

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

At a scheduled meeting in public, of the Board of Directors of Bradford Teaching Hospital on 7th November, with Dr Maxwell Mclean in the Chair, and Dr Tanya Claridge acting as Trust Secretary, the minutes of the previous meeting on the 12th September were read and approved.

Signed: _____ Chairperson

Signed: _____ Director of Governance and Corporate Affairs

Date:	Thursday 12 September 2019	Time:	10:45-13:15
Venue:	Conference Room, Field House	Chair:	Dr Maxwell Mclean
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Dr Maxwell Mclean (MM) - Ms Trudy Feaster-Gee (TFG) - Mr Mohammed Hussain (MHu) - Ms Julie Lawreniuk (JL) - Mr Jon Prasher (JP) - Mr Amjad Pervez (AP) - Mr Barrie Senior (BS) - Professor Laura Stroud (LS) - Ms Selina Ullah (SU) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Mr John Holden, Acting Chief Executive (JH) - 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 Matthew Horner, Director of Finance (MH) 		
In Attendance:	<ul style="list-style-type: none"> - Ms Terri Saunderson, Director of Operations (TS) representing Mrs Sandra Shannon, Chief Operating Officer/Deputy Chief Executive - Roshanne Fox, Dementia Lead (RF), Joanne Taylor, Matron for Urology and Ward 14 (JT) and Leah Callighan, Acting Matron Ward 5 (LC) for patient story - Jennifer Pope, Data Protection Officer for agenda item Bo.9.19.15 (JPo) - Dr Tanya Claridge, Director of Governance and Corporate Affairs (TC) - Nahida Mafuz, Minute Taker (NM) 		
Observers:	<ul style="list-style-type: none"> - 2 Governors - 3 members of the public - 3 colleagues from the Care Quality Commission (CQC) 		

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No.	Agenda Item	Action
Section 1: Opening Matters		
	<p>Chair's Opening Remarks MM welcomed the Board of Directors, those in attendance and those observing the proceedings to the meeting.</p> <p>MM welcomed Mohammed Hussain and Julie Lawreniuk, the two new Non-Executive Directors to their first meeting of the Board of Directors.</p> <p>A petition was presented by a member of the public Ian Dalton on behalf of the West Yorkshire Socialist Party in relation to the Wholly Owned Subsidiary proposals. The petition was received and noted by the Chairman on behalf of the Board of Directors.</p>	
Bo.9.19.1	<p>Apologies for absence Apologies for absence were noted for the following:</p> <ul style="list-style-type: none"> - Mrs Sandra Shannon, Chief Operating Officer/Deputy Chief Executive (SES) 	
Bo.9.19.2	<p>Declaration of Interests There were no declarations of interest made by members of the Board.</p>	
Bo.9.19.3	<p>Patient Story</p> <p>KD welcomed Roshanne Fox, Dementia Lead (RF), Joanne Taylor, Matron for Urology and Ward 14 (JT) and Leah Callighan, Acting Matron Ward 5 (LC).</p> <p>KD introduced the patient story which was presented via a video recording. Michael suffers from dementia and explained some of the issues he faced as a surgical patient on Ward 5 and Ward 14 when he underwent an operation at the Trust.</p> <p>Michael referred to the blue wristband which symbolises the “forget me not” flower representing dementia and how this was a good way of helping staff identify dementia patients.</p> <p>Following the feedback from Michael a number of actions have taken place in order to improve the experience of patients who have a cognitive impairment:</p> <ul style="list-style-type: none"> - Since May 2019 all wards have introduced blue wristbands to help identify patients who have dementia. - Dementia patients are prioritised and fast tracked during outpatient appointments at St Luke's Hospital and this is now also being introduced to outpatient clinics at Bradford Royal Infirmary. - A number of improvements are being made to Ward 5 which is a day case unit and this is being communicated to relevant departments. Nurse walkrounds have been introduced on the ward in order to keep patients up to date regarding their operation time. 	

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	<p>Discussion has also taken place with the anaesthetics team in relation to ward rounds to help reduce the number of times patients are visited by an anaesthetist before their operation.</p> <ul style="list-style-type: none"> - The pre-assessment process has been reviewed and improved for patients with cognitive impairment. <p>SU was pleased to hear the measures being taken to improve the patient and carer experience and asked how this is fed back to patients and whether this is making a difference. RF explained that a dementia friendly questionnaire has been devised and this will be utilised for feedback.</p> <p>LS was pleased to hear about the actions taken to improve the patient experience and wished to seek assurance that the whole patient journey was considered and that the improvements are aligned to the patient strategy. KD said the patient story is one example of engaging with patients and understanding what their needs are for their whole patient journey and this is aligned to the Trust strategy but in addition to this there are other engagement activities and focus groups which help to identify issues and make improvements.</p> <p>MHu asked how Michael's story was identified to be presented today. RF explained that Michael shared his story during a patient focus group in relation to the dementia strategy for the Trust and Michael's story was identified as part of that process. Michael was asked if he wished to share his story with the Board of Directors and he was happy to.</p> <p>MHu asked whether the physical measures such as wristbands can be mirrored digitally on the Electronic Patient Record (EPR). RF said this is not currently available but it is being reviewed.</p> <p>AP asked whether Michael had seen the video and if he was happy with the recommendations. KD confirmed that he had and he was happy with the outcome.</p> <p>TFG asked whether the engagement processes are also picking up issues for patients with autism and those with wider mental health issues. KD explained that a business case has been completed for the recruitment of a lead nurse for learning disabilities. There are also a number of links and initiatives in place in relation to patients with autism.</p> <p>MM asked KD to thank Michael on behalf of the Board for sharing his experience.</p>	
<p>Section 2: Business from Previous Board Meeting</p>		
<p>Bo.9.19.4</p>	<p>Minutes of the Meeting held on Thursday 11 July 2019 The minutes of the meeting held on the 11th July were accepted as an accurate record of the meeting.</p>	

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Bo.9.19.5	<p>Matters Arising:</p> <ul style="list-style-type: none"> - 11/07/2019 Bo.7.19.27 Maternity Incentive Scheme: The Board of Directors agreed that KD has delegated responsibility to submit the on line declaration no later than the 15 August, following approval at the July Quality Committee. KD confirmed this was completed. <u>Action completed.</u> - 11/07/2019 Bo.7.19.3 Patient Story: SU asked what learning is taken from complaints received and whether there is a theme. KD explained that more details will be included in the report that is presented to the Quality Committee describing high level themes, actions and learning – this will be reported to the Board of Directors through routine reporting from the Quality Committee. KD confirmed that this has been added to a future Board Development session. <u>Action completed.</u> - 11/07/2019 Bo.7.19.34 Corporate Communications: Highlight reports to be developed for Governors reflecting key issues and business of the Board. JH confirmed that a newsletter from the Chairman to the Governors is in development. All corporate communications are shared with the Governors and they all now have access to a Trust email address. <u>Action completed.</u> - 09/05/2019 Bo.5.19.7 Report from the Acting Chief Executive: To facilitate a workshop at a Board Development Session to explore local population demographics and implications for Trust estate. It was agreed that this would be deferred to a future Board Development Day. Director of Governance and Corporate Affairs to diarise all agenda items that were scheduled for October 2019 for a later Board development session. <u>Action completed.</u> - 08/11/2019 Bo11.18.13 Integrated Dashboard, Workforce: A Board Development session should focus on Workforce, exploring future planning, especially in relation to roles required. It was proposed that this is considered in the context of the National Interim People Plan and associated national publications. It was agreed that this would be deferred to a future Board Development Day. Director of Governance and Corporate Affairs to diarise all agenda items that were scheduled for October 2019 for a later Board development session. <u>Action completed.</u> - 09/05/2019 Bo.5.19.3 Patient story: To facilitate a discussion in relation to the effectiveness of system wide mental health provision (especially in a crisis) at a Board development session. It was agreed that this would be deferred to a future Board Development Day. Director of Governance and Corporate Affairs to diarise all agenda items that were scheduled for October 2019 for a later Board development session. <u>Action completed.</u> - 11/07/2019 Bo.7.19.11 Integrated Dashboard – Quality: KD to consider how to present the journey of a complaint to NEDs. Combined with action Bo.7.19.3. <u>Action completed.</u> 	
Section 3: Business Reports		

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<p>Bo.9.19.6</p>	<p>Report from the Chairman</p> <p>MM asked the Board to particularly note the following content of his report:</p> <ul style="list-style-type: none"> - 2018/19 External Audit Report to the Council of Governors: MM was pleased to report that the Council of Governors received a comprehensive report from the External Auditor (Deloitte) on their findings with regard to their audit of the annual report and accounts 2018/19. This included a report on their findings with regard to the Quality Report 2018/19 and the three indicators they were required to audit. Two indicators were mandated by NHS Improvement. The mandated indicators for audit were 'A&E 4 hour waits' and '62 day Cancer waits'. The third indicator they were required to audit was an indicator selected by the Council of Governors. The Board will recall that the Council of Governors had, at their meeting in January 2019, approved a recommendation to audit the Standardised Hospital Mortality Indicator (SHMI). The Governors were pleased to note that the outcome from the audit of the SHMI indicator was 'green' with 'no issues noted'. The outcome with regard to the audit of the '62 day Cancer waits' was also 'green' with no issues noted. With regard to the 'A&E 4 hour Waits'; one area was highlighted for improvement regarding the correct recording of data in line with the methodology. - Appointment of External Auditor: The Council of Governors have appointed Deloitte LLP as the Trust's external auditor. - All Governors now have access to a Trust email address and corporate communications are shared with them via this route. - MM reported that the next election process to the Council of Governors is expected to be launched at the end of September 2019 for Governors to be in place at the beginning of December 2019. Self-nominations will be sought for the Governor vacancies as detailed within the report. - MM confirmed that the Annual General Meeting/Annual Members Meeting will take place on Thursday 17 October 2019. The schedule for the day along with confirmed timings is expected to be published shortly. - The next quarterly meeting with Governor is scheduled to take place on Tuesday 1 October 2019 and MM welcomed any comments from Board members as to matters for discussion. <p>The Board of Directors noted the report from the Chairman.</p>	
<p>Bo.9.19.7</p>	<p>Report from the Acting Chief Executive</p> <p>JH asked the Board to particularly note the following content of his report:</p> <ul style="list-style-type: none"> - Wholly Owned Subsidiary (WOS): JH reported that following constructive talks on 21 August 2019, which were facilitated by the 	

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	<p>Advisory, Conciliation and Arbitration Service (ACAS), Bradford Teaching Hospitals NHS Foundation Trust and UNISON agreed to suspend the indefinite industrial action that was due to commence on 26 August 2019, subject to the legal advice UNISON were seeking on this point. The Trust has agreed not to proceed with a 1 October 2019 transfer date of the Wholly Owned Subsidiary. As the Board of Directors are aware, UNISON has been offered the opportunity to make a presentation to the Board of Directors at today's Closed Board Meeting, to allow the Board to further reflect on the position. The outcome of this further consideration will be notified to UNISON by the end of September 2019.</p> <ul style="list-style-type: none"> - JH wished to acknowledge the award winners included within the "Celebrating Success" section of his report and made particular reference to the Employees of the Month and Team of the Month winners. JH was also pleased to acknowledge the National Health Service Journal Award for "Patient Safety Innovation of the Year" which has been won by the Quality Improvement Team and in particular highlighted the contribution of Sonia Nosheen for her pioneering use of colourful sketch notes across the Trust. JH was also pleased to note the award received by the Informatics Team for achieving "Team of the Year" at the recent Digital Health Awards and JH acknowledged CFs input to achieving this and congratulated her and the team on the fantastic achievement. - Brexit: JH confirmed that the Trust has reinstated the Brexit preparation team, and is involved in all the National EU Exit Regional Calls to ensure we are updated on local news and actions in preparation for a "no-deal" Brexit. - The Provider Information Request (PIR) was received by the Trust with a deadline to respond by 5 September 2019. JH was pleased to inform the Board that the PIR was delivered by the deadline and explained that this was in preparation for a full CQC inspection that was likely to take place in the near future. <p>The Board of Directors noted the report.</p>	
Section 4: Delivery of the Trust's Clinical Strategy		
Bo.9.19.8	<p>Integrated Dashboard</p> <p>JH explained that the dashboard provides an up to date and accurate assessment of the key performance indicators being monitored by the Trust. He reminded the Board that throughout the remainder of the meeting, they would be invited to consider the assurance received from the Chairs of the Board's Committees, and Executive Directors would be explaining the relevant elements of the Integrated Dashboard which in turn underpinned the assurance documented within the Board Assurance Framework.</p> <p>CF reminded the Board that the indicators are in the process of being refreshed and will be presented to the Committee meetings at the end of September for approval. This refresh will show a maturity of use of</p>	

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	<p>information with updates to some indicator thresholds which means that the indicators being reviewed today are using older definitions impacting on the colour-rating. She noted Falls as an example.</p>	
Bo.9.19.9	<p>Report from Integrated Governance and Risk Committee</p> <p>JH presented the regular report from the Integrated Governance and Risk Committee (IGRC). The report refers to the meetings held in July and August 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>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>	
Bo.9.19.10	<p>Overarching Delivery of Governance Annual Reporting</p> <p>JH summarised the paper and explained that due to Board Committees not being held during the month of August the Annual Reports for the Committees were not received and approved by the Committees in time to submit to Board of Directors are per the Board's work plan. As a result the annual reports will be received by the Board of Directors at its meeting in November, which will be the same meeting at which it will review and affirm its risk appetite. The process to ensure the Board self-assesses its own governance and effectiveness will commence following that meeting.</p> <p>The Board of Directors noted the change in annual reporting of its delivery of governance and the plans for its self-assessment during late Quarter 3 and early Quarter 4 2019/20.</p>	
Bo.9.19.11	<p>Board Assurance Framework (BAF) and Risk Appetite Statement</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. JH confirmed that the BAF would be considered throughout the meeting of the Board of Directors.</p>	
Section 4a: Quality		
Bo.9.19.12	<p>Integrated Dashboard: Quality</p> <p>The Board of Directors reviewed the Quality Dashboard. The following key elements of the Quality Dashboard were highlighted for consideration of the Board of Directors by the lead executives:</p>	

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	<ul style="list-style-type: none"> - Sepsis: KD explained that the live triggers that are now available on EPR help identify areas where an alert has been triggered but not been actioned. When this happens the named Sepsis Nurse contacts the relevant areas to discuss in detail. - Friends and Family Test (FFT): KD explained that some focused work is being undertaken in all areas and in particular with the Accident and Emergency Department (AED) to improve completion rates. - Falls: KD explained that there is a steady continued state with falls. Once the dashboard has been refreshed falls data will be presented with additional data including total falls and falls with harm. - Mortality Indicators: BG reported that there will be a change in the next six months as Trusts are expected to develop a Medical Examiner role to support the learning from deaths process. National guidelines have been received in relation to this and a proposal will be presented to the Senior Leadership Team and will include an option to undertake this jointly with Airedale Trust. - VTE Assessment: BG was pleased to report that strong performance continues for this indicator. - WHO Checklist: BG reported that this has been a national priority for key providers and the Trust has performed strongly. - Readmissions: BG reported that detailed work is being undertaken to understand where the readmissions are occurring and whether there is any indication of impact on patients. The output of this work will be presented to the Quality Committee. <p>BG was pleased to highlight that significant improvement has been made in performance with the majority of the quality indicators compared to performance 12 months ago when the Trust was an outlier for some of the metrics.</p> <p>AP queried the red rated indicators on the “outstanding care for patients” chart on the dashboard. KD explained that the patient experience strategy is being rolled out to help support improvements but it was also important to note that the trajectories for these indicators were set 18 months ago but we now have benchmarking data which demonstrates that the Trust is not an outlier for these indicators and therefore these indicators will be refreshed in the revised dashboard.</p> <p>JL asked if the falls are CQUIN incentivised. KD explained that as part of the Trust’s quality improvement collaborative a series of events were delivered in July. In relation to CQUIN incentivising does help with driving improvement in care.</p> <p>SU was pleased to note the drive to improve completion rates in relation to the FFT to help improve patient experience and asked if this was being undertaken consistently across the Trust. KD explained that focus is given to this specifically on the wards, in AED and within the main outpatients clinics at St Luke’s Hospital (SLH). The results and</p>	

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	<p>number of responses are tracked on a weekly basis.</p> <p>CF queried why the C-Difficile indicator shows a sharp increase. KD explained that the way this indicator is measured and recorded has changed as some community acquired C-Difficile cases are now classed as hospital acquired. KD reported that there have been similar rises to this indicator for other Trusts due to the same reason.</p> <p>The Board of Directors received the report and was 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>Bo.9.19.13</p>	<p>Report from the Chair of the Quality Committee</p> <p>LS provided a summary of the work of the Quality Committee to the Board of Directors. LS reported that the Quality Committee considered the recent industrial action and the importance of being sighted on any impact over what could be a prolonged period of action. The important role of the Quality of Care Panel meetings was noted during this time.</p> <p>MHu queried the leadership walkrounds that were cancelled. LS explained that work is being undertaken to review how the walkrounds are undertaken and how actions are tracked in order to ensure that anything raised during walkrounds is acted upon accordingly.</p> <p>BS referred to section 3 of the report and asked if there is assurance that our services are responsive. KD provided examples of how this is being achieved and said this is discussed at Committee level.</p> <p>BG provided an update in relation to Haemophilia and Haemoglobinopathy Services. The Trust received a request from NHS England/Improvement to work closely with Leeds Teaching Hospitals to deliver a more comprehensive networked based service and a meeting has been scheduled to determine how the patient population for West Yorkshire is handled on a network basis to ensure patients get the right oversight from the Haemoglobinopathy Centre which is based in Leeds.</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>Bo.9.19.14</p>	<p>Board Assurance Framework: Strategic Objectives 1 and 4</p> <p>The Board of Directors reviewed the Board Assurance Framework in the context of the papers received and the update provided by the lead directors in this section of the meeting. The Board agreed the proposed level of assurance of 'confident' in relation to the achievement of strategic objective 1; to provide outstanding care. The Board of Directors reviewed and agreed the level of risk appetite as 'cautious'.</p>	

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	<p>The Board of Directors also reviewed and agreed to the proposed level of assurance of 'confident' in relation to strategic objective 4; to be a continually learning organisation.</p>	
Bo.9.19.15	<p>Annual Data Protection Officer Report</p> <p>CF introduced Jennifer Pope (JPO), Data Protection Officer to the meeting and explained that the General Data Protection Regulation (GDPR) and Data Protection Act 2018 requires the Trust to recruit a Data Protection Officer (DPO) who has autonomy to report directly to the Board of Directors. This is the first annual report by the DPO to the Board of Directors.</p> <p>JPO presented the report and highlighted the key activities of the previous year set against national legislation. The overall report demonstrates that the Trust is in a good position and the aim is to continue this going forward. Focus on lessons learnt and the training aspect will continue to help ensure this.</p> <p>JPO provided an update on two incidents that were reported to the Information Commissioners Office (ICO). A response has been received to the first incident and the ICO are content with the mitigated actions that are in place. In terms of the second incident, this is a more recent one and a report from the ICO is expected in due course.</p> <p>TFG asked how incidents and learning points are shared. JPO explained that the final report is shared with staff and in information governance training sessions to help reinforce the message. CF added that that the Information Governance Group also participates at the learning hub where learning is shared.</p> <p>The Board of Directors noted the report and received the appropriate information and assurance regarding compliance with the GDPR and Data Protection Act 2018.</p>	
Bo.9.19.16	<p>Embedding the GIRFT programme update</p> <p>BG provided an update of the progress of the Getting It Right First Time (GIRFT) programme within the Trust to date and explained that all benchmarking information is used to measure and drive improvement in our services.</p> <p>The Board of Directors noted the report.</p>	
Section 4b: Finance and Performance		
Bo.9.19.17	<p>Integrated Dashboard: Finance</p> <p>The Board of Directors reviewed the Finance Dashboard and MH highlighted the following key points:</p>	

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	<ul style="list-style-type: none"> - MH reported the Month 4 position is a pre-PSF deficit of £5.2m which is in line with the plan and control total. The Trust remains broadly on plan for the end of month 5. MH reported a Use of Resources (UoR) rating of 3. The key risk to securing the financial plan for the year is delivery of the Cost Improvement Plan (CIP) target. Weekly CIP meetings have been introduced in order for the Clinical Business Units (CBUs) to provide assurance and for facilitation and support to be provided to CBUs and these are going well. Any CBU that has not identified at least 60% of its CIP target is being asked to provide a recovery plan. 75% of the CIP target is expected to be identified by the end of September and 100% by the end of October. It is important to note that the CIP remains the key challenge. - Capital: correspondence was received from the Finance Director of Department of Health in mid-August stating that as a result of the national £1.8bn capital announcement, those Trusts that were utilising their own cash when the original plans were submitted to reinstate their capital programmes. The challenge will now be to deliver the original plan and reinstate the items deferred to 2020/21. The Senior Leadership Team discussed how this can be prioritised within the programme for this year and an update will be shared with the Finance & Performance Committee. - Long Term Plan: MH reported that the initial place based plan was submitted to Integrated Care System (ICS) on 6 September. The Trust worked with local partners to establish joint assumptions around growth and finances with a view to submitting an aligned plan. The first draft of the plan will be delivered to the centre on 20 September with the final plan being delivered in November. MH reported that at the moment the system does not have an aligned plan as it was important to highlight the Trust's historical underlying position and in particular the counting and coding changes notified throughout 2018/19. It is important that the system understands the issue and works collaboratively to address the gap. MH notified the Board that five year control totals are due to be received next week. MH will provide a paper to the Finance & Performance Committee in relation to this. <p>BS queried the risk associated with CIP delivery and the impact on cash and the liquidity rating for the remainder of the year. MH confirmed that the delivery of the income and expenditure plan is reliant on the full value of the CIP being delivered and a shortfall in quarters 3 and 4 would likely result in the Trust not achieving its quarterly control totals and as such would not recover the associated provider sustainability funding (PSF) and financial recovery funding (FRF). This would subsequently impact on the liquidity metric in the Use of Resources rating and produce a rating of 3 or 4.</p> <p>BS asked about the risk of recovering income from commissioners as</p>	<p>Director of Finance</p>

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	<p>referred to in the report. MH confirmed that fixed income agreement now mitigates a significant element of this risk and as such the risk can be removed from the 'Main Risks' section of the summary.</p> <p>TFG asked if the system based savings plans can be presented at the Finance and Performance Committee.</p> <p>BS asked if Quality Impact Assessments (QIAs) are being completed for every CIP opportunity and MH confirmed that for those that required one they have been completed up to the end of July and will continue to be completed for all remaining ones.</p> <p>The Board of Directors noted the report.</p>	<p>Director of Finance</p>
<p>Bo.9.19.18</p>	<p>Report from the Chair of the Finance and Performance Committee: Finance</p> <p>LS reported that discussion took place at the Committee meeting in relation to change of culture and assurance was provided that this is improving. JH provided examples of how this is being achieved including visits by him to various teams and departments to emphasise the message that they need to be involved in delivering the challenge.</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>Bo.9.19.19</p>	<p>Board Assurance Framework: Strategic Objective 2a</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. It was agreed that the Finance & Performance BAF needed to be checked for the assurance level and risk appetite in relation to the achievement of strategic objective 2a, to deliver our financial plan.</p>	<p>Director of Finance and Director of Governance & Corporate Affairs</p>
<p>Bo.9.19.20</p>	<p>Integrated Dashboard: Performance</p> <p>The Board of Directors reviewed the Performance Dashboard and TS highlighted the following key points:</p> <ul style="list-style-type: none"> - Emergency Care Standard: Performance during June was challenging but improved to 80.50% in July 2019. Improvement plans, supported by the team, are beginning to show good results but there are still some challenges. Capacity issues due to GP staffing gaps in the Green Zone have continued; monthly operational meetings are in place to support any improvement in 	

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	<p>the GP fill rate. Work with system partners has continued and a full day workshop was delivered with the Emergency Care Intensive Support Team (ECIST) to look at attendance avoidance and this was well attended by system partners. Frailty and admission avoidance are being managed closely. There has been deterioration in the ambulance handover metric. A lot of work has gone in to reduce long length of stay and ECIST has recognised the Trust as an exemplar for this.</p> <ul style="list-style-type: none"> - Cancer 2 Week Wait: TS reported the performance for June 2019 was 93.23% and is currently projected at 94.11% for July 2019. Breast referrals remain high but extra capacity has allowed backlog clearance with recovery above 93% for Breast expected in August 2019. Lower and Upper GI referrals since April 2019 have increased by 10% whilst capacity has reduced from gaps in the Endoscopy rota (combination of leave and sickness). Outpatient capacity is being converted to Endoscopy sessions to mitigate the impact on the waiting list, but performance has deteriorated in July and August 2019. Daily escalation is in place to prevent breaches. When performance is compared to October 2018 there is clear evidence of improvement that has taken place since then. - Cancer 62 Day First Treatment: TS reported that performance for June 2019 was 82.03% and is currently projected at 84.68% for July 2019. Capacity issues in the Lower GI speciality continue in Endoscopy, however there will be extra capacity from September 2019 that should support recovery. There are also some issues in relation to clinical oncology and work is being done with Leeds Teaching Hospitals to improve this. - Referral to Treatment (RTT) Incomplete: TS reported that performance was 85.10% for July 2019 with the total waiting list increasing by 480 patients due to reduction in activity during the latter part of the month. No patients were waiting more than 52 weeks at the end of July 2019 and the same is anticipated at the end of August 2019. - Diagnostic Waiting List (DM01): TS reported that performance improved to 96.48% in July 2019 following further validation of the waiting list. Recovery plans are monitored weekly and whilst challenges remain within Endoscopy performance is trending in the right direction. <p>MM asked what is being done to improve the endoscopy challenges and TS explained a full capacity and demand model has taken place which has demonstrated capacity issues. There is an item on the Board agenda in relation to approving the Consultant Colorectal Surgeon Business Case. In addition to this a business case is being finalised for a Consultant Gastroenterologist post which will help fill the capacity gap and address the backlog. KD added that endoscopy is also tracked at the weekly Quality of Care Committee and each case</p>	

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	<p>is reviewed in relation to quality of care and safety.</p> <p>TFG asked about the Infectious Diseases staffing concerns. TS explained that the team and service model has been reviewed as a whole to determine whether alternative roles need to be looked at. BG confirmed that a Microbiologist has been successfully appointed to Airedale Trust who will also provide out of ours support to the Trust.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.9.19.21	<p>Report from the Chair of the Finance and Performance Committee</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>	
Bo.9.19.22	<p>Board Assurance Framework: Strategic Objective 2b</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 2b; to deliver our performance targets. The Board of Directors reviewed and agreed the level of risk appetite as 'cautious'.</p>	
Section 4c: Workforce		
Bo.9.19.23	<p>Integrated Dashboard: Workforce</p> <p>The Board of Directors reviewed the Workforce dashboard and PC highlighted the following key points:</p> <ul style="list-style-type: none"> - Appraisal rates are at 87.5% and the trajectory has demonstrated that performance is expected to improve from September onwards. It is predicted that the target of 95% will be achieved. - Staff Friends and Family Test demonstrated an improved position against other Acute Trusts in staff recommending the Trust as a place to work whilst there was an improvement in recommending treatment and care this has remained lower than other Acute Trusts. This is currently being reviewed and will be discussed further at the Workforce Committee. - The Staff Survey opens on 16 September and the communication campaign has commenced to help encourage completion. "Engagement Friends" have been identified to help encourage participation and CBUs are also being targeted to encourage completion. One of the concerns from staff is about the confidentiality aspect and this is being addressed to reassure staff 	

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	<p>that all responses remain anonymous to the Trust. Protected time is also being offered to complete the survey.</p> <ul style="list-style-type: none"> - Overall the workforce metrics remain stable but sickness rates continue to be a challenge with the Trust having higher rates than other Yorkshire and Humber Trusts. A back to basics campaign has been launched and preventative measures are also being undertaken to improve sickness rates. - New starter and refresher training dipped in July 2019 but this is not a concern in terms of overall training. BG explained that the induction period for new starters is being extended to enable all essential training to be completed when an employee first starts. - PC asked the Board to note that the workforce metrics/dashboard are being revised and these will be presented to the Workforce Committee for approval. - <p>The Board of Directors received and noted the report.</p>	
Bo.9.19.24	<p>Report from the Chair of the Workforce Committee</p> <p>SU said that the only issue she would wish to add from the Workforce Committee was the discussion about the risk related to the Wholly Owned Subsidiary and assurances sought in relation to the effectiveness of the mitigations in place in preparation and during the industrial action and the support provided to staff both in terms of achieving metrics as well as specific support for staff within the Estates and Facilities team.</p> <p>JH asked whether there are any other mitigations and measures that can be taken to continue to strengthen staff engagement. PC said she would like to utilise the staff engagement friends not only to help improve the survey completion but also to talk to staff about staff experience and potentially to further roll out the Let's Talk Live events as these receive good feedback.</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>	
Bo.9.19.25	<p>Consultant Colorectal Surgeon Business Case</p> <p>TS presented the business case and explained the factors contributing to the current failure of the General Surgery Clinical Business Unit (CBU) in meeting RTT targets, 14 day, 31 day and 62 day cancer targets for both upper and lower GI, as well as failing to meet the surveillance and urgent endoscopy demand. TS explained that the CBU is proposing to appoint a new full time consultant colorectal</p>	

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	<p>surgeon in order to provide a more sustainable solution to the current demand and capacity gap.</p> <p>The Board of Directors approved the business case.</p>	
Bo.9.19.26	<p>Board Assurance Framework: Strategic Objective 3</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 ‘confidence’ in relation to the achievement of strategic objective 3; to be in the top 20% of NHS employers. The Board of Directors reviewed and confirmed they agreed with the level of risk appetite as ‘seeking’.</p> <p><i>Please note that this agenda item was considered after 9.19.27 and 9.19.28</i></p>	
Bo.9.19.27	<p>Bi-annual Midwifery Staffing Review</p> <p>KD presented the paper and explained that the purpose of the report is to provide the Board of Directors with the actions and assurance prior to self-certification to complete the Maternity Incentive Scheme (MIS) Year 2.</p> <p>As part of recognised good practice and to evidence compliance with the NHS Resolution Maternity Incentive Scheme (MIS) Year 2, safety action 5, the Trust is required to review Midwifery staffing on a 6 monthly basis.</p> <p>The report follows best practice and provides a comprehensive review of midwifery staffing including the Maternity Incentive Scheme (MIS) minimum evidential requirements for Trust Board.</p> <p>The Board of Directors noted the report and the recommendations contained within it and confirmed that the report meets the required standard to assure compliance against Safety Action 5.</p>	
Bo.9.19.28	<p>Strategic Staffing Review</p> <p>KD presented the paper and explained that the report provides the Board of Directors with a comprehensive update of nursing and midwifery staffing in all areas within the Trust with the following recommendations:</p> <ul style="list-style-type: none"> - The Board of Directors to note the work undertaken in relation to assurance of safe staffing across the wards as identified in the 6 month Strategic Staffing Reviews. - The Board of Directors to note and support the actions to be undertaken following the staffing reviews which took place in 	

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	<p>June/July 2019.</p> <ul style="list-style-type: none"> - The Board of Directors are asked to continue to support the 6 monthly review process for the establishment of nursing and midwifery areas, where there will be an annual in depth review and a 6 monthly table top review to ensure no significant changes have occurred. - The Board of Directors are asked to support the external staffing review to be held during October/November 2019. - The Board of Directors are asked to note the information in Appendices 1 and 2. - The Board of Directors are asked to approve option 2, which delivers a cost saving of £19,136 and requires a separate business case to be presented from the CBU for the additional staffing required for ward 16 Haematology/Oncology day unit as recommended by the Senior Leadership Team on 20 August 2019. - The Board of Directors are asked to support the proposals and recommendations of the Chief Nurse to the revised establishment (Appendix 2) for implementation from October 2019. <p>The Board of Directors noted and approved the recommendations.</p>	
Section 4d: Partnerships		
Bo.9.19.29	<p>Integrated Dashboard: Partnerships</p> <p>The Board of Directors reviewed the Partnerships Dashboard and JH highlighted the following key points:</p> <ul style="list-style-type: none"> - Airedale Collaboration is seeing positive progress made to date, including the clinical leadership that had been put in place at a programme level and in individual specialties. The Committee were updated that a high level strategy will be drafted, to describe what the Collaboration programme is trying to deliver. The Committee discussed how risks that need consideration by other Trust Committees should be addressed. The Programme Team have been asked to develop some meaningful metrics for this aspect of the dashboard. - Vertical integration – The Committee noted that the Trust is participating in a system-wide review of programmes and strategy refresh for ‘Happy Healthy and at Home’, which will report in the autumn. In addition the Committee was updated on the latest developments regarding Primary Care Networks and Community Partnerships, and the funding allocated to Bradford City CCG to reduce health inequalities. The Committee discussed how the Trust could link with the Primary Care Networks’ Clinical Directors. - Horizontal integration – The Committee noted that a five year strategy for the West Yorkshire and Harrogate Health and Care Partnership is being drafted. The Committee noted the current operational pressures regarding vascular and how this is impacting 	

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	<p>on the proposed West Yorkshire Vascular Network, which consists of a new model with two arterial centres in West Yorkshire & Harrogate, including one at Bradford Royal Infirmary.</p> <ul style="list-style-type: none"> - Stakeholder engagement – The Committee receives reports on stakeholder engagement twice a year and the next report will be November 2019. <p>JL asked how the Acute Collaboration with Airedale will link with the Primary Care Units. JH explained that the clinical leads for each of the CBUs are closely involved with the work that is being undertaken with Airedale and developing services. They are also keen to be involved with the clinical leads of the Primary Care Networks.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.9.19.30	<p>Report from the Chair of the Partnership Committee</p> <p>As Chair of the Committee MM highlighted that he is keen to develop the Primary Care Networks and in getting Trust Clinicians and Leads from CBUs to be involved in this. In addition to this the new CEO for the Trust Mel Pickup who is commencing in her role from November will also have the role of Strategic Head of Bradford Healthcare Partnerships and this is a very positive step for the Trust.</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>	
Bo.9.19.31	<p>Board Assurance Framework: Strategic Objective 5</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. The Board of Directors reviewed and agreed the level of risk appetite as “seeking”.</p>	
Section 5: Governance		
Bo.9.19.32	<p>Report from the Chair of the Audit & Assurance Committee</p> <p>The report referred to the meeting of the Audit & Assurance Committee held on 30 July 2019.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.9.19.33	<p>Review Standing Orders: Board of Directors</p>	

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	<p>TC presented the paper and explained that the Board of Directors undertakes an annual self-assessment of the way the Board and the Board Committees operate. This review is designed to identify opportunities for change and improvement in, for instance the way that the risk and assurance is managed throughout the Governance infrastructure of the Trust.</p> <p>A programme of Board and Board Committee self- assessment was completed during Quarter 3 2018/19, which led to a number of changes to the Terms of Reference of several of the Board Committees. These changes have been discussed at all Board Committees, the Audit and Assurance Committee and the Board of Directors, the last being approved by the Board of Directors at its closed meeting in March 2019. As a result the Standing Orders of the Board were considered by the Board in May 2019 where the Board of Directors approved the addition of the amended Terms of Reference to the Standing Orders of the Board of Directors. The AAC undertook a scheduled review of the Board Standing Orders on 30 July 2019.</p> <p>The changes recommended are presented in ‘track changes’. These include:</p> <ul style="list-style-type: none"> - Amendments required to the front cover - References throughout the document to ‘Chairman’ and their replacement with ‘Chairperson’ - The addition of the revised Terms of Reference for the Board Nominations and Remuneration Committee following their approval by the Board of Directors on 11 July 2019. - Amendments to Committee Terms of Reference (as required) to reflect Executive Director title change. <p>The AAC approved the changes presented and noted that the Board Standing Orders will be subject to further major review in-year to take account of the adoption of the Trust’s Wholly Owned Subsidiary. Following this review, and in line with the approval process, the Board Standing Orders will be re-presented to the AAC for review and approval and the AAC will subsequently make a recommendation to the Board of Directors for approval.</p> <p>The Board of Directors approved the current changes to the Board Standing Orders and noted that a further major review will take place to take account of the adoption of the Trust’s Wholly Owned Subsidiary.</p>	
<p>Bo.9.19.34</p>	<p>CQC Compliance Report</p> <p>TC presented the report and explained that the paper has been written to provide an update to the Board of Directors in relation to the Trust’s response to the compliance actions required by the CQC following their unannounced and well led inspections.</p>	

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	The Board of Directors noted the continued assurance in relation to the effectiveness of the Trust's response to the compliance actions identified in the report of the CQC inspections undertaken during Q1 2017/18.	
Bo.9.19.35	<p>Charitable Funds Committee Terms of Reference</p> <p>TC presented the paper and explained that the Charitable Fund Committee has reviewed and agreed the existing Terms of Reference at their meeting on the 7 March 2019. There was an additional sentence added as follows:</p> <ul style="list-style-type: none"> - Section 7 (page 5): <i>'the Director of Strategy and Integration will not be in post in April 2019, due to that role acting up as Chief Executive.'</i> <p>The Board reviewed and approved the Terms of Reference.</p>	
Section 6: Board Meeting Outcomes		
Bo.9.19.36	<p>Any other business</p> <p>There were no other items of business to discuss.</p>	
Bo.9.19.37	<p>Issues to add to Strategic Risk Register</p> <p>There were no issues to be added to the Strategic Risk Register.</p>	
Bo.9.19.38	<p>Issues to escalate to NHS Improvement (NHSI)</p> <p>There were no issues to escalate to NHSI.</p>	
Bo.9.19.39	<p>Issues to be reported to Care Quality Commission (CQC)</p> <p>There were no issues to escalate to the CQC.</p>	
Bo.9.19.40	<p>Items for Corporate Communications</p> <p>There were no items for Corporate Communications.</p>	
Bo.9.19.41	<p>Date and time of next meeting</p> <p>Thursday 7 November 2019.</p>	

Annex 1 : For Information: routine reports received by the Board of Directors				
Bo.9.19.42	Finance Report	Director of Finance	To note	Bo.9.19.42
Bo.9.19.43	Performance Report	Chief Operating Officer	To note	Bo.9.19.43
Bo.9.19.44	Workforce Report	Director of Human Resources	To note	Bo.9.19.44

Annex 2: For Information – reports received by Board Committees
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Bo.9.19.45	Quality & Workforce Committee: Nurse Staffing Data Publication June 2019	Chief Nurse	To receive	Bo.9.19.45
Bo.9.19.46	Quality Committee: Annual Clinical Audit Report 2018-19	Director of Governance & Corporate Affairs	To receive	Bo.9.19.46
Bo.9.19.47	Quality Committee: SIRO Quarter 1 Report	Chief Digital & Information Officer	To receive	Bo.9.19.47
Bo.9.19.48	Workforce Committee: Interim People Plan	Director of HR	To receive	Bo.9.19.48
Bo.9.19.49	Workforce Committee: GMC Action Plan (Obstetrics)	Chief Medical Officer	To receive	Bo.9.19.49
Bo.9.19.50	Workforce Committee: Maternity Incentive Scheme	Chief Nurse	To receive	Bo.9.19.50

Annex 3: For Information – Board Committee Governance				
Bo.9.19.51	Confirmed Finance and Performance Committee Minutes: June 2019	Chair of the Finance & Performance Committee	To receive	Bo.9.19.51
Bo.9.19.52	Confirmed Quality Committee Minutes: June 2019	Chair of the Quality Committee	To receive	Bo.9.19.52
Bo.9.19.53	Confirmed Audit & Assurance Committee Minutes: 21 & 23 May 2019	Chair of the Audit & Assurance Committee	To receive	Bo.9.19.53
Bo.9.19.54	Confirmed Workforce Committee Minutes: June 2019	Chair of the Workforce Committee	To receive	Bo.9.19.54
Bo.9.19.55	Confirmed Partnerships Committee Minutes: May 2019	Chair of the Partnerships Committee	To receive	Bo.9.19.55



BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 12 September 2019

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
12/09/2019	Bo.9.19.5	From actions: Strategic objective review for December 2019.	Director of Governance & Corporate Affairs	30 September 2019	
12/09/2019	Bo.9.19.5	Matters Arising: Diarise all agenda items that were scheduled for October 2019 to a later Board development session.	Director of Governance & Corporate Affairs	30 September 2019	
12/09/2019	Bo.9.19.17	Board Assurance Framework: Strategic Objective 2a: Finance & Performance BAF to be checked for assurance level and risk appetite.	Director of Finance & Director of Governance & Corporate Affairs	30 September 2019	BAF updated on 21.10.19 – Risk appetite changed from cautious to pen as agreed at F&P Committee. <u>Action closed</u>
12/09/2019	Bo.9.19.17	Integrated Dashboard – Finance: Paper to be presented to Finance & Performance Committee in relation to a long term plan.	Director of Finance	25 September 2019	Plan presented at September F&P Committee Meeting. Further update to be presented to October F&P Committee. <u>Action closed.</u>
12/09/2019	Bo.9.19.17	Integrated Dashboard – Finance: System based savings plans to be presented at the Finance and Performance Committee.	Director of Finance	30 October 2019	Included in the Finance Report to October F&P Committee. <u>Action closed</u>
11/07/2019	Bo.7.19.5	Strategic Objectives: To review the Trust's profile of strategic objectives at the Board Development Day in December, in the context of the discussions being held in relation to Strategic Objective 4 'to be a continually learning organisation'.	Acting CEO	Board Development Session December 2019	
11/07/2019	Bo.7.19.3	Patient Story: It was agreed that a Board development session is planned in relation to Trust-wide Complaints process. As part of this KD to	Chief Nurse	Board Development Session (to be confirmed)	



Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		consider how to present the journey of a complaint.			