

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

Date:	Thursday 12 July 2018	Time:	9:30-14:30
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) until 1pm - Mr Amjad Pervez (AP) - Trudy Feaster-Gee (TFG) - 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 Tanya Claridge, Director of Governance and Corporate Affairs (TC) - 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 & Integration/Deputy Chief Executive (JH) - Mr Matthew Horner, Director of Finance (MH) - Ms Sandra Shannon, Chief Operating Officer/Deputy Chief Executive (SES) 		
In Attendance:	<ul style="list-style-type: none"> - Mr Paul Pallister, Trust Secretary (PP) - Ms Nahida Mafuz, Minute Taker (NM) - Ms Sara Keogh, Head of Midwifery (SK) for agenda item Bo.7.18.13 - Dr John Anderson, Consultant and Clinical Lead for Obstetrics & Gynaecology for agenda item Bo.7.18.13 - Helen Henry for the Patient Story 		
Observers:	<ul style="list-style-type: none"> - 1 Governor 		

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Bo.7.18.0	<p>Patient Story</p> <p>KD introduced Helen Henry to talk about her patient experience with Bradford Teaching Hospitals NHS Foundation Trust.</p> <p>Helen is an amputee and survivor of sepsis following an accident in June 2013. Helen was a district nurse and a busy mum at the time of her accident.</p> <p>During her time as an inpatient following her accident, Helen informed staff of how unwell she felt but sepsis was not diagnosed immediately. Helen highlighted the importance of staff listening to what patients are telling them as they know their body best.</p> <p>BG explained that there is a bigger drive in the NHS to help recognise</p>	

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	<p>sepsis now and the Foundation Trust is currently using the Deteriorating Patient series of checks to help with this.</p> <p>Helen is currently a volunteer at the Foundation Trust's Amputee Gym and wished to raise concerns about the facilities available. Helen felt that the gym operates in cramped conditions with minimal storage space and minimal space to move equipment around or for the amputees to practice walking. Privacy is also a concern as there is no private space to put on, adjust and take off prosthetics, which often requires removal of clothing.</p> <p>CLK explained that due to the winter pressures faced by the Foundation Trust the gym facility was moved to a smaller area at the end of 2017 but recognised that the facility does need to be reviewed with the possibility of exploring whether this could be offered from St Luke's Hospital or GP practices and closer to patient's homes.</p> <p>BM thanked Helen for sharing her inspiring story and experience with the Board of Directors.</p>	
Bo.7.18.1	<p>Apologies for absence</p> <ul style="list-style-type: none"> - Mr Barrie Senior (BS) - Mr Jon Prasher (JP) - Professor Laura Stroud (LS) 	
Bo.7.18.2	<p>Declaration of Interests</p> <p>There were no declarations of interest to note.</p>	
Bo.7.18.3	<p>Minutes of the Meeting held on Thursday 10 May 2018</p> <p>The minutes of the meeting were accepted as an accurate record of the meeting subject to the following changes:</p> <ul style="list-style-type: none"> - Bo.5.18.7: Report from Integrated Governance and Risk Committee (page 5): Change the wording for the Information Governance Breaches bullet point from "remains on track for the end of March" to read "remains on track for the last couple of years". - Bo.5.18.8: Integrated Dashboard (page 7): Change the wording for the Friends and Family Test bullet point to read "Tablets" instead of "IPads". 	
Bo.7.18.4	<p>Matters Arising:</p> <ul style="list-style-type: none"> - Bo.5.18.8 (10/05/18) Integrated Dashboard: Pressure Ulcers Category 3+ and Pressure Ulcers Category 2: CLK queried the deteriorating position. After discussion it was agreed that a paper will be submitted to the Quality Committee to allow detailed 	

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	<p>discussion and to help understand the position better. Presentation on Pressure Ulcers delivered to the Quality Committee at the meeting held 30 May. <u>Action concluded.</u></p> <ul style="list-style-type: none"> - Bo.5.18.0 (10/05/18) Work As One Week evaluation: A formal report will be added to the Finance and Performance Committee agenda. Achievement will also be recognised through the staff awards scheme. Presentation delivered to F&P Committee June 2018. <u>Action concluded.</u> - Bo.5.18.8 (10/05/18) Integrated Dashboard – Readmissions from Elective and Readmissions from Non-Elective: TFG queried the spike from October 2017 for both these indicators as a result of the EPR impact. It was agreed that some work needs to be undertaken to understand this in more detail and to assure the Board that one KPI is not being driven at the expense of another. Verbal update provided to the Quality Committee on June 28. <u>Action concluded.</u> - Bo.5.18.8 (10/05/18) Integrated Dashboard – Did Not Attend Follow Ups: CF agreed to circulate a note detailing which specialties will not use two way texting and the reason for this. Discussed at Finance & Performance Committee. <u>Action concluded.</u> - Bo.5.18.19 (10/05/18) Report from the Audit & Assurance Committee: It was agreed that the Major Projects Committee will review the Business Continuity Internal Audit Report which demonstrated limited assurance. Added to June 28 Major Projects committee agenda. <u>Action concluded.</u> - Bo.5.18.4 (10/05/18) It was agreed that going forward an agreed summary/key points to escalate will be included within the report to the Board of Directors from each Committee. To be led by the Chair of the Committee with the lead Executive Director of the Board Committee. The majority of reports from June and May have been presented in the new format. Time has been added to the end of the Committee agendas for the Chair and Lead Executives to meet and agree the content of the paper. <u>Action concluded.</u> - Bo.5.18.7 (10/05/18) Report from Integrated Governance and Risk Committee: It was agreed that an explanation of why a risk has been closed is included in future reports from the Committee. <u>Action concluded.</u> - Bo.5.18.10 (10/05/18) Safer Maternity Care – CNST Incentive Scheme: JM to circulate embedded documents as separate appendices. It was noted that documents should not be embedded for any items to be reviewed on BoardPad due to inaccessibility. Documents circulated. <u>Action concluded.</u> - Bo.5.18.23 (10/05/18) Compliance with the Foundation Trust Code of Governance: TC to look into this to determine whether the minimum requirements are already being met through the Foundation Trust's patient and public engagement, the constitution and within the Quality Report and the Board of Directors delegated authority to BM and CLK to sign the submission off pending this. It was agreed that in the long term a strategy document will be developed. The Trust is now compliant with the FT Code of Governance with regard to section E.1.2 and how the public interests of patients and the local community will be represented. A 	

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	<p>statement has been produced, signed off and published on the Trust Website. <u>Action concluded.</u></p> <ul style="list-style-type: none"> - Bo.5.18.24 (10/05/18) Annual Fire Safety Report and Declaration of Fire Safety 2017/18: BS said that during a walkaround at one of the community hospitals some fire risks were identified – it appeared that electrical testing had not been undertaken on some equipment and also the top floor of the building felt isolated in the event of a fire or an emergency. SES agreed to pick these actions up with the Director of Estates. It was agreed that the final sentence on page one of the cover sheet should be re-written to remove the emphasis on how much fire training has been reduced. SES confirmed that PET testing is undertaken at the community hospitals. In terms of the first floor of the premises – there is no risk to staff as this floor is not occupied. <u>Action concluded.</u> - Bo.5.18.36 (10/05/18) Items for Corporate Communications: A global communication is planned for the following day in relation to Work as One Week. It was agreed that the Board's support to this is included within the communication. Global Communication circulated. <u>Action concluded.</u> 	
Bo.7.18.5	<p>Report from the Chairman</p> <p>BM explained that the report provides an update on activity and engagement involving the Council of Governors since the previous report provided for the Board in May 2018.</p> <p>BM updated the Board of Directors in relation to the appointment of an Associate Non-Executive Director and reported that the recruitment process is progressing well and the outcome will be shared with the Board of Directors in due course.</p> <p>The Board of Directors noted the report from the Chairman.</p>	
	Reports from the Chief Executive	
Bo.7.18.6	<p>Report from the Chief Executive</p> <p>CLK drew attention to the following key items from his report:</p> <ul style="list-style-type: none"> - NHS70: 5th July 2018 marked the 70th anniversary of the NHS. A number of events were held throughout the week at Bradford Teaching Hospitals to mark the occasion. This provided an opportunity not only to celebrate the anniversary and our proud history, but also to spread the word about the great work taking place in Bradford and to raise the profile of the Foundation Trust. This thereby supported ongoing recruitment campaigns, charity fundraising and other initiatives. CLK reported that the week of celebrations was extremely well organized and had involved a lot of staff despite the hospital being very busy. 	

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	<ul style="list-style-type: none"> - Five year funding settlement for the NHS: the Government recently announced the five year funding settlement for the NHS. In addition there will be significant involvement from the Foundation Trust as well as local stakeholders in relation to producing a 10-year plan to help with specific focus on improving performance on cancer and mental health care. - Local Health and Care Record Exemplar (LHCRE): NHS England has announced that Yorkshire and Humber had been successful in its bid to become a LHCR. This was good news for the Foundation Trust and CLK wished to congratulate CF on her input to this achievement. <p>PV queried the NHS Improvement (NHSI) communication referred to within the report in relation to reducing long stays in hospital to reduce patient harm and bed occupancy by 25%. PV asked if this was a realistic target. SES reported that the target will be adopted and the aim would be to achieve this. The Foundation Trust has good performance in relation to stranded patients and scrutiny is being increased within this area. In addition, the virtual services will also be utilised to support this further.</p> <p>BM wished to note the Report of the Gosport Panel and highlighted that the Graseby syringe drivers referenced in the report are not in use at the Foundation Trust and have not been used since 2011. BG asked the Committee to note that a report will be presented to the Quality Committee in relation to this.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.7.18.7	<p>Board Assurance Framework Q1 and Risk Appetite Statement 2018/19</p> <p>TC presented the Board Assurance Framework for Quarter 1 2018/19. TC explained that the paper provides a summary of substantive changes to the Board Assurance Framework made including; a proposed refresh of the Board Risk Appetite Statement developed following review at Board Committees, a change in Key Performance Indicators for Strategic Objective 1 and, the addition of action plans to describe actions being taken to mitigate or remedy gaps in control or assurance.</p> <p>TC explained the amendments that have been made within the Board Assurance Framework which require Board approval:</p> <ol style="list-style-type: none"> 1) The key performance indicators for strategic objective 1 (to provide outstanding care for patients) have been reviewed and refreshed; the Board is asked to approve these amendments. 2) Action plans to mitigate or remedy gaps in control or assurance 	

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	<p>have been added to the template for each strategic objective.</p> <p>3) Also appended to the report is the corporate risk register for the Board to note.</p> <p>A detailed discussion took place in relation to strategic objective 1 moving from an amber rating to a green rating and whether this was reflective of the current situation with; the SSNAP data, concerns in Maternity and the three Never Events that have happened in the current year. Action: the current version of the document to be discussed and approved at the Quality Committee and then presented to the Board of Directors for final approval.</p> <p>Following discussion it was agreed that the Board Risk Appetite Statement should be revised to be clearer on risk, safety and innovation. Action: a further discussion to take place at Committees following which a session to be arranged to discuss and agree.</p>	<p>Director of Governance and Corporate Affairs</p> <p>Director of Governance and Corporate Affairs</p>
Bo.7.18.8	<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 for May and June 2018 and referred the Board of Directors to the overview of outcomes as provided within the paper.</p> <p>BM noted the new format of the report and conveyed his thank you for the work on this. Further discussions on risks will commence during presentation of the integrated dashboard.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.7.18.9	<p>Integrated Dashboard</p> <p>CLK presented the dashboard and the following key points were discussed and noted:</p> <p>Publication of the Care Quality Commission (CQC) findings of the Trust's Unannounced and Well-Led inspections:</p> <p>TC reported that the findings of the inspections undertaken during Quarter 4 of 2017/18 have now been published. Whilst improvements have been noted since the 2016 inspection, areas of concern in maternity and medical services which required improvement were identified. As a result the CQC issued eight compliance notices. It was highlighted that a response was due to the CQC the following day. Board members were provided with the draft response and were asked to provide any comments to TC by close of play. As a result of this and the fact that some of the 2016 inspection 'Requires Improvement' services were not re-inspected, the Trust's overall rating remains as 'Requires Improvement'.</p>	

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	<p>TC reported that following the Well-Led inspection, the Trust-wide Well-Led domain was rated 'Good'.</p> <p>TC reported that the Local Services Review findings have also been released and the report describes many areas that are working well in Bradford and identifies some opportunities for improving how the system works for patients. TC explained that although no formal action plan is required she has been working with stakeholders to develop a system wide response to some aspects and this will also help with learning going forward.</p> <p>TC envisaged that another inspection at the Foundation Trust was likely to take place between now and May 2019.</p> <p>AP asked how the recommendations would be monitored and TC explained that they would be monitored through the Executive Management Team (EMT) Meeting and will remain a standard agenda item.</p> <p>TH stated his disappointment with the rating and some of the concerns highlighted and CLK agreed and felt that some of the concerns raised related to basic care delivery standards which we must get right.</p> <p>SU suggested that staff at Band 7 and 8 should also be encouraged to be involved as change leaders. TC agreed and said the overall response should demonstrate more involvement from these staff.</p> <p>Quality Committee:</p> <p>SU reported that maternity was discussed extensively at the Quality Committee Meeting with further reports being requested.</p> <p>SU reported that the stroke SSNAP data was also discussed in detail. BG explained that the latest SSNAP reports related to data from December 2017 to March 2018 but as the improvements did not commence until mid-February 2018 there was limited time to make the improvements to affect the SSNAP report. BM highlighted that despite this, the concern was raised a year ago and improvements should have been made sooner. BG agreed that the improvement work that was started in February 2018 should have commenced in the previous year. CLK acknowledged this was a failing on our part. BG explained that the reporting period will now be three monthly and next report is due in September. BG was confident that the overall rating will improve as he has seen the step change due to the work that is being undertaken. BG informed the Board of Directors that an external Clinical Director from another Trust has been commissioned to validate the improvement programme. The same Trust has an expanded database of tracking data and they will share this with us for our use.</p>	

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	<p>SU informed the Board of Directors that two new Serious Incidents were reported during May 2018. One incident has been declared as a Never Event. The incident involved the incorrect administration of fluid for bladder irrigation. The incident related to the wrong route of administration of medication. The other incident related to sub-optimal assessment and care which resulted in a patient developing a grade three pressure ulcer. TC explained that steps have been taken and practical measures have been put in place in relation to the Never Event associated with administration of fluid for bladder irrigation. The previously reported never events were in relation to retained swabs, both of these were in different locations of the hospital, one in a delivery room and the other in theatre. A debrief has taken place with immediate actions implemented. The investigations are ongoing but early learning has been taken from both these incidents.</p> <p>BM queried the green indicator for falls with harm but highlighted that the numbers still appear to be high. BM also queried the emergency readmissions which look high. Action: to be reviewed further at the Quality Committee.</p> <p>Workforce Committee:</p> <p>PC reported that in-month sickness absence rates had reduced although little impact so far on year to date sickness absence rates. Annual target remains at 4% which is being monitored.</p> <p>PC reported that appraisal rates have deteriorated but there is commitment to have these at 95% compliance by December 2018. For 2019 it is proposed that an “appraisal season” is adopted to get compliance to 100%. This would mean “stopping the clock” and opening the appraisal season between September 2019 and November/December 2019. Research suggests that this has made a positive difference to appraisal rates at some Trusts. AP asked how we understand where the core problem is as to the reason why appraisal rates are not at 100%. Action: further discussion to take place at Workforce Committee in terms of leadership throughout the organisation and how that connects to appraisals.</p> <p>Finance & Performance Committee:</p> <p>SES reported that the Emergency Care Standard (ECS) remains a challenge but is slowly improving through the Emergency Care Improvement Programme. It has been particularly challenging from mid-June to now and key issues have included several days with high number of attendances with this peaking to 500 on one particular day. High attendances result in crowding in the department with flow slowing down. In addition there have been some staffing issues that</p>	<p>Director of Human Resources</p>

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	<p>have impacted performance. The prolonged hot weather has also resulted in increased attendances and acuity. Work is continuing to recover the performance position with consistent streaming, operational grip and focus on ambulatory care as well as working with specialties to ensure patients are seen in the right place the first time. AP suggested that investment in technology needs to be considered to try and determine the demand in advance of patients attending. This will not only help avoid admissions but also help prepare for demand. SES agreed and said skype and face to face technology is something that may be considered in the near future but for now focus is being given to ensuring the emergency department is used for assessing and moving patients.</p> <p>SES reported that issues relating to the underachievement against the two cancer access standards (62 Day and 2 Week Wait) are multifactorial in a number of sites and site-level recovery plans are being strengthened with the Lead Cancer Team and the General Managers. The overarching Cancer Recovery Plan is monitored and updated fortnightly. The Lead Cancer Team and Divisional staff are engaged with the West Yorkshire and Harrogate Cancer Alliance to review high volume pathways and pressure areas to work more collaboratively to improve performance. SES felt that extra additional capacity is needed for some areas such as Urology. SES is working with Urology to determine the gaps in order to meet demand. Day to day tracking has improved and focus continues to improve on the standard. BG provided assurance that any patients waiting beyond 62 days are reviewed clinically which is ahead of the national standard of 104 days.</p> <p>CF reported that embedding of the Electronic Patient Record (EPR) continues with focus on data quality. There have been some improvements with data quality but a backlog still remains which needs to be cleared. So although this remains a risk there is a detailed plan in place to manage it.</p> <p>PV reported that the Financial Plan was discussed in detail by the Committee and challenges were made in relation to the Cost Improvement Plan (CIP) performance and in particular the underlying run rate position. The Committee also discussed productivity and how this could be increased. MH said the dashboards demonstrate the risk currently faced by the Foundation Trust but the measures taken through the last two months through the Bradford Improvement Programme (BIP) demonstrate there is better rigour and governance in place and we now need to drive through the delivery. AP said that rising demand needs to be captured and turned into revenue and we must be innovative in this approach. TH was concerned in relation to the position for the Division of Anaesthesia, Diagnostics and Surgery. MH explained that the largest amount of elective work is within this division therefore they are taking the biggest aspect of productivity. BM asked if the work with GE Finnamore is going to deliver the results</p>	

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	<p>and SES explained that it has taken time for GE Finnermore to embed into our organisation and for Divisions to understand that GE Finnermore are there to support rather than to make the improvements. SES explained that each specialty has a tracker to help manage their areas. TFG suggested that if theatres are the key driver for productivity then a deep dive into this needs to be considered to the Finance and Performance Committee.</p> <p>The Board of Directors received and noted the report.</p>	
	Quality	
Bo.7.18.10	<p>Report from the Quality Committee – January 2018</p> <p>This item was discussed under item Bo.7.18.9.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.7.18.11	<p>Emergency Preparedness, Resilience and Response (EPRR) Assurance</p> <p>TC presented the report and explained that NHS England sets out the expectations for emergency preparedness, resilience and response (EPRR) self-assessment assurance process 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. This paper has been written to update the Board in relation to the current compliance of the Trust in relation to a range of core standards.</p> <p>TC explained that the Foundation Trust declared full compliance the previous year but this now stands at partial compliance and as such an action plan has recently been developed to ensure that the Trust works at pace towards full compliance.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.7.18.12	<p>Trust-wide Combined Learning Report Quarters 3 and 4 2017/18</p> <p>The Board of Directors received and noted the report.</p>	
Bo.7.18.13	<p>Maternity Improvement Programme Action Plan</p> <p>Sara Keogh (SK), Head of Midwifery and Dr John Anderson (JA), Consultant and Clinical Lead for Obstetrics and Gynaecology presented the Maternity Improvement Programme Action Plan to the Board of Directors.</p> <p>SK reported that progress on the maternity action plan has been good and some actions have now been closed. One of the outstanding</p>	

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	<p>actions relates to digital storage of CTG's and work is progressing with the Informatics Team to consider IT solutions with progress being monitored on an ongoing basis.</p> <p>CLK asked what actions had been taken to mitigate against the risk relating to a scrub midwife being present in theatre since the risk was first identified 18 months ago. SK explained that the risk was mitigated by managing this as detailed within the action plan and by accessing midwives from the wards but this has compromised on quality. SES asked if any in-house training can be offered to upskill current staff who can be trained to become scrub midwives such as associate practitioners. SK advised that this is a model that will be considered once the current recruitment drive is complete by October 2018. CLK asked for this to be implemented immediately.</p> <p>JA explained that daily safety huddles are taking place which help monitor patients appropriately. The main challenge is staffing and in particular theatre staffing. A significant improvement in midwifery establishment is expected by early 2019.</p> <p>SK gave examples of a number of successes which are important to recognise. SK explained that a number of ongoing priorities are being tracked and regular updates and audits are taking place to provide assurance.</p> <p>BM thanked JA and SK for presenting to the Board of Directors.</p> <p>A discussion commenced following the presentation. AP asked whether progression is accelerated to move from a Band 5 role into a Band 6 role and PC confirmed this is being done.</p> <p>SU asked if consideration could be given to over recruiting to Band 5 posts and PC confirmed the Division has permission to do this.</p> <p>BG felt the team are passionate and want to do well but they need to be provided with the support to manage cultural behavior change to drive improvement forward.</p> <p>SES explained that she recently met with the senior leadership team and emphasised that the basics are very important in order to aspire and be the best. A "Being the Best" Steering Group has been set up to oversee things which is chaired by SES.</p> <p>It was agreed that an email address for each specialty is to be added to the Foundation Trust website to help interested candidates with regards to recruitment.</p>	<p>Director of Strategy and Integration</p>
	Workforce	
Bo.7.18.14	Report from the Workforce Committee	

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	The Board of Directors received and noted the report.	
Bo.7.18.15	Workforce Report The Board of Directors received and noted the report.	
Bo.7.18.16	Workforce Race Equality Standard (WRES) and Equality & Diversity Update It was agreed that the paper is discussed at the Workforce Committee and then presented to Board of Directors.	Director of Human Resources
	Finance & Performance	
Bo.7.18.17	Report from the Finance and Performance Committee The Board of Directors received and noted the report.	
Bo.7.18.18	Review of the Terms of Reference of the Finance & Performance Committee The Board of Directors reviewed and approved the revised Terms of Reference.	
Bo.7.18.19	Finance Report The Board of Directors received and noted the report.	
Bo.7.18.20	Performance Report The Board of Directors received and noted the report.	
Bo.7.18.21	Bradford Improvement Programme Board Annual Report The Board of Directors received and noted the report.	
	Partnerships	
Bo.7.18.22	Report from the Partnerships Committee The Board of Directors received and noted the report.	
	Audit & Assurance	
Bo.7.18.23	Report from the Audit & Assurance Committee The Board of Directors received and noted the report.	

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	Major Projects	
Bo.7.18.24	Report from the Major Projects Committee The Board of Directors received and noted the report.	
Bo.7.18.25	Review of the Terms of Reference of the Major Projects Committee The Board of Directors reviewed and approved the revised Terms of Reference.	
	Health & Safety	
Bo.7.18.26	Review of the Terms of Reference of the Health & Safety Committee BM and PP to discuss in relation to NED member for this Committee. The Board of Directors reviewed and approved the revised Terms of Reference.	Chairman and Trust Secretary
	Governance	
Bo.7.18.27	Board Assurance Framework Q1 The Board of Directors noted the verbal update.	
	For Receipt	
Bo.7.18.28	CQC Inspection Report 2018 The Board of Directors received the CQC Inspection Report 2018.	
Bo.7.18.29	Confirmed Finance and Performance Committee Minutes – April and May 2018 The Board of Directors received and noted the minutes of the Finance and Performance Committee for April and May 2018.	
Bo.7.18.30	Confirmed Quality Committee Minutes – April and May 2018 The Board of Directors received and noted the minutes of the Quality Committee for April and May 2018.	
Bo.7.18.31	Confirmed Audit & Assurance Committee Minutes – April 2018 The Board of Directors received and noted the minutes of the Audit & Assurance Committee for April 2018.	

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Bo.7.18.32	Confirmed Workforce Committee Minutes – March 2018 The Board of Directors received and noted the minutes of the Workforce Committee for March 2018.	
Bo.7.18.33	Confirmed Health & Safety Committee Minutes – March 2018 The Board of Directors received and noted the minutes of the Health & Safety Committee for March 2018.	
Bo.7.18.34	Health & Safety Annual Report 2017/18 The Board of Directors received and noted the report.	
Bo.7.18.35	Nurse Staffing Data Publication Report – May 2018. The Board of Directors received and noted the report.	
Bo.7.18.36	Maternity Annual Report 2017/18 The Board of Directors received and noted the report.	
Bo.7.18.37	Patient Experience Annual Report 2017/18 The Board of Directors received and noted the report.	
Bo.7.18.38	Infection Prevention and Control Annual Report 2017/18 The Board of Directors received and noted the report.	
Bo.7.18.39	Safeguarding Adults Annual Report 2017/18 The Board of Directors received and noted the report.	
Bo.7.18.40	Safeguarding Children Annual Report 2017/18 The Board of Directors received and noted the report.	
Bo.7.18.41	Guardian of Safe Working Hours Quarterly Report The Board of Directors received and noted the report.	
Bo.7.18.42	Any other business	

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	There were no further items of business to discuss.	
Bo.7.18.43	Issues to add to Corporate Risk Register There were no issues to be added to the Corporate Risk Register.	
Bo.7.18.44	Issues to escalate to NHS Improvement (NHSI) There were no issues to be escalated to NHSI.	
Bo.7.18.45	Issues to be reported to Care Quality Commission (CQC) There were no issues to be escalated to CQC.	
Bo.7.18.46	Items for Corporate Communications There were no items for Corporate Communication	
Bo.7.18.47	Date and time of next meeting Thursday 13 September 2018	

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 12 JULY 2018**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
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 25 July 2018	Deferred from 28 March 2018 to 30 May 2018 Workforce Committee. Deferred to 25 July 2018 Workforce Committee. Committee determined that this would be picked up as part of impact assessments undertaken. The Committee also noted that this would be considered as part of the Recruitment Policy review currently underway. Action concluded.
10/05/18	Bo.5.18.8	Integrated Dashboard – A detailed discussion followed in relation to staff engagement, measuring the improvement of culture on an ongoing basis and how to increase staff survey response rates. PV agreed to share tools such as a culture index and a behaviour score chart which is used within her area of work with PC for further discussion at the Workforce Committee.	Director of Human Resources	Workforce Committee 25 July 2018	
10/05/18	Bo.5.18.8	Integrated Dashboard – Nursing Shifts Filled: SU confirmed that the Workforce Committee has scrutinised the detail and an action plan has been developed. KD explained that the action plan is related to retention and recruitment and will be presented to the Workforce Committee.	Chief Nurse	Workforce Committee 25 July 2018	Action concluded.
12/07/18	Bo.7.18.9	Integrated Dashboard – Finance and Performance Committee: TFG suggested that if theatres are the key driver for productivity then a deep dive into this	Chair Finance and Performance	Finance and Performance Committee	

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		needs to be considered to the Finance and Performance Committee.	Committee	29 August 2018	
12/07/18	Bo.7.18.9	Integrated Dashboard: BM queried the green indicator for falls with harm but highlighted that the numbers still appear to be high. BM also queried the emergency readmissions which look high. Action: to be reviewed further at the Quality Committee.	Chair Quality Committee	Quality Committee 29 August 2018	
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 13 September 2018	Currently on the draft Audit & Assurance Committee Workplan for December 2018. The new Trust Secretary will agree with the Audit and Assurance Committee at their meeting in August if this will be brought forward for review. The work plan will be considered and confirmed at the Committee meeting in October.
10/05/18	Bo.5.18.24	Annual Fire Safety Report and Declaration of Fire Safety 2017/18: SES to provide a paper to the Board of Directors with an update on the cladding issue and the decontamination block.	Chief Operating Officer	Board of Directors 13 September 2018	This has been added to the agenda. Action concluded.
12/07/18	Bo.7.18.7	Board Assurance Framework Q1 and Risk Appetite Statement 2018/19: Key performance indicators for strategic objective 1 (to provide outstanding care for patients): Action: the current version of the document to be discussed and approved at the Quality Committee and then presented to the Board of Directors for final approval.	Director of Governance and Corporate Affairs	Board of Directors 13 September 2018	This has been added to the agenda. Action concluded.

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
12/07/18	Bo.7.18.13	Maternity Improvement Programme Action Plan: It was agreed that an email address for each specialty is added to the Foundation Trust website to help interested candidates with regards to recruitment.	Director of Strategy and Integration	Board of Directors 13 September 2018	
12/07/18	Bo.7.18.26	Review of the Terms of Reference of the Health & Safety Committee: BM and PP to discuss in relation to NED member for this Committee.	Chairman Trust Secretary	Board of Directors 13 September 2018	
12/07/18	Bo.7.18.9	Integrated Dashboard – Workforce Committee: Action: further discussion to take place at Workforce Committee in terms of leadership throughout the organisation and how that connects to appraisals.	Director of Human Resources	Workforce Committee 26 September 2018	
12/07/18	Bo.7.18.16	Workforce Race Equality Standard (WRES) and Equality & Diversity Update: It was agreed that the paper is discussed at the Workforce Committee and then presented to Board of Directors.	Director of Human Resources	Workforce Committee 26 September 2018	
12/07/18	Bo.7.18.7	Board Assurance Framework Q1 and Risk Appetite Statement 2018/19: Following discussion it was agreed that the Board Risk Appetite Statement needs to be revised to be clearer on risk, safety and innovation. Action: a further discussion to take place at Committees following which a session to be arranged to discuss and agree.	Director of Governance and Corporate Affairs	Board of Directors November 2018	