

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

<b>Date:</b>	Thursday 8 May 2018	<b>Time:</b>	10:30-13:30
<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>- Mr Amjad Pervez (AP)</li> <li>- Mr Jon Prasher (JP) – until 11.45am</li> <li>- Trudy Feaster-Gee (TFG)</li> <li>- Mr Barrie Senior (BS)</li> <li>- Professor Laura Stroud (LS)</li> <li>- Ms Selina Ullah (SU)</li> <li>- Mrs Pauline Vickers (PV)</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 Tanya Claridge, Director of Governance and Corporate Affairs (TC)</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 &amp; Integration/Deputy Chief Executive (JH)</li> <li>- Mr Matthew Horner, Director of Finance (MH)</li> <li>- Ms Sandra Shannon, Chief Operating Officer/Deputy Chief Executive (SES)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- Ms Jacqui Maurice, Head of Corporate Governance (JM)</li> <li>- Ms Nahida Mafuz, Minute Taker (NM)</li> </ul>		
<b>Observers:</b>	<ul style="list-style-type: none"> <li>- 1 Governor</li> </ul>		

No.	Agenda Item	Action
<b>Bo.5.18.0</b>	<p><b>Work As One Week</b></p> <p>SES talked through the Work as One Week presentation and explained that the Work as One Week has been organised to help manage patient flow whilst incorporating values and behaviours and empowering and enabling staff to resolve problems. A number of positive outcomes are expected to be delivered including improved patient experience, improved staff experience and an improved process to deliver effective patient flow.</p> <p>AP asked how productivity will be improved during the week and SES explained that reducing a patient's time in the hospital will reduce the cost resulting in improved productivity.</p> <p>SU asked if there was any compromise to patient safety. SES assured the Board of Directors that this process will result in a positive impact on patient safety.</p>	

No.	Agenda Item	Action
	<p>TFG asked if learning will be captured and SES confirmed it would and this was a very important aspect of the Work as One Week. Formal evaluation will take place as well as an audit of data.</p> <p>TH asked what the Board of Directors can do to support the week and SES welcomed Board members to accompany her on walkrounds to support staff during the week.</p> <p>AP asked if gaps in resources had been taken into account. SES explained that part of the preparation and planning has included coaching staff on how to manage effectively if the resource isn't present and to test different methods of working.</p> <p>PV asked how evaluation will be shared with the Board of Directors and SES explained formal feedback sessions are taking place and a formal report will be added to the Finance and Performance Committee agenda. Achievement will also be recognised through the staff awards scheme.</p>	<p>Chief Operating Officer</p>
Bo.5.18.1	<p><b>Apologies for absence</b></p> <p>There were no apologies to note.</p>	
Bo.5.18.2	<p><b>Declaration of Interests</b></p> <p>There were no declarations of interest to note.</p>	
Bo.5.18.3	<p><b>Minutes of the Meeting held on Thursday 11 January 2018</b></p> <p>The minutes of the meeting were accepted as an accurate record of the meeting.</p>	
Bo.5.18.4	<p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>- Bo.1.18.7 (11/01/18) <b>Report from Integrated Governance and Risk Committee:</b> 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. On March Quality committee agenda. Action concluded.</li> <li>- Bo.1.18.7 (11/01/18) <b>Report from Integrated Governance and Risk Committee:</b> 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. Director of Governance &amp; 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<sup>th</sup> March will take place on 10<sup>th</sup> May 2018. Action concluded.</li> </ul>	

No.	Agenda Item	Action
	<ul style="list-style-type: none"> <li>- <b>Bo.1.18.8 (11/01/18) Integrated Quality and Performance Dashboard:</b> 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. On March Quality committee agenda. Action concluded.</li> <li>- <b>Bo.1.18.8 (11/01/18) Integrated Quality and Performance Dashboard:</b> 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 time data for other aspects too. The Quality Committee will be updated in relation to this. On March Quality committee agenda. Action concluded.</li> <li>- <b>Bo.1.18.8 (11/01/18) Integrated Quality and Performance Dashboard:</b> 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. Draft financial plan scrutinised at the F&amp;P committee on 28 February 2018. The plan has been added to the closed board agenda 8 March 2018. Action concluded.</li> <li>- <b>Bo.1.18.8 (11/01/18) Integrated Quality and Performance Dashboard:</b> Emergency Care Standard – SES to update the Board of Directors on the Trust approach to improving performance at the next board development meeting. Presentation delivered at Board development session 8/2/18. Action concluded.</li> </ul> <p>The 8 March 2018 Board of Directors Meeting was cancelled due to bad weather. The Board of Directors confirmed that all papers were reviewed. The report on Guardian of Safe Working Hours was briefly discussed and BG explained that elements of the report are presented to the Workforce Committee. The Board of Directors approved the report.</p> <p>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 Committee.</p>	<p>Chairs of Committees and Lead Executive Director</p>
<p><b>Bo.5.18.5</b></p>	<p><b>Report from the Chairman</b></p> <p>BM wished to congratulate Pauline Guy, Staff Governor who has been successful in achieving a place at the NHS Providers Governor’s Advisory Committee.</p> <p>The Board of Directors noted the report from the Chairman.</p>	

No.	Agenda Item	Action
	<b>Reports from the Chief Executive</b>	
<b>Bo.5.18.6</b>	<p><b>Report from the Chief Executive</b></p> <p>The Board of Directors received and noted the report.</p>	
<b>Bo.5.18.7</b>	<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>- No new risks were added to the Corporate Risk Register (CRR) during April 2018.</li> <li>- The following risk has changed in score during April 2018: <ul style="list-style-type: none"> <li>o Risk to delivery of Trustwide Microbiology Service due to inability to recruit to Consultant Microbiologist posts. SES explained that recruitment to this service was in progress and mitigation was in place with the Infectious Diseases Consultants providing cover in the meantime.</li> </ul> </li> <li>- Five risks have been closed or removed from the CRR during April 2018 and details are as follows: <ul style="list-style-type: none"> <li>o The risk that the inability to accurately report the Foundation Trusts activity and income position is compromising the quantification of the 2017/18 income forecast and establishing a robust baseline for the 2018/19 contract. This limits the trusts ability to recover an appropriate amount of income for 17/18 and prevents pragmatic discussions with Commissioners around proposed counting and coding changes and the overarching payment mechanism for 2018/19: SES explained that the risk has reduced significantly since 2017/18 and has therefore been closed and added as a new risk to the 2018/19 CRR with a lower risk rating. Cymbio have developed a dashboard which drills down into the detail of why data quality errors occur and they have also helped develop standard operating procedures. AP asked how any changes to risks can be demonstrated for example from an amber rating to a red rating and SES explained that the Board Assurance Framework (BAF) demonstrates the action plan against any control or assurance gaps.</li> <li>o Ability to recruit and deploy adequate medical staff throughout the day to manage the demands of the Accident and Emergency Department (AED): This risk has been removed as current vacancies have been recruited to.</li> </ul> </li> </ul>	

No.	Agenda Item	Action
	<p>However a new risk has been added relating to the need to develop a more sustainable workforce model. A paper is being developed which will be submitted to EMT.</p> <ul style="list-style-type: none"> <li>○ Certain IT systems &amp; functions may not be fit for purpose, particularly data quality: CF explained that this risk has now been closed as Electronic Patient Records (EPR) is now in place. The service and infrastructure has also been changed.</li> <li>○ Risk of information governance breaches and action being taken by the Information Commissioner: CF explained that this risk has been closed as the information governance toolkit compliance remains on track for the last couple of years and this includes the information governance training compliance being within target.</li> <li>○ The Trust received notification that Bradford was showing as an outlier for Stroke mortality data. When this was investigated it showed that inaccurate and incomplete data had been submitted via the SSNAP site which is a National Audit for the care and treatment of stroke patients. This data had not been validated nor signed off by the Trust prior to submission: BG explained there were two risks in relation to Stroke on the CRR – one was in relation to Stroke SSNAP and the other in relation to mortality. A separate Stroke risk has been added which covers the totality of the Stroke risk.</li> </ul> <p>- No risks have been escalated by the Divisions during April 2018.</p> <p>It was agreed that an explanation of why a risk has been closed is included in future reports from the Committee.</p> <p>The Board of Directors received and noted the report.</p>	<p>Director of Governance &amp; Corporate Affairs</p>
<p><b>Bo.5.18.8</b></p>	<p><b>Integrated Dashboard</b></p> <p>AP asked whether there was confidence in achieving the KPIs as demonstrated in the dashboard and whether any slippages are expected. CLK said that a number of the KPIs are measurable all of which have trajectories. Performance is measured on an on-going basis and reported appropriately.</p> <p>CLK presented the dashboard and the following key points were discussed and noted:</p> <p><b>To provide outstanding care for patients:</b></p> <ul style="list-style-type: none"> <li>- Crude Mortality: BG explained that the dashboard looks at mortality</li> </ul>	

No.	Agenda Item	Action
	<p>rates which is the two standard rates of Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital-level Mortality Indicator (SHMI). Both of these demonstrate good performance. Going forward consideration will need to be given to how the dashboard reflects the national reporting but overall the dashboard demonstrates good delivery of care.</p> <ul style="list-style-type: none"> <li>- VTE Assessment: BG explained this was the first indicator where EPR data has been utilised to help drive improvement. Over the last 4 months the Foundation Trust has consistently achieved over 94% which demonstrates sustainable improvement and BG is therefore confident that this will be maintained. LS confirmed that a discussion took place at the Quality Committee in relation to this and how this sustainability impacts positively on patient care.</li> <li>- Falls with Harm: KD reported that the totality of falls is reducing. A falls collaborative was launched in September 2017 and this collaborative reviews where the highest numbers of falls take place. Work is then undertaken with those wards that record the most number of falls. An example of this is Ward 31 which is an Elderly Care Ward that had a high number of fall rates. The falls collaborative worked with this ward and falls have now reduced by half. This work is monitored and continues to run to help reduce the number of falls further. SU asked if any work is being done with primary care and the wider system to help improve this. KD explained that work is undertaken with the wider system such as the fire service who review care homes to help reduce falls. BM asked when an improvement is expected to be demonstrated within the dashboard chart. KD said if the chart is reviewed by individual trends then a reduction is demonstrated but as more falls are now being reported due to the improvement work, this is not reflected within the dashboard yet. BG advised that sustainable improvement following collaboratives takes as long as 18 months to show.</li> <li>- Pressure Ulcers Category 3+ and Pressure Ulcers Category 2: CLK queried the deteriorating position. KD explained that a reduction is being seen in Category 3+ and this is becoming sustainable however she recognised that the position for Category 2 was deteriorating. BG agreed that the Category 2 position is unacceptable and explained that improvement work is being undertaken on the severe end which is Category 3+ with the aim to shift the improvement to Category 2. It was agreed that a paper will be submitted to the Quality Committee to allow further discussion and to help understand the position better.</li> <li>- Friends and Family Test: KD reported that the response rate for AED is low and it is planned that the Work as One Week will be utilised to help improve this. A trial is also taking place within the Paediatrics department where doctors are handing out the cards to patients to complete. Alternative methods for feedback such as text messages are also being considered. CF explained that</li> </ul>	<p>Chief Nurse</p>

No.	Agenda Item	Action
	<p>smartphone based tools where language and structure is accessible are being considered. Tablets are also being made available to encourage completion as some patients/carers prefer to complete them electronically.</p> <ul style="list-style-type: none"> <li>- Night-time Transfers: SES explained that this was an area of concern and was discussed at the Quality Committee. SES explained that data is being gathered to help determine the reasons for night-time transfers. This data will be reviewed to see if anything can be done to avoid night-time transfers. Data collated so far demonstrates that all night-time transfers have been undertaken for clinical reasons in order to ensure patients are in the correct bed as opposed to freeing up beds. Work is being undertaken to review whether these transfers can take place earlier rather than through the night.</li> <li>- 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. SES confirmed the impact was indeed due to data quality issues following EPR implementation and forms part of the data quality recovery programme .BS asked for assurance that there are no other causes contributing to the spike. A detailed conversation followed and 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. This will be presented to the Quality Committee in the first instance and reported into the Board report.</li> </ul> <p><b>To be in the top 20% of employers in the NHS:</b></p> <ul style="list-style-type: none"> <li>- Appraisal Rate Non-Medical: PC reported that performance has stabilised and there is no longer a decline however rates are yet to show an increase. Work with the divisions and departments is ongoing and the Organisational Development Team is working with teams to ensure appraisals remain a priority to help improve performance.</li> <li>- Sickness: PC reported an improvement was seen for the in-month figures during February and March however the indicator is rated red as the target of 4% that was set to be achieved by 31 March was not achieved. The target is being reset for 2018/19 and trajectories are being produced at Divisional level.</li> <li>- Nursing Shifts Filled: KD reported there has been a variable vacancy rate across divisions for registered nurses based on current establishments. Following the staffing paper that was presented to the Board of Directors earlier in the year more nursing associate roles have been introduced and this will demonstrate an improvement in fill rates from April 2018 onwards. The third cohort of nursing associate staff commenced in April 2018 and this will</li> </ul>	<p>Chief Operating Officer</p>

No.	Agenda Item	Action
	<p>help improve the position. The first cohort of the nursing associate staff are expected to qualify in January 2019. TH asked how fill rates are measured against the national picture. PC explained that KPIs and trajectories were agreed at the last Workforce Committee. In terms of comparing nationally one metric is the staff engagement scores which are determined through the staff survey. NHS Quest are also in the process of developing key metrics. 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.</p> <p><b>To deliver our financial plan and key performance targets:</b></p> <ul style="list-style-type: none"> <li>- Did Not Attend Follow Ups: TH asked why two way texting is not available for all specialties. CF explained that the intention is to implement two way texting for all specialties but there are a small number that will not have this implemented for specific reasons. CF agreed to circulate a note detailing which specialties will not use two way texting and the reason for this.</li> <li>- Elective Wait List: SES reported that the waiting list size has shown a small decrease in March. Activity is being rolled out in relation to 18 week trackers which will be closely monitored for actual activity and waiting lists and progress against 18 week RTT by specialty. This will help divisions get a better grip on managing waiting lists. The Access Team has been increased in order to help reduce data quality errors and focus on improved data validations.</li> <li>- Delivery of Financial Plan: MH reported the unaudited Month 12 position which suggests the Foundation Trust has exceeded its pre-STF control total for 2017/18 and has therefore met the financial target allocated by NHS Improvement (NHSI). The pre-STF position net of impairments is a deficit of £7.1m against a £7.8m control total deficit, resulting in a favourable variance of £0.7m. Delivery of the Financial plan has enabled the Foundation Trust to recover the full financial element of the STF together with the ECS elements recovered in quarters 1 and 2 and the 1:1 bonus associated with the £0.7m improvement against plan. In total the STF equates to £8.4m resulting in a Post STF surplus of £1.3m. MH highlighted that the dashboard does not report the subsequent announcement of the additional £5.1m bonus which brings the final surplus to £6.4m which will be reported externally. The Board of Directors congratulated this achievement.</li> </ul> <p><b>National indicators:</b></p> <ul style="list-style-type: none"> <li>- Emergency Care Standard: SES reported a higher number of attendances to AED for a number of days recently. There has been</li> </ul>	<p>Chief Nurse</p> <p>Director of Informatics</p>





No.	Agenda Item	Action
	<b>Quality</b>	
<b>Bo.5.18.9</b>	<p><b>Report from the Quality Committee – January 2018</b></p> <p>This item was discussed under item Bo.5.18.8.</p> <p>LS reported that the action from the previous meeting relating to Mandatory Training and providing assurance to the Quality Committee that the compulsory elements are fully applied was discussed at the Quality Committee Meeting in March. The Committee reviewed the compliance rates and agreed the targets and metrics which will be revised to demonstrate the essential mandatory training element separately from other non-mandatory training.</p> <p>The Board of Directors received and noted the report.</p>	
<b>Bo.5.18.10</b>	<p><b>Safer Maternity Care – CNST Incentive Scheme</b></p> <p>TC explained that the maternity element of the Trust Clinical Negligence Scheme for Trusts (CNST) contribution has increased by 10% above the standard 2018/19 maternity contribution to create a maternity incentive fund. Maternity services that can demonstrate achievement of a specified set of ten patient safety requirements will be eligible for a share of that incentive fund. This share will be at least 10% of their base contribution together with a share of the balance of undistributed funds, the amount of which will be determined once the results from all services have been gathered.</p> <p>TC explained that the process to demonstrate achievement requires Trusts to self-certify their progress against the ten actions before submitting a board-approved report to NHS Resolution by Friday 29 June 2018 to be considered for a rebate of the scheme contribution payment by the end of August 2018. Maternity services that are unable to satisfy all 10 actions may be allocated a smaller sum from the fund to support them to implement the required actions, therefore even if all the actions are not satisfied there is a financial incentive to the Foundation Trust to put in a report. Details about the exact assessment progress and expected overall compliance standards for the submission are not yet available.</p> <p>TC reported that the Foundation Trust Maternity Service is assured that compliance has been achieved against all 10 standards. BM asked if there was complete confidence that these standards will be achieved and TC explained that all Executive Directors are satisfied that these will be achieved and there is evidence to demonstrate this compliance.</p> <p>LS asked if bi-monthly meetings are taking place in relation to Trust Safety Champions and KD confirmed they are and these are detailed within the appendices which are embedded within the document. LS reported that she could not access embedded documents through BoardPad. JM to circulate the embedded documents as separate</p>	Head of

No.	Agenda Item	Action
	<p>appendices. It was noted that documents should not be embedded for any items to be reviewed on BoardPad due to inaccessibility.</p> <p>The Board of Directors noted the compliance position against the 10 safety actions and approved the external submission to NHS Resolution subject to appendices being circulated and any feedback to be provided to TC by Monday 14 May 2018.</p>	Corporate Governance
<b>Bo.5.18.11</b>	<p><b>Senior Information Risk Owner (SIRO) Quarter 4 Report</b></p> <p>CF presented the report and explained it is a requirement of the Information Governance Toolkit (IGT) that the Senior Information Risk Owner (SIRO) regularly reports to the Board of Directors to identify information governance risks and action taken. CF explained this paper is the 2017/18 Quarter 4 update.</p> <p>The Board of Directors received and noted the report.</p>	
	<b>Workforce</b>	
<b>Bo.5.18.12</b>	<p><b>Report from the Workforce Committee – January 2018</b></p> <p>This item was discussed under item Bo.5.18.8.</p> <p>PC wished to highlight that the average pay gap between women and men who receive a bonus through the Clinical Excellence Awards (CEA) is 45.76% - however it should be noted that whilst men are more likely to apply for this, if women applied they are just as likely to be successful. BM asked if a Gender Pay Gap action plan was in place and PC confirmed there are actions in place and focus groups are being delivered. Outputs of this will be delivered to the Workforce Committee.</p> <p>BS queried the progress with the Physician Associate roles and PC explained that these have been advertised and are going through the recruitment process.</p> <p>BS asked whether the Foundation Trust is utilising the apprenticeship levy and PC said more can be done in relation to improving this and a report will be presented to the Workforce Committee in May explaining the progress and plans.</p> <p>The Board of Directors received and noted the report.</p>	
<b>Bo.5.18.13</b>	<p><b>Workforce Report</b></p> <p>This item was discussed under item Bo.5.18.8.</p> <p>The Board of Directors received and noted the report.</p>	

No.	Agenda Item	Action
Bo.5.18.14	<p><b>Annual Staff Survey Results 2017</b></p> <p>PC explained that the paper provides an overview of the results for the Foundation Trust 2017 NHS Staff Survey and shows how the Foundation Trust compares with other acute trusts that are facing similar challenges. PC highlighted a number of points which demonstrate a positive story overall:</p> <ul style="list-style-type: none"> <li>- Staff engagement has started to move in a positive direction, with the number of staff who would recommend the Foundation Trust as a place to work or receive treatment increasing significantly this year.</li> <li>- Staff feel satisfied with the quality of care they provide to patients and feel strongly that their role makes a difference to patients and service users.</li> <li>- Staff feel supported by colleagues and feel that managers encourage them to work as a team.</li> </ul> <p>PC felt these were very positive results and is a reflection of how the Foundation Trust cares and values people.</p> <p>TH was pleased to note the improvements in ratings from previous years but was concerned with the response rate of 35%. PC explained that a number of methods were used to communicate with staff to encourage completion and this year the surveys were available online as well as on paper. Feedback from staff side suggests that staff are not confident that their confidentiality is preserved even though efforts have been made to convince staff that the survey responses are anonymous.</p> <p>The Board of Directors received and noted the report.</p>	
	<b>Finance &amp; Performance</b>	
Bo.5.18.15	<p><b>Report from the Finance and Performance Committee – January 2018</b></p> <p>This item was discussed under item Bo.5.18.8.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.5.18.16	<p><b>Finance Report</b></p> <p>This item was discussed under item Bo.5.18.8.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.5.18.17	<p><b>Performance Report</b></p> <p>This item was discussed under item Bo.5.18.8.</p>	

No.	Agenda Item	Action
	The Board of Directors received and noted the report.	
	<b>Partnerships</b>	
<b>Bo.5.18.18</b>	<p><b>Report from the Partnerships Committee</b></p> <p>A report was not available due to administrative reasons.</p>	
	<b>Audit &amp; Assurance</b>	
<b>Bo.5.18.19</b>	<p><b>Report from the Audit &amp; Assurance Committee</b></p> <p>BS wished to highlight two items discussed at the Audit &amp; Assurance Committee in relation to limited assurance findings for the Clinical Audit (Divisional) Internal Audit Report and Business Continuity Internal Audit Report. TC reported that actions are being pursued in relation to the Clinical Audit report. It was agreed that the Major Projects Committee will review the Business Continuity Report.</p> <p>The Board of Directors received and noted the report.</p>	<p>Chair of Major Projects Committee</p>
	<b>Major Projects</b>	
<b>Bo.5.18.20</b>	<p><b>Report from the Major Projects Committee</b></p> <p>The Board of Directors received and noted the report.</p>	
	<b>Governance</b>	
<b>Bo.5.18.21</b>	<p><b>Board Assurance Framework Q4</b></p> <p>BM explained that further discussion in relation to this will take place during the Risk Appetite Session later in the day.</p> <p>The Board of Directors received and noted the report.</p>	
<b>Bo.5.18.22</b>	<p><b>Self-Certification of the NHS Provider Licence</b></p> <p>TC explained that the self-certification has been shared with the Council of Governors as required within the licensing process. The paper provides a portfolio of the evidence to enable the Board of Directors to consider approving the self-certification that the Foundation Trust meets the conditions of its Licence and identifies potential areas of risk proportionately and appropriately. It sets out statements that the Board of Directors is required to make to provide assurance to support the self-certification against the conditions related to Governance. From the assurance provided, the Board of Directors is required to certify that they are satisfied with the risks and mitigating actions against each area of the required areas within the</p>	

No.	Agenda Item	Action
	<p>Corporate Governance Statement.</p> <p>The Board of Director approved the self-certification of compliance for submission.</p>	
<p><b>Bo.5.18.23</b></p>	<p><b>Compliance with the Foundation Trust Code of Governance</b></p> <p>TC explained that the Code contains a relatively small number of statutory requirements, which the Foundation Trust must comply with. However, in general, the Code provides non-mandatory best practice advice. If the Foundation Trust is non-compliant then this does not constitute a breach of the provider licence and, for the majority of provisions, the Foundation Trust is simply required to explain any deviation from the Code within the Annual Report.</p> <p>JM explained that a review of compliance with each provision has been undertaken by the Integrated Governance and Risk Committee and a summary of the findings with regard to each provision is included within the report. The Integrated Governance and Risk Committee has determined that the Foundation Trust is not compliant with four of the provisions. Of these, the Foundation Trust is not required to make a public declaration of the reasons for non-compliance for three provisions but actions are detailed within the report. An explanation is required for one of the provisions the Foundation Trust is not compliant with and this will be included within the Annual Report 2018/19. This is in relation to E1.2:</p> <p style="text-align: center;"><i>The Board of Directors should clarify in writing how the public interests of patients and the local community will be represented, including its approach for addressing the overlap and interface between governors and any local consultative forums (e.g. Local Healthwatch, the Overview and Scrutiny Committee, the local League of Friends, and staff groups).</i></p> <p>JM explained that this provision is being addressed and one of the actions is to develop a Membership and Engagement Strategy. A detailed discussion followed with regards to how this may already be covered within the Foundation Trust’s patient and public engagement, the constitution and within the Quality Report. It was agreed that TC will look into this to determine whether the minimum requirements are already being met 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.</p>	<p>Director of Governance &amp; Corporate Affairs</p>
<p><b>Bo.5.18.24</b></p>	<p><b>Annual Fire Safety Report and Declaration of Fire Safety 2017/18</b></p> <p>SES reported that the paper explains how the Foundation Trust is meeting its statutory obligations and mandatory requirements in relation to fire safety.</p>	

No.	Agenda Item	Action
	<p>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.</p> <p>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.</p> <p>BM queried on the progress of issues identified following the Grenfell Tower incident. CLK explained that a number of actions were taken to ensure risks were mitigated to the minimum and discussions continue with NHSI in relation to funding for remedial works. It was agreed that CLK would write to Ian Dalton at NHSI if a response has not been received within the next two weeks.</p> <p>The Board of Directors received and noted the report.</p>	<p>Chief Operating Officer</p> <p>Chief Executive</p>
	<b>For Information</b>	
<b>Bo.5.18.25</b>	<p><b>Confirmed Finance and Performance Committee Minutes – February and March 2018</b></p> <p>The Board of Directors received and noted the minutes of the Finance and Performance Committee for February and March 2018.</p>	
<b>Bo.5.18.26</b>	<p><b>Confirmed Quality Committee Minutes – February and March 2018</b></p> <p>The Board of Directors received and noted the minutes of the Quality Committee for February and March 2018.</p>	
<b>Bo.5.18.27</b>	<p><b>Confirmed Audit &amp; Assurance Committee Minutes – February 2018</b></p> <p>The Board of Directors received and noted the minutes of the Audit &amp; Assurance Committee for February 2018.</p>	
<b>Bo.5.18.28</b>	<p><b>Confirmed Workforce Committee Minutes – January 2018</b></p> <p>The Board of Directors received and noted the minutes of the Workforce Committee for January 2018.</p>	
<b>Bo.5.18.29</b>	<p><b>Confirmed Health &amp; Safety Committee Minutes – December 2017</b></p> <p>The Board of Directors received and noted the minutes of the Health &amp; Safety Committee for December 2017.</p>	

No.	Agenda Item	Action
Bo.5.18.30	<p><b>Confirmed Charitable Funds Committee Minutes - November 2017</b></p> <p>The Board of Directors received and noted the minutes of the Charitable Funds Committee for November 2017.</p>	
Bo.5.18.31	<p><b>Nurse Staffing Data Publication Report – February and March 2018.</b></p> <p>The Board of Directors received and noted the report.</p>	
Bo.5.18.32	<p><b>Any other business</b></p> <p>There were no further items of business to discuss.</p>	
Bo.5.18.33	<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.5.18.34	<p><b>Issues to escalate to NHS Improvement (NHSI)</b></p> <p>As discussed at item Bo.5.18.24.</p>	
Bo.5.18.35	<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.5.18.36	<p><b>Items for Corporate Communications</b></p> <p>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.</p>	<p>Director of Strategy and Integration</p>
Bo.5.18.37	<p><b>Date and time of next meeting</b></p> <p>Thursday 12 July 2018</p>	





**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST  
ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 10 MAY 2018**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
11/01/18	Bo.1.18.19	<b>Equality &amp; Diversity Update:</b> 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 30 May 2018	Deferred from 28 March 2018 to 30 May 2018 Workforce Committee.
10/05/18	Bo.5.18.8	<b>Integrated Dashboard –</b> 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 discussion and to help understand the position better.	Chief Nurse	Quality Committee 30 May 2018	Presentation on Pressure Ulcers delivered to the Quality Committee at the meeting held 30 May. <u>Action concluded.</u>
10/05/18	Bo.5.18.0	<b>Work As One Week evaluation:</b> A formal report will be added to the Finance and Performance Committee agenda. Achievement will also be recognised through the staff awards scheme.	Chief Operating Officer	Finance & Performance Committee 27 June 2018	Presentation delivered to F&P Committee June 2018. <u>Action concluded</u>
10/05/18	Bo.5.18.8	<b>Integrated Dashboard –</b> 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.	Chief Operating Officer	Quality Committee 27 June 2018	Verbal update provided to the Quality Committee on June 28. <u>Action concluded</u>
10/05/18	Bo.5.18.19	<b>Report from the Audit &amp; Assurance Committee:</b> It was agreed that the Major Projects Committee will review the Business Continuity Internal Audit Report which demonstrated limited assurance.	Chair of Major Projects Committee	Major Projects Committee 27 June 2018	Added to June 28 Major Projects committee agenda. <u>Action concluded</u>
10/05/18	Bo.5.18.4	It was agreed that going forward an agreed summary/key	Chairs of	Board of Directors	The majority of reports from June

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		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.	Committees and Lead Executive Director	12 July 2018	and May have been presented in the new format. Time has been added to the end of the Committee agendas for the Chair and Led Executives to meet and agree the content of the paper.
10/05/18	Bo.5.18.7	<b>Report from Integrated Governance and Risk Committee:</b> It was agreed that an explanation of why a risk has been closed is included in future reports from the Committee.	Director of Governance & Corporate Affairs	Board of Directors 12 July 2018	
10/05/18	Bo.5.18.8	<b>Integrated Dashboard – Did Not Attend Follow Ups:</b> CF agreed to circulate a note detailing which specialties will not use two way texting and the reason for this.	Director of Informatics	Board of Directors 12 July 2018	
10/05/18	Bo.5.18.8	<b>Integrated Dashboard – BS</b> asked if the dashboard could link to detailed data and improvement plans for each KPI. CF agreed to look into this.	Director of Informatics	Board of Directors 12 July 2018	
10/05/18	Bo.5.18.10	<b>Safer Maternity Care – CNST Incentive Scheme:</b> 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.	Head of Corporate Governance	Board of Directors 12 July 2018	Documents circulated. <u>Action concluded</u>
10/05/18	Bo.5.18.23	<b>Compliance with the Foundation Trust Code of Governance:</b> 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.	Director of Governance and Corporate Affairs	Board of Directors 12 July 2018	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 statement has been produced, signed off and published on the Trust Website. <u>Action concluded</u>

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
10/05/18	Bo.5.18.24	<p><b>Annual Fire Safety Report and Declaration of Fire Safety 2017/18:</b> 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.</p> <p>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.</p>	Chief Operating Officer	Board of Directors 12 July 2018	Verbal update to be provided.
10/05/18	Bo.5.18.24	<p><b>Annual Fire Safety Report and Declaration of Fire Safety 2017/18:</b> CLK explained that a number of actions were taken to ensure risks were mitigated to the minimum following the Grenfell Tower incident and discussions continue with NHSI in relation to funding for remedial works. It was agreed that CLK would write to Ian Dalton at NHSI if a response has not been received within the next two weeks.</p>	Chief Executive	Board of Directors 12 July 2018	
10/05/18	Bo.5.18.36	<p><b>Items for Corporate Communications:</b> 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.</p>	Director of Strategy & Integration	Board of Directors 12 July 2018	Global Communication circulated. <u>Action concluded</u>
10/05/18	Bo.5.18.8	<p><b>Integrated Dashboard –</b> 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</p>	Director of Human Resources	Workforce Committee 25 July 2018	



Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		discussion at the Workforce Committee.			
10/05/18	Bo.5.18.8	<b>Integrated Dashboard –</b> 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	
11/01/18	Bo.1.18.31	<b>Board Assurance Framework Q3:</b> - 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.