thanked AD for including trajectories and it was agreed that this report should come quarterly to Q&S. It was agreed that RB and EM would take this forward further, by meeting with the relevant Executives. STr indicated that compiling the data to complete the report would take some time and June was an unrealistic deadline. However, regular updates would be provided by the finance and operations team. The Chair suggested that a paper on progress should be brought to the July meeting. **ACTION: AD / RB / EM**

The Board noted the report.

BD/17/014 Report of the Audit & Risk (A&R) Committee Chair

1. Charlotte Moar (CM) apologised for not producing a report in time for the Board meeting, so provided a verbal update.

2. In the majority, the papers for the Audit and Risk (A&R) Committee had been of a good quality and submitted on time.

3. The Committee had approved the clinical and internal audit plans and had received a presentation from the Bristol locality regarding their risk register. The mitigations that had been described were clear.

4. The annual accounts would be submitted on time and the Committee had received an opinion from the Head of Internal Audit.

5. A&R commented on the Annual Governance Statement (AGS) and agreed that it needed to be more specific to the Trust and the Committee had also received the IG toolkit.

6. Good progress had been made following the Board away day which had focused on risk; although the Committee had felt that no clear updated implementation plan for risk had been developed following A&R and Board development meetings.

7. A&R had looked at the Well-Led Framework for the strategy domain.

The Board noted the update.

BD/17/015 Risk Register

1. HRi presented the risk register. Risk had been discussed on the NED call and then by the Executive Team, and the diagram sent by MO would be adapted for use within the Trust.

2. It had been agreed that the flow of risks should be described. Risk decisions would then be filtered through the Executives or the directorate where the risk sat. These would be scrutinised on a regular basis.

3. The Board Assurance Framework would be used to assess and analyse strategic risks. There also needed to be the recognition that corporate risks could arise from other sources and not just escalated from business units. Key issues were the narrative and ability to identify corporate risks from a thematic as well as scoring perspective. Risk web training remained an issue.

4. EM recognised the progress made, but felt there was the need to take a minimalist approach at Board. The amount of information that was looked at for risk could be pared down, and the A&R Committee should look at the detail. HRi welcomed this practical suggestion.

5. It was agreed that STr would capture and document the process for the Board development day in May. With regard to the action plan it was agreed that AD would hold a meeting to agree the action points, and Paul Daniels, Head of Risk, would take these forward into the implementation plan. SMCK stressed that she didn't want to lose the findings from the risk day, so it was agreed that these should be incorporated. MO felt that to aid implementation the risk document itself needs to be simple. Appendices with extra information could always be added.

6. SE made a general observation that CQC was a single thread relating to risk in itself and she would also like more information on the impact of actions. MS queried if this would be in place for the May Trust Board meeting, so that it was ratified in time for the CQC visit. STr agreed that this would be achievable, and would be considered at the May meeting under the standing agenda item for risk.

The Board noted the report.

BD/17/016 Information Governance Senior Information Risk owner annual report

1. STr informed the Board that the information entered into the toolkit for last year had not been fully evidenced. He stated that this was not critical but clearly far from ideal. CM echoed his opinion. SE felt that clinical coding would need some oversight by the Q&S Committee, but some of the Board members thought that there didn't need to be too much emphasis on this as coding was more relevant for an acute Trust. STr confirmed that action had taken place over recent months to ensure that the information governance culture was robust and the process to provide evidence for the toolkit had been strengthened. This would put the Trust in a strong position going forward.

2. MS queried if there were implications in the information governance weaknesses with regard to the CQC visit. STr stated that the CQC would ask, but would probably not focus on specifics. He felt that the CQC would see it as a positive thing that the Trust had identified its gaps, and recognised that they needed to be addressed. The minutes from the Information Governance Steering Group would go to the A&R committee to keep them updated.

The Board noted the report.

BD/17/017 Minutes of the following committees

1. The Board noted the minutes of the following Committees:

Charitable Funds (CF) 11 November 2016, Audit & Risk (A & R) 10 February 2017, Quality and Standards (Q&S) 21 March 2017 and Finance and Planning (F&P) 24 March 2017.

BD/17/018 Board Committee Annual Reports

The Board noted the reports.

BD/17/019 Chairs Report

1. The Board noted the report which contained the roles and responsibilities of Non-Executive Directors. The Chair asked if Sarah Knight, Interim Trust Secretary (SK) could provide Executives with information on stakeholder events they could attend in the localities that they had been allotted too.

Action : Company Secretary

BD/17/020 Any Other Business

1. No other matters were raised for discussion.

BD/17/021 Board Digest

1. The Board noted the Board digest for information.

The Chair then asked all members if they felt that the meeting had had a sufficient focus on quality. Most members thought generally yes, and CM felt that it was important to remember that quality should be at the heart of all discussions, and that it should not just be about using the word quality. The Chair welcomed this comment as a relevant one.

The meeting closed at 1pm.

The next meeting would take place on 31 May from 10am, in the Conference Room, Jenner House