

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

<b>Date:</b>	Thursday 14 September 2017	<b>Time:</b>	08:30-10:45
<b>Venue:</b>	Conference Room, Field House, Bradford Royal Infirmary	<b>Chair:</b>	Professor Bill McCarthy
<b>Present:</b>	<p><b>Non-Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Professor Bill McCarthy (BM)</li> <li>- Dr Trevor Higgins (TH)</li> <li>- Dr Mohammed Iqbal (MI)</li> <li>- Mr David Munt (DM)</li> <li>- Mr Amjad Pervez (AP)</li> <li>- Ms Selina Ullah (SU)</li> <li>- Mrs Pauline Vickers (PV)</li> <li>- Professor James Walker (JW)</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Professor Clive Kay, Chief Executive (CLK)</li> <li>- Ms Pat Campbell, Director of Human Resources (PC)</li> <li>- Ms Karen Dawber, Chief Nurse (KD)</li> <li>- Ms Cindy Fedell, Director of Informatics (CF)</li> <li>- Dr Bryan Gill, Medical Director (BG)</li> <li>- Mr John Holden, Director of Strategy and Integration (JH)</li> <li>- Mr Matthew Horner, Director of Finance (MH)</li> <li>- Ms Donna Thompson, Director of Governance and Operations / Deputy Chief Executive (DT)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- Ms Fiona Ritchie, Trust Secretary (FR)</li> <li>- Ms Nahida Mafuz, Minute Taker (NM)</li> </ul>		
<b>Observers:</b>	<ul style="list-style-type: none"> <li>- 2 members of the public</li> </ul>		

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<b>Bo.9.17.1</b>	<b>Apologies for absence</b> There were no apologies to note.	
<b>Bo.9.17.2</b>	<b>Declaration of Interests</b> There were no declarations of interest to note.	
<b>Bo.9.17.3</b>	<b>Minutes of the Meeting held on Thursday 13 July 2017</b> The minutes of the meeting were accepted as an accurate record.	
<b>Bo.9.17.4</b>	<p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>- Bo.6.17.10 (08/06/17): <b>Integrated Quality and Performance Dashboard:</b> Never Events. BG and KD to ensure a process is in place to encourage staff to escalate issues. Paper presented to the July Q&amp;S Committee. Action concluded.</li> <li>- Bo.2.17.3 (09/02/17): <b>Patient Story:</b> Update to be provided in six</li> </ul>	

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	<p>months to the Board of Directors and to the patient with regards to improvements that have been made. Item added to agenda at Bo.9.17.15. Action concluded.</p> <ul style="list-style-type: none"> <li>- Bo.6.17.10 (08/06/17): <b>Integrated Quality and Performance Dashboard:</b> Regarding staffing levels and their impact on diagnostic waiting times; BM asked if this could be evidenced in a report to the new Workforce Committee and requested that the report includes a comparison of Medical Consultant agency and locum staff utilised this year compared to the previous year. Post meeting note: item added to the September closed BoD agenda. Action concluded.</li> <li>- Bo.7.17.7 (13/07/17): <b>Report from the Chief Executive:</b> Canterbury District Health Board (CDHB) visit: JH to circulate the presentation. Report circulated 14/7/17. Action concluded.</li> <li>- Bo.7.17.8 (13/07/17): <b>Integrated Quality and Performance Dashboard:</b> MH to update the next Board of Directors' meeting on the financial improvement plan. Item added to the September BoD agenda. Action concluded.</li> <li>- Bo.7.17.19 (13/07/17): <b>Mission, Vision, Strategic Objectives and Values:</b> Communication and engagement strategy to be presented to the September Board of Directors. BM requested that a reasonable amount of time is spent to review this in detail at the meeting. One hour has been set aside for this item as a Board Development session on the 14/9/17. Action concluded.</li> </ul>	
<b>Bo.9.17.5</b>	<p><b>Report from the Chairman</b></p> <p>The Board of Directors noted the report from the Chairman.</p>	
	<p><b>Reports from the Chief Executive</b></p>	
<b>Bo.9.17.6</b>	<p><b>Report from the Chief Executive</b></p> <p>CLK highlighted the following key points for the attention of the Board:</p> <ul style="list-style-type: none"> <li>- Sir David Behan, Chief Executive of the Care Quality Commission (CQC) visited the Foundation Trust on 16 August 2017 at his request. He met staff and acknowledged the excellent work being undertaken across the Foundation Trust. CLK wished to thank JH, DT and colleagues for their support in organising a successful visit which went well.</li> <li>- CLK and BG have jointly written to external stakeholders and partners with information regarding the Foundation Trust's Electronic Patient Records (EPR) Go-Live which is imminent. There is also a paper on the agenda to be presented by CF.</li> <li>- CLK was pleased to announce that the new Intensive Care Unit was now fully open and therefore the new Hospital Wing is now fully functioning. The new ICU is a state of the art facility which staff are extremely proud of.</li> <li>- CLK was pleased to share the news that two of the Foundation Trust's employees Dr Rachel Pilling, Consultant Ophthalmologist</li> </ul>	

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	<p>and Daniel Wadsworth, Deputy Head of Access had been awarded the prestigious Sir Peter Carr Award. There were over 90 applicants for the award and it was a great achievement for the pair to be awarded first prize. CLK felt that it was very positive that the Foundation Trust was getting recognised externally for such achievements, not only does this raise our profile but also helps attract applicants to work for the Foundation Trust. BG agreed and said this was a testament to raising our profile and attracting people to want to work for the Foundation Trust. There have been 41 advertisements for consultant posts in the past 12 months for which 28 have been recruited. The quality of candidates has been very impressive and some of these are roles that have been previously difficult to fill.</p> <p>DM asked whether the Flu campaign would be launched earlier than planned in light of the fear of a Flu epidemic. PC reported that the vaccinations had not arrived yet but said that there will be more vaccinators available this year.</p> <p>The Board of Directors received and noted the report.</p>	
<p><b>Bo.9.17.7</b></p>	<p><b>Report from Integrated Governance and Risk Committee</b></p> <p>CLK presented the regular report from the Integrated Governance and Risk Committee (IGRC) Monthly Meeting and made the following key points:</p> <ul style="list-style-type: none"> <li>- Five new risks were added to the Corporate Risk Register. Details of these have been provided within the report and a brief summary is included here: <ul style="list-style-type: none"> <li>o Storage of Medical Records at St Luke’s Hospital (SLH): DT explained this was in relation to the safe storage of patient medical records whilst ensuring the health and safety of staff. Mitigation has been put in place to manage the risk and following a survey of the buildings where the records are currently stored appropriate external storage is being sought. The introduction of EPR provides a long term solution. BM asked whether the option of digitising the current records had been explored and CF advised it had but this was not a cost effective solution therefore the best option was to source external storage.</li> <li>o Management and escalation of risks from Divisions: DT explained that this risk links to a compliance action from the CQC report. A considerable amount of work has been undertaken to understand risk management and escalation at Board level as well as operational level. However, more needs to be done to embed this further with divisional teams. DT reported that some support is expected to be available from NHSI to fast track some of the work that needs to be undertaken with Divisions to improve staff</li> </ul> </li> </ul>	

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	<p>understanding of the significance of risk management on a daily basis.</p> <ul style="list-style-type: none"> <li>○ Sharps not being disposed of correctly: KD reported that a concern was raised by the Health and Safety Committee in relation to sharps bins and the assembly of these. A sharps injury group has been set up with the Associate Director of Quality leading on this and a campaign is underway to address the risks.</li> <li>○ The Foundation Trust is not meeting the timescale for providing health reports to education under the provision of the Education Health and Care plans: DT reported that a plan is in place to deliver this statutory requirement which involves the wider Clinical Commissioning Group. It was noted that this requirement was linked to education and attainment.</li> <li>○ Non-compliance with Building Research Establishment for fire testing of cladding on Decontamination block: this item will be discussed further at agenda item Bo.9.17.14.</li> </ul> <p>- Ten risks have changed in score since the previous report to the Board of Directors.</p> <p>- One risk has been closed or removed from the Corporate Risk Register.</p> <p>- Two risks were escalated from the Divisions which were declined and an explanation has been provided within the report.</p> <p>BM asked what triggers a review of risks that are not improving in score. DT explained that there is a governance process in place which escalates such issues. This process includes senior input.</p> <p>BM queried the risks where the mitigation dates had passed and CLK reported that there should be no risks where mitigation dates had passed as these risks should have been reviewed prior to the mitigation date and updated accordingly. However there was an issue with the timing of when the reports are being produced and although work has been undertaken on some risks since the previous meeting of the Committee the report presented to the Board reflects the discussion from the Committee rather than the changes made since. It was agreed that the process needed to be reviewed in order to provide a current update to the Board.</p> <p>The Board of Directors received and noted the report.</p>	<p style="text-align: center;">Chief Executive</p>
<p><b>Bo.9.17.8</b></p>	<p><b>Integrated Quality and Performance Dashboard</b></p> <p><b>Safety:</b></p> <ul style="list-style-type: none"> <li>- Patient Falls with Harm: KD reported that these had reduced significantly. The back to basics campaign has been running for a</li> </ul>	

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	<p>number of months now and falls continue to be reviewed weekly. BM asked about benchmarking and KD explained that the model hospital shows that the Foundation Trust is an outlier for some areas within the safety thermometer. KD will provide more detail of this to the Quality Committee.</p> <ul style="list-style-type: none"> <li>- VTE Assessed: BG reported that the task and finish group has explored the reasons why there has been a step change in the fall in VTE assessments. A number of issues were identified including some areas where completion of the process has fallen short of what is required as well as challenges in workload and demands on staff which has resulted in data not being uploaded as required. BG explained that the introduction of EPR will help improve this indicator as it provides alerts which trigger specific actions to be undertaken and does not allow staff to proceed further until certain data has been input. The Foundation Trust currently benchmarks in the bottom 10% which is below previous performance but this is now being addressed. A full report is already planned to be presented to the Quality Committee in October 2017 which will include a trajectory for improvement.</li> <li>- Pressure Ulcers: KD was pleased to report that the number of grade 3 pressure ulcers had halved for August. A rapid improvement event was delivered by KD which is likely to have contributed to this improvement. A target has been set to reduce the number of grade 2 pressure ulcers by half and to have zero avoidable grade 3 pressure ulcers. JW said it was important to keep momentum of improvements and BG explained that some of the campaigns will be repeated in parallel to other initiatives in order to sustain improvements. CLK added that the new dashboard will allow the Board of Directors to see some of the trends to review this.</li> <li>- Infection Control: KD reported that a number of actions have been undertaken to improve this indicator. KD has met with the Infection Control Team, individual wards as well as consultant colleagues and worked closely with the Estates and Facilities department to ensure deep cleans are undertaken on affected wards and cleaning has been increased across all wards in general. KD is systematically undertaking walkrounds on all wards to ensure this is happening. There is currently an advertisement in place for an Infection Control Nurse Consultant. DT reported that the CQC visited Ward 24 and attended an infection control meeting – the visit went well and positive feedback was provided. Discussion took place in relation to staff sanitising their hands and a number of options were discussed to help drive improvement within this area.</li> <li>- Nurse Staffing: KD provided an update in relation to nurse staffing recruitment and reported that approximately 80 new nursing staff are expected to start with the Foundation Trust within the next few weeks including advanced nurse practitioners. This is an increase on the number from the previous year. There has been a gradual</li> </ul>	Chief Nurse

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	<p>decrease in the fill rates for nursing staff and there was one particularly difficult weekend in August but KD reassured the Board of Directors that all wards were staffed safely. A number of actions are in place to manage fill rates effectively including smarter use of e-roster, daily meeting of Matrons and escalations to the Heads of Nursing as required. KD will be reporting to Executive colleagues weekly to show the fill rates for the upcoming week. KD reported that the formal staffing review which is currently being undertaken will result in some ward establishments changing going forward – the plan is not being amended to improve fill rates but to demonstrate that for a number of areas the mix is not suitable. TH asked if the EPR training and go-live preparation will affect fill rates. CLK said this had been addressed and fill rates should not be affected. KD is liaising with the University of Bradford to progress a twice a year intake for newly qualified nurses starting from March 2019. It was agreed that CLK would write to the University of Bradford to see if this could be expedited.</p> <p><b>Effective:</b></p> <ul style="list-style-type: none"> <li>- SHMI: BG reported that the latest SHMI data since the report had fallen further to 96% indicating a further improvement.</li> <li>- Readmission within 30 Days: BM queried readmission rates as these are increasing and DT explained this was being reviewed and would be reported to the Quality Committee.</li> </ul> <p><b>Caring:</b></p> <ul style="list-style-type: none"> <li>- Information Governance Breaches: CLK was pleased to note there were no breaches reported in July 2017 and highlighted the importance of keeping the initiative live.</li> </ul> <p><b>Performance and Access:</b></p> <ul style="list-style-type: none"> <li>- RTT 18 Week Incomplete and Cancer target: A detailed discussion took place regarding the performance targets which are not improving against the trajectory. DT informed the Board of Directors that a senior and very experienced operational manager has been appointed on an interim basis to support teams to undertake detailed work on capacity and demand. As part of this work a new structure has been implemented in terms of performance management, access targets, escalation and supporting directorate managers to understand the recovery plan. AP asked how the process of understanding what the challenges are is being managed and DT explained that detailed work at specialty level is being undertaken as each specialty has its own challenges. . TH was concerned that the current focus of executives will be on EPR which could further impact on performance indicators. DT provided</li> </ul>	<p>Chief Executive</p> <p>Director of Governance and Operations</p>

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	<p>assurance that the interim support is purely focusing on performance and will not be distracted by EPR. CLK added that significant work is due to be undertaken in relation to redesign, improvement and transformation and further discussion will be held at the Closed Board due to commercial sensitivities. BM asked about capacity and demand and how executive colleagues receive the assurance that this is being managed effectively. MH explained that the capacity and demand model is currently being developed and the methodology has been shared with the Executive Management Team. MH explained that there are a number of variables that impact the capacity and modelling such as job planning of consultants and therefore wider engagement across the organisation is needed. The Board of Directors noted the concerns across some of the performance measures and whilst recognising quality of care was key it was also important to note that these indicators were important for patients and staff and therefore refreshing our performance approach was fundamental. The following actions were agreed:</p> <ul style="list-style-type: none"> <li>o An update to be provided to the October meeting of the Finance &amp; Performance Committee in relation to progress of the work being undertaken by the interim support that is in place to support directorates as specialty level.</li> <li>o A high level capacity and demand model to be presented to the October meeting of the Finance &amp; Performance Committee and then presented to the November meeting of the Board of Directors.</li> </ul> <p>- Emergency Care Standard: DT reported that with the exception of one day, the standard has improved over the last nine days with the Foundation Trust exceeding the 90% target.</p> <p>- Diagnostic Waiting Times: DT reported there have been two significant areas affecting performance and both these are being mitigated and monitoring is in place.</p> <p><b>Finance:</b></p> <p>- MH reported that the Foundation Trust has a Finance and Use of Resources rating of 2 against the planned rating of 2. The Foundation Trust is slightly ahead of its pre-STF plan (Sustainability and Transformation Fund) and continues to report recovery of STF incentive fund other than the element related to the delivery of the A&amp;E Emergency Care Standard. Capital expenditure is slightly behind plan due to slippage on a small number of larger schemes but these are on track to deliver this financial year. The Foundation Trust is reporting a pre-STF deficit of £2.8m which is slightly ahead of plan. The position, inclusive of STF is a £1m deficit which is behind plan by £0.2m. It is important to note the significant risk given the non-recurrent measures used to support the position which will not be available going forward. The Foundation Trust is in a challenged financial position and an improvement plan is under</p>	<p>Director of Governance and Operations</p> <p>Director of Finance</p>

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	<p>development to enable delivery of the financial control total.</p> <p><b>Workforce:</b></p> <ul style="list-style-type: none"> <li>- Staff Sickness Rate: PC reported that the August year to date figure had reduced further to 4.45% and monthly sickness this August was lower than August of the previous year.</li> <li>- Appraisal Rate – Non Medical: PC reported that the August position had increased to 85.5% from 62% in January.</li> </ul> <p>The Board of Directors received and noted the report.</p>	
	<b>Quality</b>	
<b>Bo.9.17.9</b>	<p><b>Report from the Quality and Safety Committee – July and August 2017</b></p> <p>This item was discussed under item Bo.9.17.8.</p> <p>The Board of Directors received and noted the reports.</p>	
<b>Bo.9.17.10</b>	<p><b>Quality &amp; Safety Committee Annual Report 2016-17</b></p> <p>The 2016- 2017 annual report of the Quality and Safety Committee outlines the work the Committee has undertaken for the year and how it has fulfilled the duties required by the Board.</p> <p>The Board of Directors received and noted the report.</p>	
<b>Bo.9.17.11</b>	<p><b>EPR Update</b></p> <p>CF presented the report and explained that the Foundation Trust is in the final stages of its preparation activities for the planned EPR Go-Live date of 23/24 September 2017 weekend and is on track for this.</p> <p>The readiness checklists and the BTHFT Go-Live Checklist pro forma are being used to ensure all tasks are completed. These checklists cover the spectrum of technical and operational readiness. The checklists and associated evidence will form the basis of the decision to proceed with the Go-Live. The EPR Transformation Board will formally consider readiness to go-live at its meeting on 15 September 2017. CLK explained that following the EPR Transformation Board meeting the Board has given delegated authority to the Chair of the meeting, the Deputy Chair, the Chief Executive Officer and the Director of Informatics to confirm the decision of the EPR Transformation Board on behalf of the Board of Directors.</p> <p>The Board of Directors received and noted the report.</p>	



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Bo.9.17.12	<p><b>Leadership Walkround Process</b></p> <p>BG presented the paper and explained that in order to further improve the organisation and governance of the Leadership Walk Round process, recommendations are made within the paper aimed at improving the administration and quality of the programme.</p> <p>The Board of Directors approved the recommendations.</p>	
Bo.9.17.13	<p><b>Learning from Deaths Policy</b></p> <p>BG reported that the National Quality Board has recently set out requirements relating to the Learning from Deaths framework. As part of that framework trusts are required to have published a Learning from Deaths Policy outlining the approach to learning from mortality reviews, mortality governance and the roles and responsibilities of Board members.</p> <p>SU queried point 9.10 of the report in terms of patients who die in hospital must have their care reviewed if they fall into the listed criteria – SU asked if this would apply to patients who have a communication difficulty. BG agreed to look into this and report back.</p> <p>The Board of Directors approved the policy.</p>	Medical Director
Bo.9.17.14	<p><b>Cladding – Update Paper</b></p> <p>DT explained that the paper provides an update to the Board of Directors in respect of the Decontamination Block cladding.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.9.17.15	<p><b>Patient Story Update</b></p> <p>KD provided an update in relation to the actions taken and the ongoing work to address key issues that were identified from the patient story that was received by the Board of Directors in February 2017.</p> <p>The story had a strong focus on the barriers and issues encountered as a disabled person using both inpatient and outpatient care at Bradford Teaching Hospitals NHS Foundation Trust.</p> <p>KD highlighted a website which provides visual aids for help with parking and navigating any particular building. JH reported that the Foundation Trust will also make use of this website as part of the improvements being made to the Foundation Trust website. The Foundation Trust website continues to be updated and is expected to be available for view and feedback in November and likely to go live from January 2018.</p>	

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	The Board of Directors received and noted the report.	
<b>Bo.9.17.16</b>	<p><b>NHSE Public Health Screening Reports</b></p> <p>DT explained that as part of the contract for screening services, NHS England - North (Yorkshire and the Humber) Public Health (NHSE PH) requires annual reports highlighting the key achievements and developments in each service in the year.</p> <p>The full reports were received and approved at the Quality &amp; Safety Committee on 30 August 2017.</p> <p>The Board of Directors approved the submission of the reports to NHSE PH.</p>	
<b>Bo.9.17.17</b>	<p><b>Senior Information Risk Owner (SIRO)</b></p> <p>CF explained that it is a requirement of the Information Governance Toolkit (IGT) that the Senior Information Risk Owner (SIRO) regularly reports to the Board of Directors to identify information governance risks and action taken. This paper is the 2017/18 Quarter 1 update.</p> <p>CF reported that the IG Team is working closely with the EPR Programme Team in relation to the opportunities and risks this brings.</p> <p>CF asked the Board of Directors to note the section within the report on the General Data Protection Regulation (GDPR) which will replace the current Data Protection Act (1998) from 25 May 2018.</p> <p>BM asked how the information asset register is progressing and CF explained it is progressing well and training is being rolled out.</p> <p>The Board of Directors received and noted the report.</p>	
	<b>Finance</b>	
<b>Bo.9.17.18</b>	<p><b>Report from Finance &amp; Investment Committee – July and August 2017</b></p> <p>This item was discussed under item Bo.9.17.8.</p> <p>The Board of Directors received and noted the reports.</p>	
<b>Bo.9.17.19</b>	<p><b>Finance and Investment Committee Annual Report 2016-17</b></p> <p>AP explained the 2016- 2017 annual report of the Finance and Investment Committee outlines the work the Committee has undertaken for the year and how it has fulfilled the duties required by the Board.</p>	

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	The Board of Directors received and noted the report.	
<b>Bo.9.17.20</b>	<p><b>Finance Report</b></p> <p>This item was discussed under item Bo.9.17.8.</p> <p>The Board of Directors received and noted the report.</p>	
<b>Bo.9.17.21</b>	<p><b>Improvement Plan</b></p> <p>MH presented the Foundation Trust's Improvement Plan Progress Update. Key points to note:</p> <ul style="list-style-type: none"> <li>- The original planning assumptions planned for £399m of income to be generated and planned expenditure of £398m. The underlying plan (pre-STF) is to deliver a £7.69m deficit. If the deficit is delivered this would attract £9.7m STF, resulting in a control total of £2m surplus.</li> <li>- The current position at the end of month 4 is a deficit of £0.8m. The Foundation Trust is broadly on plan for the pre-STF plan but slightly behind the post STF plan given the reported position regarding the Emergency Care Standard. The underlying position, excluding non-recurrent measures is a £6.8m deficit at the end of month 4.</li> <li>- As demonstrated in the presentation slide the Foundation Trust is on plan to deliver for the end of August and the opportunity to deliver at the end of September is still possible, however, quarters 3 and 4 pose a significant financial challenge without the required level of improvement. It is projected that £9m of improvement is required to deliver the pre-STF control total.</li> <li>- MH then highlighted the progress made to date in the development of the plan and the opportunities available including how to improve income and reduce cost.</li> <li>- The final improvement plan will be presented to the September meeting of the Finance and Performance Committee.</li> </ul> <p>MH reported that a meeting had taken place with NHS Improvement (NHSI) where they recognised the challenge faced by the Foundation Trust and discussed support they can offer and best practice from their experience of other Trusts facing similar challenges. NHSI expects to see real evidence of a step change to the Foundation Trust's grip and control and how the performance management arrangements will be strengthened across the organisation.</p> <p>AP commented that cultural change was an important element to help achieve the plan as is the engagement of each member of staff – communication is the key to help achieve this.</p> <p>BM asked MH if he felt that the right focus in terms of priority was being given to this challenge and MH replied that ideally he would like to have delivered this sooner however realistically the expectations and efforts going into the implementation of EPR have been significant.</p>	

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	The Board of Directors received and noted the points highlighted.	
	<b>Performance</b>	
<b>Bo.9.17.22</b>	<p><b>Report from the Performance Committee – July and August 2017</b></p> <p>This item was discussed under item Bo.9.17.8.</p> <p>The Board of Directors received and noted the reports.</p>	
<b>Bo.9.17.23</b>	<p><b>Performance Committee Annual Report 2016-17</b></p> <p>PV explained the 2016- 2017 annual report of the Performance Committee outlines the work the Committee has undertaken for the year and how it has fulfilled the duties required by the Board.</p> <p>The Board of Directors received and noted the report.</p>	
<b>Bo.9.17.24</b>	<p><b>Performance Report</b></p> <p>This item was discussed under item Bo.9.17.8.</p> <p>The Board of Directors received and noted the report.</p>	
<b>Bo.9.17.25</b>	<p><b>Winter Pressures</b></p> <p>DT delivered the Winter Pressures presentation and made the following key points:</p> <ul style="list-style-type: none"> <li>- The Operational Readiness Plan for Winter 2017/18 outlines the specific actions that the Foundation Trust will undertake in response to the anticipated increase in demand that the winter period brings. This is in line with national requirements that must be met.</li> <li>- The plan focuses on a number of key actions to ensure the availability of adequate resources to ensure efficient flow of patients.</li> <li>- A number of the key actions are a continuation of processes which were implemented during 2016/17 as part of the Urgent and Emergency Care Improvement Plan together with standard practice as per national guidance.</li> <li>- In addition a number of additional initiatives are in development as detailed within the presentation.</li> </ul> <p>CLK emphasised the importance of being proactive and felt that the plan demonstrated this well. The Foundation Trust has been engaging with partners well in recent years and it was important to continue this.</p> <p>MI highlighted the recent publicity in relation to GPs leaving general</p>	

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	<p>practice and asked how this may impact the plans that are in place. DT explained that although GPs play a very important role there are also other primary care practitioners who can support the service and this will also be considered as part of the complete model.</p> <p>MH wished to highlight that the measures that have been specified in this plan have not been reflected in the projected run rate and although there are costs there are also potential income opportunities but it was important to note this does not feature within the current financial plan.</p> <p>The Board of Directors received and noted the points and actions highlighted.</p>	
<b>Bo.9.17.26</b>	<p><b>Informatics Performance Report</b></p> <p>This item was discussed under item Bo.9.17.8.</p> <p>BG wished to thank the pharmacy team on behalf of the Board of Directors for the work they undertook over the weekend to ensure a seamless process to the pharmacy replacement system.</p> <p>The Board of Directors received and noted the report.</p>	
<b>Bo.9.17.27</b>	<p><b>Emergency Preparedness Resilience and Response (EPRR) Assurance</b></p> <p>DT presented the report and explained that letter from NHS England dated 10<sup>th</sup> July 2017 sets out the expectations for the 2017-18 emergency preparedness, resilience and response (EPRR) self-assessment assurance process (Gateway reference: 06967) in order to be assured that the Trust and NHS England are prepared to respond to an emergency, and has resilience in relation to continuing to provide safe patient care.</p> <p>An action plan has been developed to work towards full compliance which sits with the Emergency Planning Team to ensure completion and progress is being made against this.</p> <p>The Board of Directors approved the paper.</p>	
	<b>Workforce</b>	
<b>Bo.9.17.28</b>	<p><b>Workforce Report</b></p> <p>This item was discussed under item Bo.9.17.8.</p> <p>The Board of Directors received and noted the report.</p>	
<b>Bo.9.17.29</b>	<b>Freedom to Speak Up Q1 Report</b>	

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	<p>KD presented the report and explained that the paper provides an update on the Freedom to Speak Up (FTSU) campaign and also outlines the progress to date of the FTSU focus group.</p> <p>The Board of Directors received and noted the report.</p>	
	<b>Audit &amp; Assurance</b>	
<b>Bo.9.17.30</b>	<p><b>Report from the Audit Committee – August 2017</b></p> <p>The Board of Directors received and noted the report.</p>	
<b>Bo.9.17.31</b>	<p><b>Audit Committee Annual Report 2016-17</b></p> <p>The 2016-2017 annual report of the Audit Committee outlines the work the Committee has undertaken for the year and how it has fulfilled the duties required by the Board.</p> <p>The Board of Directors received and noted the report.</p>	
	<b>Governance</b>	
<b>Bo.9.17.32</b>	<p><b>Board of Directors Standing Orders</b></p> <p>FR explained that the Standing Orders of the Board of Directors are due for review. The Audit and Assurance Committee has approved some minor changes in the Standing Orders.</p> <p>The Board of Directors ratified the changes approved by the Audit and Assurance Committee to the Standing Orders.</p>	
<b>Bo.9.17.33</b>	<p><b>Register of Board of Directors Declaration of Interests</b></p> <p>The Board of Directors reviewed the Board of Directors' Declaration of Interests register which includes details of all directorships and other relevant and material interests which have been declared by both Executive and Non-Executive members. The Register is available to the public.</p>	
<b>Bo.9.17.34</b>	<p><b>Board Assurance Framework</b></p> <p>The Board Assurance Framework (BAF) is presented bi-annually to the Board of Directors.</p> <p>The Board of Directors received and noted the report.</p>	
	<b>For Information</b>	
<b>Bo.9.17.35</b>	<p><b>Confirmed Finance and Investment Committee Minutes – June and July 2017</b></p>	

No.	Agenda Item	Action
	The Board of Directors received and noted the minutes of the Finance and Investment Committee for June and July 2017.	
<b>Bo.9.17.36</b>	<b>Confirmed Performance Committee Minutes – June and July 2017</b>  The Board of Directors received and noted the minutes of the Performance Committee for June and July 2017.	
<b>Bo.9.17.37</b>	<b>Confirmed Quality and Safety Committee Minutes – June and July 2017</b>  The Board of Directors received and noted the minutes of the Quality and Safety Committee for June and July 2017.	
<b>Bo.9.17.38</b>	<b>Confirmed Audit &amp; Assurance Committee Minutes – May 2017</b>  The Board of Directors received and noted the minutes of the Audit & Assurance Committee for 16 and 24 May 2017.	
<b>Bo.9.17.39</b>	<b>Nurse Staffing Data Publication Report – July 2017</b>  The Board of Directors received and noted the report.	
<b>Bo.9.17.40</b>	<b>Any other business</b>  <u>Membership of Active Bradford Limited:</u>  BG explained that <i>Active Bradford</i> is a partnership of organisations from across the District that are committed to working together to increase the number of people being active and playing sport in Bradford.  The Board of Directors was asked to support the Foundation Trust becoming a member of <i>Active Bradford</i> Limited. This proposal supports the Trust's strategic agenda of influencing the health and wellbeing of the population of Bradford and its commitment to collaborate with partners.  The Board of Directors approved becoming a member of the <i>Active Bradford</i> Limited Company.	
<b>Bo.9.17.41</b>	<b>Issues to add to Corporate Risk Register</b>  There were no issues to be added to the Corporate Risk Register.	
<b>Bo.9.17.42</b>	<b>Issues to escalate to NHS Improvement</b>  There were no issues to be escalated to NHSI.	

No.	Agenda Item	Action
<b>Bo.9.17.43</b>	<p><b>Issues to be reported to Care Quality Commission (CQC)</b></p> <p>There were no issues to be escalated to CQC.</p>	
<b>Bo.9.17.44</b>	<p><b>Items for Corporate Communications</b></p> <p>There were no items identified for Corporate Communication.</p>	
<b>Bo.9.17.45</b>	<p><b>Date and time of next meeting</b></p> <p>Thursday 9 November 2017 at 09:30</p>	



**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST**  
**ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 14 SEPTEMBER 2017**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
08/06/17	<b>Bo.6.17.7</b>	<b>Report from the Chief Executive:</b> CLK stated that he would liaise with the Chief Nurse to bring either a Virtual Ward patient story or, a staff team member from the Virtual Ward, to deliver a presentation to the Board of Directors.	Chief Executive	Board of Directors 14 September 2017	Item added to the September BoD agenda but patient carer unable to attend at the last minute. KD to reschedule as part of the regular 'patient story' programme.  Item concluded
08/06/17	<b>Bo.6.17.5</b>	<b>Estates Department Presentation Including the Capital Development Report:</b> BM requested a report on the analysis of usage of the main entrance compared to the new entrance since the new concourse opened.	Director of Governance and Operations	Major Projects Committee 25 October 2017	A report was discussed at the October Major Projects Committee.  Item concluded
08/06/17	<b>Bo.6.17.5</b>	<b>Estates Department Presentation Including the Capital Development Report:</b> BM requested that a short report is presented to the new Major Projects Committee to demonstrate how strategic objectives are linked to capital projects and prioritised.	Director of Strategy and Integration	Major Projects Committee 25 October 2017	A report was discussed at the October Major Projects Committee.  Item concluded
13/07/17	<b>Bo.7.17.8</b>	<b>Integrated Quality and Performance Dashboard:</b> To consider the broader themes rather than focusing on individual deep dives in order to understand whether the issues affecting performance are more than just workforce pressures.	Director of Governance and Operations	Finance and Performance Committee 25 October 2017	Discussed at the October Finance and Performance Committee.  Item concluded
13/07/17	<b>Bo.7.17.8</b>	<b>Integrated Quality and Performance Dashboard:</b> Capacity and Demand: to keep a connection between capacity, demand, planning and delivering to contractual agreements – to monitor this on an ongoing basis in order to address issues and also to	Director of Governance and Operations	Finance and Performance Committee 25 October 2017	Action moved to Director of Governance and Operations. Discussed at October Finance and Performance Committee. Presentation added to the

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		help us plan better for the following year.			November BoD Agenda. Item concluded
13/07/17	<b>Bo.7.17.8</b>	<b>Integrated Quality and Performance Dashboard:</b> VTE Assessed: to carry out a manual audit of assessments on 100 patient records and present the findings within the ProgRESS report to the Quality and Safety Committee in August 2017. A trajectory for improvement to also be included in the report.	Medical Director	Quality Committee 25 October 2017	Item deferred to October Quality Committee  Report presented to the October Quality Committee.  Item concluded
14/09/17	<b>Bo.9.17.8</b>	<b>Integrated Quality and Performance Dashboard:</b> Readmission within 30 Days: BM queried readmission rates as these are increasing and DT explained this was being reviewed and would be reported to the Quality Committee.	Director of Governance and Operations	Quality Committee 25 October 2017	Item discussed at the October Quality and Safety Committee.  Item concluded
14/09/17	<b>Bo.9.17.8</b>	<b>Integrated Quality and Performance Dashboard:</b> Performance and Access: An update to be provided to the October meeting of the Finance & Performance Committee in relation to the progress of work being undertaken by the interim support that is in place to support directorates at specialty level.	Director of Governance and Operations	Finance & Performance Committee 25 October 2017	Discussed at the October Finance and Performance Committee.  Item concluded
14/09/17	<b>Bo.9.17.8</b>	<b>Integrated Quality and Performance Dashboard:</b> A high level capacity and demand model to be presented to the October meeting of the Finance & Performance Committee and then presented to the November meeting of the Board of Directors.	Director of Finance	Board of Directors 9 November 2017	Item on November BoD  Item concluded

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
09/02/17	<b>Bo.2.17.10</b>	<b>Integrated Quality and Performance Dashboard:</b> Non-medical Appraisal Review – the Foundation Trust expects to be in a better position by the end of Quarter 2 and a report will be presented to the Board of Directors. However, if an improvement is not seen then an exception report will be presented.	Director of Human Resources	Board of Directors 9 November 2017	Moved to November to fit with new Board schedule  Added to November BoD agenda  Item concluded
13/04/17	<b>Bo.4.17.13</b>	<b>Quarterly Report on Safe Working Hours: Doctors and Dentists in Training - April 2017:</b> The Guardian of Safe Working to be invited to present at October's Board of Directors Meeting.	Medical Director	Board of Directors 9 November 2017	Moved to November to fit with new Board schedule  Added to November BoD agenda  Item concluded
08/06/17	<b>Bo.6.17.10</b>	<b>Integrated Quality and Performance Dashboard:</b> BM stated that he would raise the subject of the Foundation Trust's representation on the Bradford Producer City (BPC) Board with the Chair of the Board, Cllr Susan Hinchcliffe.	Chairman	Board of Directors 9 November 2017	The new Chair of Bradford Producer City Board will be in place from September 2017.  Contact has been made with the new Chair. The BPC Board will contact CLK if they are prepared to invite him onto the Board.  Item concluded
13/07/17	<b>Bo.7.17.5</b>	<b>Patient Story – Intensive Care Unit:</b> <ul style="list-style-type: none"> <li>- To stay in touch with Michael and his family to keep them informed of progress being made to improve such situations in the future, particularly in relation to improving communication in ICU</li> <li>- To support the family to receive psychological support as soon as possible</li> <li>- To share Michael's experience with partners (Primary Care) to help them improve services</li> </ul>	Chief Nurse	Board of Directors 9 November 2017	

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
14/09/17	<b>Bo.9.17.7</b>	<b>Report from Integrated Governance and Risk Committee:</b> BM queried the risks where the mitigation dates had passed. There was an issue with the timing of the reports being produced and although work has been done on some risks since the previous meeting of the Committee the reports presented to the Board reflect the discussions from the Committee rather than the changes made since then. It was agreed that the process needed to be reviewed in order to provide a current update to the Board.	Chief Executive	Board of Directors 9 November 2017	
14/09/17	<b>Bo.9.17.8</b>	<b>Integrated Quality and Performance Dashboard:</b> Nurse staffing: KD is liaising with the University of Bradford to progress a twice a year intake for newly qualified nurses starting from March 2019. It was agreed that CLK would write to the University of Bradford to see if this could be expedited.	Chief Executive	Board of Directors 9 November 2017	
14/09/17	<b>Bo.9.17.13</b>	<b>Learning from Deaths Policy:</b> SU queried point 9.10 of the report in terms of patients who die in hospital must have their care reviewed if they fall into the listed criteria – SU asked if this would apply to patients who have a communication difficulty. BG agreed to look into this and report back.	Medical Director	Board of Directors 9 November 2017	
08/06/17	<b>Bo.6.17.10</b>	<b>Integrated Quality and Performance Dashboard:</b> Staff Friends and Family Test - the Chairman stated that it would be appropriate for the new Workforce Committee to take on the challenge of seeking to improve the level of staff willing to recommend the Foundation Trust as a place to work.	Director of Human Resources	Workforce Committee 29 November 2017	Moved to November Workforce Committee due to EPR go-live being the week of the September Committee
13/07/17	<b>Bo.7.17.20</b>	<b>Workforce Report:</b> AP felt it was important to demonstrate the medium and long term engagement	Director of Human Resources	Workforce Committee	

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		process for the future workforce highlighting the successes and challenges faced. It was agreed for this to be added as an action for the Workforce Committee.		29 November 2017	
08/06/17	<b>Bo.6.17.12</b>	<b>Complaints and Patient Advice and Liaison Annual Report 2016-17:</b> KD and BG to look into General Surgery and Gynaecology complaints and report back to the Quality and Safety Committee as part of the quarterly complaints report.	Chief Nurse	Quality Committee 29 November 2017	
14/09/17	<b>Bo.9.17.8</b>	<b>Integrated Quality and Performance Dashboard:</b> Patient Falls with Harm: BM asked about benchmarking and KD explained that the model hospital shows we are an outlier for some areas within the safety thermometer and KD will provide more detail of this to the Quality Committee.	Chief Nurse	Quality Committee 29 November 2017	
13/04/17	<b>Bo.4.17.12</b>	<b>“Ward to Board”:</b> Chief Nurse invited to present to the Board of Directors in 9 months’ time on progress made on the dashboard.	Chief Nurse	Board of Directors 11 January 2018	