

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

Date:	Thursday 8 November 2018	Time:	09:45-12:30
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 Jon Prasher (JP) - Mr Barrie Senior (BS) - Professor Laura Stroud (LS) - Ms Selina Ullah (SU) - Mrs Pauline Vickers (PV) <p>Associate Non-Executive Director:</p> <ul style="list-style-type: none"> - Andrew McConnell (AM) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Professor Clive Kay, Chief Executive (CLK) - Ms Pat Campbell, Director of Human Resources (PC) - Ms Karen Dawber, Chief Nurse (KD) - Ms Cindy Fedell, Chief Digital and Information Officer (CF) - Dr Bryan Gill, Chief Medical Officer (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"> - Ms Tanya Claridge, Director of Governance and Corporate Affairs (TC) - Ms Nahida Mafuz, Minute Taker (NM) 		
Observers:	<ul style="list-style-type: none"> - 6 Members of Staff for Patient Film - 1 Member of the Public - 1 Governor 		

No.	Agenda Item	Action
Bo.11.18.0	<p>Patient Film - Richard Briscoe – AED & Intensive Care Patient</p> <p>The film provided a detailed description by Richard Briscoe of how he collapsed and was admitted to hospital. Richard talked about the care and treatment he received whilst a patient and spoke very highly of the staff who took care of him. Richard praised staff for the support they provided to his family during his treatment and recovery.</p> <p>The Board was pleased to hear of the care, kindness and compassion Richard and his family received during a very traumatic time in their lives and wished to relay the Board's thanks to all the staff involved in Richard's care.</p>	

No.	Agenda Item	Action
	<p>KD confirmed that the video will be used as a marketing and learning tool and will be available on the Trust website and via the social media website channels. The video will be used for training and communication with staff.</p>	
Bo.11.18.1	<p>Apologies for absence</p> <p>There were no apologies to note.</p> <p>BM welcomed Andrew McConnell, Associate Non-Executive Director to his first Board of Directors meeting.</p> <p>BM wished to acknowledge the valuable contribution made by Pauline Vickers as Non-Executive Director during the last five years. BM highlighted that today was Pauline's final Board Meeting as Non-Executive Director and, on behalf of the Foundation Trust, wished her all the best in her future plans.</p>	
Bo.11.18.2	<p>Declaration of Interests</p> <p>There were no declarations of interest to note.</p>	
Bo.11.18.3	<p>Minutes of the Meeting held on Thursday 13 September 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.9.18.15: Stroke Service Update. <i>The second sentence should be updated to read: 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).</i> 	
Bo.11.18.4	<p>Matters Arising:</p> <ul style="list-style-type: none"> - Bo.7.18.9 (12/07/18) Integrated Dashboard – Workforce Committee: Further discussion to take place at the Workforce Committee in terms of leadership throughout the organisation and how that connects to appraisals. <u>Action concluded.</u> - Bo.7.18.16 (12/07/18) Workforce Race Equality Standard (WRES) and Equality & Diversity Update: It was agreed that the paper should be discussed at the Workforce Committee and then presented to Board of Directors. <u>Action concluded.</u> - Bo.9.18.9 (13/09/18) Integrated Dashboard: The Workforce Committee would escalate any concerns in relation to the 'close the gap' action plan to the Board where these arose. <u>Action concluded.</u> 	

No.	Agenda Item	Action
	<ul style="list-style-type: none"> - Bo.9.18.22 (13/09/18) Report from the Audit & Assurance Committee: To provide advice in relation to assurance in delivering the Business Continuity Planning action plan. CLK explained that assurance would be sought through the Health & Safety Committee and the Trust Operational Group. Any escalation would take place through the Executive Management Team and the risk associated with compliance and the Business Continuity Framework would be reviewed in January 2019. <u>Action concluded.</u> - Bo.9.18.8 (13/09/18) RTT Recovery Position: On 31 October the Committee considered the action from the Board to receive a specialty by specialty demand and capacity analysis, including reasons for issues and how they are being addressed. <u>Action concluded.</u> - Bo.9.18.8 (13/09/18) RTT Recovery Position: The Finance and Performance Committee considered and discussed the action from the Board at the Committee meeting in September regarding the receipt of regular updates on the Trust's data quality position. <u>Action concluded.</u> - Bo.9.18.9 (13/09/18) Integrated Dashboard: Consideration has been given to the presentation of financial performance information to the Finance and Performance Committee. The Board noted that an additional narrative report has now been developed. <u>Action concluded.</u> - Bo.9.18.9 (13/09/18) Integrated Dashboard: In September the Finance and Performance Committee considered the action from the Board regarding the detail of actions both underway and planned, their delivery trajectories and their ownership and agreed that the Committee would address this through the 'business as usual processes' of the Bradford Improvement Programme. <u>Action concluded.</u> - Bo.9.18.20 (13/09/18) Performance Report: 'Are we getting better?' The Committee agreed in September that it would receive a report reviewing ECS performance over three years at the Committee meeting in November. <u>Action concluded.</u> - Bo.9.18.26 (13/09/18) Emergency Preparedness, Resilience and Response (EPRR) Core Standards: The Quality Committee signed off the EPRR Core Standards self-assessment declaration on 30 October, following the receipt of devolved responsibility from the Board. <u>Action concluded.</u> - Bo.9.18.26 (13/09/18) Emergency Preparedness, Resilience and Response (EPRR) Core Standards: The development of a work plan by the Health and Safety Committee to ensure full compliance by April 2019 has been added to the Health and Safety Committee agenda. <u>Action concluded.</u> - Bo.7.18.7 (12/07/18) Board Assurance Framework Q1 and Risk Appetite Statement 2018/19: Discussions have taken place at the Committees regarding the revision of the Board Risk Appetite Statement to provide greater clarity on risk, safety and innovation. This is included within agenda item Bo.11.18.7. <u>Action concluded.</u> 	

No.	Agenda Item	Action
	<p>- Bo.9.18.24 (13/09/18) Board Assurance Framework Q2/Month 2: The use of the Board Assurance Framework has been incorporated into the Board/Committee review. <u>Action concluded.</u></p> <p>BG informed the Board that the SSNAP Data was due to be received at the end of November. He advised that the Stroke Service was being monitored closely through the Airedale-Bradford Acute Provider Collaborative Stroke Board. Improvements were being seen. An independent consultancy has been appointed to work with both staff side and the collaborative board with positive outcomes.</p>	
Bo.11.18.5	<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 to Board in September 2018.</p> <p>The Board of Directors noted the report from the Chairman.</p>	
	Reports from the Chief Executive	
Bo.11.18.6	<p>Report from the Chief Executive</p> <p>CLK highlighted the following key items from his report:</p> <ul style="list-style-type: none"> - GE Command Centre: this is progressing very well in terms of timeliness and operational delivery. CLK wished to encourage colleagues to visit the Command Centre hub. Publicity of the Command Centre has been very positive and there has been a lot of interest nationally and from other Trusts. - - New Consultant Appointments: CLK was pleased to report that recent appointments have been of high quality. JP agreed and reported that he has been on the recruitment panel for a number of these appointments and felt the recruitment process was excellent which has contributed to the appointment of high quality staff. AP felt that the publicity the Foundation Trust has put in the public domain has contributed to attracting high caliber candidates. - - Team and Employee of the Month Awards: these continue to be well-received and are a good example of staff engagement. - - The Board of Directors received and noted the report. <p>The Board of Directors received and noted the report.</p>	
Bo.11.18.7	<p>Board Assurance Framework and Risk Appetite Statement</p> <p>CLK wished to thank TC for all her efforts and explained that the paper</p>	

No.	Agenda Item	Action
	<p>proposes the Board of Director's risk appetite statement and provides a profile of risks, controls and assurances related to the delivery of the Trust's strategic objectives which should be reviewed throughout the meeting of the Board of Directors.</p> <p>The Board of Directors discussed and approved the risk appetite statement subject to one point that required rewording which the Chairman would provide to TC.</p>	
Bo.11.18.8	<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 September and October 2018 and referred the Board of Directors to the overview of outcomes as provided within the paper.</p> <p>BS raised a query with regard to the Summary of Risks (Appendix 1) and asked what determines which risks are discussed at the IGRC. TC explained that every risk over a rating of 12 is reviewed but if no alternations are made to a risk then it is not presented within this report. TC confirmed that Appendix 2 demonstrates all risks on the Corporate Risk Register over 12 and Appendix 1 summarises those risks where changes have been agreed at the IGRC.</p> <p>Action: Ensure the relevant IGRC agendas are added to the standard template for the IGRC Report to the Board of Directors.</p> <p>The Board of Directors received and noted the report.</p>	<p>Director of Governance and Corporate Affairs</p>
Bo.11.18.9	<p>Integrated Dashboard</p> <p>CLK presented the dashboard and advised that the relevant sections of the Integrated Dashboard would be considered under the following agenda items:</p> <ul style="list-style-type: none"> Bo.11.18.10 Integrated Dashboard: Quality Bo.11.18.13 Integrated Dashboard: Workforce Bo.11.18.17 Integrated Dashboard: Finance and Performance Bo.11.18.22 Integrated Dashboard: Partnerships 	
	Quality	
Bo.11.18.10	<p>Integrated Dashboard: Quality</p> <p>Quality Dashboard:</p> <ul style="list-style-type: none"> LS explained that the progress report for the Maternity 'Be the Best' programme was presented by SES to the October 2018 Quality Committee meeting. LS reported that the Committee recognised the improvements that had been delivered to date and 	

No.	Agenda Item	Action
	<p>noted the long-term ambitions for Maternity Services to 'Be the Best'.</p> <ul style="list-style-type: none"> • LS reported there has been significant improvement on the Sepsis indicators following the implementation of the improvement programme; citing in particular the positive impact of the Electronic Patient Record (EPR) and the appointment of a Sepsis Nurse. • LS reported that the readmission rates linked to data from EPR continue to show a higher level than the baseline and SES is investigating the data, prior to consideration of any further action or review of potential harm. SES added that patient samples need to be taken and audited to determine whether there are other issues contributing to readmission rates other than data quality. • Never Events: KD reported that extended learning from the retained swab 'Never Event' will be incorporated into the Maternity 'Be the Best' programme. In terms of the wrong route medication incident, this was deemed not to meet the definition of a Never Event but remains a Serious Incident. KD explained that both individual and ward learning and training has been undertaken. <p>AP asked at what stage, of the Never Event, would engagement with the patient take place. KD explained that the Duty of Candour procedure would be followed and a full explanation would be provided to the patient of what has happened. Any potential Never Event is treated as a Serious Incident from the outset regardless of at what stage it is declared as a never event.</p> <p>BM asked about the assurances available in relation to staff learning from these events and embedding new learning into practice. TC explained that a great deal of focused work has been undertaken in recent years at Specialty level and coaching methodology has been used to support this. Divisions and Specialties are liaising closely with Executive Directors to manage this better. BM requested that the Quality Committee consider early warning signs with regard to Quality concerns.</p> <p>BG explained that one of the challenges faced by the Trust is that data is used and interpreted differently by Commissioners, Regulators and the Foundation Trust. BG added that discussions are underway with the CCG and NHSI to consider developing a single version of metrics for use by the Foundation Trust, CCG and NHSI as having the same indicators would provide consistency for staff. A good place to implement this first could be within Maternity.</p> <ul style="list-style-type: none"> • BS asked about the robustness of the Quality Impact Assessments (QIAs) given the current pressures the Trust is facing. KD described the robust process of QIA and added that in addition to this, an audit is now undertaken of those QIAs that have scored 	<p>Chief Medical Officer</p>

No.	Agenda Item	Action
	<p>below a certain threshold. It was agreed that the Quality Committee should request random sample reports (at the discretion of the Committee Chair) relating to the outcome and assurance associated with the governance of QIAs.</p> <ul style="list-style-type: none"> TFG queried the reason for the red rating of Governance Mechanisms. TC explained this relates to where there is an outstanding risk that requires review. TC confirmed that the Divisions are working through their risks to address this but it was important to note that these are risks that have scored under 12 therefore the impact of the risk is minimal. <p>The Board of Directors received and noted the report.</p>	Chair of the Quality Committee
Bo.11.18.11	<p>Report from the Quality Committee</p> <p>The Board of Directors received and noted the report.</p>	
Bo.11.18.12	<p>Patient Experience Strategy</p> <p>KD presented the Patient Experience Strategy; Embracing Kindness and thanked colleagues for their contributions to its development. KD explained that the strategy was developed in response to feedback received from staff, patients, patients' families and carers. The findings showed that kindness was what mattered most. KD stated that Embracing Kindness describes the Foundation Trust's overarching ambition and sets out its commitment to patients, their families and carers.</p> <p>Following discussion KD confirmed that there are metrics being developed to measure the impact of the strategy and stated that these would be included within the quarterly Patient Experience report presented to the Quality Committee.</p> <p>The Board of Directors noted the presentation and approved the strategy.</p>	
	Workforce	
Bo.11.18.13	<p>Integrated Dashboard: Workforce</p> <p>Workforce Dashboard:</p> <ul style="list-style-type: none"> SU reported that non-medical appraisal rates continue to improve with robust monitoring and support in place at Divisional and Department level with the aim of meeting the Foundation Trust's target of 95% by the end of December 2018. The Workforce Committee was assured by the measures and monitoring in. PC confirmed that as of 31 October, the Foundation Trust was at 85% and on trajectory to deliver 95% at the end of December. 	

No.	Agenda Item	Action
	<ul style="list-style-type: none"> • SU reported that the year-to-date sickness absence rates continue to show a slight month-on-month deterioration. The Health, Well-being and Attendance Management Policy has been reviewed and additional interventions and support have been put in place where the biggest increases are being seen. An exception report will be provided to Workforce Committee in November whereby an assessment will be undertaken on the achievability of hitting the 4% target. TH asked if lessons learnt from the past can be used to help improve this and PC explained that the exception report will refer to this. • SU reported that an improvement plan was presented to the Workforce Committee in relation to the chances of BAME candidates being appointed to posts at Band 8a or above. A trajectory was set at the meeting to help deliver this standard. PC reported that a policy change has also been made in terms of recruitment practice and every post recruited at Band 8a or above will now have a BAME member of staff on the panel. • BM asked about middle management capability and support. SES explained that work is being undertaken with our GE partners and this will form part of the CBU Development. The Workforce Committee will receive an update on the development of middle managers. <p>It was agreed that a future Board Development session would include a focus on Workforce, exploring future planning, especially in relation to new roles.</p> <p>The Board of Directors received and noted the report.</p>	<p>Director of Human Resources</p> <p>Director of Governance and Corporate Affairs</p>
Bo.11.18.14	<p>Report from the Workforce Committee</p> <p>The Board of Directors received and noted the report.</p>	
Bo.11.18.15	<p>Workforce Report</p> <p>The Board of Directors received and noted the report.</p>	
Bo.11.18.16	<p>Healthcare Worker Flu Vaccination Best Practice</p> <p>PC stated that following the update provide to the Board of Directors in September; Trust Chief Executives' had received a letter signed jointly by National Clinical and Staff Side senior leaders in the NHS outlining their expectations in relation to the Flu Vaccination Campaign for 2018/19.</p> <p>PC stated that there was a requirement for Trusts to complete the best</p>	

No.	Agenda Item	Action
	<p>practice management checklist for healthcare worker vaccinations and publish a self-assessment against these measures in the Trust Board papers before the close of 2018.</p> <p>PC explained that whilst the Foundation Trust has a 75% CQUIN target for Flu Vaccination uptake there is an ambition for this to move to 100% of Healthcare workers with direct patient contact to be vaccinated. A new opt out form should be completed where staff are offered the vaccine and decline - with the reason being anonymously recorded.</p> <p>PC reported that the Foundation Trust has completed the best practice management checklist and is confident in its plans to maximise uptake. All staff have received a letter signed by the Chief Executive, Medical Director, Chief Nurse and Staff Side Leads recommending that, where appropriate all staff have the vaccination.</p> <p>The Board restated its commitment to the ambition of 100% of the Foundation Trust's healthcare workers being vaccinated and to have the opt-out process in place for those who choose not to have the vaccine.</p>	
	Finance & Performance	
Bo.11.18.17	<p>Integrated Dashboard: Finance and Performance</p> <p>CLK referred the Board of Directors to the highlights included within the Dashboard report and explained that extensive discussions would take place at Closed Board.</p>	
Bo.11.18.18	<p>Report from the Finance and Performance Committee</p> <p>PV reported that concerns were raised by the Finance and Performance Committee regarding the current challenges faced by the Foundation Trust in relation to both Finance and Performance. The Committee had also discussed in detail performance with regard to the Cancer targets and those specialties where step changes were required to improve performance. BM stated that further discussion would take place at Closed Board.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.11.18.19	<p>Finance Report</p> <p>The Board of Directors received and noted the report and further noted that a detailed discussion would take place during the closed Board session.</p>	
Bo.11.18.20	Performance Report	

No.	Agenda Item	Action
	<p>The Board of Directors received and noted the report and further noted that a detailed discussion would take place during the closed Board session.</p>	
Bo.11.18.21	<p>Winter Planning Presentation</p> <p>SES advised that the purpose of the paper is to provide assurance to the Board of Directors that a robust and deliverable plan exists to ensure the safe provision of patient care over winter and to enable efficient capacity and demand management.</p> <p>SES explained that the system wide winter plan has been developed jointly by the Bradford and Craven Health and Social Care organisational Winter Leads to ensure that sufficient planning is in place for the winter period (1st November 2018 until 26th April 2019). The plan is therefore owned jointly by all the partners across the system. As part of the system wide plan, the Foundation Trust has produced an internal Winter Operational Readiness Plan. The plan includes initiatives that increase acute capacity, improve patient flow, reduce length of stay, increase utilisation of ambulatory pathways with a focus on 'assess to admit' and 'admission avoidance' schemes.</p> <p>SES reported that in addition to the schemes outlined in the Winter Operational Readiness Plan, the Foundation Trust has received funding of £638,000 from the West Yorkshire Acceleration Zone (WYAZ) and in conjunction with partner providers within the A&ED Delivery Board has developed a number of schemes which will enhance implementation of the plan and enable additional schemes to be developed. Each scheme has a clearly identified cost, impact and defined key performance indicators, together with risks and associated mitigation which will be monitored on a monthly basis with progress reports provided to the Executive Management Team and the A&E Delivery Board.</p> <p>SES provided details on a number of the initiatives where the funding will support the provision of extra ambulance staff, social workers and psychiatric staff to help with the 'assess to admit' model. In addition to this, a number of voluntary sector organisations and have been allocated a space within the Minors area of the AED.</p> <p>SES explained that a "Work as One System" week will take place during the week of 7 January 2019 and this will optimise all the schemes that have been put in place. There is a lot of enthusiasm from partners towards this approach. <i>(Post meeting note: The 'work as one system' week will be week commencing 21 January 2019.)</i></p> <p>SU commented that this felt like a robust and holistic approach and asked if learning had been incorporated from the previous year. SES confirmed that it had and that the learning had been expanded upon for this year's plan.</p>	

No.	Agenda Item	Action
	<p>BG asked about the confidence level that site liaison psychiatric support will deliver what is required. SES explained that the extra funding will help with offering 24 hour rapid assessment. In addition to this SES has been in discussion with partners about implementing Telemedicine where there are issues with waits for assessments as this would help to improve the process.</p> <p>PV asked if the plan will assure that elective activity is protected as in the previous year's elective activity was cancelled in order to maintain the AED position. SES explained that focus needs to be given to internal processes and there are three initiatives that are being put in place to support this. The first is the '10 by 10' initiative which ensures that 10 beds are available by 10am on the Acute Medical Unit and this initiative has already commenced. Ensuring zero outliers is another initiative and this involves moving any patient that is in the wrong bed to the correct bed between 8am and 9am every morning. The third initiative involves the implementation of a new team approach to review long length of stay patients and establish actions that are needed in order to discharge them home safely and this will commence in the next two weeks.</p> <p>MH asked whether there were opportunities for the Foundation Trust to access the Local Authority Social Care System Resilience Funding and whether their plans complement the Foundation Trust's Winter Plan. SES confirmed their plans did complement those of the Foundation Trust and the Local Authority had allocated some funding to support the 'Assess to Admit model' and provide short term rapid response to acute hospitals.</p> <p>It was agreed that the Chief Operating Officer would write to the Local Authority to support an agreement in relation to the application of health and social care winter related additional funds.</p> <p>BM asked for the development of metrics to support assurance in relation to the implementation of the Winter Plan.</p> <p>The Board of Directors received and approved the plan.</p>	<p>Chief Operating Officer</p> <p>Chief Operating Officer</p>
	Partnerships	
Bo.11.18.22	<p>Integrated Dashboard: Partnerships</p> <p>The Board of Directors noted the key points from the dashboard.</p> <p>BG informed the Board of Directors that NHS England have supported the recommendations from West Yorkshire Association of Acute Trusts regarding Arterial Vascular Surgery.</p>	

No.	Agenda Item	Action
	<p>BS said it would be useful to consider the individual elements of strategic partnerships and how this will work when it comes together. It was agreed to schedule a Board Development session to cover the overall architecture and practical application of strategic partnerships.</p> <p>The Board of Directors received and noted the report.</p>	Director of Strategy and Integration
Bo.11.18.23	<p>Report from the Partnerships Committee</p> <p>The Board of Directors received and noted the report.</p>	
	Audit & Assurance	
Bo.11.18.24	<p>Report from the Audit & Assurance Committee</p> <p>The Board of Directors received and noted the report.</p>	
	Major Projects	
Bo.11.18.25	<p>Report from the Major Projects Committee</p> <p>The Board of Directors received and noted the report.</p>	
	Governance	
Bo.11.18.26	<p>Integrated Governance & Risk Committee Annual Report</p> <p>CLK explained that the purpose of the Integrated Governance and Risk Committee is to provide assurance to the Board of Directors that the arrangements for integrated governance and risk management are robust and effective including scrutiny of the Corporate Risk Register, Board Assurance Framework, the Well-Led Framework, and compliance with the NHS Provider Licence. In particular, the Committee is tasked with overseeing the process by which Corporate Governance risks are identified, escalated, and managed across the Foundation Trust and that the Board is made aware of all significant risks to achieving the strategic objectives.</p> <p>The Board of Directors discussed and approved the report.</p>	
Bo.11.18.27	<p>EPRR Core Standard Compliance Submission</p> <p>SES explained that the paper provides the Board with an update of the Foundation Trust's Compliance with the EPRR Core Standards and thanked TC for compiling the paper.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.11.18.28	Premises Assurance Model	

No.	Agenda Item	Action
	<p>SES explained that the NHS Premises Assurance Model (PAM) is a self-assessment management tool developed by the Department of Health and designed to provide a nationally consistent approach to evaluating NHS premises performance against a set of national indicators. Use of this model provides assurance on Estates and Facilities matters, which can be communicated to Commissioners, Regulators, the Public and other key stakeholders. The Director of NHS Estates and Facilities confirmed the requirement to adopt the PAM model from 1 April 2018 in his letter to all Directors of Estates on 15 March 2018. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulations 12, 15 and 17 require assurance systems to be in place, which also demonstrates to Trust Boards that the Estate is safe, clean, properly maintained and suitable for the purposes for which they are being used. It was previously agreed during 2017 that a six-stage implementation plan would be adopted supporting delivery of this initiative.</p> <p>The Board of Directors received and noted the report.</p>	
	Board Assurance Framework	
Bo.11.18.29	<p>Board Assurance Framework</p> <p>The Board of Directors approved the framework subject to the discussion at Closed Board in relation to Finance and Performance.</p>	
	For Information – reports received by Board Committees	
Bo.11.18.30	<p>Freedom to Speak up Q1 Report</p> <p>BS asked about the lack of junior staff in Associate Guardians' roles as discussed at a recent meeting. KD confirmed this will be addressed as part of the actions within the next quarterly report update.</p> <p>The Board of Directors received and noted the report.</p>	Chief Nurse
Bo.11.18.31	<p>Senior Information Risk Owner (SIRO) Report</p> <p>The Board of Directors received and noted the report.</p>	
Bo.11.18.32	<p>Nurse Staffing Data Publication Report – August and September 2018</p> <p>The Board of Directors received and noted the report.</p>	
	For Information – Board Committee Governance	
Bo.11.18.33	Audit & Assurance Committee Annual Report	

No.	Agenda Item	Action
	The Board of Directors received and noted the report.	
Bo.11.18.34	Confirmed Finance and Performance Committee Minutes – August and September 2018 The Board of Directors received and noted the minutes.	
Bo.11.18.35	Confirmed Quality Committee Minutes – August and September 2018 The Board of Directors received and noted the minutes.	
Bo.11.18.36	Confirmed Audit & Assurance Committee Minutes – August 2018 The Board of Directors received and noted the minutes.	
Bo.11.18.37	Confirmed Workforce Committee Minutes – July 2018 The Board of Directors received and noted the minutes.	
Bo.11.18.38	Confirmed Health & Safety Committee Minutes – June 2018 The Board of Directors received and noted the minutes.	
Bo.11.18.39	Any other business There were no other items of business to discuss.	
Bo.11.18.40	Issues to add to Corporate Risk Register There were no issues to be added to the Corporate Risk Register.	
Bo.11.18.41	Issues to escalate to NHS Improvement (NHSI) There were no issues to escalate to NHSI.	
Bo.11.18.42	Issues to be reported to Care Quality Commission (CQC) There were no issues to escalate to the CQC.	
Bo.11.18.43	Items for Corporate Communications There were no items for Corporate Communications.	

No.	Agenda Item	Action
Bo.11.18.44	Date and time of next meeting Thursday 10 January 2019	

DRAFT



**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 8 NOVEMBER 2018**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
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	Considered at the Finance and Performance Committee. <u>Action concluded.</u>
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. 8/11/18. This has been subsumed into the review of Committees. <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 September to be presented to and approved by the Finance & Performance Committee.	Chief Operating Officer	Finance & Performance Committee 28 November 2018	The Finance and Performance Committee was notified in September that there were no amendments as yet to the ECS recovery plan - as the outcome from 12 September NHSI visit was not yet available. The Board received and approved the revised ECS recovery plan on 8 November. The Finance and Performance Committee further considered the plan at Committee on 28 November. <u>Action</u>

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
					<u>concluded.</u>
08/11/2018	Bo.11.18.21	Winter Planning Presentation: The Trust should write to the Local Authority to support an agreement in relation to the application of Health and Social Care winter related additional funds.	Chief Operating Officer	Finance and Performance Committee 28 November 2018	The Committee noted that the Trust has had sight of the plan that has been agreed and application of the funds will be reviewed through the A&E Delivery Board. <u>Action concluded</u>
13/09/2018	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.	Chief Medical Officer	Infection Prevention & Control Committee November 2018	Addressed by the IP&C Committee. <u>Action concluded.</u>
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 4 December 2018	Currently on the draft Audit & Assurance Committee Workplan for December 2018. The BAF was considered at the December AAC. <u>Action concluded.</u>
13/09/2018	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	
08/11/2018	Bo.11.18.21	Winter Planning Presentation: There should be the development of metrics to support assurance in relation to the implementation of the Winter Plan.	Chief Operating Officer	Finance and Performance Committee 30 January 2019	

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
13/09/2018	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	Added to the agenda. <u>Action concluded.</u>
08/11/2018	Bo.11.18.8	Report from the Integrated Governance and Risk Committee: Ensure the relevant IGRC agendas are added to the standard template for the IGRC Report to the Board of Directors.	Director of Governance and Corporate Affairs	Board of Directors 10 January 2019	These are included within the report. Action concluded.
13/09/2018	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	
08/11/2018	Bo.11.18.10	Integrated Dashboard, Quality: The Quality Committee should request a regular random sample report relating to the outcome and assurance associated with the governance of Quality Impact Assessments.	Chair of Quality Committee	Quality Committee 30 January 2019	
13/09/18	Bo.9.18.9	Integrated Dashboard: The Board development day (4 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 February 2019	8/11/18 Session deferred. To be considered as part of the 4 February Board Development Day schedule.
08/11/2018	Bo.11.18.22	Integrated Dashboard, Partnerships: A Board Development session to be scheduled to cover the overall architecture and practical application of strategic partnerships.	Director of Strategy and Integration	Board Development Session 4 February 2019	
13/09/2018	Bo.9.18.26	Emergency Preparedness, Resilience and Response (EPRR) Core Standards An EPRR assurance paper should be received by the	Director of	Board of Directors 7 March 2019	

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		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.	Governance and Corporate Affairs		
08/11/2018	Bo.11.18.30	Freedom to Speak up Q1 Report BS asked about the lack of junior staff in Associate Guardians' roles. KD confirmed this will be addressed as part of the actions within the next quarterly report update.	Chief Nurse	Board of Directors 7 March 2019	
13/09/2018	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/ Chief Medical Officer/Director of Governance and Corporate Affairs/ Chief Digital and Information Officer	Quality Committee 27 March 2019	
08/11/2018	Bo.11.18.10	Integrated Dashboard, Quality: To consider early warning signs for quality concerns to be presented to the Quality Committee.	Chief Medical Officer	Quality Committee 27 March 2019	
08/11/2018	Bo.11.18.13	Integrated Dashboard, Workforce: The Workforce Committee to receive an update on the development of middle managers.	Director of Human Resources	Workforce Committee 27 March 2019	
08/11/2018	Bo.11.18.13	Integrated Dashboard, Workforce: A Board Development session should focus on Workforce, exploring future planning, especially in relation to roles required.	Director of Human Resources	Board Development Session April 2019	
13/09/2018	Bo.9.18.9	Integrated Dashboard: Dashboards should be	Chief Nurse/	All Committees	

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		updated to include metrics used externally to monitor the Trust as well as those used internally. The report should include metrics related to cultural improvement and maturity.	Chief Medical Officer/Director of Governance and Corporate Affairs/ Chief Digital and Information Officer	24 April 2019	

DRAFT