

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

At a scheduled meeting in public, of the Board of Directors of Bradford Teaching Hospital on 12th September, with Dr Maxwell Mclean in the Chair, and Dr Tanya Claridge acting as Trust Secretary, the minutes of the previous meeting on the 11th July were read and approved.

Signed: _____ Chairperson

Signed: _____ Director of Governance and Corporate Affairs

Date:	Thursday 11 July 2019	Time:	10:45-13:15
Venue:	Seminar Room 3, SLH	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 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) - Ms Sandra Shannon, Chief Operating Officer/Deputy Chief Executive (SES) 		
In Attendance:	<ul style="list-style-type: none"> - Dr Tanya Claridge, Director of Governance and Corporate Affairs (TC) - Ms Nahida Mafuz, Minute Taker (NM) 		
Observers:	<ul style="list-style-type: none"> - 2 Governors - 1 members of the public - 1 members of staff 		

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>	
Bo.7.19.1	Apologies for absence	

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	<p>Apologies for absence were noted for the following:</p> <ul style="list-style-type: none"> - Mr Amjad Pervez (AP), Non-Executive Director - Mr Jon Prashar (JP), Non-Executive Director 	
Bo.7.19.2	<p>Declaration of Interests There were no declarations of interest made by members of the Board.</p>	
Bo.7.19.3	<p>Patient Story</p> <p>KD introduced the patient story which was presented via a video recording. Molly suffers from a bowel condition, IBD, and has received surgery at the Trust and been an inpatient on various wards. Molly talked about her experience at the Trust both pre-operative and post-operative and provided feedback on what can be done to improve the patient experience. Molly's recommendations include:</p> <ul style="list-style-type: none"> - Revising the enhanced recovery programme. - Reviewing wards and the inconsistencies that exist between them. - Ensuring that the pain relief team see patients before their surgery. - The importance of staff attitudes. - Improving the discharge processes. - Having more specialist nurses. <p>As well as the recommendations Molly also provided positive feedback and commended staff and consultants in particular for their excellent communication skills. Molly wished to thank the cleaners, pharmacists, dietitians and technicians for their hard work and playing a role in supporting her recovery and also ward 26 staff for welcoming her when she was moved to the ward due to her ward being closed.</p> <p>KD explained that the recommendations will be reviewed and considered by the Patient Experience Team and the Clinical Business Unit (CBU). KD reported that a lot of work has gone into providing good quality, safe and effective care and the same focus now needs to be given to improving patient experience. BG added that the virtual services can also help make a positive difference to enhance some of the recommendations.</p> <p>SU asked what learning is taken from complaints received about discharge planning and whether there is a theme and asked whether we can be proactive to help avoid some complaints. KD explained that the main theme appears to be about appropriateness of treatment but she has requested that more details are 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.</p> <p>It was agreed that a Board development session is planned in relation to the Trust-wide Complaints process.</p>	<p>Chief Nurse</p> <p>Chief Nurse</p>

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	<p>LS asked how patients that do not speak up and do not have support at home are supported. KD explained that the friends and family test helps derive some of this and in addition ten patients on each ward each month are being asked to answer enhanced questions in order to establish what support can be provided immediately. Also, work is being undertaken with the patient experience collaborative to make further improvements. SES added that development of virtual services has been included in the outpatient improvement programme and cohorts will be included in this programme in order to have a plan of care based on being at home instead of in hospital.</p> <p>MM asked KD to express thanks to the patient on behalf of the Board for sharing her experience.</p>	
Section 2: Business from Previous Board Meeting		
Bo.7.19.4	<p>Minutes of the Meeting held on Thursday 9 May 2019</p> <p>The minutes of the meeting held on the 9th May were accepted as an accurate record of the meeting subject to the following change:</p> <ul style="list-style-type: none"> - Action Bo.11.18.21 (on action log) to be amended to replace the word “WYAZ” with “WYAAT”. 	
Bo.7.19.5	<p>Matters Arising:</p> <ul style="list-style-type: none"> - 08/11/2019 Bo.11.18.21 Winter Planning Presentation: There should be the development of metrics to support assurance in relation to the implementation of the Winter Plan. SES updated that progress is reported through WYAAT on a regular basis. A comparator of the previous winter and this winter will be undertaken and presented to F&P Committee. <u>Action completed.</u> - 10/01/2019 Bo.1.19.29 Communication and Engagement Plan Update: JH to provide a report to demonstrate the balance of positive and negative coverage for external communications and engagement. JH reported that the data will be produced quarterly and circulated to Board members. <u>Action completed.</u> - 09/05/2019 Bo.5.19.13 Board Assurance Framework – Strategic Objectives 1 and 4: 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. To be concluded at the Board Development session in October as part of new action to review the Trust’s profile of strategic objectives, in the context of the discussions being held in relation to Strategic Objective 4 ‘to be a continually learning organisation’. New action logged. <u>Action completed.</u> 	
Section 3: Business Reports		
Bo.7.19.6	Report from the Chairman	

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	<p>MM asked the Board to particularly note the following content of his report:</p> <ul style="list-style-type: none"> - The Council of Governors held an extraordinary meeting on 2 July 2019 to consider the recommendation from the interview panel to approve the appointment of Ms Melany Pickup as the new Chief Executive for Bradford Teaching Hospitals and Partnership Lead for the Bradford Health and Care Partnership; subject to the completion of the FPP requirements. In line with their statutory responsibility, the Council of Governors approved the appointment. JH will continue in his role as Acting Chief Executive until the new Chief Executive is in post. <p>SU asked whether the fit and proper person checks can be progressed faster, in particular for the new NED appointments. PC explained that the new NEDs start in September and the checks are expected to be completed by then. SU asked whether there are any improvements that can be made to make the HR processes more efficient and PC explained that the processes are efficient as they can be for Executive and Non-Executive appointments in order to follow due diligence.</p> <p>The Board of Directors noted the report from the Chairman.</p>	
Bo.7.19.7	<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"> - JH wished to highlight the increase in the number of compliments he has received from patients following treatment at the Trust and was pleased to acknowledge the kind words which indicate that staff work very hard to provide excellent quality of care to our patients. - JH congratulated the Cardiac Rehabilitation Team for receiving the national accreditation for the outstanding service they deliver to patients. The team received “gold standard” accreditation from the National Association of Cardiac Rehabilitation’s national audit of cardiac rehabilitation (NACR) for their hard work. - JH provided a brief update on the Wholly Owned Subsidiary (WOS) and reported that formal notification was received from Unison on 24 June indicating their intention to conduct a period of industrial action at the Trust, commencing with seven days industrial action from Monday 8th July to Monday 15th July 2019. JH was pleased to report that the contingency plans put in place to ensure the safety of our patients and staff during the period have been effective and Silver and Gold Command meetings continue to take place to manage the impact of the industrial action. SES added that only a small amount of elective surgery was cancelled and some of this was not a direct result of the industrial action. JH paid tribute to all 	

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	<p>those who were involved in the planning process.</p> <p>BS referred to the NHS Providers <i>“On the Day” Briefing: Interim NHS People Plan</i> referred to in JH’s report which shows the challenges that the NHS faces and the opportunities that are available and asked how the Trust intends to utilise the report. PC explained that a paper will be presented to the Workforce Committee demonstrating the plans from the Trust. SU asked how the Trust can engage and provide input to NHSI/E to work with them at a strategic level to shape the plan and JH explained that the Trust will contribute to an aggregated provider response through NHS Providers, as well as taking the opportunity presented by the fact that the CEO of Leeds Teaching Hospital is co-leading the work on the People Plan. He is also Chair of the West Yorkshire Association of Acute Trusts on which JH and other colleagues represent BTHFT.</p> <p>The Board of Directors noted the report.</p>	
Section 4: Delivery of the Trust’s Clinical Strategy		
Bo.7.19.8	<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 Exec 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 reported that the dashboard is currently in the process of being refreshed and this will be reviewed and approved by each Committee prior to any changes being made. BS asked whether trolley waits less than 12 hours can be included within the refreshed dashboard in addition to the nationally reported 12 hour trolley waits. SES explained that mean length of stay for patients is currently being monitored as part of the Emergency Care Standard (ECS) improvement work and the biggest factor for trolley waits between 4 and 12 hours is due to patients waiting for mental health assessments and this is routinely reported to NHSI/E via the daily sitrep.</p>	
Bo.7.19.9	<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 May and June 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>	

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	<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.7.19.10	<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. He confirmed that the BAF would be considered throughout the meeting of the Board of Directors.</p>	
Section 4a: Quality		
Bo.7.19.11	<p>Integrated Dashboard: Quality</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>BG explained that CF and her team continue to work with him and KD to review the suite of reports and corresponding metrics and ratings for the two strategic objectives.</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"> - Pressure Ulcers: BG reported that grade 2 pressure ulcers have shown an increase in trend and a call to action week was undertaken to review every patient to reinforce the key messages to help avoid these. - Sepsis: KD reported that the national average for patients receiving antibiotics within an hour is 70% and the Trust is almost at 70% at the end of May which is a significant improvement on what was reported in the media recently due to old data. BG explained that a sepsis alert system now exists on EPR and this is monitored on a weekly basis. In line with this the sepsis nurse is targeting areas where sepsis alerts are not being actioned in a timely manner. - Complaints: KD reported that there are currently 64 open complaints and our number of complaints is in line with local benchmarking data. MM asked how complaints data is analysed and KD explained that complaints data will be aligned with activity and she is reviewing how the patient experience report can be evolved to reflect the collaborative work that is taking place as well as demonstrating lessons learnt. Action for KD to consider how to present the journey of a complaint to NEDs at a future Board 	Chief Nurse

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	<p style="text-align: center;">Development Session.</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>	
Bo.7.19.12	<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 and reported that robust discussions with appropriate challenge took place during the meeting. LS informed the Board of Directors that an Information Governance issue had been reported to the Information Commissioner's Office since the report was issued.</p> <p>BG provided an update regarding Microbiology staffing and explained that following the departure of the Infectious Diseases Consultant the Trust has recruited regular locums and the service has been managed effectively. BG expects the stability to be retained whilst the post is substantively recruited to through the joint venture. BG explained that the trainees are now trained with infection control as well as microbiology and this has impacted on the number of Infectious Disease Consultants.</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>	
Bo.7.19.13	<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 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>	
Section 4b: Finance and Performance		
Bo.7.19.14	<p>Integrated Dashboard: Finance</p> <p>The Board of Directors reviewed the Finance Dashboard and MH highlighted the following key issues:</p> <ul style="list-style-type: none"> - The position at the end of May 2019 is in line with the plan with a pre-PSF deficit of £3.1m, in line with the control total. This means that the Trust can expect to recover the provider sustainability 	

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	<p>funding of £1.3m which results in a year to date post-PSF deficit of £1.8m which is in line with the plan. However, the current run rate would result in the Trust falling short of its control total by a significant margin. In order to deliver the control total, a step change in the delivery of financial efficiencies is required. A number of additional steps to mitigate this risk are being introduced such as weekly Cost Improvement Programme (CIP) monitoring meetings where Clinical Business Units (CBUs) are challenged in terms of CIP within their budgets. A detailed budgetary framework document has been drafted and will be circulated to the Senior Leadership Team members for further consultation to ensure it is aligned to our standing orders and our ambition to provide delegated authority to budget holders within the CBUs to enable them to make decisions. It was important to note that these steps will provide greater assurance on managing the process but they cannot currently provide assurance on delivery of the required CIP.</p> <p>- MH reported that the fixed income contract has now been set with the Commissioners and overall the Trust is on plan with its expectations. There has been a growth in referrals for Breast screening, General surgery and Gastroenterology which has provided a challenge for the Trust and this has been discussed at the newly introduced Finance and Performance System Committee meetings which take place monthly with system partners. The committee is working through what this means for the system and developing the process and mechanisms where the risks are appropriately shared and managed. SES explained that breast screening uptake is likely to have increased as a result of the national campaign to increase awareness. In terms of General Surgery and Gastroenterology some detailed analysis need to be completed on what is driving the increase in referrals but this could also be the result of national campaigns that have taken place on bowel screening and a bigger emphasis on earlier diagnosis.</p> <p>The Board of Directors noted the report.</p>	
<p>Bo.7.19.15</p>	<p>Report from the Chair of the Finance and Performance Committee: Finance</p> <p>TFG provided a summary of the work of the Finance & Performance Committee in relation to “Finance” to the Board of Directors. TFG explained that the Committee was keen to understand the support being provided by the Executive Directors to the newly developed CBUs in order to help them transition to the new way of working and this was discussed in detail at the meeting.</p> <p>BS expressed his concern in relation to the CIP challenge being faced by the Trust this year without non-recurrent measures being available and wished to seek assurances. BS asked if the Trust expects to meet the CIP target this year and MH explained that assurance cannot be</p>	

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	<p>given that it will be met in full but assurance can be given that robust processes have been put into place to help the Trust to plan towards achieving the target.</p> <p>BS asked if the Trust has fully planned and costed the activity required to deliver performance standards. MH explained that this has been included within the budgets in order to maintain the level of activity required.</p> <p>BS asked for assurance that patient safety and care will not be compromised as part of the CIP plan. MH explained that a robust Quality Impact Assessment (QIA) process exists and continues to evolve and every CIP programme that has been approved has been assessed through the QIA process.</p> <p>BS asked if the Model Hospital work has been implemented. MH reported that a data pack inclusive of Model Hospital information is currently being piloted with one specialty to facilitate and implement improvement opportunities (ensuring the process adopts an approach that maximised clinical engagement).</p> <p>JH highlighted that the importance of establishing the CBUs, and having them own and deliver their targets whilst ensuring quality is maintained, should not be understated.</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>	
Bo.7.19.16	<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, 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>	
Bo.7.19.17	<p>Integrated Dashboard: Performance</p> <p>The Board of Directors reviewed the Performance Dashboard and SES highlighted the following key points:</p> <ul style="list-style-type: none"> - SES explained that although the report provides the update for May 2019 she wished to highlight that June 2019 proved to be a challenging month for the access standards and this was particularly due to the staffing gaps, partly due to annual leave for colleagues celebrating Eid. 	

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	<p>- Emergency Care Standard (ECS): good progress is being made with the improvement plan and a number of the schemes have now moved into the sustainability phase. The biggest challenge during June was staffing and in particular the GP service had a 70% fill rate due to annual leave.</p> <p>SES explained the system programmes that are part of the work with system partners. There are four system workstreams including frailty, mental health, working age adults and respiratory. SES is leading on the frailty workstream and explained that work has started on the frailty improvement plan with multi agency involvement and this is focusing on attendance avoidance, admission avoidance, and supportive discharge. A Work as One Week is being planned for frailty and this is expected to take place during end of September/ early October. A full day workshop is planned to take place in August with the Emergency Care Intensive Support Team (ECIST) and this will focus on how to optimise pathways for attendance avoidance.</p> <p>SES attended the Emergency Care Improvement Programme Board meeting earlier this morning and reported that this is well embedded with good engagement from attendees. The blue zone business case is now being developed along with the operational planning that will support it.</p> <p>- RTT: SES reported that other than a very slight increase in the waiting list during June due to reduced elective activity during staff annual leave (the first increase in the last 13 months) this has continued to progress positively. Focus is being given to improved productivity within theatres and the outpatient system transformation programme which SES is leading on behalf of the system.</p> <p>- SES reported that the cancer standards remain an area of concern and this is still in recovery phase with focus on transformation now starting.</p> <p>The cancer two week wait standard for June will be achieved, however, the cancer 62 day standard will not be achieved and this is for the following reasons:</p> <ul style="list-style-type: none"> o There is a significant delay to clinical oncology due to Leeds having significant capacity challenges where the diagnostics work is delivered. o The challenge within upper and lower GI due to clinical capacity and the increased demand in endoscopy and two consultants on long term sickness. One consultant has now returned on a phased return and the other is still off sick. o The changes to inter-provider transfer allocation rules have impacted on some aspects. However it should be noted that the Trust has improved its performance of 38 day transfers from 45% to 75% in May 19 against a standard of 85%. 	

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	<p>SU asked whether planning for high levels of annual leave such as for Eid can be done in advance and SES explained that new activity trackers have been developed for elective activity which will help forecast what activity can be undertaken during these periods but recognised that planning does need to take place sooner.</p> <p>MM asked whether the 70% GP fill rate during June was in breach of contract and SES explained that is being monitored.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.7.19.18	<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.7.19.19	<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.</p>	
Section 4c: Workforce		
Bo.7.19.20	<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"> - The indicators have shown little change from the previous month but improvement has been demonstrated for the majority of indicators over the last year. - Sickness absence: consideration is being given to how short term sickness can be managed and improved and this will be reported to the Workforce Committee. Health Care Assistants are the main staff group with high levels of short term sickness. - Appraisals: previous discussions indicated that the Trust may move to an appraisal season but since then a decision has been made to continue to work towards achieving appraisal performance of 95% by the end of 2019. A review will take place next year in order to decide whether moving to an appraisal season should be implemented. - Staff friends and family test results: the Trust has narrowed the gap for the "place to work" metric from 10% to 2% but the "place to receive treatment" metric has not reduced. The committee 	

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	<p>discussed how this can be improved and it was agreed that work will be done to ask staff what would make a difference and to find out why staff wouldn't recommend their family and friends to be treated here.</p> <ul style="list-style-type: none"> - Equality metrics: the Trust is ahead of trajectory by 4% to achieve the metric of the workforce representing the community that the Trust serves by 2025. In terms of BAME senior leaders within the Trust although the Trust is behind trajectory, some improvement has been seen. A BAME member of staff is now part of the recruitment panel for every Band 8a or above. <p>PC referred the Board of Directors to item Bo.7.19.51 - Workforce Committee: Equality Update and highlighted that the report incorporates the draft submissions for the Workforce Disability Equality Standard (WDES) and the Workforce Race Equality Standard (WRES).</p> <p>The Board of Directors received and noted the report.</p>	
Bo.7.19.21	<p>Report from the Chair of the Workforce Committee</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>SU reported that the team have delved deeper into understanding the Trust policy and procedures and how these may be impacting on disability equality. A listening exercise took place with approximately 100 staff taking part and this helped identify a number of issues.</p> <p>PC informed the Board of Directors of the interim arrangements in place to cover the equality agenda and that she would be looking to commence substantive recruitment in September.</p> <p>BG made reference to item Bo.7.19.50 - 7 Day Service Board Assurance Framework Update which is particularly in relation to the consultant workforce and highlighted that the Trust has performed highly compared to peers in some of the key areas.</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.7.19.22	<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. The Committee requested that the current risk appetite is revised to green from amber. The Committee recognised that the level of assurance is</p>	

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	appropriate but notwithstanding that there are still risks. The Board of Directors agreed to the proposed level of assurance in relation to the achievement of strategic objective 3; to be in the top 20% of NHS employers.	
Section 4d: Partnerships		
Bo.7.19.23	<p>Integrated Dashboard: Partnerships</p> <p>The Board of Directors reviewed the Partnerships Dashboard and JH highlighted the following key issues:</p> <ul style="list-style-type: none"> - At the last meeting of the Committee an update was provided in relation to Community Partnerships and how these link to Primary Care Networks. This work will be very positive for the Trust. - Positive progress continues to be made regarding the collaboration with Airedale and there is a significantly stronger strategic alignment between the two organisations than there had been in the past. Work needs to be undertaken to determine the KPIs and metrics. <p>The Board of Directors received and noted the report.</p>	
Bo.7.19.24	<p>Report from the Chair of the Partnership Committee</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.7.19.25	<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.</p>	
Section 5: Governance		
Bo.7.19.26	<p>Report from the Chair of the Audit & Assurance Committee</p> <p>The report referred to the two meetings of the Audit & Assurance Committee held on 21 and 23 May 2019.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.7.19.27	Maternity Incentive Scheme	

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	<p>KD explained that the report provides an update against all ten criteria and confirms that the Trust is proposing to be fully compliant against all ten standards. KD explained that the Trust is currently showing full compliance against 7 of the 10 standards and KD is highly confident of being compliant against the remaining standards. The delay is due to the timing of the documents and the reporting periods in order to review evidence.</p> <p>The Board of Directors agreed to delegate responsibility to the Quality Committee to provide final approval prior to sign off no later than 15 August 2019.</p> <p>The Board of Directors agreed to delegate responsibility to the Workforce Committee to review the 6 monthly staffing report and the GMC survey action plans.</p> <p>The Board of Directors agreed that KD has delegated responsibility to submit the on line declaration no later than 15 August 2019, following approval at the July Quality Committee.</p> <p>The Board of Directors agreed that the evidence supporting the submission is reviewed by the assurance team, prior to Quality Committee and that Quality Committee receives an assessment of the evidence and compliance to aid final sign off.</p>	Chief Nurse
Bo.7.19.28	<p>Well Led Review/Deloitte Follow Up on Progress</p> <p>TC presented the report and explained that following the independent Well-led review of governance arrangements undertaken in April 2017, the Trust agreed an action plan and implemented an effective monitoring process. TC explained that following close monitoring of the actions the main focus is how to progress the well led domain. Therefore it is being brought for consideration by the Board of Directors in the context of the anticipated Well Led inspection of the Trust during 2019, and with a key recommendation for the Board to consider in relation to both further independent assurance and also the opportunity to maximise the identification of opportunities for change and improvement.</p> <p>The Board of Directors noted the assurance programme and approved the appointment of an external consultancy to both test and assure the actions taken since 2017, but provide a means to further identify the opportunities for change and improvement.</p>	
Section 6: Board Assurance Framework		
Bo.7.19.29	<p>Board Assurance Framework</p> <p>The Board of Directors reviewed the Board Assurance Framework in its totality in the context of the papers received during the meeting and the</p>	

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	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.	
Section 7: Board Meeting Outcomes		
Bo.7.19.30	Any other business There were no other items of business to discuss.	
Bo.7.19.31	Issues to add to Strategic Risk Register There were no issues to be added to the Strategic Risk Register.	
Bo.7.19.32	Issues to escalate to NHS Improvement (NHSI) There were no issues to escalate to NHSI.	
Bo.7.19.33	Issues to be reported to Care Quality Commission (CQC) There were no issues to escalate to the CQC.	
Bo.7.19.34	Items for Corporate Communications Action: Highlight reports to be developed for Governors reflecting key issues and business of the Board.	Acting Chief Executive
Bo.7.19.35	Date and time of next meeting Thursday 12 September 2019.	

Annex 1 : For Information: routine reports received by the Board of Directors				
Bo.7.19.36	Finance Report	Director of Finance	To note	Bo.7.19.36
Bo.7.19.37	Performance Report	Chief Operating Officer	To note	Bo.7.19.37
Bo.7.19.38	Workforce Report	Director of Human Resources	To note	Bo.7.19.38

Annex 2: For Information – reports received by Board Committees				
Bo.7.19.39	Quality Committee: SIRO Quarterly Report	Chief Digital & Information Officer	To receive	Bo.7.19.39
Bo.7.19.40	Quality Committee: Freedom to Speak up Annual Report	Chief Nurse	To receive	Bo.7.19.40
Bo.7.19.41	Quality Committee: Maternity Annual Report	Chief Nurse	To receive	Bo.7.19.41
Bo.7.19.42	Quality Committee: Patient Experience Annual Report	Chief Nurse	To receive	Bo.7.19.42
Bo.7.19.43	Quality Committee: Infection Control Annual Report	Chief Nurse	To receive	Bo.7.19.43
Bo.7.19.44	Quality Committee: Safeguarding Adults Annual Report	Chief Nurse	To receive	Bo.7.19.44
Bo.7.19.45	Quality Committee: Safeguarding Children's Annual Report	Chief Nurse	To receive	Bo.7.19.45
Bo.7.19.46	Quality Committee: Emergency Preparedness, Resilience and Response Core Standards: Update	Director of Governance & Corporate Affairs	To receive	Bo.7.19.46
Bo.7.19.47	Quality Committee: Health & Safety Annual Report	Director of Governance & Corporate Affairs	To receive	Bo.7.19.47
Bo.7.19.48	Quality and Workforce Committee: Nurse Staffing Data Publication Report: April & May 2019	Chief Nurse	To receive	Bo.7.19.48
Bo.7.19.49	Workforce Committee: Guardian of Safe Working Hours Annual Report	Chief Medical Officer	To receive	Bo.7.19.49
Bo.7.19.50	Workforce Committee: 7 Day Service Board Assurance Framework update	Chief Medical Officer	To receive	Bo.7.19.50
Bo.7.19.51	Workforce Committee: Equality Update	Director of HR	To receive	Bo.7.19.51
Bo.7.19.52	Finance Committee: 19/20 Capital Plan	Director of Finance	To receive	Bo.7.19.52

Annex 3: For Information – Board Committee Governance				
Bo.7.19.53	Confirmed Finance and Performance Committee Minutes: April & May 2019	Chair of the Finance & Performance Committee	To receive	Bo.7.19.53
Bo.7.19.54	Confirmed Quality Committee Minutes: April & May 2019	Chair of the Quality Committee	To receive	Bo.7.19.54

Bo.7.19.55	Confirmed Audit & Assurance Committee Minutes: April 2019	Chair of the Audit & Assurance Committee	To receive	Bo.7.19.55
Bo.7.19.56	Confirmed Workforce Committee Minutes: April & May 2019	Chair of the Workforce Committee	To receive	Bo.7.19.56
Bo.7.19.57	Confirmed Partnerships Committee Minutes: March 2019	Chair of the Partnerships Committee	To receive	Bo.7.19.57



**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 11 July 2019**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
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.	Chief Nurse	15 August 2019	
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.	Chief Nurse	Workforce Committee 28 August 2019 Board of Directors 12 September 2019	
11/7/2019	Bo.7.19.34	Corporate Communications: Highlight reports to be developed for Governors reflecting key issues and business of the Board.	Acting Chief Executive	Board of Directors 12 September 2019	
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.	Acting CEO	Board Development Session 3 October 2019	To be concluded at the Board Development Day in October with the support of a public health specialist.
08/11/2018	Bo.11.18.13	Integrated Dashboard, Workforce: A Board Development session should focus on Workforce, exploring future planning, especially in relation to roles required.	Director of Human Resources	Board Development Session 3 October 2019	It was proposed that this is considered in the context of the National Interim People Plan and associated national publications. Action to be moved to Board Development day in October.
09/05/2019	Bo 5.19.3	Patient story: To facilitate a discussion in relation to	Chief Nurse	Board Development	



Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		the effectiveness of system wide mental health provision (especially in a crisis) at a Board development session		Session 3 October 2019	
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 the Trust-wide Complaints process.	Chief Nurse	Board Development Session (to be confirmed)	
11/07/2019	Bo.7.19.11	Integrated Dashboard – Quality: KD to consider how to present the journey of a complaint to NEDs.	Chief Nurse	Board Development Session (to be confirmed)	