

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

At a scheduled meeting in public, of the Board of Directors of Bradford Teaching Hospital on 11<sup>th</sup> July, with Dr Maxwell Mclean in the Chair, and Dr Tanya Claridge acting as Trust Secretary, the minutes of the previous meeting on the 9<sup>th</sup> May were read and approved.

Signed \_\_\_\_\_ Chairperson

Signed \_\_\_\_\_ Director of Governance and Corporate Affairs

<b>Date:</b>	Thursday 9 May 2019	<b>Time:</b>	10:45-13:15
<b>Venue:</b>	Conference Room, Field House, Bradford Royal Infirmary	<b>Chair:</b>	Dr Maxwell Mclean
<b>Present:</b>	<p><b>Non-Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Dr Maxwell Mclean (MM)</li> <li>- Ms Trudy Feaster-Gee (TFG)</li> <li>- Dr Trevor Higgins (TH) from agenda item Bo.5.19.14</li> <li>- Mr Amjad Pervez (AP)</li> <li>- Mr Barrie Senior (BS)</li> <li>- Professor Laura Stroud (LS)</li> <li>- Ms Selina Ullah (SU)</li> </ul> <p><b>Associate Non-Executive Director:</b></p> <ul style="list-style-type: none"> <li>- Andrew McConnell (AM)</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Mr John Holden, Acting Chief Executive (JH)</li> <li>- Ms Pat Campbell, Director of Human Resources (PC)</li> <li>- Ms Karen Dawber, Chief Nurse (KD)</li> <li>- Ms Cindy Fedell, Chief Digital and Information Officer (CF)</li> <li>- Dr Bryan Gill, Chief Medical Officer (BG)</li> <li>- Mr Matthew Horner, Director of Finance (MH)</li> <li>- Ms Sandra Shannon, Chief Operating Officer/Deputy Chief Executive (SES)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- Dr Tanya Claridge, Director of Governance and Corporate Affairs (TC)</li> <li>- Ms Nahida Mafuz, Minute Taker (NM)</li> <li>- Tracy Campbell, Assistant Director of Nursing (TCa) for Patient Story</li> <li>- Kay Rushforth, Head of Nursing (KR) for Patient Story</li> <li>- Ruth Tolley, Matron, Children's Inpatients (RT) for Patient Story</li> </ul>		
<b>Observers:</b>	<ul style="list-style-type: none"> <li>- 3 Governors</li> <li>- 3 members of the public</li> </ul>		

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<b>Section 1: Opening Matters</b>		
	<p><b>Chair’s Opening Remarks</b> MM welcomed the Board of Directors, those in attendance and those observing the proceedings to the meeting.</p>	
<b>Bo.5.19.1</b>	<p><b>Apologies for absence</b> Apologies for absence were noted for the following: - Mr Jon Prashar (JP), Non-Executive Director</p>	
<b>Bo.5.19.2</b>	<p><b>Declaration of Interests</b> There were no declarations of interest made by members of the Board.</p>	
<b>Bo.5.19.3</b>	<p><b>Patient Story</b></p> <p>KD introduced Tracy Campbell, Assistant Director of Nursing, Kay Rushforth (KR), Head of Nursing and Ruth Tolley, Matron, Children’s Inpatients who were in attendance in relation to ‘Ted’s story’ which was narrated via a pre-recorded video by Ted’s mother.</p> <p>Ted was a twelve year old child with autism and mental health problems who was admitted to the Trust during 2018. Ted’s mother described their collective experiences of the care Ted received and his overall management during his time at the Trust including:</p> <ul style="list-style-type: none"> <li>• A perception of a ‘battle of beds’ between the Trust and the mental health service provider, caused, in her view by a lack of mental health provision for children in Bradford.</li> <li>• Having to help nurses physically manage Ted as they were not trained or experienced in supporting children struggling with mental health issues on an acute paediatric ward.</li> <li>• Experiences of the ward environment and the concerns that she had in relation to the location of Ted’s bedroom and associated safety issues</li> <li>• A range of concerns in relation to the management of his medication while he was being cared for on the paediatric ward.</li> </ul> <p>Unfortunately due to a number of issues, including the safety of the ward environment for both Ted and other patients, a clinical decision was made to section him, and detain him under the Mental Health Act, and admit him to Lynfield Mount hospital. Ted’s mother described the distress that this caused her as a parent and her concerns about the legal basis of the decision made. At this point she described making a formal complaint to the Trust.</p> <p>Following submission of the complaint, Ted’s mother described being contacted by KR and being invited to help the Trust identify and make improvements to the services provided to children admitted who are suffering from problems with their mental health. She described being able to provide productive advice to support low cost changes to the</p>	

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	<p>ward environment to make it more appropriate for children like Ted.</p> <p>Ted's mother described her positivity in relation to the way the Trust had responded to her experience, and used it to make changes for the better. She described these improvements as being tangible during a more recent episode of care that Ted experienced.</p> <p>Ted's mother highlighted her continued concerns about the lack of adequate mental health provision for children in Bradford.</p> <p>The Board of Directors discussed the concerns raised by Ted's mother and it was recognised that although progress has been made in the Trust, there does remain a system wide issue in relation to mental health provision. BG explained that the Medical Director and Chief Nurse from Airedale, himself and KD have recognised the need to resolve the issues identified by Ted's mother and to mitigate any continued risk and confirmed that they are currently in active discussions with Bradford District Care Trust about how to manage care better as a system. BG confirmed that the level of engagement was positive.</p> <p>The team in attendance at the meeting of the Board of Directors reported that the Trust is considering employing psychiatric nurses within the Accident &amp; Emergency Department (AED) to enhance expertise.</p> <p>In relation to the concerns around administration of medication the Director of Pharmacy for the Trust is working with colleagues at Lynfield Mount to ensure additional checks within pharmacy remain.</p> <p>AP asked whether an analysis of learning from the issues raised by Ted's mother has been completed and whether the key challenges have been recognised. KD explained that the risk associated with the provision of care for inpatients with co-existing mental health conditions is being managed on the Strategic Risk Register. KD reported that actions being taken to mitigate the risk include training being delivered by Bradford District Care Trust (BDCT) for staff, discussions continue to progress with Airedale Trust and BDCT and the employment of psychiatric nurses. However, in terms of commissioning and funding she confirmed this remained a national issue and that the Trust continues to work with partners and commissioners.</p> <p>The Board of Directors required confirmation that the issues identified by Ted's mother in relation to access to patient records had been resolved. CF confirmed that access to electronic patient records across all partners is in the process of being switched on.</p> <p>It was agreed that a facilitated discussion in relation to the effectiveness of system wide mental health provision (especially in a crisis) should be planned for a future Board development session.</p>	<p>Chief Nurse</p>

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	MM thanked the team for attending for the patient story.	
<b>Section 2: Business from Previous Board Meeting</b>		
<b>Bo.5.19.4</b>	<p><b>Minutes of the Meeting held on Thursday 7 March 2019</b></p> <p>The minutes of the meeting held on the 7<sup>th</sup> March were accepted as an accurate record of the meeting.</p>	
<b>Bo.5.19.5</b>	<p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>- 08/11/2018 Bo.11.18.10 <b>Integrated Dashboard, Quality:</b> To consider early warning signs for quality concerns to be discussed at the Quality Committee. Committee considered this matter in November 2018. Minutes from that meeting received by Board in January 2019. The Committee noted that ‘it was satisfied it was assured, following consideration, discussion and questioning of the reports and action plans’ received. <u>Action completed.</u></li> <li>- 08/11/2018 Bo.11.18.13 <b>Integrated Dashboard, Workforce:</b> The Workforce Committee to receive an update on the development of middle managers. Confirmed at Committee this will be received as part of presentation to be delivered to Committee in April 2019. <u>Action completed.</u></li> <li>- 07/03/2019 Bo.3.19.8 <b>Board Assurance Framework and Risk Appetite Statement:</b> Chairs of Committees to ensure that Board Committees challenge and are assured of the content of all component sections of the Board Assurance Framework. Chairs of Committees confirmed this. <u>Action completed.</u></li> <li>- 07/03/2019 Bo.3.19.11 <b>SIRO 2018/19 Q3 Update:</b> The Board of Directors delegated sign off of the Data Protection and Security Toolkit to the Quality Committee in March 2019. Considered and signed off at Committee. <u>Action completed.</u></li> <li>- 08/11/2018 Bo.11.18.22 <b>Integrated Dashboard, Partnerships:</b> A Board Development session to be scheduled to cover the overall architecture and practical application of strategic partnerships. Item discussed at April 2019 Board development session with focus on Airedale collaboration. <u>Action completed.</u></li> <li>- 13/09/2018 Bo.9.18.9 <b>Integrated Dashboard:</b> The Board development day (4 October) should include a session on identifying innovative solutions to long term performance, finance and quality problems. 8/11/18 To be considered as part of the 7 February Board Development Day schedule. Item deferred to April 2019 Board development session and will be encompassed in discussion on CQC; Moving to good, becoming outstanding. Added to schedule for 11 April. <u>Action completed.</u></li> <li>- 13/09/2018 Bo.9.18.9 <b>Integrated Dashboard:</b> 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. Dashboards updated. The metrics regarding cultural improvement and maturity are</li> </ul>	

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	<p>specific to the Workforce Committee and the Committee has agreed that these will be included when the data is available later in the year. <u>Action completed.</u></p> <ul style="list-style-type: none"> <li>- 10/01/2019 Bo.1.19.9 <b>Integrated Dashboard – Quality:</b> To include reporting on night time discharges on the integrated dashboard. <u>Action completed.</u></li> <li>- 07/03/2019 Bo.3.19.10 <b>Report from the Chair of the Quality Committee:</b> The Committee to review the Operational Plan for 2019/20 in the context of its terms of reference. Item added to agenda for April Committee. <u>Action completed.</u></li> <li>- 13/09/2018 Bo.9.18.9 <b>Integrated Dashboard:</b> 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. <u>8 Jan:</u> action to remain open until March Board Meeting as assurance is expected to be provided to the Audit &amp; Assurance Committee Meeting on 5 February 2019. <u>7 March:</u> 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 in May 2019. <u>Action completed.</u></li> <li>- 07/03/2019 Bo.3.19.8 <b>Board Assurance Framework and Risk Appetite Statement:</b> To provide a printed copy of the BAF to each Board member for future meetings. <u>Action completed.</u></li> <li>- 07/03/2019 Bo.3.19.36 <b>Items for Corporate Communications:</b> Publication of Core Brief to be aligned to follow the Board of Directors meetings. <u>Action completed.</u></li> </ul>	
<b>Section 3: Business Reports</b>		
<b>Bo.5.19.6</b>	<p><b>Report from the Chairman</b></p> <p>MM asked the Board to particularly note the following content of his report:</p> <ul style="list-style-type: none"> <li>• Council of Governors Standing Orders have been reviewed and approved.</li> <li>• Foundation Trust Membership Plan 2019/20 Task &amp; Finish Group – MM confirmed that SU is the Non-Executive Director member of this group.</li> <li>• NHS Provider License – MM was pleased to confirm that the Council of Governors is satisfied with the content of the submission</li> <li>• Governors have been provided with a copy of the Trust’s Draft Quality Report for 2018/19 for their review.</li> </ul> <p>The Board of Directors noted the report from the Chairman.</p>	
<b>Bo.5.19.7</b>	<b>Report from the Acting Chief Executive</b>	

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	<p>JH asked the Board to particularly note the following content of his report:</p> <ul style="list-style-type: none"> <li>• Contingency arrangements for the EU Exit have been stood down for now but the Trust is ready to implement these as soon as the date for EU Exit is confirmed.</li> <li>• Measurement of Smoke free NHS Status – recently Public Health England undertook a survey of NHS Trusts against their plan to assess progress, and JH was pleased to report that the Trust scored seven out of seven against the metrics, and have been rated as green. The rating means that the Trust is considered to have demonstrated positive steps towards comprehensive smoke free status. However, there is still some work being done to continue to improve and reduce the number of people congregating in some areas to smoke.</li> <li>• Listening into Action’s (LiA) Analysis of Leadership and Culture – JH was pleased to report that on the basis of our recent Staff Survey results, our Trust has been rated in the top right of the quadrant, which places the Trust at an above average performance. This is really encouraging to see, and reinforces all the work that the Trust has done to improve staff engagement and morale.</li> <li>• AM queried the correspondence relating to “Leeds Teaching Hospitals NHS Trust Strategic Outline Case for ‘Building the Leeds Way’ – 9<sup>th</sup> April 2019” and a discussion took place about how the Trust can be more involved and also derive some benefit from this. JH explained that as part of the West Yorkshire Association of Acute Trusts (WYAAT), we were asked to write to show our support for the proposals, which will strengthen tertiary provision for West Yorkshire, and after consulting Executive colleagues it was agreed that the Trust would support this. Action agreed to facilitate a workshop at a future Board Development Session to explore local population demographics and implications for Trust estate.</li> </ul> <p>The Board of Directors noted the report.</p>	<p>Acting Chief Executive</p>
<p><b>Section 4: Delivery of the Trust’s Clinical Strategy</b></p>		
<p><b>Bo.5.19.8</b></p>	<p><b>Integrated Dashboard</b></p> <p>JH confirmed the approach that the Board of Directors routinely takes in considering the assurances received from its Committees, using the relevant elements of the Integrated Dashboard throughout the meeting aligned to the key elements (strategic risks and assurances received) documented within the Board Assurance Framework. JH explained the dashboard provides an up to date and accurate assessment of the key performance indicators being monitored by the Trust.</p>	
<p><b>Bo.5.19.9</b></p>	<p><b>Report from Integrated Governance and Risk Committee</b></p>	

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	<p>JH presented the regular report from the Integrated Governance and Risk Committee (IGRC). The report referred to the meetings held in March and April 2019. The Board of Directors were referred to the overview of work of the Committee as described within the paper and the associated appendices.</p> <p>JH highlighted the following from April meeting:</p> <ul style="list-style-type: none"> <li>• Two key corporate governance reports were received and approved by the Committee – the Provider Licence Certification and the Foundation Trust Code of Governance. JH explained that the Annual Governance Statement was also reviewed and this would be formally signed off within the annual report later in the month. In addition to this the Risk Management Strategy and the Risk Management Framework were also reviewed and approved by the Committee.</li> <li>• JH wished to highlight the closure of the risk associated with cladding from the Strategic Risk Register (SRR). JH explained that this risk has now been closed as both the decontamination block and the women’s and new born unit are fully compliant with the fireproof cladding requirements following the recent refurbishments.</li> </ul> <p>AP asked whether the required timelines of actions within the SRR are being achieved and JH explained that this is monitored by the IGRC and also by the Board Committees and anything that has a risk to effective delivery of the required mitigation is escalated. Any actions that cannot be achieved would eventually be escalated to the Board of Directors but JH is satisfied that all mitigation is currently on target.</p> <p>The Board confirmed that the contents of this paper provided assurance that the work of the Integrated Governance and Risk Committee provides executive oversight of and assurance associated with the strategic risks being mitigated and managed by the organisation.</p>	
<p><b>Bo.5.19.10</b></p>	<p><b>Board Assurance Framework (BAF) and Risk Appetite Statement</b></p> <p>JH summarised the paper and its function in describing the Board of Directors’ agreed risk appetite statement and providing a profile of risks, controls and assurances related to the delivery of the Trust’s strategic objectives and confirmed that, as described in agenda item Bo.5.19.8 would be considered throughout the meeting of the Board of Directors.</p> <p>The Board of Directors noted the risk appetite statement and approved the request for a change in the risk appetite associated with the strategic objective ‘to be in the top 20% of NHS employers’.</p>	
<p><b>Section 4a: Quality</b></p>		



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<p><b>Bo.5.19.11</b></p>	<p><b>Integrated Dashboard: Quality</b></p> <p>The Board of Directors reviewed the Quality Dashboard and BG provided a summary of the continuous and significant improvement in performance associated with a number of metrics and confirmed that work continues towards recognising and detecting any early deterioration of indicators.</p> <p>The following key elements of the Quality Dashboard were highlighted for consideration of the Board of Directors by the lead executives:</p> <ul style="list-style-type: none"> <li>• <b>Infection Control:</b> KD highlighted the excellent and sustained performance evidenced in the indicators presented in the dashboard. She took the opportunity to thank the teams for their continued hard work.</li> <li>• <b>Falls:</b> KD took the opportunity to explain that the metrics will be reviewed to ensure that trajectories associated with falls resulting in moderate and severe harm are presented separately, but reported that overall there is an improving trend in evidence of harm associated with falls across the Trust.</li> <li>• <b>Pressure Ulcers:</b> KD asked the Board of Directors to note that it is generally accepted that when there is a reduction in Grade 3 pressure ulcers there is a corresponding slight increase in Grade 2 pressure ulcers, but that the team were actively looking at benchmarking Trust data with that of our peers to understand how the trust can reference this within the improvement trajectories.</li> </ul> <p>AP asked how the expertise of those staff working on the front line is utilised to make improvements. KD confirmed that input from staff is valued and there are many opportunities for staff to provide this, and to be integrated into learning that is shared and implemented across the Trust. The Board of Directors was also advised that there were more formal opportunities for staff to be able to do this through the development and implementation of scorecards, used within the new Care Group/Clinical Business Unit infrastructure.</p> <p>CF noted that two of the metrics within the quality dashboard are colour coded red and asked if this was a correct indication of performance, KD explained that work was being undertaken to review the identification of thresholds as there is some disproportionality in how the thresholds were identified.</p> <p>The Board of Directors received the report and were assured that the content as discussed reflected the performance of the Trust, and that appropriate measures were in place to monitor the quality of the services provided effectively.</p>	
<p><b>Bo.5.19.12</b></p>	<p><b>Report from the Chair of the Quality Committee</b></p>	



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	<p>LS provided a summary of the work of the Quality Committee to the Board of Directors. The Board were informed that the Committee had spent the last 18 months reviewing routinely provided (through the work-plan of the Committee) and requesting by exception assurance associated with the achievement of the strategic objectives to provide outstanding care for patients and to be a continually learning organisation. LS commended the work of TC and CF and their teams who have been very responsive to fulfilling the Committee's requirements.</p> <p>LS confirmed that the Committee undertook a formal review of achievements and performance during 2018/19 at the April meeting.</p> <p>MM referred the Board of Directors to reports Bo.5.19.44 Nurse Staffing Data Publication Report: February and March 2019 and Bo.5.19.46 SIRO Quarterly Report which were included as Annexes to the Agenda and fall within the remit of the Quality Committee. He confirmed that these papers were provided for the information of the Board of Directors.</p> <p>The Board of Directors noted the work of the Quality Committee in scrutinising the Foundation Trust's arrangements for the management and development of safety, effectiveness and patient experience.</p>	
<p><b>Bo.5.19.13</b></p>	<p><b>Board Assurance Framework: Strategic Objectives 1 and 4</b></p> <p>BG reminded the Board of Directors of a discussion approximately six months ago when the Quality Committee had recommended that the level of Assurance for Quarter 2 for Strategic Objective 1 (to provide outstanding care for our patients) was increased to 'Confident'.</p> <p>However, at the time, the Board required further assurances to agree the change in level, particularly associated with the Never Events which occurred in 2018/19 and the maternity Improvement Plan. BG described that, since then, the Quality Committee has been working to identify additional assurances required and receive them at its meetings. BG described that the Quality Committee recognises that significant improvements have been made and sustained during 2018/19, and there is confidence that structures and processes to identify and support the mitigation of risk associated with the achievement of this strategic objective are now fully established. LS, as Chair of the Quality Committee affirmed this view.</p> <p>The Board of Directors reviewed the Board Assurance Framework in the context of the papers received and the update provided by BG and KD in this section of the meeting with the description of assurances provided within the framework and agreed the proposed levels of assurance of 'confidence' in relation to the achievement of strategic objective 1; to provide outstanding care. The Board of Directors also reviewed and agreed to the proposed levels of assurance of 'confidence' in relation to strategic objective 4; to be a continually</p>	

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	<p>learning organisation.</p> <p>BG reported that the vast majority of assurance associated with Strategic Objective 4 (to be a continually learning organisation) is also aligned to other strategic objectives and proposed that a Board level discussion takes place to discuss whether this objective can be embedded into other strategic objectives rather than as a standalone objective as it is currently. JH strongly supported that this should be discussed at a Board development session. The following actions were agreed:</p> <p>To discuss Strategic Objective 4 'to be a continually learning organisation' at each Board Committee in the context of the review of the objective by the Quality Committee.</p> <p>Board Development Session: a workshop to explore the profile of the strategic objectives with a focus on the Strategic Objective 4....'to be a continually learning organisation'</p>	<p>Director of Governance &amp; Corporate Affairs</p> <p>Director of Governance &amp; Corporate Affairs</p>
<b>Section 4b: Finance and Performance</b>		
<b>Bo.5.19.14</b>	<p><b>Integrated Dashboard: Finance</b></p> <p>The Board of Directors reviewed the Finance Dashboard and MH highlighted the following key issues:</p> <ul style="list-style-type: none"> <li>• The Board of Directors was alerted to a slight inconsistency on slide 6 of the dashboard compared to the information presented in the Finance report and explained that this was related to the timing of providing the information and how the financial position had moved.</li> <li>• The Board of Directors were informed of the unaudited position of delivery of the Trust's pre-Provider Sustainability Fund (PSF) control total deficit of £7.5m. Following submission of the position to NHS Improvement on the 15<sup>th</sup> of April the Trust was informed that an additional PSF bonus of £6.7m was available. The Board recognized that this was a significant amount of money.</li> <li>• The Trust's Use of Resources (UoR) rating for finance of 1 will be reported and this is the highest rating that can be achieved and is in line with the plan at the end of Month 12 (March 2018/19).</li> <li>• The Trust's cash balance, subject to audit and once the PSF bonus has been received, will be £28m. MH confirmed that a sizeable amount of cash has been utilised to address the non-recurrent items that had to be deployed throughout the year.</li> <li>• The Modern Equivalent Asset Evaluation and the Capital Goods Scheme associated with the Wholly Owned Subsidiary remain the two material items that are being discussed with External</li> </ul>	

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	<p style="text-align: center;">Audit.</p> <p>BS commented that it was important to ensure that real efficiencies are delivered now that there is no non-recurrent funding available and asked whether savings are now being made and whether the Cost Improvement Plan (CIP) is on track. MH explained that it was important to allow time to embed the new Clinical Business Unit (CBU) structure but confirmed that savings plans will be revisited and assurances will be sought in relation to the delivery of the CIP, recognising the phasing of the plan throughout the year.</p> <p>SU asked about the level of confidence in the necessary systems, controls and processes in order to achieve the control total for 2019/20. MH said that the Trust is now working to the new Care Group structure and reflected that although this may take time to embed, there are fundamentals in place to achieve the control total along with performance management arrangements to address any areas of concerns. SES added that she is currently in the process of finalising the Accountability and Performance Framework which will provide the required assurance. In addition to this, meetings have been arranged with each CBU to look at CIP and SES confirmed that the Trust is in a better starting place this year compared to the same time in the previous year.</p> <p>LS assured the Board that a detailed discussion had taken place at the Quality Committee regarding mechanisms that will be in place to ensure that quality and safety is not compromised in order to meet CIP requirements. LS wished to use the opportunity to acknowledge and commend MH and SES and their teams for the hard work that has been put into delivering the achievements to date.</p> <p>AP asked whether staff have the required level of support to help meet the CIP and how they will be supported if they are unable to achieve this. SES explained that a very different approach is being implemented this year compared to previously and explained that the CBU dashboard/balanced scorecard will report the trajectories and the framework will have a number of interventions in place in terms of supporting those where they are not achieving the trajectories. There will be visibility where CBUs and Care Groups are not delivering as expected and this will trigger the appropriate escalation in order to support recovery of the position. SU said that whilst we are mindful of the challenge to deliver the CIP we should recognise that staff are working very hard to deliver a service and we must support that appropriately.</p> <p>The Board of Directors noted the report.</p>	
<b>Bo.5.19.15</b>	<b>Report from the Chair of the Finance and Performance Committee: Finance</b>	

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	<p>TH used the opportunity as Chair of the Finance and Performance Committee to congratulate and thank MH and his team for the hard work they have put into finalising the year end position and to BS and AM for their input into the year-end position.</p> <p>The Board of Directors noted the work of the Finance and Performance Committee in scrutinising the Foundation Trust's financial matters: maintaining a detailed overview of the Trust's assets and resources in relation to the achievement of financial targets, business objectives and the financial stability of the Trust.</p>	
<p><b>Bo.5.19.16</b></p>	<p><b>Board Assurance Framework: Strategic Objective 2a</b></p> <p>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 to the proposed level of assurance of limited confidence in relation to the achievement of strategic objective 2a, to deliver our financial plan.</p>	
<p><b>Bo.5.19.17</b></p>	<p><b>Integrated Dashboard: Performance</b></p> <p>The Board of Directors reviewed the Performance Dashboard and SES highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• Referral to Treatment performance continues to improveThe waiting list size has been reduced for the tenth consecutive month - by approximately 30% in the last year - and there have been no 52 week breaches since October 2018. A conscious decision was made to support the financial position by slowing down the rate of recovery however the improvement has been seen month on month which is very positive. There are now approximately 60 patients waiting over 40 weeks and a review is undertaken daily for every patient within this bracket.</li> <li>• The cancer improvement plan is progressing well and the 2 week wait cancer standard was achieved in February and also predicted to achieve for March. However, April is more of a challenge and this is particularly due to an increase of 25% in breast referrals therefore predicting to fail the standard for April. The standard is just under the threshold for May but significant recovery is predicted during May. The increase in breast referrals is a national challenge. SES reported significant improvement has been made for the 62 day cancer standard. The 62 day backlog has reduced from 151 patients in September to 16 patients to date, below the threshold to maintain a balanced waiting list is 20 patients. All patients on the 62 day backlog are reviewed each day. The Trust is on track to be compliant for meeting the standard for May.</li> <li>• Significant improvements have been made to the ECS standard this week which is evidence of the impact of the planned changes (which the Board of Directors has been made aware of</li> </ul>	

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	<p>previously) that have been implemented. SES confirmed that the overall performance since May had been 84.5% which is the best performance the Trust has had in the last 30 weeks, but commented that it was recognised that there still is a lot of work to do to continue and sustain improvements. SES also confirmed that there has been some improvement in the ambulance handovers for both the 15 minute and 60 minute standards. SES described two new key roles which had been introduced into the department including a Nurse Navigator who is responsible for assessment and streaming and guiding patients to the right department and a Majors Consultant and confirmed that these changes appeared to be working well. SES also described improvement in same day emergency care within the Blue Zone strategy and that three new pathways are in place. It was confirmed that the implementation of the revised workforce model was also progressing well with recruitment and that morale appears to have improved within the department.</p> <p>AM asked where the capital investment for the expansion of the Blue Zone is included within the plan. MH explained that it has been included in the 2020/21 capital plan. JH explained that the fact it is included in the 2020/21 plan does not stop elements of the plan being implemented, but that from a capital prioritisation perspective it is not ahead of some other schemes.</p> <p>CF felt it was worth noting the sustained improvement in performance that has been demonstrated each month through the dashboard.</p> <p>BS queried the Stroke Care score and noted that it had improved significantly previously but now appears to have deteriorated. BG explained that the indicator on the dashboard is one of 136 indicators and the Trust's SSNAP data is monitored on a daily basis. BG reported that the metric used needs to be reviewed. BG explained that there had been some challenges in terms of nursing care for the rehabilitation element and this is currently under review.</p> <p>The Board of Directors received and noted the report.</p>	
<p><b>Bo.5.19.18</b></p>	<p><b>Report from the Chair of the Finance and Performance Committee</b></p> <p>The Board of Directors noted the work of the Finance and Performance Committee in providing detailed scrutiny of the Foundation Trust's performance matters.</p>	
<p><b>Bo.5.19.19</b></p>	<p><b>Board Assurance Framework: Strategic Objective 2b</b></p> <p>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 to the proposed level of assurance of limited confidence in relation to the</p>	

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	achievement of strategic objective 2b; to deliver our performance targets.	
<b>Section 4c: Workforce</b>		
<b>Bo.5.19.20</b>	<p><b>Integrated Dashboard: Workforce</b></p> <p>The Board of Directors reviewed the Workforce dashboard and PC highlighted the following key points:</p> <ul style="list-style-type: none"> <li>improved results for the staff friends and family survey both as a place to work and to receive treatment. There is currently no up to date benchmarking data available to compare to which is why the “experience” metric is red rated.</li> <li>staff turnover continues to reduce and agency usage is stable for March 2019 enabling the Trust to meet the NHSI agency ceiling for 2018/19.</li> <li>the appraisal target of 95% was achieved at the end of December. To ensure every member of staff had an appraisal within the last 12 months managers were asked to ensure all appraisals were undertaken. The performance has not been maintained and there are a number of overdue appraisals for February and March. This will be monitored and appraisal reporting will not close until all appraisals due up to 31 March 2019 are up to date. This will be reported to and monitored by the Workforce Committee.</li> <li>the Staff Advocacy Service is being well used by staff in the Trust.</li> </ul> <p>TH highlighted some of the improvements in the results of the staff survey and asked if there was anything that can be done to increase the number of staff completing the survey. CF explained that she and PC have been exploring more innovative approaches to help increase response rates. It was agreed that the Workforce Committee will continue to explore innovative solutions in relation to improving completion rates and report back to the Board through routine reporting.</p> <p>The Board of Directors received and noted the report.</p>	Director of Human Resources
<b>Bo.5.19.21</b>	<p><b>Report from the Chair of the Workforce Committee</b></p> <p>SU summarised the work of the Workforce Committee to the Board of Directors and reported that the Committee was provided with assurance on indicators and controls put in place for various aspects of workforce performance as articulated in the report.</p> <p>The Board of Directors noted the work of the Workforce Committee in providing detailed scrutiny of the Foundation Trust’s arrangements and strategic approach to workforce matters.</p>	



No.	Agenda Item	Action
Bo.5.19.22	<p><b>Staff Survey 2018</b></p> <p>The Board of Directors noted the progress made against the 2017 Staff Survey action plan and noted the new 2018 Staff Survey action plan which will be monitored through the Workforce Committee.</p>	
Bo.5.19.23	<p><b>Flu Vaccination Assurance</b></p> <p>The Board of Directors received and noted the report, and the achievement made in relation to the campaign which was run during 2018/19.</p>	
Bo.5.19.24	<p><b>Board Assurance Framework: Strategic Objective 3</b></p> <p>JH explained that the BAF and the risk appetite were formally reviewed at the previous Workforce Committee Meeting.</p> <p>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 to 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. In addition the Board of Directors approved the proposed change to the risk appetite statement associated with strategic objective 3, the risk appetite now being recorded as ‘seeking’.</p>	
<b>Section 4d: Partnerships</b>		
Bo.5.19.25	<p><b>Integrated Dashboard: Partnerships</b></p> <p>The Board of Directors reviewed the Partnerships Dashboard and JH highlighted the following key issues:</p> <ul style="list-style-type: none"> <li>• the collaboration work with Airedale Foundation Trust was formally launched at a clinical summit on 8 April. This was well attended and well received by clinicians and senior staff from both Trusts. The programme will now consider the output from the summit and which specialties should be prioritised.</li> <li>• work with local partners continues and the Trust is represented on Bradford’s ten Community Partnerships. A “Strategic Partnering Agreement”, has been drafted between the partners and this has now been signed by JH – JH reminded the Board that delegated authority was given to JH and TH at the previous Closed Board Meeting to progress this.</li> <li>• the Trust is actively working on a revised bid for capital funding for the hybrid theatre at Bradford Royal Infirmary, which is needed for the arterial centre. A business case is being collated which will be assessed within the capital priorities.</li> </ul>	



No.	Agenda Item	Action
	The Board of Directors received and noted the report.	
<b>Bo.5.19.26</b>	<p><b>Report from the Chair of the Partnership Committee</b></p> <p>The Board of Directors noted the work of the Partnership Committee in providing detailed scrutiny of the Foundation Trust's approach to strategy and integration.</p>	
<b>Bo.5.19.27</b>	<p><b>Board Assurance Framework: Strategic Objective 5</b></p> <p>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.</p>	
<b>Section 5: Governance</b>		
<b>Bo.5.19.28</b>	<p><b>Report from the Chair of the Audit &amp; Assurance Committee</b></p> <p>In providing a summary of the work of the Audit and Assurance Committee, BS highlighted item 3.2 from the report in terms of the recently revised terms of reference for each of the Committees to clarify the relationship with the Audit &amp; Assurance Committee and confirmed that TC will be circulating a position statement in relation to the assurance required by the Audit and Assurance Committee in relation to the conduct of Board Committees.</p> <p>The Board of Directors received and noted the report.</p>	
<b>Bo.5.19.29</b>	<p><b>Board Standing Orders</b></p> <p>JH explained that the paper provides details of the necessary changes made to Standing Orders of the Board of Directors following the Board and Board Committee self-assessment undertaken in Quarter 3 2018/19 and the resultant changes in the Terms of Reference of a number of Board Committees (Approved by the Board of Directors in January and March 2019).</p> <p>The Board of Directors approved the addition of the amended Terms of Reference to the Standing Orders of the Board of Directors.</p>	
<b>Bo.5.19.30</b>	<p><b>Self Certification of the Provider Licence</b></p> <p>JH explained that the paper provides the proposed content of the self-certification of the Provider Licence to the Board of Directors for approval purposes.</p>	

No.	Agenda Item	Action
	<p>The Board was asked to review the content and completeness of the assurance associated with the self certification of the Trust's compliance with the NHS Provider Licence and approve its submission to NHS Improvement as required.</p> <p>The Board was asked to note that the requirement for the self-certification was shared with the Council of Governors on the 18<sup>th</sup> April 2019 virtually as the meeting was cancelled at short notice as required within the Licensing process and that the assurance related to each condition would be shared with the Council of Governors.</p> <p>The Board of Directors approved the requirements and content as noted in the report.</p>	
<b>Bo.5.19.31</b>	<p><b>Compliance with the NHS Foundation Trust Code of Governance</b></p> <p>JH explained that the paper provides the Board of Directors with the outcome of the review of the Trust's compliance with the Foundation Trust's Code of Governance.</p> <p>The Board of Directors confirmed the compliance statements with regard to each provision as articulated within the report.</p>	
<b>Bo.5.19.32</b>	<p><b>Risk Management Strategy 2019-2025</b></p> <p>JH explained that the paper provides a revised version of the Trust's Risk Management Strategy. TC explained that the strategy was refreshed following a significant confidence internal audit report.</p> <p>The Board of Directors approved the Trust's Risk Management Strategy 2019-2025 and noted it will be subject to further review during Quarter 4 2019/2020 as part of the annual review requirements.</p>	
<b>Bo.5.19.33</b>	<p><b>Annual Fire Safety Report 2018/19</b></p> <p>SES explained that the report is presented as part of the organisational assurance process to demonstrate compliance with mandatory requirements of Firecode HTM 05-01: Managing Healthcare Fire Safety and the Regulatory Reform (Fire Safety) Order 2005 [RRO].</p> <p>The Board of Directors noted that the provided assurance that risks arising from fire are being effectively managed and confirmed the Trust's continued commitment to effectively managing the risks of fire safety.</p>	
<b>Section 6: Board Assurance Framework</b>		
<b>Bo.5.19.34</b>	<b>Board Assurance Framework</b>	

No.	Agenda Item	Action
	The Board of Directors reviewed the Board Assurance Framework in its totality 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.	
<b>Section 7: Board Meeting Outcomes</b>		
<b>Bo.5.19.35</b>	<p><b>Any other business</b></p> <p><u>NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Incentive Scheme Year 2 – Criteria 3</u></p> <p>KD circulated the paper and explained that as part of the second year of the CNST Scheme the Board is required to sign off a number of actions prior to submission to NHS Resolution in August 2019.</p> <p>The Board of Directors noted the paper and approved the action plan in relation to avoiding long-term admissions to Neonatal Units.</p>	
<b>Bo.5.19.36</b>	<p><b>Issues to add to Strategic Risk Register</b></p> <p>There were no issues to be added to the Strategic Risk Register.</p>	
<b>Bo.5.19.37</b>	<p><b>Issues to escalate to NHS Improvement (NHSI)</b></p> <p>There were no issues to escalate to NHSI.</p>	
<b>Bo.5.19.38</b>	<p><b>Issues to be reported to Care Quality Commission (CQC)</b></p> <p>There were no issues to escalate to the CQC.</p>	
<b>Bo.5.19.39</b>	<p><b>Items for Corporate Communications</b></p> <p>There were no items for Corporate Communications. JH confirmed that a Core Brief will be issued to staff to detail the key issues discussed at today's Open Board of Director's Meeting.</p>	
<b>Bo.5.19.40</b>	<p><b>Date and time of next meeting</b></p> <p>Thursday 11 July 2019.</p>	

<b>Annex 1: For Information – routine reports received by the Board of Directors</b>		
<b>Bo.5.19.41</b>	Finance Report	
<b>Bo.5.19.42</b>	Performance Report	

<b>Bo.5.19.43</b>	Workforce Report	
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<b>Annex 2: For Information – reports received by Board Committees</b>		
<b>Bo.5.19.44</b>	Nurse Staffing Data Publication Report – February and March 2019	
<b>Bo.5.19.45</b>	Medical Appraisal and Revalidation Annual Report 2018/19	
<b>Bo.5.19.46</b>	SIRO Quarterly Report	

<b>Annex 3: For Information – Board Committee Governance</b>		
<b>Bo.5.19.47</b>	<b>Confirmed Finance and Performance Committee Minutes – February 2019 and March 2019</b>	
<b>Bo.5.19.48</b>	<b>Confirmed Quality Committee Minutes – February 2019 and March 2019</b>	
<b>Bo.5.19.49</b>	<b>Confirmed Audit &amp; Assurance Committee Minutes – February 2019</b>	
<b>Bo.5.19.50</b>	<b>Confirmed Workforce Committee Minutes – February 2019 and March 2019</b>	
<b>Bo.5.19.51</b>	<b>Confirmed Partnerships Committee Minutes – January 2019</b>	



**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST  
ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 9 May 2019**

<b>Date of Meeting</b>	<b>Agenda Item</b>	<b>Required Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Comments/Progress</b>
08/11/2018	Bo.11.18.21	<b>Winter Planning Presentation:</b> 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 29 May 2019	SES updated that progress is reported through WYATT on a regular basis. A comparator of the previous winter and this winter will be undertaken and presented to F&P Committee.
08/11/2018	Bo.11.18.13	<b>Integrated Dashboard, Workforce:</b> A Board Development session should focus on Workforce, exploring future planning, especially in relation to roles required.	Director of Human Resources	Board Development Session 13 June 2019	
09/05/2019	Bo.5.19.7	<b>Report from the Acting Chief Executive:</b> To facilitate a workshop at a Board Development Session to explore local population demographics and implications for Trust estate.	Acting CEO	Board Development Session 13 June 2019	
10/01/2019	Bo.1.19.29	<b>Communication and Engagement Plan Update:</b> JH to provide a report to demonstrate the balance of positive and negative coverage for external communications and engagement.	Director of Strategy and Integration	Board of Directors 11 July 2019	
09/05/2019	Bo.5.19.13	<b>Board Assurance Framework – Strategic Objectives 1 and 4:</b> To discuss Strategic Objective 4 ‘to be a continually learning organisation’ at each Board Committee in the context of the review of the objective by the Quality Committee.	Director of Governance and Corporate Affairs	Board of Directors 11 July 2019	
09/05/2019	Bo 5.19.3	<b>Patient story:</b> To facilitate a discussion in relation to the effectiveness of system wide mental health	Chief Nurse	Board Development Session	



Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		provision (especially in a crisis) at a Board development session		3 October 2019	
09/05/2019	Bo.5.19.13	<b>Board Assurance Framework – Strategic Objectives 1 and 4:</b> Board Development Session: a workshop to explore the profile of the strategic objectives with a focus on the Strategic Objective 4....'to be a continually learning organisation'	Director of Governance and Corporate Affairs	Board Development Session 3 October 2019	
09/05/2019	Bo.5.19.20	<b>Integrated Dashboard – Workforce:</b> Workforce Committee will continue to explore innovative solutions in relation to improving completion rates and report back to the Board through routine reporting.	Director of Human Resources	Workforce Committee 27 November 2019	