BOARD OF DIRECTORS' OPEN MEETING
MINUTES, ACTIONS & DECISIONS

Date:	Thursday 10 January 2019	Time:	10:30-13:00
Venue:	Conference Room, Field House, Bradford Royal Infirmary	Chair:	Professor Bill McCarthy
Present:	**Non-Executive Directors:** - 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) **Associate Non-Executive Director:** - Andrew McConnell (AM) **Executive Directors:** - 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:	- Dr Tanya Claridge, Director of Governance and Corporate Affairs (TC) - Ms Nahida Mafuz, Minute Taker (NM)		
Observers:	- 1 Member of Staff for Patient Story - 1 Governor		

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Section 1: Opening Matters		
	Chair's Opening Remarks BM welcomed all attendees to the meeting including the observers.	
Bo.1.19.0	**Patient Story – Sam Allen** A film was presented to the Board, which provided an insight into Sam's experience as a profoundly deaf patient who regularly attends the Foundation Trust for appointments. Sam explained that she uses British Sign Language to communicate as her first language. Sam is a regular patient at both Bradford Royal Infirmary and St Luke's Hospital. Sam wanted to share her experiences at both hospitals sites to	

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	highlight the difficulties she has encountered over the years, particularly in relation to; communication difficulties, interpreter bookings, one way texting and issues with access. KD then updated the Board of Directors, describing the review that had been undertaken in relation to the issues raised by Sam, and the following actions which have been undertaken to ensure improvements have been and will be made across the Foundation Trust: • Two way texting with patients is now in place • Electronic whiteboards have been donated to the Foundation Trust and these will be used in the Audiology Department to help with communication • Letters/email communications: The "patient portal" is an online facility which provides access to patients to view their hospital record and receive secure communications from the Foundation Trust. KD confirmed that Sam will be approached to request if she would like to be involved in the implementation of this initiative and requested that JP is also involved as his input would be valuable. CLK emphasised the need to ensure we continue to drive the digital change in order to transform the way we communicate to ensure full accessibility for all patients. JP agreed and said we need to ensure we consider deaf people and patients who may not have literacy skills. Rob Gardner, Head of Audiology, reported that the two way texting service is now used as well as type talk and email communication, whilst ensuring information governance guidelines are met. The Foundation Trust is a deaf aware organisation and deaf awareness training is available for all staff. A visual patient calling system has been explored in the past and CF said this is something that will be revisited. Action agreed: to ensure the risk identified in relation to accessible information for all patients across our services is considered. BM wished to pass on his thanks to Sam for her story.	Chief Executive
Bo.1.19.1	**Apologies for absence** There were no apologies to note.	
Bo.1.19.2	**Declaration of Interests** There were no declarations of interest to note.	
Section 2: Business from Previous Board Meeting		
Bo.1.19.3	**Minutes of the Meeting held on Thursday 8 November 2018** The minutes of the meeting were accepted as an accurate record of the meeting subject to the following change:	

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	- Page 3, under Matters Arising: Bo.9.18.22 (13/09/18) Report from the Audit & Assurance Committee: TC and CLK to reword the paragraph	
Bo.1.19.4	**Matters Arising:** - Bo.9.18.9 (13/09/18) **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. <u>Action concluded.</u> - Bo.7.18.26 (12/07/18 **Review of the Terms of Reference of the Health & Safety Committee:** BM and PP to discuss in relation to NED member for this Committee. 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> - Bo.9.18.20 (13/09/18) **Performance Report:** Any amendments to the Emergency Care Standard (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. 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 concluded.</u> - Bo.11.18.21 (08/11/18) **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. 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> - Bo.9.18.0 (00/00/18) **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. Addressed by the IP&C Committee. <u>Action concluded.</u> - Bo.1.18.31 (11/01/18) **Board Assurance Framework Q3:** Audit Committee to review the BAF for further development. The BAF was considered at the December AAC. <u>Action concluded.</u> - Bo.9.18.42 (13/09/18) **Items for Corporate Communications:** To provide an update in relation to the delivery of the Communication and Engagement Plan to Board. Added to the agenda. <u>Action concluded.</u> - Bo.11.18.8 (08/11/18) **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. These are included within the report. <u>Action</u>	

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	concluded.	
Section 3: Business Reports		
Bo.1.19.5	**Report from the Chairman** The Board of Directors noted the report from the Chairman.	
Bo.1.19.6	**Report from the Chief Executive** CLK highlighted the following key items from his report: - CLK wished to take the opportunity to bid farewell to BM who will be leaving the Foundation Trust at the end of January. CLK wished BM all the best in his new role as Regional Director for the North West of England as part of the new NHS England (NHSE) and NHS Improvement (NHSI) joint leadership structure. BM joined the Foundation Trust in 2015 as a Non-Executive Director and became the Chairperson in 2016. CLK reflected that BM has made a huge contribution during the last three years and has been a tremendous asset to the Foundation Trust and will be deeply missed. CLK wished to thank TH who is currently the Deputy Chairperson and will become the Acting Chairperson until a permanent successor is appointed. - NHS Long Term Plan – CLK reported that reference has been made in the plan to the Foundation Trust's virtual fracture clinic as an exemplar of using digital technology to improve the patient journey. - Wholly Owned Subsidiary: CLK explained that this had been put on hold until new guidance was circulated, which is now available. Further discussion will take place at the meeting of the Closed Board this afternoon. - CLK reported that the Operational Planning Guidance is being released in stages and that further details are awaited. - CLK confirmed that JH has been appointed as the lead Executive Director for the work associated with risk assessing the implications of and ensuring business continuity plans are in place in relation to the EU Exit, supported by TC. - CLK reported that Ian Dalton, Chief Executive Officer of NHSI visited the Foundation Trust in December. During his visit he attended a number of wards and areas including the Command Centre and was impressed with the work being undertaken throughout the Foundation Trust during his visit. - CLK wished to thank JH and his team for their contribution to the	

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	very successful annual award ceremony in December. The evening was well received by staff. CLK also wished to thank colleagues from the University of Bradford who helped with the digital management of the evening.	
	- CLK wished to thank SES and her operational teams for effectively managing the Accident and Emergency Department (AED) during the festive period and ensuring the safety of patients.	
	AM referred to the Freedom to Speak Up section of the Chief Executive's report which indicated that support for Freedom to Speak Up Guardians is an issue. KD said this is being managed as a risk on the risk register and as mitigation one of KD's deputy staff now has allocated time to support KD with the Freedom to Speak Up work. KD also confirmed that she has specific time dedicated to the role. An update and assurance in relation to the delivery of the programme will be provided to the Quality Committee as part of the routine reporting to that Committee.	
	AM referred to Operational Planning and the tight timescale to turn the requirements around and suggested that time is allocated to work through this outside of the Finance and Performance Committee Meeting. MH welcomed this and agreed to recruit Non-Executive colleagues to support the work of an 'Operational Planning Oversight Group' and define the appropriate timescales for the operation of the group.	Director of Finance
	TFG asked about mental health liaison in AED and Outpatients referred to in the NHS Providers Report. SES explained that 24 hour provision already exists for psychiatric liaison and is part of the winter plan. In addition to this the Foundation Trust is working in partnership with the Cellar Trust to deliver mental health liaison. BG said that he is meeting with the Medical Director from Bradford District Care NHS Foundation Trust to review the mental health support in place for inpatients. KD added that a Bradford wide event is being planned to take place in the summer specifically focusing on mental health provision.	
	The Board of Directors noted the report.	
Section 4: Delivery of the Trust's Clinical Strategy		
Bo.1.19.7	**Report from Integrated Governance and Risk Committee** CLK presented the regular report from the Integrated Governance and Risk Committee (IGRC). The report referred to the meeting held in November 2018 (there was no meeting of the IGRC Committee in December). The Board of Directors was referred to the overview of work of the Committee as provided within the paper and the associated appendices.	

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	BM asked how the risk in relation to data quality and the impact of EPR is being mitigated. SES explained that the risk reflects the position the Foundation Trust was in with commissioners at the time. SES explained that we are now in a position where we know what the data quality issues are and a system is in place to correct these. An external company has been sourced to help manage the backlog and the clinical divisions are also supporting this. SES reported that good progress continues to be made and that the key area of focus is in error prevention. BM requested that this risk is discussed further at Closed Board. The Board of Directors received and noted the report.	
Bo.1.19.8	**Board Assurance Framework and Risk Appetite Statement** CLK explained that the paper confirms the Board of Directors' 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 considered throughout the meeting of the Board of Directors. TC provided an update on the current status of the Board Assurance Framework (BAF) and explained that the position presented is not the completed Quarter 3 position due to the timing of meetings and that the document presented is the final version that was presented to the Committees in early December 2018. TC proposed that as the meeting progresses through the agenda, Board members reaffirm the position. TC will then recirculate the approved Quarter 3 BAF to the Board of Directors. The Board of Directors discussed and noted the risk appetite statement.	Director of Governance and Corporate Affairs
Section 4a: Quality		
Bo.1.19.9	**Integrated Dashboard: Quality** The Board reviewed the Quality Dashboard and the following key points were discussed: • BG reported that all mortality indicators demonstrate performance which is better than expected. However, The Board was asked to note that the Summary Hospital-level Mortality Indicator (SHMI) is being reviewed nationally and this may result in the data changing during 2019. The Board noted the positive performance in relation to mortality rates for the Trust. • KD reported that strong performance continues in relation to infection prevention and control. However it was highlighted to the Board that an exception in performance in relation to Catheter	

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	Associated Urinary Tract Infection (CAUTI) had been identified. The Board was informed that this is being reviewed by the Infection Prevention and Control Committee and early indications are that there may be a diagnostic issue, relating to the reliance on urine 'dip sticking' rather than a full diagnostic work up, which is causing the apparent increase in rates of infection. • BG reported that Venous Thromboembolism (VTE) assessment performance continues to meet the expected target. The Board was informed that the Foundation Trust is putting processes in place to enable reporting related to hospital acquired thrombosis from April 2019. • KD provided a description of the falls indicator presented on the dashboard, and reported that the indicator currently shows all falls irrespective of level of harm caused. She described that when the impact of the falls on the patient is broken down, 37 of 42 falls have been assessed as being 'low harm'. In future, falls will be presented within the quality dashboard stratified by the level of harm that was caused to the patient. • SES reported that night time transfers remain low and when they are necessary are supported by a clinical risk assessment. • The "10 by 10" initiative continues to be implemented across the Trust which focuses on making available 10 beds by 10am to ensure patients are moved to the correct areas to improve overall flow and reduce transfers during the night. SES reported that there has been a significant reduction in the number of outliers compared to the previous year. The intention is to start reporting night time discharges by exception. It was agreed to include 'reporting on night time discharges' on the integrated dashboard. The Board of Directors received and noted the report.	Chief Digital and Information Officer
Bo.1.19.10	**Report from the Chair of the Quality Committee** LS summarised the work of the Quality Committee to the Board of Directors and explained that the Committee ensures that data and information received is triangulated and a critical questioning process takes place. This process resulted in the level of assurance sought and received improving. LS wished to acknowledge the improved data received from the quality dashboards, the Board Assurance Framework and the reports received, which have facilitated this process The Board of Directors received and noted the report.	
Bo.1.19.11	**Compliance with CQC's Fundamental Standards of Quality and Safety**	

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	TC explained that the paper provides an update to the Board of Directors in relation to the Foundation Trust's response to the compliance actions required by the CQC following their unannounced and well led inspections in 2018. The Quality Committee receives routinely an update, with associated assurance. TC reported that a programme of 'mock inspections' was implemented across all core services provided by the Trust during October 2018. These inspections were designed to begin testing the assurance relating to the effectiveness of the Trust's response to the compliance actions, the 'should do' actions and general compliance with the fundamental standards of quality and safety. TC reported that the CQC compliance action plan has now been implemented across the Trust and the detailed assurance work planned for Quarter 4 will be conducted as planned. This will also be used to confirm and assure the response to the outcomes of the mock inspections. The Board of Directors was asked to note the proposed approach to assuring the effectiveness of the Foundation Trust's response to the compliance actions. TH asked whether the mock inspections have helped develop a culture of understanding that CQC requirements are here to support the high quality delivery of care provided by the Foundation Trust and to support staff in the work they do. BG described the mock inspection process as having had a positive impact on engagement with staff and has been welcomed by them. However one of the challenges that remains is the specific language that is used during an inspection and how to ensure that staff understand what is being asked of them. The Board of Directors approved the approach described within the paper.	
Bo.1.19.12	**Board Assurance Framework: Strategic Objectives 1 and 4** The Board of Directors reviewed the Board Assurance Framework in the context of the papers received in this section of the meeting and the description of assurances provided within the framework and agreed that the proposed levels of assurance of limited confidence in relation to the achievement of strategic objective 1; to provide outstanding care, and confidence in relation to the achievement of strategic objective 4; to be a continually learning organisation.	
Section 4b: Finance and Performance		
Bo.1.19.13	**Integrated Dashboard: Finance** The Board of Directors reviewed the Finance Dashboard and the following key points were discussed:	

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	• MH reported that the Trust has delivered its pre-Provider Sustainability Fund (PSF) control total deficit of £6.7m at the end of Month 8. Liquidity is 2.6 days which is 0.2 days below plan. Cash balances are £16.1m below plan. The overall Use of Resources (UoR) Risk Rating is 3 which is in line with the plan. • MH reported that the current forecast pre-Provider Sustainability Fund (PSF) year-end position ranges from successful delivery of the £7.5m control total deficit target to delivery of a deficit of £12.2m which would be £4.7m below the control total. Should the Alternative Delivery Model (ADM) benefits not be realised in 2018/19, this position would deteriorate by a further £7m. It was confirmed that the Trust continues to investigate alternative measures to add to the Financial Recovery Plan to mitigate these risks. The Board of Directors received and noted the report.	
Bo.1.19.14	**Report from the Chair of the Finance and Performance Committee** TH summarised the work of the Finance and Performance Committee and reported that the Committee had received positive assurance in relation to the achievement of the recovery plans in place. The Board of Directors received and noted the report.	
Bo.1.19.15	**Finance Report** The Finance Report was considered by the Board of Directors in the context of the review of the Finance Dashboard at agenda item B0.1.19.13. The Board of Directors received and noted the report.	
Bo.1.19.16	**Finance Recovery Plan** MH explained that the report presented to the Board of Directors provided an update on progress against both the RTT/Access Performance Recovery Plan and the 2018/19 Financial Recovery Plan. The most recent Finance and Performance Recovery Plan Oversight Committee meeting (chaired by the CEO) was held on 2nd January 2019 and the Committee was provided with an update on performance against the recovery plans and updated forecasts for delivery in 2018/19. The update on the Financial Recovery Plan covers performance up to 30th November 2018 as figures for December 2018 were not available at the time of writing. MH explained that a range of control measures are in place to ensure	

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	that schemes are delivered and steps are taken to ensure there is no negative impact on patient safety. The Board was informed that overall the Foundation Trust is demonstrating financial performance which is on plan for November and the indication for December is that Quarter 3 requirements will be delivered. In addition, the Trust will recover £2m of additional Provider Sustainability Fund (PSF) bonus cash which was not in the original projections. MH asked the Board to note the wider communication and engagement process that is taking place within the Trust whereby Executive Directors are meeting with each specialty to emphasise the financial position and the importance of engaging with the Bradford Improvement Programme. SU commented that it was important to ensure that learning is taken from the problem areas, in order to avoid this the following year. BS asked about progress in relation to undertaking a review to reduce some of the expected capital expenditure. MH explained that there is a plan to defer £4m of capital spend and Quality Impact Assessments (QIA) are being undertaken for each aspect to ensure an informed decision is made with the patient at the forefront of any decisions. MH described that the integrated dashboard will incorporate the recovery position going forward from the Bradford Improvement Plan. The Board of Directors received and noted the report.	
Bo.1.19.17	**Board Assurance Framework: Strategic Objective 2a** The Board of Directors reviewed the Board Assurance Framework in the context of the papers received in this section of the meeting and the description of assurances provided within the framework and agreed that the proposed level of assurance of limited confidence in relation to the achievement of strategic objective 2a, to deliver our financial plan. It was recognised that this element of the BAF required a significant update and further circulation to the Board of Directors to reflect the Quarter 3 position.	
Bo.1.19.18	**Integrated Dashboard: Performance** The Board of Directors reviewed the Performance Dashboard and the following key points were discussed: • SES reported that the Emergency Care Standard performance (type 1 and 3) for November 2018/19 reported 75.2% with a very high daily average of 396 type 1 & 3 attendances. Attendances were higher compared to the same time last year and this appeared to be representative of the situation nationally. The Trust's year to date performance is at 84.9% for type 1, 2 and 3 and 82% for type	

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	1 and 3. SES explained that the Green Zone area is being expanded and on track to open from 21 January. This will result in a doubling of the capacity for patients with minor injury or minor illness.	

- SES explained that an Emergency Care Improvement Programme is in place and key areas of focus include the following:

    o Introduction of a General Practitioner (GP) advice line
    o Implementation of an assess to admit model via the Ambulatory Care Unit (ACU)
    o Expansion of integrated minor illness and minor injury unit in January 2019 (Green Zone)
    o Introduction of direct streaming to assessment units

SES reported that a Work As One System is taking place during the week commencing 21st January 2019, with engagement from local health and social care system partners. The Yorkshire Ambulance Service is involved as well as partners from the voluntary sector. JH reported that the Foundation Trust already works very closely with the police through the Well Bradford initiative and some of that work has impacted positively in the Accident and Emergency Department.

SES reported that feedback has been received from the Emergency Care Intensive Support Team following their recent visit and the suggested improvements are being implemented.

- SES reported the Referral to Treatment (RTT) Incomplete performance for November 2018/19 was 79.01% which is an improvement compared to October 2018/19. The Board of Directors was informed that detailed recovery plans have been developed with all specialties as part of the Planned Care Recovery Programme. Activity has increased in line with these plans which will support delivery of improved performance by March 2019. The total waiting list has reduced for the seventh consecutive month and the focus has been on increasing activity and reducing the number of long wait patients. The number of patients waiting over 40 weeks has reduced from 516 in September to 285 currently and the daily review of long waiting patients continues. The total RTT waiting list has reduced from 34,000 to 28,500 patientsand the Board of Directors was informed that the target is approximately 24,000 in order to meet RTT on a sustainable basis. There were no incomplete 52 week patient waits for November and December and all risks associated with this are managed very carefully.

- The number of stranded patients is currently at 61 which is 5 above the target expected at the end of March. The Board of Directors was informed that work to address this is progressing well.

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	• SES concluded that the medium to long term plan is to focus on same day emergency care and increase elective activity. BM stated that he was pleased to see how the planned actions have had a positive impact on performance. • SES reported that the Cancer 2 Week Wait performance for October 2018/19 was 55.78%. Recovery plans have significantly improved performance with December's performance being close to 90% and The Board of Directors was informed that the achievement of the standard by March 2019 was a realistic goal. There has been considerable improvement in performance in relation to Dermatology. Endoscopy was highlighted as the area of biggest concern, however, month on month improvement is being seen. The Foundation Trust expects to report a position of compliance with the 93% performance standard by the end of March 2019. • SES reported that the Cancer 62 Day Treatment performance for October 2018/19 was 62.31% due to the focus on treating patients on the 62 day backlog. Urology is the biggest contributor of breaches. Tumour group specific capacity and demand and analysis is in progress and pathways have been streamlined to remove bottle necks and duplicated process. Short term recovery is being managed through additional diagnostic and treatment capacity, as a result 62 day backlogs have reduced significantly in recent weeks. The Board of Directors was informed that the Foundation Trust expects to report a position of compliance with the 85% performance standard by the end of March 2019. BM noted the improvements and the assurance received in relation to the Cancer standards. BM thanked SES for her work on this standard. TH stated that he felt very assured that performance was improving and wished to acknowledge the work that is being undertaken to achieve this. The Board of Directors agreed to develop a consistent message for executive walk-rounds in relation to key messages about the current key organisational challenges. The Board of Directors agreed to develop a message of support, encouragement and thanks for staff on behalf of the Board of Directors. The Board of Directors received and noted the report.	Director of Strategy and Integration Director of Strategy and Integration
Bo.1.19.19	**Performance Report** The Performance Report was considered by the Board of Directors in the context of the review of the Performance Dashboard at agenda item	

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	B0.1.19.18. The Board of Directors received and noted the report.	
Bo.1.19.20	**Board Assurance Framework: Strategic Objective 2b** The Board of Directors reviewed the Board Assurance Framework in the context of the papers received in this section of the meeting and the description of assurances provided within the framework and agreed that the proposed level of assurance of limited confidence in relation to the achievement of strategic objective 2b; to deliver our performance targets.	
Section 4c: Workforce		
Bo.1.19.21	**Integrated Dashboard: Workforce** The Board of Directors reviewed the Workforce dashboard and the following key points were discussed: • PC reported that Non-Medical Appraisal rates continue to improve with robust monitoring and support in place at divisional and department level and was pleased to report that early indications show at the end of December that the Trust had achieved 95.6%.compliance with the standard. The Board of Directors were reminded that the target by the end of December 2018 was 95%. • PC reported that year to date sickness absence rates continue to show a slight month-on-month deterioration. An exception report relating to this was discussed at the Workforce Committee. There is an increase in short term sickness, which is partly seasonal but a review is also being carried out in relation to staff who work excess additional hours to see if there is any correlation. The Health, Well-being and Attendance Management Policy has been reviewed and additional interventions and support have been put in place. • KD reported that the Nursing/Care shifts continue to maintain the average nursing numbers of previous months. There was a successful recruitment drive in September. • PC reported agency use has continued to reduce and the Foundation Trust remains below its target spend. • PC reported that the most recent data for the Black, Asian and Minority Ethnic (BAME) workforce demonstrates good progress and being ahead of trajectory on the overall workforce, with a slight closing of the gap in relation to more senior staff. A new recruitment process is now in place for senior appointments which expects to make further improvements.	

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	BS queried the Foundation Trust's position regarding staff taking on secondary employment elsewhere and whether higher sickness levels exist for these staff. PC explained that there is a contractual requirement to advise their manager if they take on secondary employment and scrutiny is given to any case where there is indication of staff working elsewhere whilst being off sick. The Board of Directors received and noted the report.	
Bo.1.19.22	**Report from the Chair of the Workforce Committee** SU summarised the work of the Workforce Committee to the Board of Directors and explained that the Committee is working with a strategic focus and that the change to having monthly meetings will help achieve this. The Board of Directors received and noted the report.	
Bo.1.19.23	**Workforce Report** The Workforce Report was considered by the Board of Directors in the context of the review of the Workforce Dashboard at agenda item B0.1.19.21.	
Bo.1.19.24	**Equality Update November 2018** The Board of Directors received and noted the report.	
Bo.1.19.25	**Board Assurance Framework: Strategic Objective 3** The Board of Directors reviewed the Board Assurance Framework in the context of the papers received in this section of the meeting and the description of assurances provided within the framework and agreed the proposed level of assurance of limited confidence in relation to the achievement of strategic objective 3; to be in the top 20% of NHS employers.	
Section 4d: Partnerships		
Bo.1.19.26	**Integrated Dashboard: Partnerships** The Board of Directors reviewed the Partnerships Dashboard and the following key points were discussed: • Vertical Integration – JH reported that there is ongoing work towards drafting a Strategic Partnering Agreement (SPA) between local partners within the Bradford and District Health and Care Partnership Board.	

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	• Acute Collaboration – JH said that the Board of Directors had previously noted the progress of the collaboration with Airedale Foundation Trust. This progress is now gaining pace with plans to formally launch the programme of work across all the relevant specialties at both organisations through a Clinical Summit at the end of the financial year. It was agreed to include reference to the long term plan (in the discussion about Acute Collaboration and ICS) at the February Board Development Day. The Board of Directors received and noted the report.	Director of Strategy and Integration
Bo.1.19.27	**Board Assurance Framework: Strategic Objective 5** The Board of Directors reviewed the Board Assurance Framework in the context of the papers received in this section of the meeting and the description of assurances provided within the framework and agreed the proposed level of assurance of confidence in relation to the achievement of strategic objective 5; to collaborate effectively with local and regional partners.	
Section 5: Governance		
Bo.1.19.28	**Report from the Chair of the Audit & Assurance Committee** BS summarised the work of the Audit and Assurance Committee to the Board of Directors The Board of Directors received and noted the report.	
Bo.1.19.29	**Communication and Engagement Plan Update** JH presented a one year update on implementation of the Communications Strategy and explained that the strategy was originally developed with insights gathered from a range of formal and informal sources to strengthen communications and to support achievement of the Foundation Trust's strategic objectives. JH reported that the website has been redeveloped which is important for staff as well as patients, partners, regulators and for recruitment. The Board of Directors were informed that the focus for 2019 includes work to improve the Intranet to make it a better resource for staff. SU asked how the Board of Directors will receive updates on external communications and engagement to show the balance of positive and negative coverage. JH agreed to provide a report to demonstrate this. TH was pleased to note the advances made in the use of digital technology.	Director of Strategy and Integration

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	BM thanked JH for the significant work he has put into the plan. The Board of Directors received and noted the strategy.	
Bo.1.19.30	**Clinical Waste Management Update** CLK and BM wished to acknowledge the significant amount of work and degree of rigour TC has put towards the clinical waste issue. The Board of Directors received and noted the report.	
Section 6: Board Assurance Framework		
Bo.1.19.31	**Board Assurance Framework** The Board of Directors reviewed the Board Assurance Framework in the context of the papers received during the meeting and the description of assurances provided within the framework and agreed that the proposed levels of assurance are appropriate in relation to the Trust's strategic objectives.	
Bo.1.19.32	**Any other business** There were no other items of business to discuss.	
Bo.1.19.33	**Issues to add to Strategic Risk Register** There were no issues to be added to the Strategic Risk Register.	
Bo.1.19.34	**Issues to escalate to NHS Improvement (NHSI)** There were no issues to escalate to NHSI.	
Bo.1.19.35	**Issues to be reported to Care Quality Commission (CQC)** There were no issues to escalate to the CQC.	
Bo.1.19.36	**Items for Corporate Communications** There were no further items for Corporate Communications other than those noted in earlier items.	
Bo.1.19.37	**Date and time of next meeting** Thursday 7 March 2019	

For Information – reports received by Board Committees	
Bo.1.19.38	**Nurse Staffing Data Publication Report – October 2018**

For Information – Board Committee Governance	
Bo.1.19.39	**Confirmed Finance and Performance Committee Minutes – October and November 2018**
Bo.1.19.40	**Confirmed Quality Committee Minutes – October and November 2018**
Bo.1.19.41	**Confirmed Audit & Assurance Committee Minutes – October 2018**
Bo.1.19.42	**Confirmed Workforce Committee Minutes – September 2018**
Bo.1.19.43	**Confirmed Health & Safety Committee Minutes – September 2018**
Bo.1.19.44	**Workforce Committee Annual Report 2017-18**

BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 10 JANUARY 2019

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
10/01/2019	Bo.1.19.8	**Board Assurance Framework and Risk Appetite Statement:** to recirculate the approved Q3 BAF to the Board of Directors following the meeting.	Director of Governance and Corporate Affairs	14 January 2019	Document circulated. Action completed.
10/01/2019	Bo.1.19.0	To ensure the risk identified in relation to accessible information for all patients across our services is considered by the Integrated Governance and Risk Committee. Assesses and measures risk into the BAF	Chief Executive	Integrated Governance & Risk Committee 17 January 2019	The risk associated with compliance with the Accessible Information Standard has been assessed and the mitigation is being managed within the Chief Nurse's Office. Action Completed
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	
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	The realisable benefits are included in the operational/ financial plan for 2019/20. Action completed.
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	Received and noted by the Committee. Action completed.
10/01/2019	Bo.1.19.18	**Integrated Dashboard – Performance:** To develop consistent messaging for executive walk-rounds in	Director of Strategy &	31 January 2019	A slide deck was developed for Executives to use in finance and

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		relation to key messages about the current key organisational challenges	Integration		performance discussions with specialty teams. This approach will be further developed following creation of CBUs and reformed Executive walk rounds. <u>Action completed.</u>
10/01/2019	Bo.1.19.18	**Integrated Dashboard – Performance:** To develop a message of support, encouragement and thanks for staff on behalf of the Board of Directors	Director of Strategy & Integration	31 January 2019	Communications were issued to staff through Core Brief and Lets Talk commending achievement in finance and performance turnaround. <u>Action completed.</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 5 February 2019	8 Jan: action to remain open until March Board Meeting as assurance is expected to be provided to the Audit & Assurance Committee Meeting on 5 February 2019. The Audit Committee received an internal report describing significant assurance in relation to the implementation of the risk management strategy. The governance metrics are being reviewed in light of that and will be included in the development of the revised dashboard
10/01/2019	Bo.1.19.26	**Integrated Dashboard – Partnerships:** To include the 10 year operational plan (with a focus on ICS) at the February Board development day	Director of Strategy and Integration	Board Development Day 7 February 2019	Session delivered at the Development day covered the NHS Long Term Plan. <u>Action completed.</u>

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
10/01/2019	Bo.1.19.6	**Report from the Chief Executive:** To recruit Non-Executive colleagues to support the work of an 'Operational Planning Oversight Group' and define the appropriate timescales for the operation of the group.	Director of Finance	28 February 2019	The operational planning oversight group met and discussed the 2019/20 operational plan on 19.2.19. <u>Action completed.</u>
13/09/2018	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 7 March 2019	Report included on the meeting agenda. <u>Action completed.</u>
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	Report included on the meeting agenda. <u>Action completed.</u>
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 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	

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
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 4 April 2019	
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 April 2019	Item deferred to April 2019 Board development session due to volume of other topics for consideration in Feb 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 Session 4 April 2019	8/11/18 Session deferred. To be considered as part of the 7 February Board Development Day schedule. Item deferred to April 2019 Board development session due to volume of other topics for consideration in Feb 2019
13/09/2018	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. The report should include metrics related to cultural improvement and maturity.	Chief Digital and Information Officer	All Committees 24 April 2019	
10/01/2019	Bo.1.19.9	**Integrated Dashboard – Quality:** To include reporting on night time discharges on the integrated dashboard	Chief Digital and Information Officer	Quality Committee 24 April 2019	
10/01/2019	Bo.1.19.29	**Communication and Engagement Plan Update:** JH to provide a report to demonstrate the balance of positive and negative coverage for external communications and engagement.	Director of Strategy and Integration	30 June 2019	