

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

Date:	Thursday 13 September 2018	Time:	10:45-13:30
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) - Ms Trudy Feaster-Gee (TFG) - Dr Trevor Higgins (TH) - Mr Amjad Pervez (AP) - 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 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) 		
In Attendance:	<ul style="list-style-type: none"> - Ms Jacqui Maurice, Head of Corporate Governance (JM) - Ms Nahida Mafuz, Minute Taker (NM) - Ms Terri Saunderson, Deputy Director of Operations (TS) representing Sandra Shannon, Chief Operating Officer - Ms Claire Chadwick, Nurse Consultant Infection Control (CC) for Patient and Staff Story - Ms Robina Fayyaz, Senior Infection Prevention and Control Clinical Nurse Specialist (RF) for Patient and Staff Story - Ms Paula Mills, Infection and Prevention Control Nurse Specialist (PM) for Patient and Staff Story - Mr Carl Stephenson, Head of Performance (CS) for agenda item Bo.9.18.8 		
Observers:	<ul style="list-style-type: none"> - 1 Member of Staff - 1 Member of the Public 		

No.	Agenda Item	Action
Bo.9.18.0	<p>Patient and Staff Story – Rehydration and Campaign to Reduce eColi Bacteraemia</p> <p>KD introduced Claire Chadwick, Nurse Consultant Infection Control (CC), Robina Fayyaz, Senior Infection Prevention and Control Clinical Nurse Specialist (RF) and Paula Mills, Infection and Prevention Control Nurse Specialist (PM) to present the patient and staff story.</p>	

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	<p>CC explained that due to an increase of E.coli cases reported nationally by NHS Trusts over recent years and the national objective to reduce these by 50% by 2020 the Infection Prevention Team have been working on an innovative quality improvement project. The team is supporting wards and working with partners to focus on preventing these infections from occurring in the first place.</p> <p>Bradford has had a higher rate of infections when compared nationally with the majority of cases being community onset. The risk of infection is greater amongst the elderly with urinary tract infections being the highest.</p> <p>RF talked through the work she has led on in relation to the Hydration Project and how she has worked very closely with two wards to pilot this with the aim of encouraging them to engage and participate to deliver better results for patients.</p> <p>PM referred to a patient who had suffered a fall and was discovered to have urinary sepsis when admitted to hospital. This patient took part in the pilot which resulted in a positive outcome and she was discharged.</p> <p>RF reported that evaluation of feedback received has demonstrated a positive response to the project. The team are awaiting the results from the quantitative data which they anticipate will show an improvement. Based on the feedback received the tool kit will be refined before the project is rolled out to other areas.</p> <p>AP asked if any work has been undertaken to explore the link between ethnicity and social deprivation and the prevalence of E Coli sepsis. It was agreed that this would be researched and findings reported to the Infection Prevention and Control Committee.</p>	<p>Medical Director</p>
<p>Bo.9.18.1</p>	<p>Apologies for absence</p> <ul style="list-style-type: none"> - Mr Jon Prasher (JP) - Ms Sandra Shannon, Chief Operating Officer/Deputy Chief Executive (SES) represented by Terri Saunderson, Deputy Director of Operations (TS) 	
<p>Bo.9.18.2</p>	<p>Declaration of Interests</p> <p>There were no declarations of interest to note.</p>	
<p>Bo.9.18.3</p>	<p>Minutes of the Meeting held on Thursday 12 July 2018</p> <p>The minutes of the meeting were accepted as an accurate record of the meeting subject to the following change:</p> <ul style="list-style-type: none"> - Bo.7.18.4: Penultimate bullet on item (Bo.5.18.24) – TFG queried 	

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	<p>the wording and asked for this to be rephrased to indicate that the 'level of fire safety training has not actually reduced, rather it has been offered via different methods – such as e-learning packages and ward-based learning to ensure improved compliance from staff.</p>	
<p>Bo.9.18.4</p>	<p>Matters Arising:</p> <ul style="list-style-type: none"> - Bo.1.18.19 (11/01/18) 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. 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. <u>Action concluded.</u> - Bo.5.18.8 (10/05/18) 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. <u>Action concluded.</u> - Bo.5.18.8 (10/05/18) 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. <u>Action concluded.</u> - Bo.7.18.9 (12/07/18) Integrated Dashboard – Finance and Performance Committee: 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. <u>Action concluded.</u> - Bo.7.18.9 (12/07/18) 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. <u>Action concluded.</u> - Bo.5.18.24 (12/07/18) 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. This has been added to the Closed Board agenda. <u>Action concluded.</u> - Bo.7.18.17 (12/07/18) 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. This has been added to the agenda. <u>Action concluded.</u> 	

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	<p>- Bo.7.18.13 (12/07/18) 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. <u>Action concluded.</u></p>	
Bo.9.18.5	<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 July 2018. BM updated that the Associate NED has now been appointed.</p> <p>The Board of Directors noted the report from the Chairman.</p>	
Reports from the Chief Executive		
Bo.9.18.6	<p>Report from the Chief Executive</p> <p>CLK wished to draw attention to the following key items from his report:</p> <ul style="list-style-type: none"> - The Care Quality Commission (CQC) Report – Beyond Barriers: The appendix referenced in this section summarises the overall key findings of the targeted local system reviews throughout 20 local authority areas. - New Consultant Appointments: CLK was pleased to update that a number of high quality individuals have been appointed to consultant posts. - Donation of artwork: CLK was delighted to accept, on behalf of the Foundation Trust, a handcrafted piece of art from a patient who wished to show his gratitude for the care he received at Bradford Royal Infirmary. - Team of the Month and Employee of the Month Awards: CLK explained that details of winners will be included within his regular report to the Board of Directors. - CLK circulated an additional paper detailing correspondence received from NHS Improvement and NHS England in relation to Emergency Care, Elective Care and Flu Vaccinations. PC confirmed that the influenza campaign will be launched on 24 September. <p>The Board of Directors received and noted the report.</p>	
Bo.9.18.7	<p>Report from Integrated Governance and Risk Committee</p> <p>CLK presented the regular report from the Integrated Governance and</p>	

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	<p>Risk Committee (IGRC) Monthly Meeting for July and August 2018 and referred the Board of Directors to the overview of outcomes as provided within the paper.</p> <p>The Board of Directors confirmed they are content that risks are being discussed appropriately at Committee Meetings.</p> <p>The Board of Directors received and noted the report.</p>	
<p>Bo.9.18.8</p>	<p>RTT Recovery Presentation</p> <p>TS introduced Carl Stephenson, Head of Performance (CS) to deliver the RTT Recovery presentation to the Board of Directors.</p> <p>CS explained the current position:</p> <ul style="list-style-type: none"> • Total waiting list is stable but inflated by data quality issues • Over 18 week waits are stable but performance is below plan • Over 40 week waits have started to stabilise in the last two months • Over 52 week breaches peaked in August (14 incomplete to report) <p>CS explained the actions being taken to address the position through the weekly recovery cycle and daily reviews of 46+ RTT with specialties. A detailed recovery plan at specialty level is reviewed, analysed and validated. Directorate Managers are accountable for their specialties to ensure their teams manage the lists effectively.</p> <p>TH asked about productivity and how the Foundation Trust assures there is capacity to deliver and whether outsourcing is considered. TS explained that capacity and demand analysis is undertaken across all specialties and each specialty is managed individually. It was agreed that the Finance and Performance Committee receive a specialty by specialty demand and capacity analysis, including reasons for problems and how they are being addressed.</p> <p>CS explained that the RTT incomplete position is at 74.17% which is down on trajectory but highlighted the following:</p> <ul style="list-style-type: none"> • Waiting list size has stabilised and reduced slightly • Rolling programme for full validation has commenced • Growth in long waits has stopped and daily meetings to review management plans are in place • September 52 week risks reduced to 8 at present and work continues to reduce to 0 • Waiting list shapes suggest some booking out of sequence so main concerns shared with directorate teams and further analysis is planned • A full review of activity against plan and previous year is underway • T&O are a good example of the impact activity trackers are having 	<p>Chief Operating Officer</p>

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	<p>CS explained the impact the activity trackers are having:</p> <ul style="list-style-type: none"> • Focus on activity against plan and capacity and demand planning has targeted additional sessions and improved throughput • RTT long waits have reduced as a result • Management oversight being targeted towards the long tail on the PTL <p>TH asked why data quality issues still exist even though EPR has been implemented for months now. CF explained that human error issues are expected and this is contributing to the data quality issues. CLK reported that relative to other Trusts who have implemented EPR the Foundation Trust is doing well with this aspect but there is a lot of ongoing work which is focussing on improving data quality. BM asked if there are indicators to track that an improvement is taking place and CS replied that the validation demonstrates the progress. It was agreed that the Finance and Performance Committee should receive regular updates on the Trust's data quality position.</p> <p>BM thanked CS for the helpful presentation.</p>	<p>Director of Informatics</p>
<p>Bo.9.18.9</p>	<p>Integrated Dashboard</p> <p>CLK presented the dashboard and the following key points were discussed and noted:</p> <p>Quality Dashboard:</p> <p><u>Maternity Services</u></p> <ul style="list-style-type: none"> • LS explained the Maternity “Be the Best” Improvement Programme (MIP) was discussed in detail at the July 2018 Quality Committee meeting. BG confirmed that an external senior clinician has agreed to work with the team from October 2018. The purpose of this is not to hold staff to account but to be a critical friend and mentor to help make improvements. This will also go towards making cultural change which is needed. • BG explained that a higher incidence of puerperal sepsis triggered an alert from the Care Quality Commission (CQC). Early indications from the case note review would suggest there has been an over recording of sepsis in labour that has led to an increased coding of sepsis. TC reported that a full response is being prepared for the CQC and an audit has been undertaken which has not identified any harm. • TC reported that the Foundation Trust received notification from the CQC that they are reviewing maternity services on the 17th August 2018. The notification stated that the review has been initiated as the CQC's routine intelligence monitoring has identified a number of incidents reported by the Foundation Trust in relation 	

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	<p>to maternity services. In the letter of notification the CQC requested a range of further information to provide assurance that on-going risks to patient safety are being managed within the maternity services, a response was required by the 31st August 2018. The Foundation Trust submitted a comprehensive response to the request as required on the 31st August 2018. The Board of Directors is asked to note the content of the request and the response made. The Board of Directors will be informed of the outcome of the CQC's review of the service when this information is made available.</p> <p>BG explained there has been real progress in the understanding of what safety is within the department and there have been signs of improvement. BG has been working closely with the Clinical Lead to look at leadership and cultural change and was confident that there will be progress.</p> <p>TC wished to update the Board in relation to the Clinical Negligence Scheme for Trusts (CNST) and the standards submitted in May 2018 confirming that the Foundation Trust has achieved compliance with all ten standards. These have since been signed off by NHS Resolution and we were therefore able to include this update to the CQC.</p> <p>BS queried the "Governance Mechanism" aspect of the Quality pie chart within the Quality dashboard pie chart which rated red. TC explained this is rated with metrics and indicators which determine the rating. Following a discussion it was agreed that assurance in relation to the data influencing the red rating for governance mechanisms should be presented to the Audit and Assurance Committee. In addition all assuring committees should receive assurance in relation to the management of the principal risks that they are monitoring.</p> <p>TH queried the coding element and why inaccurate coding is not checked at a higher level. BG explained that work is being undertaken to improve coding through one of the improvement programmes and as part of this clinicians will be working with the coding team to ensure correct coding is used for every specialty.</p> <p>Following a detailed discussion in relation to the Quality dashboard the following actions were agreed:</p> <ul style="list-style-type: none"> ○ Dashboards should be updated to include metrics used externally to monitor the trust as well as those used internally and to include metrics related to cultural improvement and maturity. ○ A strategy should be developed in line with the action above which will enable the early sight of deteriorating indicators (including those of regulatory interest). <p>KD wished to recognise the strong performance on a number</p>	<p>Director of Governance and Corporate Affairs</p> <p>Chief Nurse / Medical Director / Director of Governance and Corporate Affairs</p>

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	<p>indicators within the Quality dashboard including VTE, Clostridium difficile, HSMR, Grade 3 and 2 Pressure Ulcers, and MRSA.</p> <p>Workforce Dashboard:</p> <p><u>Appraisals</u></p> <ul style="list-style-type: none"> SU reported that a detailed discussion took place at the Workforce Committee meeting concerning appraisal performance. Measures and additional interventions in place to support increasing appraisal rates around reporting, training, communications and additional support being provided to managers. <p><u>Equality indicators</u></p> <ul style="list-style-type: none"> SU explained that overall the Black, Asian & Minority Ethnicity (BAME) workforce was growing and the Trust was ahead of the agreed trajectory. Progress in relation to Band 8a+ was noted with the Trust being behind trajectory and the Committee discussed current actions and what else could be done to close the gap. A ‘closing the gap’ action plan was being developed and would be specifically monitored. AP was disappointed to see that the Foundation Trust was behind trajectory in relation to the 8a+ and felt that a robust plan is needed which delivers this effectively. AP felt that as a diverse city this is something the Foundation Trust should be leading on. SU explained that the action plan will be addressing this. CLK agreed and highlighted that one of his objectives is to ensure that the target is met and that the workforce represents the patients and the Foundation Trust is committed to this. <p>BM noted the positive metrics provided in relation to workforce for Maternity department.</p> <p><u>Nurse vacancies/nurse fill rates</u></p> <p>SU reported that nurse staffing remains a challenge but a successful recruitment campaign has taken place recently which will help with fill rates.</p> <p>PC reported that workforce metrics in Maternity have shown an improvement since the Workforce Committee meeting in July with appraisal performance being the most improved clinical division. Recruitment has also been successful for Paediatric nursing and Midwifery with the majority of vacancies now filled.</p> <p>It was agreed that the Workforce Committee escalates any concerns in relation to the ‘close the gap’ action plan to Board as they arise as determined by the committee.</p>	<p>Director of Human Resources</p>

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	<p>Finance & Performance Dashboard:</p> <p>PV reported that the Foundation Trust is in line with the year to date plan but it is important to ensure that income is delivered and ensure the data quality issues are resolved to ensure the Trust is paid appropriately.</p> <p>MH reported that the following actions are being undertaken:</p> <ul style="list-style-type: none"> - Contract activity process: work is being undertaken to determine the root cause of the current data quality issues particularly in Outpatient and Elective work. The outcome of this will assist in detailing the plan to help with recovery. - Bradford Improvement Programme (BIP): improvements are being seen in this and a number of steps have been introduced to help address blockages. - Escalation meetings: these have been introduced recently and two escalation meetings have taken place to date. Focus has been given to cost control and run rate improvements and the meetings have involved working through individual cost centres and understanding what the key cost drivers are. - Work as One BIP week: this will commence on 8 October and during this week a waste reduction team will work with operational colleagues to help facilitate improvement. - Healthy cash position: the key challenge is to maintain a healthy cash position. The Capital Committee and the Cash Committee are reviewing proposed measures to protect the cash position. <p>BS felt that the financial challenge faced by the Trust is clearly reported but that assurance around delivery is not as clear and further evidence is required to detail how the control total will be achieved. CLK said that the Foundation Trust is determined to achieve the control total and the “Cost Out” initiative will help towards this. Following a discussion the following actions were agreed:</p> <ul style="list-style-type: none"> o To undertake a review and make recommendations as to how financial performance is presented to the Finance and Performance Committee. o The Finance and Performance Committee should consider the detail of actions both underway and planned, their delivery trajectories and their ownership and seek assurance on the progress with delivering the financial plan. o The Finance and Performance Committee should make a recommendation about the assurance and opinion to be given NHSI in relation to delivery of the financial plan following consideration of the information in the action above. <p><u>Emergency Care Standard</u></p>	<p>Director of Finance</p> <p>Director of Finance</p> <p>Director of Finance</p>

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	<p>PV reported that the performance for July 2018 for Type 1 & 3 was reported at 83.12% and for Type 1, 2 & 3 was reported at 85.43%, both a deterioration from the previous month. Attendances in July 2018 were exceptionally high with the third highest number of attendances out of the last 100 months.</p> <p>CLK provided the Board of Directors with an update following a visit by Pauline Philip, National Urgent and Emergency Care Director the previous day. Pauline visited the Emergency Department and in her feedback to CLK she reported that overall she was happy with what the Foundation Trust has in place but there was still the issue of a standardised approach with pathways. Pauline made some useful observations during her visit and her suggestions will be followed up.</p> <p><u>Cancer</u></p> <p>PV reported that failures were reported to the Committee against the 2-Week Wait, and 31-Day First and 62-Day First Treatment targets for June 2018; a deterioration of the 31-Day and 62-Day First Treatment targets compared to previous months. Improvement was noted for the 2-Week Wait, however the Skin and Urology positions remain a concern. PV explained that a programme to review capacity and demand across all sites is commencing during September 2018, with timescales for completion to be confirmed. Optimal pathways are being introduced across several of the pressured sites. A deep dive was undertaken in some areas of concern.</p> <p>TS said that the Cancer standard is being monitored closely and work is being undertaken in relation to capacity and demand which is being reviewed in detail by specialties. We have also appointed additional senior manager support to provide operational oversight who will work closely with Divisional Teams and help to embed the new structure within the Calman Team. Work is also taking place with the Intensive Support Team with a systematic review of pathways being carried out which will help identify actions to improve.</p> <p>TS reported that areas of progress include Dermatology. The CCG have been supportive which has helped the Foundation Trust to utilise the GPs with Special Interest but improvements will take a few months to reflect. TH queried the recruitment for Dermatologists and TS explained that recruitment is underway but there is a national shortage of Consultant Dermatologists which is why we are working with GPs with Special Interest to work with us to manage patients.</p> <p>The following actions were agreed:</p> <ul style="list-style-type: none"> ○ The next Board development day should include a session on identifying innovative solutions to long term performance, finance and quality problems. ○ 'Are we getting better?': a review of performance, initially 	<p>Director of Governance & Corporate Affairs</p>

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	<p>relating to ECS comparing year by year (3 years) performance, including a comparative analysis to be presented to the Finance and Performance Committee and then subsequently to Board.</p> <ul style="list-style-type: none"> ○ Any amendments to the ECS recovery action plan in light of the visit from NHSI on 12th September to be presented and approved by the Finance and Performance Committee. <p>Partnerships Dashboard</p> <p>BM reported that discussions regarding Airedale Collaboration are progressing and the programme of work is commencing.</p> <p>BM and CLK attended the WYAAT Committee in Common meeting the previous day. The meeting was positive and practical plans will be drawn up from it which will be shared with the Board in due course.</p> <p>TH wished to acknowledge the improved format of the dashboard and thanked CF for the work put into achieving this.</p> <p>The Board of Directors received and noted the report.</p>	<p>Chief Operating Officer</p> <p>Chief Operating Officer</p>
	Quality	
Bo.9.18.10	<p>Report from the Quality Committee</p> <p>This item was discussed under item Bo.9.18.9.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.9.18.11	<p>CQC Puerperal Sepsis Outlier Notification</p> <p>As discussed at agenda item Bo.9.18.9 TC explained that an outlier notification was received in relation to Puerperal Sepsis on the 31st July 2018. The paper provides details of the alert and assurance in relation to the response of the service.</p> <p>The Quality Committee will receive a summary of outcome of the actions taken to understand and mitigate any risks identified by the outlier notification with the full response provided to the CQC.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.9.18.12	<p>CQC Review of Maternity Services: Request for Information</p> <p>Item discussed at agenda item Bo.9.18.9.</p>	

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	The Board of Directors received and noted the report.	
Bo.9.18.13	<p>CQC Compliance Action Update</p> <p>The Board of Directors received and noted the report.</p>	
Bo.9.18.14	<p>NHSE Public Health Screening Reports</p> <p>TC explained that the Foundation Trust provides a number of screening services that are commissioned by NHS England via NHS England - North (Yorkshire and the Humber) Public Health (NHSE PH).</p> <p>As part of the contract for these services the Foundation Trust is required to submit annual reports to NHSE PH providing some background to the service and detailing areas of achievement in the year, areas for development, areas of concern and actions to be taken. NHSE PH ask that these reports are approved by the Board of Directors.</p> <p>The Board of Directors reviewed and approved the submission of the screening reports to NHSE PH.</p>	
Bo.9.18.15	<p>Stroke Service Update</p> <p>BG explained that the paper provides an update to the Board of Directors on the improvements to the stroke service. The Board of Directors has been aware that the Foundation Trust SSNAP data for the period August – November 2017 and December 2017 – March 2018 reported a rating of E (the worst performing). BG was pleased to confirm that the Foundation Trust's overall rating is now C (the team score was a rating of B). A comprehensive improvement programme has been in place since February 2018 which has helped to achieve the new rating. Regular updates have been provided to the Quality Committee and the Committee will continue to monitor progress.</p> <p>BG reported that the Airedale-Bradford Acute Provider Collaborative Stroke Board met for their first meeting during early September 2018. The aim of the collaboration is to develop a single stroke service across the two NHS Trusts and is supported by non-recurrent funding from the Clinical Commissioning Group.</p> <p>BG asked the Board of Directors to note the significant improvements that the stroke service have made in delivery of the national SSNAP standards and also wished to recognise the hard work of the Stroke team. BM thanked the team and thanked BG for his leadership to help deliver this result.</p> <p>The Board of Directors received and noted the report.</p>	

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	Workforce	
Bo.9.18.16	Report from the Workforce Committee The Board of Directors received and noted the report.	
Bo.9.18.17	Workforce Report The Board of Directors received and noted the report.	
	Finance & Performance	
Bo.9.18.18	Report from the Finance and Performance Committee The Board of Directors received and noted the report.	
Bo.9.18.19	Finance Report The Board of Directors received and noted the report.	
Bo.9.18.20	Performance Report The Board of Directors received and noted the report.	
	Partnerships	
Bo.9.18.21	Report from the Partnerships Committee The Board of Directors received and noted the report.	
	Audit & Assurance	
Bo.9.18.22	Report from the Audit & Assurance Committee BS made reference to the limited assurance received from the Internal Audit Review Report for Business Continuity Planning and suggested that agreement is made with regards to which Committee will manage this. It was agreed that CLK to consider advice in relation to assurance in delivering the Business Continuity Planning action plan. The Board of Directors received and noted the report.	Chief Executive
	Major Projects	
Bo.9.18.23	Report from the Major Projects Committee The Board of Directors received and noted the report.	
	Governance	

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Bo.9.18.24	<p>Board Assurance Framework Q2/mth2</p> <p>BM proposed that the Board of Directors review use of the Board Assurance Framework during the current Committee review process.</p>	<p>Director of Governance and Corporate Affairs</p>
Bo.9.18.25	<p>Board Assurance Framework – Key Performance Indicators: Strategic Objective 1</p> <p>BG explained that following the last meeting of the Board of Directors the assurance rating of ‘confidence’ for Quarter 1 for strategic objective 1 ‘to provide outstanding care for our patients’ was challenged. In addition the Board of Directors requested assurance that the proposed changes in Key Performance Indicators had been considered by the Quality Committee.</p> <p>The Quality Committee reviewed the Board Assurance Framework for Quarter 1 and agreed that in light of a number of incidents and ongoing concern of the CQC in relation to maternity services a revised assurance level of ‘limited confidence’ was appropriate, as recommended by the Board of Directors. The Board Assurance Framework has been amended.</p> <p>The Board of Directors is asked to note the consensus achieved in relation to the assurance level for quarter 1 and to approve the revised key performance indicators for strategic objective 1.</p> <p>The Board of Directors approved the recommendations.</p>	
Bo.9.18.26	<p>Emergency Preparedness, Resilience and Response (EPRR) Core Standards</p> <p>TC explained that the paper provides the Board of Directors with an overview of the Trust’s Compliance with the EPRR Core Standards, identifying areas of risk and the proposed mitigation prior to submission to NHS England</p> <p>The final submission deadline to NHS England is 31st October 2018 where the Trust will have to provide a signed statement of compliance. The compliance statement relates to the percentage of standards for which compliance can be demonstrated.</p> <p>TC reported that as of the 6th September the Trust is not able to demonstrate compliance with the core standards as compliance with only 48 out of the 64 standards can be evidenced (75%). This is disappointing and is as a result of a combination of improved governance in terms of assurance relating to compliance and the changes in the standards and evidence required.</p> <p>However, due to the timing of the Board of Directors meeting and the submission of papers, there is an opportunity to ensure that the Trust</p>	

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	<p>can demonstrate compliance with a further 9 standards (substantial compliance) by the deadline in October. An action plan has been developed to work towards this compliance which is being managed by the Director of Governance and Corporate Affairs and the Emergency Planning Manager. As additional assurance an Internal Audit has been commissioned to assess the quality of the Trust's compliance with a range of the core standards. This is scheduled to take place at the end of September 2018.</p> <p>TC made the following recommendations:</p> <ul style="list-style-type: none"> • The Quality Committee to have devolved responsibility to sign off the EPRR Core Standards self-assessment declaration before the 31st October 2018. • A work plan should be developed and monitored by the Health and Safety Committee to ensure full compliance by April 2019 • An EPRR assurance paper should be received by the Board of Directors bi-annually, the next due in March 2019. The March paper will provide an update of the work plan, progress on achieving the core standards, training and exercises held and details of business continuity or critical incidents that have occurred. <p>The Board of Directors approved the recommendations.</p>	<p>Director of Governance and Corporate Affairs</p>
Bo.9.18.27	<p>BTHFT as a Learning Organisation</p> <p>TC explained that the paper provides an overview of the learning generated through the organisational learning response system, its precursor 'incident', the learning itself and the modality used to disseminate it across the Foundation Trust. The report provides a summary of the Foundation Trust wide learning during Quarters 3 and 4 2017/18.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.9.18.28	<p>Assurance The Way Forward</p> <p>TC explained that the Board of Directors had requested that each Board Committee should receive a presentation in relation to the value, nature and use of assurance to support their work. This paper provides a brief overview of the presentation and confirmation that each Board Committee had received the presentation.</p> <p>The Board of Directors received and noted the report.</p>	
	For Receipt	
Bo.9.18.29	Quality Committee Annual Report	

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	The Board of Directors received the report.	
Bo.9.18.30	Partnership Committee Annual Report The Board of Directors received the report.	
Bo.9.18.31	Finance & Performance Committee Annual Report The Board of Directors received the report.	
Bo.9.18.32	Major Projects Committee Annual Report The Board of Directors received the report.	
Bo.9.18.33	Confirmed Finance and Performance Committee Minutes – June and July 2018 The Board of Directors received and noted the minutes.	
Bo.9.18.34	Confirmed Quality Committee Minutes – June and July 2018 The Board of Directors received and noted the minutes.	
Bo.9.18.35	Confirmed Audit & Assurance Committee Minutes – May 2018 The Board of Directors received and noted the minutes.	
Bo.9.18.36	Confirmed Workforce Committee Minutes – May 2018 The Board of Directors received and noted the minutes.	
Bo.9.18.37	Nurse Staffing Data Publication Report – July 2018. The Board of Directors received and noted the report.	
Bo.9.18.38	Any other business SU was pleased with the new format of the Board papers and felt they are very well presented. SU thanked TC for the work put into revising these.	
Bo.9.18.39	Issues to add to Corporate Risk Register	

No.	Agenda Item	Action
	There were no issues to be added to the Corporate Risk Register.	
Bo.9.18.40	Issues to escalate to NHS Improvement (NHSI) There were no issues to be escalated to NHSI.	
Bo.9.18.41	Issues to be reported to Care Quality Commission (CQC) There were no issues to be escalated to CQC.	
Bo.9.18.42	Items for Corporate Communications JH to provide an update in relation to the delivery of the Communication and Engagement Plan to the Board of Directors.	Director of Strategy and Integration
Bo.9.18.43	Date and time of next meeting Thursday 8 November 2018	



BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 13 SEPTEMBER 2018

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
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 8 November 2018	Deferred from 13 September Board of Directors. BM to liaise with Director of Governance and Corporate Affairs.
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	<u>Action completed.</u>
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	<u>Action completed</u>
13/09/18	Bo.9.18.9	Integrated Dashboard: Workforce Committee to escalate any concerns in relation to the 'close the gap' action plan to Board as they arise as determined by the committee.	Director of Human Resources	Workforce Committee 26 September 2018	<u>Action completed</u>
13/09/18	Bo.9.18.22	Report from the Audit & Assurance Committee: To provide advice in relation to assurance in delivering the Business Continuity Planning action plan.	Chief Executive	Board of Directors 8 November 2018	
13/09/18	Bo.9.18.9	Integrated Dashboard: The Board development day (4 th October) should include a session on identifying innovative solutions to long term performance, finance and quality problems.	Director of Governance and Corporate affairs	Board Development 4 October 2018	Session deferred.
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	Audit & Assurance Committee 30 October 2018	Currently on the draft Audit & Assurance Committee Workplan for December 2018.

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
					The work plan will be considered and confirmed at the Committee meeting in October.
13/09/18	Bo.9.18.8	RTT Recovery Position: Committee to receive a specialty by specialty demand and capacity analysis, including reasons for problems and how they are being addressed.	Chief Operating Officer	Finance & Performance Committee 31 October 2018	Considered by F&P Committee in September. Item added to F&P Committee agenda for 31 October. <u>Action concluded</u>
13/09/18	Bo.9.18.8	RTT Recovery Position: The Finance and Performance Committee should receive regular updates on the Trust's data quality position.	Director of Informatics	Finance & Performance Committee 31 October 2018	Considered and discussed by F&P Committee in September. <u>Action concluded</u>
13/09/18	Bo.9.18.9	Integrated Dashboard: To undertake a review and make recommendations as to how financial performance is presented to the Finance and Performance Committee.	Director of Finance	Finance & Performance Committee 31 October 2018	Considered by F&P Committee in September and agreed that a narrative report would be developed. <u>Action concluded</u>
13/09/18	Bo.9.18.9	Integrated Dashboard: The Finance and Performance Committee should consider the detail of actions both underway and planned, their delivery trajectories and their ownership and seek assurance on the progress with delivering the financial plan.	Director of Finance	Finance & Performance Committee 31 October 2018	Considered by F&P Committee in September and agreed that this would be addressed through the 'business as usual processes' of the Bradford Improvement Programme. <u>Action concluded</u>
13/09/18	Bo.9.18.9	Integrated Dashboard: The Finance and Performance Committee should make a recommendation about the assurance and opinion to be given NHSI in relation to delivery of the financial plan following consideration of the information in the action above.	Director of Finance	Finance & Performance Committee 31 October 2018	Update from committee meeting awaited....
13/09/18	Bo.9.18.20	Performance Report: 'Are we getting better?': a review of performance, initially relating to ECS	Chief Operating Officer	Finance & Performance	Considered by F&P Committee in September and agreed that formal

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		comparing year by year (3 years) performance, including a comparative analysis to be presented to the Finance and Performance Committee and then subsequently to Board.		Committee 31 October 2018	report would be received by Committee in November. <u>Action concluded.</u>
13/09/18	Bo.9.18.20	Performance Report: Any amendments to the ECS recovery action plan in light of the visit from NHSI on 12 th September to be presented and approved by the Finance & Performance Committee.	Chief Operating Officer	Finance & Performance Committee 31 October 2018	F&P Committee notified in September that; no amendments as yet to the ECS recovery plan - as outcome from 12 September NHSI visit not yet available. Committee will re-consider in October.
13/09/18	Bo.9.18.26	Emergency Preparedness, Resilience and Response (EPRR) Core Standards The Quality Committee to have devolved responsibility to sign off the EPRR Core Standards self-assessment declaration before the 31 st October 2018.	Director of Governance and Corporate Affairs	Quality Committee 31 October 2018	Added to the Committee agenda. Action concluded.
13/09/18	Bo.9.18.26	Emergency Preparedness, Resilience and Response (EPRR) Core Standards A work plan should be developed and monitored by the Health and Safety Committee to ensure full compliance by April 2019	Director of Governance and Corporate Affairs	Board of Directors 8 November 2018	Added to the Health and Safety Committee agenda.
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 8 November 2018	
13/09/18	Bo.9.18.24	Board Assurance Framework Q2/Month 2: To review use of the Board Assurance Framework during the	Director of Governance and	Board of Directors 8 November 2018	



Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		current Committee review process.	Corporate Affairs		
13/09/18	Bo.9.18.0	Patient and Staff Story: To explore the link between ethnicity and social deprivation on E Coli sepsis and report findings to the Infection Prevention and Control Committee.	Medical Director	Infection Prevention & Control Committee November 2018	
13/09/18	Bo.9.18.9	Integrated Dashboard: Assurance in relation to the data influencing the red rating for governance mechanisms should be presented to the Audit and Assurance Committee. In addition all assuring committees should receive assurance in relation to the management of the principal risks that they are monitoring.	Director of Governance and Corporate Affairs	All Committees 12 December 2018	
13/09/18	Bo.9.18.42	Items for Corporate Communications: To provide an update in relation to the delivery of the Communication and Engagement Plan to Board.	Director of Strategy and Integration	Board of Directors 10 January 2019	
13/09/18	Bo.9.18.9	Integrated Dashboard: The Finance and Performance Committee should receive information about when the benefits of counting/coding, Command Centre and other key initiatives will be realised.	Director of Finance	Finance & Performance Committee 30 January 2019	
13/09/18	Bo.9.18.9	Integrated Dashboard: Dashboards should be updated to include metrics used externally to monitor the trust as well as those used internally and to include metrics related to cultural improvement and maturity.	Chief Nurse/ Medical Director/ Director of Governance and Corporate Affairs/ Director of Informatics	All Committees March 2019	
13/09/18	Bo.9.18.9	Integrated Dashboard: A strategy should be developed in line with the action above which will enable the early sight of deteriorating indicators (including those of regulatory interest).	Chief Nurse/ Medical Director/ Director of Governance and	Quality Committee March 2019	



Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
			Corporate Affairs/ Director of Informatics		
13/09/18	Bo.9.18.26	Emergency Preparedness, Resilience and Response (EPRR) Core Standards An EPRR assurance paper should be received by the Board of Directors bi-annually, the next due in March 2019. The March paper will provide an update of the work plan, progress on achieving the core standards, training and exercises held and details of business continuity or critical incidents that have occurred.	Director of Governance and Corporate Affairs	Board of Directors March 2019	