

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

<b>Date:</b>	Thursday 9 November 2017	<b>Time:</b>	10:30-13:45
<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>- Professor Laura Stroud (LS)</li> <li>- Mr Amjad Pervez (AP)</li> <li>- Ms Selina Ullah (SU)</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>- Andrea Allanach (AA), Lead Advanced Nurse Practitioner and Victoria Smith (VS), Senior Physiotherapist for Patient Story</li> <li>- Dr Andrew Brennan (AB), Consultant Anaesthetist attending for agenda item Bo.11.17.10</li> <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>- 4 members of the public</li> <li>- 2 Governors</li> <li>- 1 member of staff</li> </ul>		

No.	Agenda Item	Action
	<p><b>Patient Story – Virtual Ward Patient</b></p> <p>BM welcomed Andrea Allanach (AA), Lead Advanced Nurse Practitioner and Victoria Smith (VS), Senior Physiotherapist to the meeting. AA explained that one of the virtual ward patients, John, was unable to attend the meeting for the Patient Story but agreed for his story to be shared.</p> <p>AA explained the importance of considering whether a patient over the age of 65 can be kept at home rather than being admitted to hospital when they are being assessed in the Accident and Emergency</p>	

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	<p>Department (AED). The Integrated Care Hub (ICH) offers a seamless service from the patient's home which provides an integrated approach for patient care.</p> <p>VS explained the support that was offered to John including the intervention provided by the physiotherapy team to support him at home. John received three to four visits a day and this helped build his confidence whilst being cared for at home and he was delighted on day six when he was discharged back to the care of his GP without requiring a hospital stay. John has since provided very positive feedback and praised the work of the team.</p> <p>JH asked how cost-effective it was to treat patients through this method as opposed to having them admitted to hospital. AA explained that this has resulted in a reduced length of stay and enabled more effective utilisation of beds. Although cost savings could be demonstrated for the Foundation Trust this has not been measured more widely.</p> <p>BG referred to the 65-78 age cohort and whether more needs to be done to consider future demand in other specialties. AA explained there are a number of specialties that can implement this method and Dr Maj Pushpangadan, Consultant for Care of the Elderly, is working with his consultant colleagues to share good practice and raise awareness.</p> <p>TH asked whether consideration has been given to using technology more effectively to reduce cost pressures and AA explained that this had been looked into and evidence suggests that although technology can play an important role when dealing with patients that are in formal settings such as care homes or supported housing, it is not as effective for frail elderly patients who are at home.</p> <p>KD commented that the work of the virtual ward is truly outstanding and has demonstrated how it has helped avoid frail elderly patients becoming bed-bound in hospital.</p> <p>CLK informed the Board that he and Dr Maj Pushpangadan had been invited the King's Fund in London the previous evening. The King's Fund and key individuals, including Matthew Swindells, NHS England's National Director: Operations and Information wanted to hear more about the virtual ward and how the excellent integrated care approach being taken in Bradford can be implemented in other places. The King's Fund recognised the work of the virtual ward as outstanding practice and CLK said the team should be extremely proud of this.</p> <p>BM thanked AA and VS for the presentation and highlighted that the team should not underestimate the important role they play in this exceptional work. BM felt that an economic evaluation should be carried out and incorporated into the next planning cycle.</p>	<p style="text-align: right;">MH</p>

No.	Agenda Item	Action
Bo.11.17.1	<p><b>Apologies for absence</b></p> <p>Mrs Pauline Vickers (PV), Non-Executive Director. BM formally welcomed Professor Laura Stroud, Non-Executive Director to her first Board of Directors meeting.</p>	
Bo.11.17.2	<p><b>Declaration of Interests</b></p> <p>There were no declarations of interest to note.</p>	
Bo.11.17.3	<p><b>Minutes of the Meeting held on Thursday 14 September 2017</b></p> <p>JH queried whether sub-bullet four under item Bo.9.17.7 (page 4) in relation to “Education Health and Care Plans” was clear. <i>PMN: FR discussed with BG and confirmed it is correct and clear.</i></p> <p>The minutes of the meeting were accepted as an accurate record.</p>	
Bo.11.17.4	<p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>- Bo.6.17.7 (08/06/17): <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. Item added to the September Board agenda but patient carer unable to attend at the last minute. KD to reschedule as part of the regular ‘patient story’ programme. Added to November Board agenda. Item concluded.</li> <li>- Bo.6.17.5 (08/06/17): <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. A report was discussed at the October Major Projects Committee. Item concluded.</li> <li>- Bo.6.17.5 (08/06/17): <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. A report was discussed at the October Major Projects Committee. Item concluded.</li> <li>- Bo.7.17.8 (13/07/17): <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. Discussed at the October Finance and Performance Committee. Item concluded.</li> <li>- Bo.7.17.8 (13/07/17): <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 help plan better for the following year.</li> </ul>	

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	<p>Action moved to the remit of Director of Governance and Operations. Discussed at October Finance and Performance Committee. Presentation added to the November Board Agenda. Item concluded.</p> <ul style="list-style-type: none"> <li>- Bo.7.17.8 (13/07/17): <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. Item deferred to October Quality Committee. Report presented to the October Quality Committee. Item concluded.</li> <li>- Bo.9.17.8 (14/09/17): <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. Item discussed at the October Quality and Safety Committee. Item concluded.</li> <li>- Bo.9.17.8 (14/09/17): <b>Integrated Quality and Performance Dashboard:</b> Performance and Access: An update to be provided to the October meeting of the Finance &amp; 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. Discussed at the October Finance and Performance Committee. Item concluded.</li> <li>- Bo.9.17.8 (14/09/17): <b>Integrated Quality and Performance Dashboard:</b> 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. Item on November Board. Item concluded</li> <li>- Bo.2.17.10 (09/02/17): <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. Added to November BoD agenda. Item concluded.</li> <li>- Bo.4.17.13 (13/04/17): <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. Moved to November to fit with new Board schedule. Added to November BoD agenda. Item concluded.</li> <li>- Bo.6.17.10 (08/06/17): <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. 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.</li> <li>- Bo.7.17.5 (13/07/17): <b>Patient Story – Intensive Care Unit:</b> <ul style="list-style-type: none"> <li>o To stay in touch with Michael and his family to keep them</li> </ul> </li> </ul>	

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	<p>informed of progress being made to improve such situations in the future, particularly in relation to improving communication in ICU</p> <ul style="list-style-type: none"> <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> <p>KD reported that the critical care strategy group has now met and work is ongoing to ensure psychological input is included as business as usual. A plan is also in place to work with the CCGs. Item concluded.</p> <ul style="list-style-type: none"> <li>- Bo.9.17.8 (14/09/17): <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. CLK has written to the University of Bradford. Item concluded.</li> <li>- Bo.9.17.13 (14/09/17): <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. BG reported he has looked into this and is assured that the Foundation Trust's internal process identifies a broader group of patients than the learning disabilities mortality review process. Work is also being undertaken across the wider system to look at how we learn as a system and this will be reported to the Integration and Change Board and Overview Scrutiny and Health and Wellbeing Board. Item concluded.</li> </ul>	
<b>Bo.11.17.5</b>	<p><b>Report from the Chairman</b></p> <p>BM acknowledged how busy the Foundation Trust had been during the last two months and in particular praised the remarkable efforts that have gone into the implementation of Electronic Patient Records (EPR). Conversations have highlighted how well the EPR project was managed and that the Foundation Trust is an exemplar for the NHS particularly in terms of the collective engagement and leadership provided at executive, board and divisional level. BM stated he was confident that this culture would be carried into dealing with other challenges that the Foundation Trust currently faces in order to fully support teams for the benefit of the local community and patients it serves.</p> <p>The Board of Directors noted the report from the Chairman.</p>	
	<b>Reports from the Chief Executive</b>	
<b>Bo.11.17.6</b>	<b>Report from the Chief Executive</b>	

No.	Agenda Item	Action
	<p>CLK highlighted the following key points for the attention of the Board:</p> <ul style="list-style-type: none"> <li>- EPR Go Live – 24 September 2017: CLK reported how immensely proud he felt being part of a team that has implemented EPR so successfully. The Foundation Trust worked with Calderdale NHS Trust to implement EPR and this method has been noted externally. CLK wished to thank CF and her team for their hard work and planning over the last two years. CLK also wished to thank DT and her team for ensuring that the Foundation Trust was in a state of maximised operational readiness. EPR is a huge change for the organisation and work continues with colleagues both internally and externally to resolve any issues. Geoff Segal, Chief Executive of Cerner UK Ltd visited the Foundation Trust and commented that this was the most successful implementation of EPR in the UK that he had seen. CLK thanked all staff, Non-Executive Directors, Governors and volunteers who were involved during the go-live weekend.</li> </ul> <p>CF commented that the Foundation Trust proved that this was not only an IT project but much more than that and everyone involved worked extremely well together. TH agreed and said he had overseen many IT implementations in his 45 years of working within the field of IT and he had not seen one as well- delivered as this.</p> <p>CLK highlighted the enormity of the benefits to clinical care EPR can provide in relation to quality and safety and there was still a lot of hard work to undertake to ensure all the benefits are derived effectively.</p> <ul style="list-style-type: none"> <li>- Clinical Service Strategy 2017-2022: CLK wished to thank JH and colleagues for developing the strategy which has been very well received both internally and externally.</li> <li>- CLK highlighted how the Foundation Trust continues to enhance its reputation externally. An example of this is the submission of four bids in relation to the Early Diagnosis Cancer Transformation Fund. CLK was pleased to report that all four bids were successful.</li> <li>- A significant number of Consultant appointments have been made successfully in areas the Foundation Trust has struggled to appoint to in the past. The quality of the successful applicants has been exceptional.</li> <li>- CLK was pleased to announce that Dr Robin Jeffrey, Consultant Nephrologist, has been appointed as the clinical lead for West Yorkshire Association of Acute Trusts (WYAAT). This is an important role to enable the success of the work programme across WYAAT in leading clinical engagement.</li> </ul> <p>The Board of Directors received and noted the report.</p>	

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Bo.11.17.7	<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>- One new risk was added to the Corporate Risk Register (CRR). Details of the risk have been provided within the report and a brief summary is included here: <ul style="list-style-type: none"> <li>o Financial penalties and reputational impact in the failure to deliver 90% performance against the Emergency Care Standard (ECS). DT reported that a full governance structure surrounding the improvement plan is in place with escalation to the Chief Executive and the recovery plan has been shared with regulators. BM asked if there are any potential quality and clinical risks related to this and DT explained that a quality summit has taken place with the Accident and Emergency Department (AED) and work has commenced from that which will provide an oversight of any risks. Should risks be identified, they will be escalated to the CRR and Quality Committee.</li> </ul> </li> <li>- Three risks have changed in score since the previous report to the Board of Directors and explanations of these have been provided within the report.</li> <li>- Seven risks have been closed or removed from the Corporate Risk Register. BM asked why E Block at SLH has been removed and DT explained this was a duplicate risk therefore one was removed.</li> <li>- No risks were escalated from the Divisions.</li> </ul> <p>The Board of Directors received and noted the report.</p>	
Bo.11.17.8	<p><b>Integrated Quality and Performance Dashboard</b></p> <p>CLK presented the new dashboard which provides a more holistic approach in relation to the various indicators and measures. CLK welcomed feedback from Board colleagues to further refine and improve the dashboard. The dashboard will also be presented at Committee Meetings.</p> <p><b>To provide outstanding care for patients:</b></p> <ul style="list-style-type: none"> <li>- Crude Mortality / Hospital Standardised Mortality Ratio (HSMR) / Summary Hospital-level Mortality Indicator (SHMI): BG explained that the Crude Mortality indicator provides an</li> </ul>	

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	<p>indication to any change to the percentage of deaths and this has been unchanged. In relation to HSMR the Foundation Trust has been consistently better than expected. The SHMI is beginning to show that the Foundation Trust is also better than expected – this is evident from data extracted internally but national reporting is yet to be released, however if this is confirmed then this is very positive.</p> <ul style="list-style-type: none"> <li>- Infection Prevention and Control: Firstly KD wished to inform the Board that a new Consultant Infection Control Nurse has been successfully appointed and is expected to be in post from February 2018. In terms of the EColi indicator the Foundation Trust is an outlier within the benchmark and this appears to be driven by the statistics from August the previous year. However, this will be reviewed. A lot of ongoing work is being undertaken in relation to MSSA, EColi and MRSA and this has helped improved performance.</li> <li>- C-Difficile: KD reported that this indicator has improved which demonstrates good levels of cleaning. BG provided an explanation of the impact of antibiotics and C-Difficile.</li> <li>- VTE Assessment: BG explained that a series of actions will be undertaken to improve this as detailed in the paper presented to the Quality Committee. Now that EPR is in place, data will be extracted to help compare current performance against pre-EPR performance and this will be reported to the Quality Committee.</li> <li>- Night-time Transfers: DT explained that this indicator measures the movement of patients internally from ward to ward overnight. The data shown within the dashboard is based on a manual count. This is being reviewed as there may be discrepancies within the data. KD explained that every transfer is reported on Datix and escalated to the corporate nursing team. It was agreed for a data review of night-time transfers to be undertaken and presented to the Finance and Performance Committee in December.</li> <li>- Audit of WHO Checklist: BG explained the five steps to the checking process of which three are critical and these were being recorded variably. The process has now been redesigned with staff and a simulation programme has been undertaken. The Foundation Trust is now delivering consistently and will be carrying out a quality improvement approach to improve the value of the process.</li> </ul> <p><b>To collaborate effectively with local and regional partners:</b></p> <ul style="list-style-type: none"> <li>- Stakeholder Engagement: JH provided an update in relation to work undertaken to date. Key partners have been identified along with an understanding of how the Foundation Trust's relationship with them is working.</li> </ul>	<p>Chief Nurse</p>

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	<ul style="list-style-type: none"> <li>- Accountable Care: JH explained this relates to how the Foundation Trust is working across the Bradford Health Economy with GPs, Bradford District Care Trust, Social Care and the voluntary sector to provide a seamless service for patients with some initial focus on diabetes to strengthen education, training, support and prevention.</li> <li>- Acute Collaboration: JH explained that each Executive Director is responsible for one or more workstreams in relation to the work that is being undertaken across West Yorkshire and Harrogate with other Acute Trusts.</li> </ul> <p><b>To be a continually learning organisation:</b></p> <ul style="list-style-type: none"> <li>- Out of Date Policies: DT explained that extensive work has been undertaken to update local policies. A focussed programme of work will be undertaken during Quarter 3 to improve the Foundation Trust’s position in relation to Trust-wide policies and their management. Each policy has an executive lead assigned against it.</li> <li>- Risks Not Mitigated: DT reported that Risk Managers have been devolved out to operational divisions to oversee and support this ongoing work which will demonstrate improvement. AP asked how the Board can be assured that risks are being managed effectively locally. DT explained each risk is assigned to an accountable individual to ensure the risk is managed and there is clarity to describe how they can be escalated to the CRR.</li> </ul> <p><b>To deliver our financial plan and key performance targets:</b></p> <ul style="list-style-type: none"> <li>- Delivery of Financial Plan: MH reported a positive rating of green as the pre-STF control total for the end of September 2017 has been delivered. The Foundation Trust has reported a pre-STF deficit of £4.4m against a planned £4.4m deficit, i.e. the Trust has delivered its year to date control total. STF Income of £3.2m has been assumed in this position to arrive at a £1.2m post-STF deficit.</li> <li>- Use of Resources – Financial: At month 6, the Trust has an overall risk rating of 2 due to two of the five metrics being rated 3. The annual plan was to maintain a risk rating of 2 for each month of the financial year.</li> <li>- Liquidity Rating: The Foundation Trust has a liquidity rating of 1 which is the highest rating. The liquidity rating provides a reflection of the short term financial health of the organisation. The position has fallen broadly in line with the planned expectations and this is in relation to the capital investment into the New Hospital Wing and EPR. The Foundation Trust is currently” on plan”.</li> </ul>	

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	<p>AP asked how productivity is measured and MH explained that this is done through the improvement workstreams within the Trust Improvement Committee with the key indicators being theatre productivity and outpatient productivity and there are trajectories within the improvement plan to improve these. It was agreed to include the productivity measures within the dashboard of future reports.</p> <p><b>National indicators:</b></p> <ul style="list-style-type: none"> <li>- Diagnostic Waits: DT was pleased to report an improvement to diagnostic waits which is in line with the recovery trajectory. In September, performance increased significantly to 97.3% and this is on track with the improvement plan.</li> <li>- Emergency Care Standard (ECS): DT reported that performance at the end of September was 88.3% and this has dropped slightly at the end of October due to some additional challenges. A recovery plan is in place with a number of initiatives due to go live within the next two to three weeks and these should support the improved delivery of the ECS. The Clinical Decisions Unit (CDU) has opened and this will help improve the flow of patients through the AED. The voluntary care sector is starting to work with AED colleagues at the front door to look at admission avoidance.</li> </ul> <p>DT highlighted that it is recognised how much pressure staff are under through these challenging times therefore some organisational development work has been undertaken with the team to provide support within the department. Following recent correspondence from the CQC, NHSI and NHSE which detailed the expectation of care in relation to AED, DT wished to highlight that no patients have been cared for in corridors by the Foundation Trust. Some of the suggestions from the CQC include ensuring timely handovers, providing support to staff, having ongoing quality measures to ensure standards of care are maintained and DT reported that this work is already being undertaken by the Foundation Trust.</p> <p>BM wished to reiterate the Board of Director's commitment to ensuring quality and safe care for patients regardless of the pressures. CLK emphasised that the Foundation Trust is absolutely committed to delivering the 90% performance target as soon as possible and the 95% target by the end of March 2018. CLK reported that the ECS recovery plan has been shared with NHSI and a very experienced Interim Assistant Director of Operations for Urgent Care is in place and CLK has re-iterated his commitment to delivering the ECS standard. The Board of Directors affirmed their support for this.</p> <ul style="list-style-type: none"> <li>- Cancer Performance Indicators: DT reported that a cancer recovery</li> </ul>	<p>Director of Informatics</p>

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	<p>plan and trajectory has been developed and agreed to improve performance. This has been presented to the Finance &amp; Performance Committee. Non-recurrent funding is available through the Cancer Alliance to support the implementation of improvements to major pathways.</p> <p>TH referred to the overview page of the dashboard which presents the Trust Priorities and the National Indicators. It was agreed to reword the titles of this page.</p> <p>The Board of Directors received and noted the report.</p>	Director of Informatics
	<b>Quality</b>	
<b>Bo.11.17.9</b>	<p><b>Report from the Quality and Safety Committee – October 2017</b></p> <p>This item was discussed under item Bo.11.17.8.</p> <p>The Board of Directors received and noted the report.</p>	
<b>Bo.11.17.10</b>	<p><b>Guardian of Safe Working Hours</b></p> <p>Dr Andrew Brennan (AB) presented to the Board of Directors and explained that the 2016 junior doctor contract requires the Guardian of Safe Working Hours to submit a quarterly report to the Board of Directors to provide assurance that doctors and dentists in training are working safe hours. The report covers the period 1 June 2017 – 31 August 2017 and information on exception reporting, work schedule reviews, rota gaps and fines levied have been included. AB explained the role of the Guardian of Safe Working Hours:</p> <ul style="list-style-type: none"> <li>• Champion of safe working hours</li> <li>• Compliance monitoring</li> <li>• Intervention to mitigate identified risk</li> <li>• Engaging junior doctors</li> <li>• Junior Doctor Forum</li> </ul> <p>AB explained that the exception reporting rate has increased, mainly due to a need to stay beyond contracted hours. There is ongoing engagement with specialty leads and educational supervisors to consider solutions. Trainee input via a new Junior Doctor Forum which takes place quarterly provides an opportunity to advise the Guardian and Director of Education of issues.</p> <p>TH asked how AB works with the Executive Directors to support this work and AB explained that the role of the guardian is to hold the Executive Directors to account if issues cannot be resolved. AB meets with BG and PC regularly and a good working relationship is in place.</p> <p>CF asked if a mechanism is in place to share learning and AB</p>	

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	<p>explained that information is shared in the quarterly board report and this would include any issues that need to be highlighted.</p> <p>BG felt that the approach taken by the Foundation Trust to engage junior doctors demonstrates we are a learning organisation that builds a culture of trust.</p> <p>BM thanked AB for the presentation and was pleased to note how keen the Foundation Trust is to build a relationship of trust with junior doctors in order to help build future leaders and consultants for the organisation.</p> <p>The Board of Directors received and noted the report.</p>	
	<b>Finance &amp; Performance</b>	
<b>Bo.11.17.11</b>	<p><b>Report from the Finance and Performance Committee – September and October 2017</b></p> <p>This item was discussed under item Bo.11.17.8.</p> <p>The Board of Directors received and noted the report.</p>	
<b>Bo.11.17.12</b>	<p><b>Finance Report</b></p> <p>This item was discussed under item Bo.11.17.8.</p> <p>The Board of Directors received and noted the report.</p>	
<b>Bo.11.17.13</b>	<p><b>Improvement Plan</b></p> <p>This item was also discussed under item Bo.11.17.8 and linking it to the Finance Report.</p> <p>MH provided a progress update in relation to the Foundation Trust's Improvement Plan. Key points to note:</p> <ul style="list-style-type: none"> <li>- All non-recurrent measures have now been exhausted.</li> <li>- The Foundation Trust recognises the underlying challenge being faced and has therefore developed an improvement plan.</li> <li>- NHSI, external regulators and stakeholders are being kept informed of progress and projections.</li> <li>- The improvement plan demonstrates how financial governance arrangements will be strengthened and the range of initiatives, opportunities available, with each requiring a quality impact assessment and financial impact assessment together with a resource impact assessment.</li> <li>- The Trust has undertaken a 2 day senior leadership workshop entitled 'Successfully managing a large complex organisation' with a focus on aims, objectives, priority alignment and roles and</li> </ul>	

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	<p>responsibilities.</p> <ul style="list-style-type: none"> <li>- A range of forums and meetings will commence with key internal stakeholders.</li> <li>- The Board of Directors will be kept informed at each meeting with regards to progress against the planned trajectory.</li> </ul> <p>BM thanked MH for the update and explained that due to commercial sensitivity further discussion will continue in the closed meeting later in the day.</p> <p>The Board of Directors received and noted the points and actions highlighted.</p>	
<b>Bo.11.17.14</b>	<p><b>Performance Report</b></p> <p>This item was discussed under item Bo.11.17.8. The only point MH wished to highlight was in relation to the deep dive within General Surgery. The data is now available and validation is taking place to understand the reason for the deterioration.</p> <p>The Board of Directors received and noted the report.</p>	
<b>Bo.11.17.15</b>	<p><b>Winter Planning</b></p> <p>DT delivered the Winter Planning presentation and highlighted the following key points:</p> <ul style="list-style-type: none"> <li>- The Clinical Decisions Unit (CDU) was opened successfully this week. It is located adjacent to AED and will help improve flow through AED. The CDU will be open 24 hours a day, seven days a week and will be clinically managed by AED. DT wished to acknowledge the hard work of the Estates Department in getting the CDU ready in a very short period of time.</li> <li>- The voluntary sector is working with AED in order to support demand. Scoping is taking place the following week after which they will start to provide support to help avoid admissions.</li> <li>- The work in relation to co-located GP surgeries is progressing well with CCG colleagues and GP federations.</li> <li>- A number of other local initiatives are being progressed or are in place to improve flow and increase productivity.</li> <li>- In terms of system wide initiatives there are a number of plans established or in the process of being established including a winter communication plan, joint surge and escalation plan and local clinical escalation plans. NHSI and NHSE have requested that a Trust Winter Operational Team is in place to ensure a system wide response to any increases in demand and acuity.</li> <li>- A "Winter Room" is being established for the North of England.</li> <li>- In relation to the Emergency Care Standard (ECS), weekly</li> </ul>	

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	<p>operational meetings are taking place and CLK chairs a weekly ECS Oversight Committee</p> <p>BG asked of the level of confidence there is in terms of the system-wide initiatives working and DT explained that this year the surge and escalation plan will document the response expected from each sector – this is something which did not happen previously.</p> <p>LS asked whether there is an understanding of the pressures on GP practices and CLK explained that there is executive level representation at the A&amp;E Delivery Board which helps ensure a greater understanding of everyone’s responsibility system wide.</p> <p>BM asked whether a review of what went well the previous year had been done and DT confirmed it was done at system wide level as well as early on locally and some of the initiatives that are in place have been enhanced as a result of learning from the previous year.</p> <p>The Board of Directors noted the points highlighted.</p>	
<b>Bo.11.17.16</b>	<p><b>Informatics Performance Report</b></p> <p>This item was discussed under item Bo.11.17.8.</p> <p>The Board of Directors received and noted the report.</p>	
<b>Bo.11.17.17</b>	<p><b>Senior Information Risk Owner Q2 (SIRO)</b></p> <p>The Board of Directors received and noted the report.</p>	
<b>Bo.11.17.18</b>	<p><b>EPR Update</b></p> <p>The Board of Directors noted the paper.</p>	
	<p><b>Major Projects</b></p>	
<b>Bo.11.17.19</b>	<p><b>Report from the Major Projects Committee – October 2017</b></p> <p>This item was discussed under item Bo.11.17.8.</p> <p>The Board of Directors received and noted the report.</p>	
	<p><b>Workforce</b></p>	
<b>Bo.11.17.20</b>	<p><b>Our Values</b></p> <p>The Board of Directors received and noted the paper.</p>	
<b>Bo.11.17.21</b>	<p><b>Non-Medical Appraisal Review</b></p>	

No.	Agenda Item	Action
	The Board of Directors received and noted the update.	
	<b>Audit &amp; Assurance</b>	
<b>Bo.11.17.22</b>	<p><b>Report from the Audit Committee – October 2017</b></p> <p>The Board of Directors received and noted the report.</p>	
	<b>Governance</b>	
<b>Bo.11.17.23</b>	<p><b>Risk Management Strategy</b></p> <p>DT explained that the document describes the Foundation Trust’s Risk Management Strategy for 2017 to 2020 and its commitment to establishing an organisational philosophy that ensures risk management is aligned to strategic objectives, clinical strategy, business plans and operational management systems.</p> <p>It was agreed to communicate a summary of the Risk Management Strategy to all staff. The Board of Directors approved the strategy.</p>	<p>Director of Governance and Operations and Director of Strategy and Integration</p>
<b>Bo.11.17.24</b>	<p><b>Risk Appetite Statement</b></p> <p>DT explained that the document presents the Trust’s Risk Appetite Statement for 2017 to 2020. This document defines and communicates the Trust’s key operational risk appetite, related concepts and criteria, as identified within the operational risk appetite framework of the Trust.</p> <p>The Board of Directors approved the Risk Appetite Statement on the basis that it is reviewed on a quarterly basis at Board Development Sessions.</p>	<p>Director of Governance and Operations</p>
<b>Bo.11.17.25</b>	<p><b>Standing Financial Instruction</b></p> <p>DT explained that the Standing Financial Instructions are due for review. The members of the Audit and Assurance Committee have approved the tracked changes in the Standing Financial Instructions.</p> <p>The Board of Directors ratified the changes subject to the actions detailed at agenda item Bo.11.17.26.</p>	
<b>Bo.11.17.26</b>	<p><b>Reservation of Powers to the Board and Scheme of Delegation</b></p> <p>DT explained that the Reservations of Powers to the Board and Scheme of Delegation are due for review. The members of the Audit and Assurance Committee have approved the tracked changes in the Reservations of Powers to the Board and Scheme of Delegation.</p>	

No.	Agenda Item	Action
	<p>The Board of Directors ratified the changes approved by the members of the Audit and Assurance Committee subject to:</p> <ul style="list-style-type: none"> <li>i) JH providing an update in relation to formatting within the document.</li> <li>ii) A discussion between BM and CLK in relation to understanding the rationale of new consultant appointments. <ul style="list-style-type: none"> <li>a) <i>PMN: Following a discussion between BM and CLK it was agreed that MH will prepare a short paper setting out the parameters and criteria executives will use to sign off consultant appointments</i></li> <li>b) <i>This paper will go to and be agreed by the Finance &amp; Performance Committee in November presented by MH.</i></li> <li>c) <i>Following this the SFIs/scheme delegation will be amended.</i></li> </ul> </li> </ul>	<p>Director of Strategy and Integration</p> <p>Chief Executive and Chairman</p> <p>Director of Finance</p> <p>Director of Finance</p> <p>Trust Secretary</p>
	<b>For Information</b>	
<b>Bo.11.17.27</b>	<p><b>Confirmed Finance and Investment Committee Minutes – August 2017</b></p> <p>The Board of Directors received and noted the minutes of the Finance and Investment Committee for August 2017.</p>	
<b>Bo.11.17.28</b>	<p><b>Confirmed Performance Committee Minutes – August 2017</b></p> <p>The Board of Directors received and noted the minutes of the Performance Committee for August 2017.</p>	
<b>Bo.11.17.29</b>	<p><b>Confirmed Quality and Safety Committee Minutes – August 2017</b></p> <p>The Board of Directors received and noted the minutes of the Quality and Safety Committee for August 2017.</p>	
<b>Bo.11.17.30</b>	<p><b>Confirmed Audit &amp; Assurance Committee Minutes – August 2017</b></p> <p>The Board of Directors received and noted the minutes of the Audit &amp; Assurance Committee for August 2017.</p>	
<b>Bo.11.17.31</b>	<p><b>Confirmed Health &amp; Safety Committee Minutes – June 2017</b></p> <p>The Board of Directors received and noted the minutes of the Health and Safety Committee for June 2017.</p>	

No.	Agenda Item	Action
Bo.11.17.32	<p><b>Nurse Staffing Data Publication Report – August and September 2017</b></p> <p>The Board of Directors received and noted the report.</p>	
Bo.11.17.33	<p><b>Any other business</b></p> <p>DT informed the Board that a Provider Information Request (PIR) was made by the CQC requesting information in relation to the fundamental standards. This would imply a visit is likely from the CQC soon. The Board will be kept informed of any further updates as they become available.</p> <p>CLK advised the Board that NHSI are delivering a “Moving to Good Programme”. Eight Trusts in the North of England have been selected for this including Bradford Teaching Hospitals NHS Foundation Trust (BTHFT). The first workshop was delivered in October 2017 and BTHFT was well-represented at this.</p>	
Bo.11.17.34	<p><b>Issues to add to Corporate Risk Register</b></p> <p>There were no issues to be added to the Corporate Risk Register.</p>	
Bo.11.17.35	<p><b>Issues to escalate to NHS Improvement (NHSI)</b></p> <p>There were no issues to be escalated to NHSI.</p>	
Bo.11.17.36	<p><b>Issues to be reported to Care Quality Commission (CQC)</b></p> <p>There were no issues to be escalated to CQC.</p>	
Bo.11.17.37	<p><b>Items for Corporate Communications</b></p> <p>There were no items identified for Corporate Communication.</p>	
Bo.11.17.38	<p><b>Date and time of next meeting</b></p> <p>Thursday 11 January 2018 at 09:30</p>	

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST  
ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 9 NOVEMBER 2017**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
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 Item discussed at the November Workforce Committee.  Item concluded
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 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.	Director of Human Resources	Workforce Committee 29 November 2017	Item discussed at the November Workforce Committee.  Item concluded
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	Item discussed at the November Quality Committee.  Item concluded
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	Item discussed at the November Quality Committee.  Item concluded

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
09/11/17	<b>Bo.11.17.8</b>	<b>Integrated Quality and Performance Dashboard:</b> Night-time Transfers: It was agreed for a data review of night-time transfers to be undertaken and presented to the Finance and Performance Committee in December.	Chief Nurse	Finance and Performance Committee 20 December 2017	Item added to the December Finance & Performance Committee December agenda.  Item concluded
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	Item ‘ward accreditation’ added to the January 2018 Board agenda.  Item concluded
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 11 January 2018	CLK reported he is working with DT to review this from a governance perspective as the timing of when reports are created for Board in line with the update from the Committee need to be considered.  As part of the CRR control process, mitigation dates of risks are discussed on a monthly basis at IGRC.  Item concluded
09/11/17	<b>Bo.11.17.8</b>	<b>Integrated Quality and Performance Dashboard - to deliver our financial plan and key performance targets:</b> To include productivity measures within the dashboard of future reports.	Director of Informatics	Board of Directors 11 January 2018	Dashboard updated Dashboard on January 2018 agenda

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
					Item concluded
09/11/17	<b>Bo.11.17.8</b>	<b>Integrated Quality and Performance Dashboard - to deliver our financial plan and key performance targets:</b> To reword the titles on the overview page.	Director of Informatics	Board of Directors 11 January 2018	Dashboard updated Dashboard on January 2018 agenda  Item concluded
09/11/17	<b>Bo.11.17.23</b>	<b>Risk Management Strategy:</b> It was agreed to communicate a summary of the Risk Management Strategy to all staff.	Director of Governance and Operations and Director of Strategy and Integration	Board of Directors 11 January 2018	
09/11/17	<b>Bo.11.17.24</b>	<b>Risk Appetite Statement:</b> The Board of Directors approved the Risk Appetite Statement on the basis that it is reviewed on a quarterly basis at Board Development Sessions.	Director of Governance and Operations	Board of Directors 11 January 2018	Item added to the Board workplan Added to February 2018 Board development session  Item concluded
09/11/17	<b>Bo.11.17.26</b>	<b>Reservation of Powers to the Board and Scheme of Delegation:</b> The Board of Directors ratified the changes approved by the members of the Audit and Assurance Committee subject to:  i) JH providing an update in relation to formatting within the document.  ii) A discussion between BM and CLK in relation to understanding the rationale of new consultant appointments.	Director of Strategy and Integration  Chief Executive and Chairman	10/11/2017  10/11/17	Item concluded  Meeting occurred Item concluded

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		<p>a) <i>PMN: Following a discussion between BM and CLK it was agreed that MH will prepare a short paper setting out the parameters and criteria executives will use to sign off consultant appointments This paper will go to the Finance &amp; Performance Committee in November presented by MH.</i></p> <p>b) <i>Following this the SFIs/scheme delegation will be amended.</i></p>	<p>Director of Finance</p> <p>Trust Secretary</p>	<p>Finance &amp; Performance Committee 29/11/17</p> <p>Board of Directors 11 January 2018</p>	<p>Item discussed at the November Finance and Performance Committee.</p> <p>Item concluded</p> <p>SFIs/Scheme of delegation amended.</p> <p>Item concluded</p>

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