

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

Date:	Thursday 11 January 2018	Time:	09:45-12:45
Venue:	Conference Room, Field House, Bradford Royal Infirmary	Chair:	Professor Bill McCarthy
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Professor Bill McCarthy (BM) - Dr Trevor Higgins (TH) - Dr Mohammed Iqbal (MI) - Mr Amjad Pervez (AP) - Trudy Feaster-Gee (TFG) - Mr Barrie Senior (BS) - Professor Laura Stroud (LS) - Ms Selina Ullah (SU) - Mrs Pauline Vickers (PV) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Professor Clive Kay, Chief Executive (CLK) - Ms Pat Campbell, Director of Human Resources (PC) - Ms Karen Dawber, Chief Nurse (KD) - Ms Cindy Fedell, Director of Informatics (CF) - Dr Bryan Gill, Medical Director (BG) - Mr John Holden, Director of Strategy and Integration (JH) - Mr Matthew Horner, Director of Finance (MH) - Ms Sandra Shannon, Acting Chief Operating Officer (SS) - Ms Donna Thompson, Director of Governance and Corporate Affairs/Deputy Chief Executive (DT) (from agenda item Bo.1.18.7) 		
In Attendance:	<ul style="list-style-type: none"> - Dr Andrew Baker (AB), Consultant Anaesthetist for agenda item Bo.1.18.13 - Ward 28 Team for Staff Story – Samantha Dawn, Matron, Diogo Silver, Acting Charge Nurse and Angela O'Neill, Ward Manager - Ms Fiona Ritchie, Trust Secretary (FR) - Ms Nahida Mafuz, Minute Taker (NM) 		
Observers:	<ul style="list-style-type: none"> - Mr Steven Picken, Deloitte - 4 members of the public - 1 Governor - 1 member of staff for full meeting - 1 member of staff for staff story 		

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	<p>Staff Story – Ward 28 Team of the Year</p> <p>Samantha Dawn, Matron (SD), Diogo Silver, Acting Charge Nurse (DS) and Angela O'Neill, Ward Manager (AON) delivered a presentation highlighting the following key points:</p> <ul style="list-style-type: none"> - The positive changes introduced on the Ward following a patient acquiring a level 4 pressure ulcer whilst on the ward. Although not classed as a Never Event it was managed as one in order to 	

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	<p>prevent it happening again.</p> <ul style="list-style-type: none"> - The team were all fully involved in developing an action plan with a clear strategy and expected improvements to avoid this occurring again. - It has now been 145 days since any pressure ulcer damage. - The team were nominated and won the Team of the Year award and explained that the financial award will be invested in initiatives to help reduce pressure ulcers, reduce falls and implement nurse prescribing. <p>AP asked how the enthusiasm and good work of the team is shared across the organisation. SD explained that this is shared with Matron colleagues across all wards and divisions in order to spread good practice.</p> <p>CLK congratulated the team for their achievement in winning the award. He asked the Board to note that 50 nominations had been received compared to an average of 15 nominations in previous years. This reflected a real step change in the way staff felt within teams and, how the work of teams reflects the organisations values.</p> <p>SU asked if there was anything the Board could do to keep this momentum going across the organisation. SD stated that the most important factor is staff buy-in – in this case staff identified the problem, came up with the solution and then applied this.</p> <p>BM said the work the team has done reflects how leadership exists within each member of staff and thanked the team for a valuable presentation.</p> <p>Patient Story – Dementia</p> <p>Alison Scarlett, wife of patient Maurice Scarlett, was unable to attend the Board meeting therefore KD made the following key points on behalf of Maurice and Alison:</p> <ul style="list-style-type: none"> - Maurice has advanced mixed vascular dementia and Alison is his wife and main carer. - Maurice has had 3 admissions into hospital over the last 10 month period. - Although generally the experience at the Foundation Trust is a positive experience of care for patients with dementia and their families, Alison felt it is not always as safe or positive as it should be. Inconsistency in quality, standards, and sometimes inadequate service provision, lets patients down as well as the criteria for admission to Elderly Care wards may disadvantage some patients with dementia. - Alison did wish to highlight the positives including the support provided by Danielle Woods, Lead Nurse for Dementia, the staff on 	

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	<p>AMU and wished to point out that the majority of care is excellent</p> <ul style="list-style-type: none"> - Key messages, learning points and actions: <ul style="list-style-type: none"> o The importance of all staff understanding dementia so that patients with dementia are provided with the best care possible, no matter where their care is being provided. o Ensuring good communication and planning care with carer/families in order to enhance patient care and improve patient safety – recognise and welcome their expertise. o John's Campaign – a presentation was recently delivered by John who is a carer for his mum. John will be coming back to the Foundation Trust to help with engagement. o An increased number of "my life" ipads have been made available. o A resource room has been made available for carers to use. o Learning and development for staff on an ongoing basis. o All actions will be followed up by the Quality Committee through the Dementia report. <p>LS asked for assurance in relation to any safety issues and KD confirmed that safety is not compromised and the implementation of EPR has further supported the safety aspect. KD explained that spot checks that are undertaken in terms of information contained within patient records also provides this assurance.</p> <p>CLK asked whether the Foundation Trust needs to work with the voluntary sector to support inpatients. KD explained that good links exist with dementia charities as well as learning disabilities charities and the next step would be for the voluntary sector to work with the Foundation Trust's team of volunteers to enhance the support they can offer.</p> <p>CLK felt that both the staff story and patient story reflect how learning is a key component in the provision of improved care. BM agreed, adding that the core message of the stories is to understand the issues, continually learn and celebrate success.</p>	
Bo.1.18.1	<p>Apologies for absence</p> <p>There were no apologies to note.</p> <p>BM welcomed BS, TFG and SS to their first official Board of Directors meeting.</p>	
Bo.1.18.2	<p>Declaration of Interests</p> <p>There were no declarations of interest to note.</p>	
Bo.1.18.3	<p>Minutes of the Meeting held on Thursday 9 November 2017</p>	

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	<p>The minutes of the meeting were accepted as an accurate record with the exception of the following change that was agreed:</p> <p>Agenda item Bo.11.17.4, page 5, action Bo.9.17.13 (14/09/17): The word “confident” replaced with “assured” in the penultimate sentence to read “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”.</p>	
Bo.1.18.4	<p>Matters Arising:</p> <ul style="list-style-type: none"> - Bo.6.17.10 (08/06/17) Integrated Quality and Performance Dashboard: 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. 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. - Bo.7.17.20 (13/07/17) Workforce Report: 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. Item discussed at the November Workforce Committee. Item concluded. - Bo.6.17.12 (08/06/17) Complaints and Patient Advice and Liaison Annual Report 2016-17: 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. Item discussed at the November Quality Committee. Item concluded. - Bo.9.17.8 (14/09/17) Integrated Quality and Performance Dashboard: 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. Item discussed at the November Quality Committee. Item concluded. - Bo.11.17.8 (09/11/17) Integrated Quality and Performance Dashboard: 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. Item added to the December Finance & Performance Committee December agenda. Item concluded. - Bo.4.17.12 (13/04/17) “Ward to Board”: Chief Nurse invited to present to the Board of Directors in 9 months’ time on progress made on the dashboard. Item ‘ward accreditation’ added to the January 2018 Board agenda. Item concluded. - Bo.9.17.7 (14/09/17) Report from Integrated Governance and Risk Committee: 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 	

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	<p>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. 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.</p> <ul style="list-style-type: none"> - Bo.11.17.8 (09/11/17) Integrated Quality and Performance Dashboard - to deliver our financial plan and key performance targets: To include productivity measures within the dashboard of future reports. Dashboard updated. Dashboard on January 2018 agenda. Item concluded. - Bo.11.17.8 (09/11/17) Integrated Quality and Performance Dashboard - to deliver our financial plan and key performance targets: To reword the titles on the overview page. Dashboard updated. Dashboard on January 2018 agenda. Item concluded. - Bo.11.17.23 (09/11/17) Risk Management Strategy: It was agreed to communicate a summary of the Risk Management Strategy to all staff. JM reported that a risk management development group has been established who will be responsible for cascading the strategy and a number of actions are in progress to do this. Item concluded. - Bo.11.17.24 (09/11/17) Risk Appetite Statement: The Board of Directors approved the Risk Appetite Statement on the basis that it is reviewed on a quarterly basis at Board Development Sessions. Item added to the Board workplan. Added to February 2018 Board development session. Item concluded. - Bo.11.17.26 (09/11/17) Reservation of Powers to the Board and Scheme of Delegation: The Board of Directors ratified the changes approved by the members of the Audit and Assurance Committee subject to: <ul style="list-style-type: none"> i) JH providing an update in relation to formatting within the document. Item concluded. ii) A discussion between BM and CLK in relation to understanding the rationale of new consultant appointments. Meeting occurred. Item concluded. <ul style="list-style-type: none"> 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 & Performance Committee in November presented by MH. Item concluded.</i> b) <i>Following this the SFIs/scheme delegation will be amended. Amended, item concluded.</i> 	
Bo.1.18.5	<p>Report from the Chairman</p> <p>The Board of Directors noted the report from the Chairman.</p>	

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	Reports from the Chief Executive	
Bo.1.18.6	<p>Report from the Chief Executive</p> <p>CLK highlighted the following key points for the attention of the Board:</p> <ul style="list-style-type: none"> - CLK was pleased to welcome Sandra Shannon who has been appointed as Acting Chief Operating Officer. Changes at Executive Director level are detailed within the report. - CLK and Dr Maj Pushpangadan, Consultant Geriatrician and Clinical Lead for the Virtual Ward Service visited the King's Fund to share the Bradford experience of the Virtual Ward and how this model can be implemented in other parts of the country. CLK thanked Dr Pushpangadan and colleagues involved in the successful development and implementation of the Virtual Ward. TFG asked if any analysis will be undertaken in terms of cost savings. CLK replied that learning and benefits were discussed at the presentation to the King's Fund and as this information needs to be shared nationally NHSI and Kings Fund have offered to support the Foundation Trust to work on this. - CLK highlighted the work of the Estates Team and Shane Embleton, Head of Capital Projects in particular who continued to work hard on developments which contribute to enhancing patient care and services. CLK stated that the renovation to the Women's and Newborn Unit is now underway and goes beyond all the latest British regulatory standards to ensure that the cladding used is of the safest and highest standard. - CLK stated that the Foundation Trust was approached by the media in relation to the challenges of winter pressures and how these are being managed. An interview took place with Radio 5? Live the previous week. SS and colleagues were part of the interview and the message delivered from SS was that the pressures are tough but the Foundation Trust is managing patients safely with clear plans in place and good partnership working across the health and social care economy. <p>The Board of Directors received and noted the report.</p>	
Bo.1.18.7	<p>Report from Integrated Governance and Risk Committee</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"> - No new risks were added to the Corporate Risk Register (CRR). - The following four risks have changed in score since the previous report to the Board of Directors: 	

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	<p>in discussions with NHS Quest in relation to this.</p> <p>To be in the top 20% of employers in the NHS:</p> <ul style="list-style-type: none"> - Appraisal Rate Non-Medical: PC reported there has been a sustained improvement until two months ago when a decline has been noted. The HR and OD team are continuing to work with the divisions. Focused work is taking place with areas of concern and the new appraisal policy is being launched the following week. <p>To deliver our financial plan and key performance targets:</p> <p>MH presented the financial aspects of the dashboard and reported that the Foundation Trust reported a pre-STF deficit of £7.5m at the end of month 8 which is £3.3m behind the pre-STF control total. None of the £2m STF can be recovered for Month 7 and 8. Including STF recovered for Q1 & Q2, the YTD post-STF position is a deficit of £4.3m against a planned £1.2m surplus, meaning the Foundation Trust is £5.5m behind the cumulative post-STF control total. The in-month position is an adverse pre-STF variance of £1.0m. A surplus of £0.4m was forecast in the Improvement Plan, which means the Trust is £1.4m behind the Improvement Plan trajectory shared with NHSI. The FYE forecast presented is full delivery of the Improvement Plan and pre-STF control total, although there remain unmitigated risks to this forecast.</p> <p>The deterioration in the financial position in October and November 2017 has impacted on the 'Use of Resources' rating which overall is reporting a rating of 3. The annual plan was to deliver an overall rating of 2 by the end of the year. Delivery of the improvement plan will secure the planned rating.</p> <p>MH reported that EPR has impacted some specific areas where productivity improvements had been targeted. A number of these areas are now back to pre-EPR activity levels but are not reporting improved levels.</p> <p>CLK confirmed that delivery of the control total would allow the Foundation Trust to claw back the missed STF for Quarter 3. MH reported that if the Foundation Trust delivers the improvement plan it will be a huge success in light of the pressures being faced and offers the incentive to recover the bonus STF.</p> <p>PV commented that the improvement plan poses a significant huge challenge and detailed discussions have taken place at the Finance and Performance Committee. Progress and risks toward delivery of the control total are openly discussed with commissioners and NHSI. PV asked how engagement from middle managers is being improved. BG cited the example of the clinical and operational engagement generated through the Counting and Coding Group which demonstrated how the meaningful qualitative aspects of improved coding are being evidenced.</p>	

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	<p>BS sought clarity on the “technical accounting” line within the “Themed Improvement Plan”. MH confirmed it related to the work on modern equivalent assets which continues to be discussed with external auditors and other non-recurrent measures deployed to support the income and expenditure position.</p> <p>BS queried the likelihood of the Foundation Trust delivering “unidentified” financial benefits of £4.7m referred to in the improvement plan. MH replied that the likelihood of these being converted into tangible sustainable savings is limited but negotiation with the commissioners might help address the gap.</p> <p>BS asked that given the financial pressures how is patient safety being managed. CLK emphasised that patient safety is and always will be put first and will not be compromised over financial pressures. Beyond patient safety there are a range of issues that must be considered and evaluated in a balanced way.</p> <p>CLK added that despite the pressures the Foundation Trust is absolutely committed to delivery of the control totals.</p> <p>BM summarised the in-depth conversation and the following actions were agreed:</p> <ul style="list-style-type: none"> - The next couple of months are key in relation to the Foundation Trust’s financial position and the Finance and Performance Committee will seek assurance from the Committee Chair and MH regarding delivery of the improvement plan. - Effective planning must be in place for the new financial year in order to provide sustainable improvements. <p>National indicators:</p> <ul style="list-style-type: none"> - Emergency Care Standard: <ul style="list-style-type: none"> o SS reported that this standard has been a challenge nationally. The current winter pressures with flu and winter viruses had led to an increase in admissions and increase in acuity of older frail people both of which have led to increased lengths of stay and an increase in 4 hour breaches due to bed delays. Early assessment of patients in ED is the key to ensure there are no delays in clinical decision making and working with the wider health and social care system to utilise admission avoidance schemes. o In terms of patient flow SS reported that focus is on rapid decision making and undertaking appropriate diagnostics in order to move patients through their journey efficiently to reduce delays. A sustainable command and control structure will soon be implemented to provide senior leadership and focus on discharges earlier in the day. PV confirmed that a detailed presentation and assurances were provided to the Finance and Performance Committee. 	<p>Members of Finance & Performance Committee</p>

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	<ul style="list-style-type: none"> ○ PV asked whether the Foundation Trust can keep its focus on the recovery plan whilst facing the current winter pressures. SS felt that it can and focus needs to be given to the initiatives that will provide the biggest improvement, assessing if these work and, holding people to account for delivery. ○ TH asked what the level of confidence is in achieving the target. SS explained that it is clear where the problems are and what needs to be done however, pressures are being felt nationally. SS was confident that the target is achievable with a lot of hard work over the next few months. It was agreed that SS will update the Board of Directors on the Trust approach to improving performance at the next board development session. <p>- Cancer 62 day and Cancer 2 weeks: SS recognised that the Foundation Trust has struggled with this standard over recent months and the difficulties experienced with the PPM interface with Cerner have caused an impact in relation to having close visibility of patient pathways but the work being undertaken to improve the operational grip is having a positive impact. A lot of work is being done in relation to the two week wait capacity demand modelling and there are detailed specialty recovery plans in place with daily tracking and daily escalation for any delays. All this is having a positive impact as there is more ownership in divisions. TFG asked whether adequate numbers of nurses are in place for chemotherapy and cancer patients as she had seen this was an issue for some Foundation Trusts in the media recently. KD replied that this is a specialist role but the Foundation Trust has had a robust plan in place which has maintained nurse staffing levels.</p> <p>- RTT 18 Week Incomplete: SS reported that an increase has been seen in waiting lists and this is due to the impact of the planned reduction in activity as well as data quality issues. Going forward focus needs to be given to increasing activity during core sessions and reducing long waiting patients. An increased focus will also be given to validation, reducing data quality issues over the next year and reducing overall waiting list sizes.</p> <p>TH was concerned that the cancer element of EPR was not working and CF reported that the interface has now been completed but the RTT element is still being worked on and is expected to be completed within the next few weeks. BM asked if there is assurance that visibility and access to data to help manage patients safely is available internally and if the facility to extract information for external reporting is the problem. SS assured the Board that there is full visibility for all cancer patients on all pathways and we are able to report this externally. For RTT and non RTT there is also full visibility for all patients on a waiting list and they are booked in chronological order according to clinical priority but what is not available is the external reporting mechanisms.</p> <p>BM summarised the discussion and emphasised that we must not</p>	<p>Acting Chief Operating Officer</p>

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	<p>underestimate the improvements that are being made and the great work of staff regardless of the fact that some indicators are red. It is apparent that staff take patient safety and care extremely seriously and BM wished to thank all teams for their continued hard work.</p> <p>The Board of Directors received and noted the report.</p>	
	Quality	
Bo.1.18.9	<p>Report from the Quality and Safety Committee – November and December 2017</p> <p>This item was discussed under item Bo.1.18.8.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.1.18.10	<p>Safe, Effective, Caring, Responsive and Well-Led Care – Strategic Staffing Review</p> <p>KD explained that the report provides the Board of Directors with a comprehensive update on nurse and midwifery staffing in all areas within the Foundation Trust. The report included an overview of the current staffing position across the wards and departments based on the results of planned strategic staffing establishment reviews undertaken in November and December 2017 with the Chief Nurse.</p> <p>The following key points were made for the Board to note:</p> <ul style="list-style-type: none"> • The work undertaken in relation to assurance of safe staffing across the wards as identified in the annual Strategic Staffing Reviews. • The actions to be undertaken following the staffing review. • The report does not include the full detail of separate reviews being undertaken in Accident and Emergency, Neonatal unit, Maternity, Radiology and Theatres and that these will be included in future reports following extensive reviews of service lines and transformation work streams in the coming months. • Changes proposed to ward establishments will generate a surplus and it is recommended that the finance committee should have delegated responsibility to scrutinise and agree the final budgets. <p>The Board of Directors approved and supported the proposals of the Chief Nurse to the revised establishment.</p>	
Bo.1.18.11	<p>Freedom to Speak Up Q2 Report</p> <p>The report provides an update for the Board of Directors on Freedom to Speak Up (FTSU) at the Foundation Trust and includes the</p>	

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	<p>progress to date of the FTSU focus group. The paper also includes the number of FTSU concerns that have been raised in Quarter 2 and any themes that have emerged from these.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.1.18.12	<p>Update on the Bradford Accreditation Scheme (BAS) and the Nursing Quality Dashboard</p> <p>The report provides an update on the progress and development of Bradford Accreditation Scheme (BAS) and the Nursing Quality Dashboard. The presentation provides the current accreditation status of the wards and departments currently participating in BAS at the Foundation Trust. In addition, the current developments and the next steps for BAS and the Nursing Quality Dashboard are outlined.</p> <p>The Board of Directors noted the report.</p>	
Bo.1.18.13	<p>Organ Donation</p> <p>BM welcomed Dr Andrew Baker, Consultant Anaesthetist and Clinical Lead (AB). AB explained the current committee structure and made the following key points:</p> <ul style="list-style-type: none"> - Activity since April 2017 includes: <ul style="list-style-type: none"> o 96 patients referred o 11 proceeding donors o 100% referral rate o Zero missed opportunities. - The Chief Executive of NHS Blood and Transplant visited the Trust in November and this was a very positive visit. - Successes include referral rates of 100%, good teamwork, good engagement and positive regional and national feedback. <p>SS felt that it was important to ensure that relatives are kept informed and made aware of the benefits of organ donation. One of the anxieties from relatives is that donors are treated with respect and dignity and therefore informing them of the benefits helps them through a very traumatic time.</p> <p>BM thanked Dr Andrew Baker for the insightful presentation.</p> <p>The Board of Directors noted the presentation.</p>	
Bo.1.18.14	<p>Learning from Deaths Quarterly Update</p> <p>BG explained this is the first quarterly update report which the</p>	

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	<p>Foundation Trust is required to publish in relation to information on deaths, their reviews and investigations. The report also includes information on reviews of the care provided to those with severe mental health needs or learning disabilities.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.1.18.15	<p>Combined Learning Q1 and Q2 2017/18</p> <p>DT explained that the paper provides an overview of the work of, and outcomes from, the organisational learning response system. There is a huge amount of organisational learning that has been generated from the implementation and go live processes.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.1.18.16	<p>‘Moving to Good’</p> <p>The paper provides an overview for the Board of Directors in relation to the Foundation Trust’s engagement with NHS Improvement’s ‘Moving to Good Programme’</p> <p>The Board of Directors received and noted the report.</p>	
	Workforce	
Bo.1.18.17	<p>Report from the Workforce Committee – November 2017</p> <p>This item was discussed under item Bo.1.18.8.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.1.18.18	<p>Workforce Report</p> <p>This item was discussed under item Bo.1.18.8.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.1.18.19	<p>Equality & Diversity Update</p> <p>PC explained that the update includes performance against the Foundation Trust’s 2015-2025 Equality Targets to have a workforce reflective of the ethnic diversity of the local population by 2025. We are making good progress against all target indicators except for Band 8a+ BAME staffing levels where the Foundation Trust was behind the trajectory. SU asked about assurance in relation to meeting the target for getting BAME staff to Band 8 plus and meeting the target. PC replied that the promotion statistics had been positive in the last 6 months and this provided a pipeline. The Foundation Trust was also</p>	

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	<p>prioritising leadership development opportunities for BAME staff, offering coaching and looking at where development posts could be created.</p> <p>LS asked if there is assurance that other systematic inequalities are not being developed indirectly as a result of this work. PC said this needs to be reviewed and would be addressed through the Workforce Committee.</p> <p>SU asked what is being done to address the support needed by staff with disabilities. PC explained that work is being done with the disability network to help improve the experience of staff with disabilities and as part of this focus groups are being set up. The attendance management policy is also being reviewed. Training was also being provided to managers in relation to reasonable adjustments. BS asked how long term sickness absence was managed and PC replied this is managed on an individual case by case approach and involves Occupational Health.</p> <p>BM summarised the discussion and confirmed it was important to support the full workforce and it was pleasing to see the progress made across a number of areas. The Workforce Committee will review in more detail to ensure fairness across all areas.</p> <p>The Board of Directors received and noted the report.</p>	Director of HR
	Finance & Performance	
Bo.1.18.20	<p>Report from the Finance and Performance Committee – November and December 2017</p> <p>This item was discussed under item Bo.1.18.8.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.1.18.21	<p>Finance Report</p> <p>This item was discussed under item Bo.1.18.8.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.1.18.22	<p>Trust Improvement Plan</p> <p>This item was discussed under item Bo.1.18.8.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.1.18.23	Performance Report	

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	<p>This item was discussed under item Bo.1.18.8.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.1.18.24	<p>EPR Update</p> <p>The Board of Directors noted the points highlighted.</p>	
	Major Projects	
Bo.1.18.25	<p>Report from the Major Projects Committee – December 2017</p> <p>The Board of Directors received and noted the report.</p>	
	Partnerships	
Bo.1.18.26	<p>Report from the Partnerships Committee – December 2017</p> <p>The Board of Directors received and noted the report.</p>	
	Audit & Assurance	
Bo.1.18.27	<p>Report from the Audit Committee – December 2017</p> <p>The Board of Directors received and noted the report.</p>	
	Governance	
Bo.1.18.28	<p>CQC Fundamental Standards</p> <p>DT explained that the paper provides an overview in relation to the CQC's regulatory framework and describes the current position of the Foundation Trust in relation to its compliance actions following the inspections in October 2014 and in January 2016. It also provides an update on progress made against the Internal Audit recommendations. DT explained that the two compliance requirements have been responded to in full and an assessment has been made of the effectiveness of that response; these are presented in the paper for Board review and assurance.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.1.18.29	<p>Amendments to the Foundation Trust Constitution</p> <p>The Board of Directors approved the amendments to the BTHFT Constitution.</p>	
Bo.1.18.30	Register of Board Declaration of Interest	

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	<p>The Board of Directors reviewed the Board of Directors' Declaration of Interests Register. The Register 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> <p>The Board of Directors received and noted the register.</p>	
Bo.1.18.31	<p>Board Assurance Framework Q3</p> <p>The BAF is presented to the Board of Directors quarterly for review.</p> <p>BM noted that the BAF is now being utilised to help build discussions for the Board meeting alongside the dashboard. The following action was agreed:</p> <ul style="list-style-type: none"> - Audit Committee to review the BAF for further development. <p>The Board of Directors received and noted the BAF.</p>	<p>Chair of Audit & Assurance Committee</p>
	For Information	
Bo.1.18.32	<p>Confirmed Finance and Performance Committee Minutes – September, October and November 2017</p> <p>The Board of Directors received and noted the minutes of the Finance and Performance Committee for September, October and November 2017.</p>	
Bo.1.18.33	<p>Confirmed Quality Committee Minutes – October and November 2017</p> <p>The Board of Directors received and noted the minutes of the Quality Committee for October and November 2017.</p>	
Bo.1.18.34	<p>Confirmed Audit & Assurance Committee Minutes – October 2017</p> <p>The Board of Directors received and noted the minutes of the Audit & Assurance Committee for October 2017.</p>	
Bo.1.18.35	<p>Confirmed Health & Safety Committee Minutes – September 2017</p> <p>The Board of Directors received and noted the minutes of the Health and Safety Committee for September 2017.</p>	
Bo.1.18.36	<p>Confirmed Charitable Funds Committee Minutes – July 2017</p> <p>The Board of Directors received and noted the minutes of the</p>	

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	Charitable Funds Committee for July 2017.	
Bo.1.18.37	Nurse Staffing Data Publication Report – October 2017 The Board of Directors received and noted the report.	
Bo.1.18.38	Any other business There were no further items of business to discuss.	
Bo.1.18.39	Issues to add to Corporate Risk Register There were no issues to be added to the Corporate Risk Register.	
Bo.1.18.40	Issues to escalate to NHS Improvement (NHSI) There were no issues to be escalated to NHSI.	
Bo.1.18.41	Issues to be reported to Care Quality Commission (CQC) There were no issues to be escalated to CQC.	
Bo.1.18.42	Items for Corporate Communications There were no items identified for Corporate Communication.	
Bo.1.18.43	Date and time of next meeting Thursday 8 March 2018	

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 11 JANUARY 2018**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
11/01/18	Bo.1.18.7	Report from Integrated Governance and Risk Committee: Mandatory Training: It was noted that there are improvements in the rate and the risk is therefore reduced but BG agreed to look into this further in order to provide assurance to the Quality Committee that the compulsory elements are fully applied.	Medical Director	Quality Committee March 2018	On March Quality committee agenda. Action concluded.
11/01/18	Bo.1.18.7	Report from Integrated Governance and Risk Committee: Following a review of the risk appetite, the Executive Directors will review each of their risks within that context. The Integrated Governance and Risk report will then reflect this as opposed to the Corporate Risk Register.	Executive Directors	Board of Directors March 2018	Director of Governance & Corporate Affairs has met with all ED's on a 1:1 basis to discuss their risks and BAF. The Board session on risk appetite planned for 8 th March will take place on 10 th May 2018.
11/01/18	Bo.1.18.8	Integrated Quality and Performance Dashboard: VTE Assessment - BG explained that EPR now provides the information required to understand why the VTE standard was not being achieved and which clinical areas need improving. BG monitors this closely and a trajectory for improvement has been agreed. A report will be provided to the Quality Committee to show progress.	Medical Director	Quality Committee March 2018	On March Quality committee agenda. Action concluded.
11/01/18	Bo.1.18.8	Integrated Quality and Performance Dashboard: To be a continually learning organisation – Learning Hub: AP asked if consideration could be given to creating an application which provides real time data which is current rather than historical data. BG reported that the Foundation Trust has engaged with Cerner to look at developing a real time dashboard for quality and safety and BG is hopeful that this could help develop real	Medical Director	Quality Committee March 2018	On March Quality committee agenda. Action concluded.

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		time data for other aspects too. The Quality Committee will be updated in relation to this.			
11/01/18	Bo.1.18.8	Integrated Quality and Performance Dashboard: To deliver our financial plan and key performance targets – - The next couple of months are key in relation to the Foundation Trust's financial position and the Finance and Performance Committee will seek assurance from the Committee Chair and MH regarding delivery of the improvement plan. - Effective planning must be in place for the new financial year in order to provide sustainable improvements.	Members of Finance & Performance Committee	Finance & Performance Committee February 2018	Draft financial plan scrutinised at the F&P committee on 28 February 2018. The plan has been added to the closed board agenda 8 March 2018. Action concluded.
11/01/18	Bo.1.18.8	Integrated Quality and Performance Dashboard: Emergency Care Standard – SS to update the Board of Directors on the Trust approach to improving performance at the next board development meeting.	Acting Chief Operating Officer	Board Development Session 8 February 2018	Presentation delivered at Board development session 8/2/18. Action complete.
11/01/18	Bo.1.18.19	Equality & Diversity Update: LS asked if there is assurance that other systematic inequalities are not being developed indirectly as a result of this work. PC said this needs to be reviewed and would be addressed through the Workforce Committee.	Director of Human Resources	Workforce Committee 28 March 2018	Deferred from 28 March 2018 to 30 May 2018 Workforce Committee
11/01/18	Bo.1.18.31	Board Assurance Framework Q3: - Audit Committee to review the BAF for further development.	Chair of Audit & Assurance Committee	Board of Directors March 2018	Currently on the draft Audit & Assurance Committee Workplan for December 2018. Is the intention to bring this forward for review