

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

At a scheduled meeting in public, of the Board of Directors of Bradford Teaching Hospital on 9th July 2020, with Dr Maxwell Mclean in the Chair, and Dr Tanya Claridge acting as Trust Secretary, the minutes of the previous meeting on the 27 May 2020 were read and approved.

Signed: _____ Chairperson

Signed: _____ Director of Governance and Corporate Affairs

In light of the Government restrictions to groups of people meeting, our meeting of the Board of Directors took place virtually, and was not open to the public. The agenda and papers were available on our website and a mechanism was put in place for to enable feedback in relation to their content

The system that the Trust uses for virtual meetings enables recording of the discussion and the use of a comments panel. In addition Non-Executive Directors were invited to email any additional questions or queries they had to Directors. All of the above were included in the production of the minutes and where relevant the source annotated. The outcome of governance matters which were dealt with virtually by the Board (subsequently to the meeting) are reported in section 7 of the minutes.

Date:	Wednesday 27 May 2020	Time:	08:30-11:30
Venue:	Virtual Meeting (WebEx and Phone)	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 Prashar (JP) - Mr Barrie Senior (BAS) - Professor Laura Stroud (LS) - Ms Selina Ullah (SU) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Ms Mel Pickup, Chief Executive (MP) - Mr John Holden, Director of Strategy & Integration (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) - Mrs Sandra Shannon, Chief Operating Officer (SES) 		
In Attendance:	<ul style="list-style-type: none"> - Dr Tanya Claridge, Director of Governance and Corporate Affairs (TC) - Mr Chris Smith, Deputy Director of Finance (CS) on behalf of Matthew Horner 		
Observers:	3 Governors		

No.	Agenda Item	Action
Section 1: Opening Matters		
	<p>Chair's Opening Remarks MM welcomed the Board of Directors. MM referred to the agenda items to be considered during the course of the meeting.</p>	
Bo.5.20.1	<p>Apologies for absence Apologies for absence were noted for the following: - Mr Matthew Horner, Director of Finance (MH)</p>	
Bo.5.20.2	<p>Declaration of Interests MM asked the Board of Directors (following their review of the agenda and associated papers, and confirmation from the Board that there were no Matters Arising) if they had any Declarations of Interest to make. There were no declarations of interest made by members of the Board of Directors.</p>	
Bo.5.20.3	<p>Patient Stories The Board of Directors viewed a montage of video clips which have been taken during the course of the pandemic response. KD explained that the Trust has been focussing on promoting positive patient stories where patients have been discharged from hospital following admission for Covid-19. This has included production of accessible videos as well as leaflets in order to provide information to the public to help them understand that they should not be fearful in attending hospital for treatment if they are affected by Covid-19. KD explained that a lot of work is being undertaken with patient and public engagement at the forefront of our minds.</p> <p>KD reported that the Trust is responding to new complaints as quickly as possible, particularly those complaints in relation to visitors not being able to visit their sick relatives in hospital. Visiting rules have been revisited and robust guidance has been developed in order to allow visitors to be with relatives that are at the end of life in the ITU areas.</p> <p>JP commented that the video was very well produced and it was good to see accessibility demonstrated. JP described being involved in communication and accessibility within the Trust and his liaison with JH in relation to this. Whilst acknowledging the progress the Trust is making with regards to the accessibility of the information it produces, <i>in email correspondence prior to the virtual meeting of the Board of Directors</i>, JP made the following suggestions.</p> <ul style="list-style-type: none"> • Longer-term the Trust needs to consider making communication a little more graphical so it is an easy read for those with literacy and language barriers. • The Trust should consider ways of making telephone numbers accessible to blind people as this would be very useful. • Consideration should be given to adding something at the beginning of videos informing deaf people who use British Sign Language (BSL) how access the information. <p>JH confirmed that the Trust has learnt a lot during its response to the</p>	

No.	Agenda Item	Action
	<p>Covid-19 pandemic about the most effective ways of communicating with our local population, and recognises that improvements need to be made in the range of approaches to support accessibility both in terms of languages and visual and hearing impairment. JH explained that the Trust needs to identify a sustainable and affordable approach in order to make us a fully inclusive and accessible organisation and this work is being reviewed and undertaken with JP's support as well as the Patient Experience Team.</p> <p>LS commented that it was good to see the good variety of work being undertaken in relation to accessible communication and felt that Twitter is an effective communication tool (<i>from the Comment panel</i>).</p> <p>MM said the current situation provides a good opportunity to reflect on the stories of patients we care for and thanked KD for her input in relation to this.</p>	
Section 2a: Business from Previous Board Meeting		
Bo.5.20.4	<p>Minutes of the Meeting held on Thursday 12th March 2020</p> <p>The minutes of the meeting held on the 12th March were approved as a true and accurate reflection of discussions and decisions at the meeting subject to one change:</p> <ul style="list-style-type: none"> • TFG to be added to the list of attendees. 	
Bo.5.20.5	<p>Matters Arising</p> <p>The following actions from the log were reviewed and the outcomes agreed.</p> <ul style="list-style-type: none"> • <u>12/03/2020 Bo.3.20.4 Minutes of the Meeting held on Thursday 9th January 2020:</u> Minutes to be checked for typographical errors. Minutes reviewed and errors corrected. <u>Action closed.</u> • <u>12/03/2020 Bo.3.20.6 Report from the Chairman:</u> Future invitations would be extended to NEDs for any scheduled executive briefing sessions for the Council of Governors. Mailing lists within Corporate Governance updated to include NEDs. Mailing lists within Corporate Governance updated to include NEDs. <u>Action closed.</u> • <u>12/03/2020 Bo.3.20.6 Report from the Chairman: 'How do NEDs derive oversight from a performance and finance perspective in relation to some of these types of issues (such as those reflected with Maternity) as they did not fit easily into some of the types of pathways (such as RTT). How would we measure the service from a performance and finance point of view that overlaps with the quality discussion?'</u> MM requested that the Board reflect further on this at a future development session. Update to be provided at meeting with regard to scheduling of board development sessions. MP proposed a Board development session to take place in June/early July. SU asked if the Governance Review will also be discussed at the proposed development session, MP confirmed that it would. <u>Action closed.</u> • <u>12/03/2020 Bo.3.20.15 Report from the Partnership Committee</u> • <u>Further discussions to take place at a board development session, in April, in relation to the '10 big ambitions' listed in the five year plan for West Yorkshire and Harrogate.</u> Update to be provided at meeting 	

No.	Agenda Item	Action
	<p>with regard to scheduling of board development sessions. To be scheduled to take place in June/early July.</p> <ul style="list-style-type: none"> 12/03/2020 Bo.3.20.18 Reservations of Power to the Board and Scheme of Delegation and, SFIs: Statement to be added to page 3 of the Scheme of Delegation; "A Council of Governors Engagement Policy' is in place for those circumstances where the council has concerns about the performance of the Board of Directors, compliance with the provider licence, or other matters related to the general wellbeing of the NHS Foundation Trust.". Statement updated. <u>Action closed.</u> 	
Section 2b: Business from Executive and Non-Executive Regulation Meeting		
Bo.5.20.6	<p>Minutes of the Meeting held on Thursday 29th April 2020 The minutes of the meeting held on the 29th April were approved as a true and accurate reflection of discussions and decisions at the meeting.</p>	
Bo.5.20.7	<p>Matters Arising In relation to action ERC.4.20.5 MP confirmed that she has circulated the guidance received in relation to the Operational expectations for the next 6-12 months, and confirmed that this document provides guidance relating to the restart of services. As detailed with the action log of the minutes all other actions have been completed and closed.</p>	
Section 3: Business Reports		
Bo.5.20.8	<p>Report from the Chairman MM asked the Board to note the contents of the report which focussed particularly upon actions and activities related to the Council of Governors. MM requested that the Board take particular note of the following key items:</p> <ul style="list-style-type: none"> There were 20 attendees to the recent virtual Council of Governors meeting on 23 April and MM wished to thank MP on behalf of the Governors for attending the meeting and providing a comprehensive briefing on the way the Trust is responding to the Covid-19 pandemic. Two newsletters have now been communicated to Trust members and MM wished to thank Jacqui Maurice, Head of Corporate Governance for supporting the production of these. MM wished to thank SES for the updates she has provided in relation Covid-19 between Board meetings. <p>The Board of Directors noted the report from the Chairman.</p>	
Bo.5.20.9	<p>Report from the Chief Executive MP provided a verbal report to the Board of Directors and made the following key points:</p> <ul style="list-style-type: none"> West Yorkshire & Harrogate Partnership: MP reported that the governance arrangements have been suspended in terms of their normal operations and conversations have been amalgamated into a weekly Covid-19 update led by Rob Webster. One virtual 	

No.	Agenda Item	Action
	<p>partnership board meeting has taken place and the group provides weekly updates. MP is leading on the West Yorkshire Personal Protective Equipment (PPE) challenge and MP is also a lead for the Nightingale Harrogate Hospital. Although the Nightingale hospital has not yet been utilised all staff have been recruited and trained and the hospital is ready to be utilised should that be required if there is any activity surge and this is reassuring for the region.</p> <ul style="list-style-type: none"> • It has now come to the end of the Vascular Service Reconfiguration consultation across Yorkshire. An announcement from NHS England is expected later this week in relation to the decision made following the public consultation that has been undertaken. LS commented that this was good news and it was important to move on (<i>from comment panel</i>). • Bradford & District Health & Partnership Board (PLACE): MP reported that very stringent command and control has been put in place across the district in response to Covid-19. There is one representative on this Board from the acute sector and MP shares this representation alternately with the CEO of Airedale Trust. MP explained that the key workstreams of focus were Diabetes, Cardiovascular, Frailty, Respiratory Pathways and Outpatient Transformation and over the last couple of weeks conversations have taken place to see if these workstreams are the right ones to pursue in light of Covid-19. The group has agreed that they are still relevant but with some changes such as broadening the outpatient transformation in order to look at additional issues in relation to access to healthcare in general. MP reported that SES will be the Senior Responsible Officer for the outpatient workstream. <p>MP reported that the Trust's CQC report has highlighted that we need to review our Maternity Services and as a Trust we do aspire to be outstanding in this, however this needs to be addressed internally as well as working in partnership with the Bradford & District Healthcare Partnership Board. LS concurred with this view, commenting that whole system work is required (<i>from the comments panel</i>).</p> <ul style="list-style-type: none"> • Primary Care Networks (PCN): MP was pleased to inform the Board that she has been invited to join one of the meetings with the local PCN in relation to the Covid-19 response. BG and SES will also represent the Trust on some work in relation to the work of the PCN and some aspects of this will be supporting Care Homes in relation to infection control, supporting with testing etc. <p>JL was pleased to hear about the integrated working and hoped that this continued beyond Covid-19. JL made the observation that the Trust had probably undertaken more transformation and CIP in the last couple of months than it had before in such a short space of time.</p> <p>BG commented that recent conversations demonstrated that colleagues were keen to bring primary and secondary care together</p>	

No.	Agenda Item	Action
	<p>and this was a good opportunity to achieve that. As a Trust we need to be more strategic about what we will do as a system rather than as an individual Trust.</p> <p>LS said it would be interesting to see data around car usage and the impact on air quality and it would be helpful to understand the social-economic benefits that have derived as a result of Covid-19. The Trust should drive some of the agenda around public health management. LS also commented that she hoped that air quality will also be on the system agenda following COVID (<i>from the comments panel</i>), reflecting that there were lots of issues in relation to transport there could be an exacerbation of inequalities and access. She also commented on the key inter-relationship between procurement and carbon emissions. MH (post Board meeting) provided confirmation that this is a key consideration in relation to our tendering process and the implementation of the 'Green Plan' will further strengthen our processes.</p> <p>MHu wished to follow up on LS's comment in relation to public health and air quality and suggested the promotion of cycling to and from work in order to maintain some of the quality around the Trust buildings. MP agreed but was aware that security was previously a concern for those wishing to bring bicycles to the Trust. MP suggested that some of the donations received are used towards improving this. MP said she would also use the opportunity through the Bradford District Gold meetings to promote this idea.</p> <p>LS (<i>from the comments panel</i>) asked whether telemedicine and the virtual ward have been a success in the context of travel to NHS facilities whilst not reducing access patients.</p> <p>JH replied (<i>from the comments panel</i>) that the Trust's sustainability development plan recognises the need to not just insulate buildings and reduce consumption but the key to real sustainability is to change the model of care. Virtual services are one way of doing this and Covid-19 has given us proof of concept that this can be achieved; he concluded that this will be beneficial for patient experience as well as reducing our carbon footprint¹.</p> <p>MP described the importance of emphasising the "R" number which demonstrates the transmission rate of the virus was still higher in Bradford than other areas therefore the Bradford District Gold meeting has agreed to continue with the "Stay At Home" message recognising that Bradford is different to other areas and needs to remain more cautious.</p> <ul style="list-style-type: none"> • MP provided a Trust update in relation to Covid-19: <ul style="list-style-type: none"> ○ The Trust has passed the peak in the number of patients in hospital with Covid-19; however it is not yet anywhere near 	

¹ The Board of Directors is invited to note in the context of this discussion the publication of its Green Plan on the 5th June 2020: <https://www.bradfordhospitals.nhs.uk/green-plan/>

No.	Agenda Item	Action
	<p>“normal”. We are currently in the “stabilisation” phase and critical care is still at 150% of core capacity. It is too soon to contemplate implementing “normal” activity though it can be discussed and planned.</p> <ul style="list-style-type: none"> ○ The inpatient number is not in significant decline yet although patients are being discharged, the Trust continues to admit patients with the virus. ○ The Trust has been focussing on the disproportionate affect Covid-19 is having on Black Asian Minority Ethnic (BAME) colleagues and MP has written to every BAME member of staff in relation to this. All BAME colleagues are being risk-assessed and this is expected to be completed within the next week. SU asked whether the risk assessments will also be undertaken for NEDs and other members of the Trust who require it. MP agreed to look into this. ○ The Trust estate needs to be reviewed in line with implementing social distancing. This is likely to create capacity issues but must be done as we need to work to a new normal. <ul style="list-style-type: none"> • Maternity – moving to outstanding: MP proposed this is added to June’s Board development session. • Care homes – The Trust is working in partnership with providers of care in care homes to minimise the impact of Covid-19 on them. LS commented (<i>from the comments panel</i>) that she was pleased to hear of the emphasis on supporting care homes and referred to Prof David Speiglehalter’s discussion on risk as really showing the stark reality (signposting the Board to the BBC as well as the more academic papers) • MP reported good news stories including the donation of 80 meals to Trust staff on the previous Friday for Ramadan. She reiterated that Bradford Council of Mosques have provided enormous support to the Trust in helping to promote the message of staying at home. <p>MM thanked MP for her comprehensive summary.</p>	<p>Chief Executive</p> <p>Director of Governance & Corporate Affairs</p>
<p>Bo.5.20.10</p>	<p>Covid-19 Response SES delivered a presentation in relation to Covid-19 and made the following key points:</p> <ul style="list-style-type: none"> • The Trust has received a number of enquiries on how we have managed our Covid-19 response so well. SES wished to highlight the main reasons for how this has been achieved: <ul style="list-style-type: none"> ○ The Trust “worked as one” – this included team work, flexibility and responsiveness – all this made things happen. ○ The Trust focussed on clinical leadership and demonstrated this in practice effectively. We saw clinicians lead their teams to think of different ways of working, focussing on patients and working flexibly. ○ The Trust built on its digital developments – we adopted telemedicine and remote working. We made best use of 	

No.	Agenda Item	Action
	<p>virtual services, we introduced electronic advice and guidance services to GPs, telephone consultation clinics with patients, frequent reviews of waiting lists, focus on clinical safety and prioritising patients whose disease is time controlled.</p> <ul style="list-style-type: none"> • The Trust has a requirement to maintain a red and green hospital for the medium to longer term. This does cause capacity issues (50% reduction in capacity for at least the next 12 months) and we therefore need a higher level of staffing to manage the high risk areas. It should be noted that emergency attendances are slowly beginning to increase again. • The Trust needs to continue to build on partnerships with local organisations to drive different models of care. • The Trust needs to build its estate to manage the new way of working. We have already transformed on various aspects including seven day working and we need to build on this. • SES felt it was very important to keep staff, patients and partners informed along the way. The long term impact on Covid-19 patients is not fully known but it is clear that some patients will need long-term care and support, not only physical but also psychological support. • Restart: SES explained that the Trust is now in the process of undertaking a detailed audit of where we are in terms of a restart and what can be done with each service. It is important to ensure we provide a safe environment for staff as well as patients and this will determine how we can configure clinics, theatres etc. It is important to note that we will need to increase capacity for diagnosis and treatment. All elective capacity is currently managed by clinical priority rather than waiting times. This audit is expected to be completed with each individual service within the next two weeks following which a full table top exercise will be undertaken to determine where we are now, what the backlog is and what the current capacity is. This will help form a Trust plan for the next 6-12 months. Patients will need to be prioritised from 1 to 4 and we have to be open and honest that we may not be able to treat patients who are rated at 4 as there may be some services that the Trust can no longer offer. • The Trust will focus on transformational change and build on the momentum that Covid-19 has delivered. We need to build on the digital capability the Trust has as this will help make use of limited capacity. <p>JL asked about RTT and said that it would be good to understand what the recovery looks like and where we might be at the end of the year. SES explained that RTT 18 weeks will not be achieved in the near future, performance deteriorated as we closed all referrals. There will be an increase of patients who will have waited more than 52 weeks but</p>	

No.	Agenda Item	Action
	<p>these are patients at very low clinical priority – all patients who require urgent treatment for cancer or other diseases will be seen and this will be dependent on disease progression. Although the Trust is continuing to monitor performance we have to be realistic and put clinical priority first.</p> <p>BG added that some of the conversations he has been having across PLACE based systems is that just the same way that we are now not receiving new referrals we have to also review those patients already on our lists. There is enthusiasm amongst clinicians to review these lists to determine whether the treatment is needed or the Trust has the capacity to deliver.</p> <p>MM asked if the next step and proposed approach will consider the allocation of resources across the hospital i.e. are there some areas under resourced compared to others. SES said they would consider the allocation of resource and this work has already started. Examples include the recent hire of an additional CT scanner as well as the setting up of a task and finish group to review cleaning services.</p> <p>MM thanked SES for the informative update.</p>	
<p>Section 4: Delivery of the Trust’s Clinical Strategy</p>		
<p>Bo.5.20.11</p>	<p>Strategic Risk Register</p> <p>MP presented the Strategic Risk Register and wished to provide assurance that whilst the work of the Integrated Governance & Risk Committee (IGRC) is suspended the Executive Directors have continued to review and discuss risks at the Executive Management Team Meetings to ensure risks are appropriately managed.</p> <ul style="list-style-type: none"> • New risk 3551: There is a risk that we will not be able to monitor and control infection during the COVID19 pandemic, leading to avoidable harm to patients and staff. KD explained that this is based on an impact rating of 5 due to the rate of infection nationally as well as locally but this is being managed as appropriate. <p>MHu asked about the progress of risk ID 3013 There is a risk that cyber security attacks to healthcare organisations could impair the clinical and business operations of the Trust (through the comments panel). CF confirmed that the risk had recently been re-assessed in light of the COVID19 pandemic and the risk has not changed although additional education has been provided.</p> <p>The Board noted the contents of the report.</p>	
<p>Bo.5.20.12</p>	<p>Integrated Dashboard</p> <p>MP explained that the dashboard traditionally relies on trends and performance over time. However there is no fresh data for some elements of the dashboard since March due to normal operations being largely suspended.</p> <p>MP was going to draw attention to the issue of waiting times but SES</p>	

No.	Agenda Item	Action
	<p>has already covered this within her presentation. It is important to note that in terms of mitigating the risks in relation to waiting times services will be entirely orientated to addressing clinical urgency and this will alleviate some of the safety considerations the Board has about extended waiting times.</p> <p>SU queried the still births data as the graph appears to show that the solid blue line which reflects the number of still births stops in November and asked if there was any further data. BG explained that the number of still births is presented within the graph but it is hidden under the orange line and is therefore not visible due to the way the data is presented. BG will look at how this could be presented better.</p> <p>TFG commented that as there was an increase in still births is it still appropriate for this metric to be RAG rated green. BG explained that the metric is measured against the national average which is why it is rated green.</p> <p>SU reflected on the learning from deaths data where the data shows that 20% of patients have not received excellent or good care and asked whether this is satisfactory. BG explained that there are actually five scoring systems for these figures but the dashboard presents just the two best ones which are “outstanding” and “good” the remaining three scoring systems include acceptable or above and the total figure demonstrates 98% of being acceptable and above. For those where the data is below acceptable they are subject to consideration for a serious incident review at the quality panel and learning is taken from those. The cases are selected against the national criteria.</p> <p>The Board noted the contents of the dashboard.</p>	
Section 4a: Quality		
Bo.5.20.13	<p>Quality Dashboard</p> <p>MM invited BG and KD to draw to the attention of the Board the key items of note from the dashboard.</p> <p>KD referenced the following key item in detail:</p> <ul style="list-style-type: none"> • <u>One to One Care in Labour</u>: KD was pleased to report that the Trust was at 83% in April against a standard of 80% and this is a huge improvement and should be recognised. SU commented that this was good news for patients. <p>BG referenced the following key item in detail:</p> <ul style="list-style-type: none"> • <u>Crude Mortality</u>: BG wished to highlight that whilst the crude death rate remains within the limits during Covid-19 Pandemic it is expected that the Crude death rate will rise as the number of inpatients (denominator) will fall significantly whilst the deaths from patients admitted to hospital is known to be high. Further months may see a sharp rise in this measure. This is a denominator issue in relation to this particular metric. <p>LS wished to reiterate the points made earlier and the assurance and</p>	

No.	Agenda Item	Action
	<p>reassurance received from the work that is undertaken across the Trust. From an internal Trust perspective there is a huge amount of work that is going on and Covid has given the opportunity to transform services for the benefit of the local population whilst strengthening the partnership element of system working.</p> <p>TFG queried the increase in relation to pressure ulcers. KD will provide a response in relation to this. See section 7 of the minutes for a summary of Board matters dealt with outside of the meeting of the Board of Directors.</p> <p>The Board of Directors noted the Quality elements of the dashboard in scrutinising the Foundation Trust's arrangements for the management and development of safety, effectiveness and patient experience.</p>	Chief Nurse
Bo.5.20.14	<p>April 2020 Care Quality Commission (CQC) Good Rating KD explained that this is the report that was presented to the Regulation Committee on 29 April.</p> <p>BS referred to the Use of Resources report from the CQC and how it will be utilised. KD explained that an action plan will be developed as part of the Moving to Outstanding Programme; further discussion will take place at the June Development Board session.</p> <p>The Board noted the report and approved the action plan.</p>	
Bo.5.20.15	<p>OMS (Maternity Improvement) KD presented the paper and explained that a paper was presented to the Executive Team Meeting (ETM) in April introducing the need for an Outstanding Maternity Services (OMS) Programme. ETM supported the recommendation of the paper and requested that an internal Programme Team be formed, rather than using external consultancy. This paper presents a Programme Mandate, including an outline of the proposed delivery team, indicative costs and the delivery plan for Phase 1 of the programme. The outline of the OMS Programme has been shared with the Women's Services CBU Triumvirate who support the proposal to put in place a dedicated Programme Team to work alongside the CBU to drive the transformation. LS reiterated a point that she had made at a previous Regulation Committee (<i>through the comments panel</i>), that supporting the leadership in services is key, Maternity in particular.</p> <p>The CQC assessed the Maternity Service Overall as <i>Requires Improvement</i> and Well Led as <i>Inadequate</i>. An action plan and assurance framework has been established to deliver the "Must Dos", however the CQC and the ETM have identified a need for a long term vision and transformation plan. Limited capacity exists in the Women's Services Clinical Business Unit (CBU) to deliver large scale transformation alongside business as usual.</p> <p>The Board noted the proposed structure, investment and reporting mechanisms to improve Maternity Services.</p>	

No.	Agenda Item	Action
<p>Bo.5.20.16</p>	<p>Maternity Services Update KD presented the paper and explained that Maternity Services have dealt with the impact of Covid-19 very well. Unfortunately home birth services had to be suspended for a period of time due to the impact of ambulance service responses during Covid-19 but following discussion with the ambulance service this will now be reinstated. SU enquired (<i>through the comments panel</i>) about number of home births. PMN: KD advised that the service has reinstated in recent weeks and there have been 3 home births since.</p> <p>KD asked the Board to note the monthly stillbirth position which has dropped but this continues to be monitored.</p> <p>One to one care in labour – KD was pleased with the improvements that have been made and the labour ward coordinators have worked well to improve this. SU reflected the good news about one to one care in maternity.</p> <p>KD asked the Board to note the progress made with the Continuity of Carer action plan.</p> <p>BG wished to add that the clinical team within maternity services are keen to drive improvements and BG was pleased to see the drive and energy from the team and felt assured that a step change can be made within maternity services.</p> <p>The Board noted the progress as detailed in the report.</p>	
<p>Bo.5.20.17</p>	<p>IPC Board Assurance Assessment KD presented the paper and explained that a National Board Assurance Framework (IPC BAF) has been developed for Infection Control in relation to COVID. The document enables Boards to assure themselves on the adequacy of the infection prevention and control measures and identify any gaps in assurance. The framework links to national guidance and best practice.</p> <p>KD explained that the IPCBAF has been worked through and evidence provided. The worked through document shows overall, positive assurance with some gaps. Any gaps in assurance are being mitigated and worked through. The IPCBAF is a useful document and will be updated on a monthly basis and reviewed as part of infection prevention and control arrangements. Infection Prevention and Control (in relation to COVID) is reported on a monthly basis to Board or Board Committees and will need to be a standing item.</p> <p>KD reported that the Trust has not run out of Personal Protective Equipment (PPE) supplies with the exception of some single use items which have been decontaminated in line with national guidance and within standard operating procedures. KD wished to thank the finance procurement team in supporting this area of work.</p> <p>In terms of Fit Testing KD explained that a fit testing programme is in place and staff are shown to do an additional fit check when donning</p>	<p>Chief Nurse</p>

No.	Agenda Item	Action
	<p>PPE.</p> <p>A task and finish group has been set up to look at transmission of the virus from patients and we should be in a position by the end of the week to undertake a deep dive to look at the root cause. Work is also being undertaken to reduce transmission between staff and data will be available which will demonstrate the hot spots for which measures will be put in place to reduce transmission.</p> <p>TFG asked whether the Trust has done what it can in terms of testing whether items are safe to re-use after safe decontamination as we are using a high number of these and will be for some time yet therefore the ability to reuse is important. KD explained that there is clear national guidance about only reusing single use items when there is a stock outage. The only single use item reused is visors. MP endorsed what KD said.</p> <p>Due to time constraints it was agreed that SU and MHu will liaise with KD directly in relation to some additional questions. KD to share the questions and response with the Board of Directors.</p> <p>BG was pleased that the Trust has its own Pathology Service and Joint Venture as this has enabled a good facility for testing and provided good capacity for the Trust.</p> <p>BG reported that antibody testing (immunity testing) is due to be rolled out to healthcare workers from the following week and the Trust is looking at how this will be implemented.</p> <p>The Board noted the contents of the report and the assurance provided. The Board also noted the risk on the strategic risk register in relation to the COVID pandemic response and Infection Prevention and Control.</p>	Chief Nurse
Bo.5.20.18	<p>Data Security and Protection Toolkit (DSPT) Assessment 2019/20 Final Report</p> <p>CF explained that the Executive and Non-Executive Regulation Committee approved the DSPT submission on behalf of the Board of Directors.</p> <p>The Board noted the report and approval from the Executive and Non-Executive Regulation Committee.</p>	
Section 4b: Finance and Performance		
Bo.5.20.19	<p>Finance and Performance Dashboard</p> <p>MM invited CS and SES to draw to the attention of the Board the key items of note from the dashboard.</p> <p>CS asked the Board to note the following key items in relation to finance:</p> <ul style="list-style-type: none"> CS asked the Board to note that the figures within the finance section provided within the dashboard were the interim figures and had improved significantly by the time the draft accounts were finalised. 	

No.	Agenda Item	Action
	<ul style="list-style-type: none"> • CS provided the current figures and advised that the final income and expenditure position including PSF reported in the draft accounts was a surplus of £5.6m. This figure remains subject to audit. • Use of Resources – CS reported that the actual position is expected to be better than that provided in the dashboard as these were the interim figures. The combined use of rating is expected to be 1, which is the lowest risk rating and is therefore a very positive outcome. • The liquidity figure is better than the interim figure reported in the dashboard – final liquidity was 8 days, although this remains subject to audit. • CS reported that the draft accounts have been submitted and audit queries are currently ongoing with the external auditors but we are not anticipating any significant changes. The accounts will come to the Board of Directors on 18 June to be finalised. <p>On behalf of SES, MP advised there are no further items to add (SES was absent from the meeting for a short period of time).</p> <p>JL wished to comment that we are working in a new financial regime in 2020/21 due to Covid-19 and although the risks in Month 1 are low, we need to be sighted on the fact that there is no certainty in how things will progress financially and how the regime will change in the coming months. The regime will certainly be different to previous years. MM agreed and felt that the Board needs time to understand the implications of the new financial regime and the opportunities from system working. It was agreed to add this to a future Board Development meeting.</p> <p>The Board of Directors noted the Finance & Performance elements of the dashboard in scrutinising the Foundation Trust's arrangements for the delivery of financial and performance indicators.</p>	<p>Director of Governance & Corporate Affairs</p>
Section 4c: Workforce		
Bo.5.20.20	<p>Workforce Dashboard</p> <p>MM invited PC to draw to the attention of the Board the key items of note from the dashboard.</p> <p>PC asked the Board to note the following key items in relation to workforce:</p> <ul style="list-style-type: none"> • Nationally the staff friends and family test has been suspended for the last quarter and until further notice. The Trust is considering running its own survey in order to gain up to date engagement data. • An approach is being finalised in terms of appraisals for this year and this will be presented for information at the next Board meeting. • Agency use overall increased in March 2020 with bank usage also having increased, in particular the Nursing & Midwifery staff group. The main reason for the increase was due to additional demand due to Covid-19. This was followed by a reduction during April. This was due to staff choosing not to work and this is for both Registered Nurses and Health Care Assistants. The assumption may have been that the Covid-19 impact would be short lived but as it is still with us 	

No.	Agenda Item	Action
	<p>usage has started to increase and we are ensuring risk assessments are carried out.</p> <ul style="list-style-type: none"> • Turnover is fairly stable but vacancy data at present does not reflect the true vacancy position in the Trust due to the deployment of staff in relation to COVID-19. There are currently 145 new nursing students, 14 new Physiotherapists, 40 Interim F1 Doctors and these numbers will be supplemented further the following week with another 80 nursing students. Whilst they are a different skill set they do partially negate the numbers of staff absent due to shielding, self-isolation etc. • In terms of the equality indicators the Trust will start to report against these metrics again. WRES/WDES reporting was suspended nationally but has now been reintroduced with data collection for July/August. <p>The Board of Directors noted the Workforce elements of the dashboard in scrutinising the Foundation Trust's arrangements for the delivery of workforce indicators.</p>	
<p>Bo.5.20.21</p>	<p>Our Covid-19 Health & Wellbeing Approach</p> <p>PC explained that the paper provides an overview of the Trust's approach to Health and Wellbeing (HWB) in response to the COVID-19 pandemic. It is very detailed as PC was conscious that the last two reports were verbal.</p> <p>Preserving and protecting the health, safety and wellbeing of staff is critical for NHS organisations as we respond to the COVID-19 outbreak. It is essential we support the physical and mental wellbeing of our workforce, to enable them to stay healthy and protect themselves, colleagues, patients and families as we continue to deliver services through this challenging period. The paper sets out what we are doing now and our longer term plans as we move into the 'recovery phase'. It includes an overview of the services that are being offered; our approach to risk assessments and information about COVID related absence.</p> <p>PC reported that staffing capacity has been increased within the occupational health staffing and the team now provide a service seven days a week. In house testing for staff is now available supplemented by services at Marley Testing Centre.</p> <p>In terms of sickness absence PC wished to report that any formal short term sickness meetings had been halted but managers are focusing on having wellbeing discussions with staff and for long term sickness meetings to take place.</p> <p>BAME risk assessments – PC reported that staff have valued the opportunity to have a one to one discussion with their manager and key themes from this are being reviewed. The overall objective is that a risk assessment discussion takes place with anyone who requires it.</p> <p>Uptake of psychology support at an individual level has been low, however, the team is now reconsidering its services and arranging support sessions and interventions with certain areas within the Trust</p>	

No.	Agenda Item	Action
	<p>and this appears to be working well.</p> <p>SU felt that the Health and Wellbeing Team have done an excellent job but wished to query the advocacy service and harassment and bullying – both of which are areas where reporting have been suspended. PC said the service has not been suspended and the support to staff is still continuing. It was the reporting that had been suspended.</p> <p>The Board noted the ongoing work on Health and Wellbeing and that this work will continue to develop and be shaped by national guidance, latest thinking and research and local needs. The Board noted the Trust’s approach to risk assessments.</p>	
Section 4d: Partnerships		
Bo.5.20.22	<p>A Report from the Partnership Committee</p> <p>MM invited JH to draw to the attention of the Board the key items of note from the dashboard.</p> <p>JH asked the Board to note the following key items in relation to partnerships:</p> <ul style="list-style-type: none"> • JH reported that 3.5 of the 5 First Contact Physio posts for Primary Care Networks have now been recruited to. • The Acute Collaboration Programme with Airedale continues but it is likely to have more focus on supporting HCPB Programmes. • The Trust is starting to look closely at how it works with the Care Trust and Airedale as the providers in the system for us to integrate and embed our work which will evolve over time. • PC and JH are leading on a piece of work for the Trust in relation to social distancing and safe spacing for non-clinical areas of the Trust across all sites. <p>The Board of Directors noted the Partnership elements of the dashboard.</p>	
Section 4e: Audit and Assurance		
Bo.5.20.23	<p>Forthcoming Statutory Reporting</p> <p>TC advised the Board that the paper provides assurance that the Trust continues review the statutory reporting schedule and key governance requirements continue to be facilitated.</p> <p>BS informed the Board that the Audit and Assurance Meeting is scheduled for 10 June 2020.</p> <p>MM thanked TC for the presentation which was noted by the Board.</p>	
Section 4f: Board Assurance Framework		
Bo.5.20.24	<p>Board Assurance Framework and Risk Appetite Statement</p> <p>MM stated that the Board would now review the Board Assurance Framework, and bear in mind the discussions and outcomes with regard to the agenda items considered at the meeting. MM asked MP if there</p>	<p>Director of Governance & Corporate</p>

No.	Agenda Item	Action
	<p>was anything additional that the Board should consider. MP stated that recommendations that come out of the governance review in relation to risk appetite will be added to the Board Development session.</p> <p>As per the recommendation in the paper, the Board has noted the risk appetite statement in the context of its discussions. The Board has also reviewed the framework in the context of the papers received and discussions held and, the description of the assurances provided within the framework itself. The Board confirms that the proposed levels of assurance are appropriate in relation to the Trust's strategic objectives for Quarter 3 2019/20. The Board also strongly notes the reports received with regard to the magnitude of the response that may be required by the organisation in response to the pandemic and that impact that this may have on the delivery of the Trust's Strategic Objectives.</p>	Affairs
Section 5: Governance		
Bo.5.20.25	<p>Review of Compliance with the NHS Foundation Trust Code of Governance</p> <p>Due to time constraints it was agreed that TC would email Board members with a summary of the request/rationale for a virtual review. Each Board member to email TC by return directly and copy in the corporate governance email address with either their approval, or any additional information required to support their approval. TC available to talk to any Director directly with regards to the submission. See section 7 Bo.5.20.36 of these minutes for the outcome.</p>	All
Bo.5.20.26	<p>Division of Responsibilities: CEO and Chair</p> <p>Due to time constraints it was agreed that TC would email Board members with a summary of the request/rationale for a virtual review. Each Board member to email TC by return directly and copy in the corporate governance email address with either their approval, or any additional information required to support their approval. TC available to talk to any Director directly with regards to the submission. See section 7 Bo.5.20.36 of these minutes for the outcome.</p>	All
Bo.5.20.27	<p>Non-Executive Director Independence Test</p> <p>Due to time constraints it was agreed that TC would email Board members with a summary of the request/rationale for a virtual review. Each Board member to email TC by return directly and copy in the corporate governance email address with either their approval, or any additional information required to support their approval. TC available to talk to any Director directly with regards to the submission. See section 7 Bo.5.20.36 of these minutes for the outcome.</p>	All
Bo.5.20.28	<p>Self Certification of the NHS Provider Licence</p> <p>Due to time constraints it was agreed that TC would email Board members with a summary of the request/rationale for a virtual review. Each Board member to email TC by return directly and copy in the corporate governance email address with either their approval, or any additional information required to support their approval. TC available to talk to any Director directly with regards to the submission. See section</p>	All

No.	Agenda Item	Action
	7 Bo.5.20.36 of these minutes for the outcome.	
Section 6: Board Meeting Outcomes		
Bo.5.20.29	Any other business There were no other items of business to discuss.	
Bo.5.20.30	Issues to add to Strategic Risk Register There were no issues to be added to the Strategic Risk Register.	
Bo.5.20.31	Issues to escalate to NHS Improvement (NHSI) There were no issues to escalate to NHSI.	
Bo.5.20.32	Issues to be reported to Care Quality Commission (CQC) There were no issues to be reported to CQC.	
Bo.5.20.33	Items for Corporate Communications There were no items for Corporate Communications.	
Bo.5.20.34	Date and time of next meeting Thursday 18 June 2020 (time TBC).	

Section 7: Matters of the Board of Directors meeting dealt with outside of the meeting

During the virtual meeting of the Board of Directors, to support inclusivity of all Board members a number of questions were raised or comments made via email and the comment facility on the software used. Due to time constraints a number of items were dealt with virtual after the meeting.

Bo.5.20.35	Questions received subsequent to the meeting of the Board of Directors	
	<p>Questions received in relation to agenda item Bo.20.12 Integrated Dashboard from TFG responded to by TC</p> <p>1. <i>Please can you explain the performance in relation to out of date policies as presented on the dashboard?</i></p> <p>In relation to the 'out of date policies' performance data on the integrated dashboard, the 12% figure is inaccurate and the source of that data is now being reviewed.</p> <p>The position at end Q4 2019/20 was as follows:</p> <p>'The compliance targets for all policies and guidance is 95% of policies & local guidelines should be in date with those passed their review date no more than 6 months out of date.</p>	

	<p>Locally produced clinical guidelines and Trust Wide Clinical Guidelines are below target. Organisational-wide procedural documents compliance is above the target of 95% in part because of an effort to extend the review date where appropriate during the COVID-19 response.</p> <ul style="list-style-type: none"> • Organisation wide policies 96% • Organisation wide clinical guidelines 87% • Local clinical guidelines 91% <p>An aggregate of 91%</p> <p>The team responsible for the ongoing support of the governance of clinical guidelines and local procedural documents were largely re-deployed until last week. The Board of Directors can be assured that all new COVID-related clinical guidance is approved through the clinical reference group.</p> <p>We will review our performance across the portfolio of procedural documentation over the next 3 weeks to support improved compliance with our standards</p> <p>TFG requested a brief further update on this at our next Regulatory Committee meeting.</p> <p>Questions received in relation to agenda item Bo 5.20.17 IPC Board Assurance Framework From SU, responded to by KD</p> <p><i>1. Have we diversified our supply chain or are we wholly dependent on the NHS supply chain?</i> Yes, procurement team has worked very hard to source additional supplies</p> <p><i>2. When will we commence planning re PPE stocks for 2nd wave hitting during winter when everyone will be requiring additional PPE</i> We continue to receive deliveries and procure from elsewhere. However, stockpiling at a local level is discouraged as there are still shortages (but not stock outages) nationally. There is also work being undertaken regionally and Mel is the CEO lead for this</p> <p><i>3. How are we responding to the concerns of BAME staff re higher levels of PPE given their higher risk? Are we just following national guidance or are we reviewing locally?</i> We are following national guidance and responding to individual concerns. It would not be appropriate to issue different levels of PPE. The main concern is in regards to theatre type face masks vs FFP3 masks. This is (likely) driven by a misunderstanding of how the disease is spread. FFP3 or respirators are only required if working in Aerosol Generating Procedures (AGP) areas. The main issue to stress to all is basic infection precautions and social distancing - we believe staff transmission is Staff to staff in non-clinical areas (rest rooms) and not clinical areas.</p>	Director of Governance and Corporate Affairs
Bo.5.20.36	Outcome of items reviewed virtually after the meeting of the Board of Directors	

A suite of Governance papers were reviewed by the Board of Directors virtually. The table of responses can be found on page 22 of these minutes.

Bo.5.20.25 Review of Compliance with FT code of Governance

The Paper provided a review of compliance with each provision which was undertaken by the Corporate Governance team led by the Director of Governance and Corporate Affairs, and reviewed by the Executive Directors at the Executive team meeting held on 18 May 2020. A summary of the findings with regard to each provision was attached in Appendix 1. The Board was directed to consider the five provisions about which the Executive team were asked to provide additional scrutiny to determine compliance and were informed that these had been updated in response to that scrutiny. These were provisions were

- A.2.1 - page 6
- A.5.12 - page 11
- B.1.1 - page 13
- B.1.2 - page 13
- B.4.2 - page 20

The Annual Report will be used to set out the prescribed information and confirm compliance, or not, with the provisions as appropriate.

The Board of Directors approved the paper subject to the approval of Bo.5.20.26 Division of Responsibilities CEO and Chair and Bo.5.20.27 Non-Executive Director Independence Test. These papers were approved (see below).

Bo.5.20.26 Division of Responsibilities CEO and Chair

JH noted that the Document from the Foundation of Good Governance states “If so appointed by the board of directors, serve on any committee” and we should make clear that the CEO can attend and contribute to any committee if they so wish, as has been our custom and practice in the Trust.

The paper was approved.

Bo.5.20.27 Non-Executive Director Independence Test

The Non-Executive Directors reviewed this document and requested two changes

- 1) BS requested the addition of his family member’s employment with Capsticks to be added
- 2) JL requested the employment of a family member at the Trust to be added

The paper was re-circulated and subsequently approved.

Bo.5.20.28 Self certification with regards to the Provider Licence

This Board was provided with a paper summarising the Provider Licence, the contextual information and sources of assurance for it to review and confirm. The documents are presented as follows:

	<ul style="list-style-type: none"> • The Provider Licence Conditions (attached at Appendix 1) • BTHFT compliance with the Provider Licence Conditions (attached at Appendix 2). • Certification on Training of Governors in accordance with s151(5) of the Health and Social Care Act 2012 (attached at Appendix 3) • Statements required to be confirmed by Board and published by the Trust (Appendix 4) <p>The Board was asked to note that the Executive team was satisfied with the content and completeness of the assurance associated with the self-certification of our compliance with the NHS Provider Licence (Appendix 2) and, the certification provided with regard to the Training of Governors (Appendix 3)</p> <p>The Board approved the self-certifications made against all the Provider Licence Conditions as presented in appendix 2</p> <p>The Board confirmed the following declarations (as presented in appendix 4)</p> <ul style="list-style-type: none"> • Condition GS6(3) Providers must certify that their Board has taken all precautions necessary to comply with the licence, NHS Act and NHS Constitution. <p>From the assurance provided the Trust Board of Directors certified that it “is satisfied that, during the financial year most recently ended, it has taken all precautions necessary to comply with the licence, NHS Act and NHS Constitution.”</p> <ul style="list-style-type: none"> • Conditions to support continuity of service (CoS7) <p>From the assurance provided the Trust Board of Directors certified that it is satisfied that, during the financial year most recently ended, the Trust has acted in a way that secures access to the resources needed to operate Commissioner Requested Services.</p> <ul style="list-style-type: none"> • Section 151(5) of the Health and Social Care Act 2012 Training of Governors <p>From the assurance provided the Trust Board certified that it “is satisfied that, during the financial year most recently ended, the Trust has provided necessary training to its governors, as required by S151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.”</p>	
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Virtual responses to Governance Agenda items				
	Email 1 - Bo.5.20.26 Division of Responsibilities CEO and Chair	Email 2 - Bo.5.20.27 Non-Executive Director Independence Test	Email 3 - Bo.5.20.25 Review of Compliance with FT Code of Governance	Email 4 - Bo.5.20.28 Self certification with regard to the Provider Licence
Max Mclean	approved	approved	approved	approved
Mel Pickup	approved	approved	approved	approved
Pat Campbell	approved	approved	approved	approved
Matthew Horner	approved	approved	approved	approved
Bryan Gill	approved	approved	approved	approved
Karen Dawber	approved	approved	approved	approved
Cindy Fedell	approved (with note)	approved	approved	approved (with note)
John Holden	approved (with note)	approved	approved (with note)	approved
Sandra Shannon	approved	approved	approved	approved
Jon Prashar	approved	approved	approved	approved
Trudy Feaster-Gee	approved	approved	approved	approved (with note)
Mohammed Hussain	approved	approved	approved	approved
Julie Lawreniuk	approved	approved	approved	approved
Laura Stroud	approved	approved	approved	approved
Barrie Senior	approved		approved	approved
Selina Ullah	approved	approved	Approved	approved

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 27 May 2020

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo20001	Bo.5.20.9	Report from the Chief Executive: Maternity – moving to outstanding: MP proposed this is added to June’s Board development session.	Director of Governance and Corporate Affairs	July 2020	Added to the agenda of the Board Development Day scheduled for 1/7/2020. <u>Action Completed.</u>
Bo20002	Bo.5.20.13	Quality Dashboard: TFG queried the increase in relation to pressure ulcers. KD will provide a response in relation to this.	Chief Nurse	June 2020	Updated at ERC. <u>Action complete</u>
Bo20003	Bo.5.20.17	IPC Board Assurance Assessment: The BAF is a useful document and will be updated on a monthly basis and reviewed as part of infection prevention and control arrangements. Infection Prevention and Control (in relation to COVID) is reported on a monthly basis to Board or Board Committees and will need to be a standing item.	Chief Nurse	July 2020	To be added to the Board and Board Committee work plan. <u>Action complete</u>
Bo20004	Bo.5.20.17	IPC Board Assurance Framework: Due to time constraints it was agreed that SU and MHu will liaise with KD directly in relation to some additional questions. KD to share the questions and response with the Board of Directors.	Chief Nurse	June 2020	Response provided at agenda item B0.5.20.35. <u>Action Complete.</u>
Bo20005	Bo.5.20.19	Finance and Performance Dashboard: The Board needs time to understand the implications of the new financial regime and the opportunities from system working. It was agreed to add this to a future Board Development meeting.	Director of Governance and Corporate Affairs	July 2020	Added to the agenda of the Board Development Day scheduled for 1/7/2020. <u>Action Complete.</u>
Bo20006	Bo.5.20.24	Board Assurance Framework and Risk Appetite Statement: MP stated that recommendations that come out of the governance review in relation to risk appetite will be added to the Board Development session.	Director of Governance and Corporate Affairs	June 2020	Added to the agenda of the Board Development Day scheduled for 1/7/2020. <u>Action Complete.</u>

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo20007	Bo.5.20.25	Review of Compliance with the NHS Foundation Trust Code of Governance Due to time constraints it was agreed that TC would email Board members with a summary of the request/rationale for a virtual review. Each Board member to email TC by return directly and copy in the corporate governance email address with either their approval, or any additional information required to support their approval. TC available to talk to any Director directly with regards to the submission.	All Board Members	29 May 2020	Agenda item circulated on 27/5/2020 responses collated and presented at agenda item Bo.5.20.36. <u>Action Complete.</u>
Bo20008	Bo.5.20.26	Division of Responsibilities: CEO and Chair Due to time constraints it was agreed that TC would email Board members with a summary of the request/rationale for a virtual review. Each Board member to email TC by return directly and copy in the corporate governance email address with either their approval, or any additional information required to support their approval. TC available to talk to any Director directly with regards to the submission.	All Board Members	29 May 2020	Agenda item circulated on 27/5/2020 responses collated and presented at agenda item Bo.5.20.36. <u>Action Complete.</u>
Bo20009	Bo.5.20.27	Non-Executive Director Independence Test Due to time constraints it was agreed that TC would email Board members with a summary of the request/rationale for a virtual review. Each Board member to email TC by return directly and copy in the corporate governance email address with either their approval, or any additional information required to support their approval. TC available to talk to any Director directly with regards to the submission.	All Board Members	29 May 2020	Agenda item circulated on 27/5/2020 responses collated and presented at agenda item Bo.5.20.36. <u>Action Complete.</u>
Bo20010	Bo.5.20.28	Self Certification of the NHS Provider Licence Due to time constraints it was agreed that TC would email Board members with a summary of the	All Board Members	29 May 2020	Agenda item circulated on 27/5/2020 responses collated and presented at agenda item

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		request/rationale for a virtual review. Each Board member to email TC by return directly and copy in the corporate governance email address with either their approval, or any additional information required to support their approval. TC available to talk to any Director directly with regards to the submission.			Bo.5.20.36. <u>Action Complete.</u>
Bo20011	Bo.5.20.35	Questions received subsequent to the meeting of the Board of Directors TC to provide information about compliance with the policy for the management of procedural documents at the next Regulation Committee meeting	Director of Governance and Corporate Affairs	18 th June 2020	Item added to the agenda for the regulation committee scheduled for the 18 th June 2020. <u>Action Complete.</u>