

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

At a scheduled meeting in public, of the Board of Directors of Bradford Teaching Hospital on 12 November 2020, with Dr Maxwell Mclean in the Chair, and Mr John Holden, Director of Strategy and Integration acting as Trust Secretary, the minutes of the previous meeting on the 10 September 2020 were read and approved.

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

Signed: \_\_\_\_\_ Trust Secretary

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. The comments have been included in the production of the minutes.

<b>Date:</b>	Thursday 10 September 2020	<b>Time:</b>	08:30-12:00
<b>Venue:</b>	Virtual Meeting (WebEx and Phone)	<b>Chair:</b>	Dr Maxwell Mclean
<b>Present:</b>	<p><b>Non-Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Dr Maxwell Mclean (MM)</li> <li>- Ms Trudy Feaster-Gee (TFG)</li> <li>- Mr Mohammed Hussain (MHu)</li> <li>- Ms Julie Lawreniuk (JL)</li> <li>- Mr Jon Prashar (JP)</li> <li>- Mr Barrie Senior (BAS)</li> <li>- Professor Laura Stroud (LS)</li> <li>- Ms Selina Ullah (SU)</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Ms Mel Pickup, Chief Executive (MP)</li> <li>- Ms Pat Campbell, Director of Human Resources (PC)</li> <li>- Ms Karen Dawber, Chief Nurse (KD)</li> <li>- Ms Cindy Fedell, Chief Digital and Information Officer (CF)</li> <li>- Dr Bryan Gill, Chief Medical Officer (BG)</li> <li>- Mr John Holden, Director of Strategy &amp; Integration (JH)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- Ms Jacqui Maurice, Head of Corporate Governance (JM)</li> <li>- Mr Chris Smith, Deputy Director of Finance (CS) representing Matthew Horner</li> <li>- Ms Amanda Hardaker, Matron, Midwifery &amp; Gynaecology (AH) for agenda item Bo.9.20.3 – Patient Story</li> <li>- Ms Nicola Cawley, Consultant Obstetrics and Gynaecology (NC) for agenda item Bo.9.20.3 – Patient Story and Bo.9.20.13 – Maternity Services Update July 2020</li> <li>- Ms Carly Stott, Clinical Risk and Governance Lead (CSt) for agenda item Bo.9.20.13 – Maternity Services Update July 2020</li> </ul>		
<b>Observers:</b>	<ul style="list-style-type: none"> <li>- Mr Alastair Goldman, Governor</li> <li>- Mr Mark Chambers, Governor</li> <li>- Mr Amit Baghwat, Governor</li> <li>- Mr John Bolton, Operations Medical Director</li> <li>- Ms Megan Dale, HEE Leadership Fellow/Specialist Registrar, Paediatrics</li> </ul>		

No.	Agenda Item	Action
<b>Section 1: Opening Matters</b>		
	<b>Chair's Opening Remarks</b> MM welcomed the Board of Directors. MM referred to the agenda items to be considered during the course of the meeting.	
<b>Bo.9.20.1</b>	<b>Apologies for absence</b> Apologies for absence were noted from the following: <ul style="list-style-type: none"> <li>- Mr Matthew Horner, Director of Finance (MH)</li> <li>- Mrs Sandra Shannon, Chief Operating Officer (SES)</li> <li>- Mr Graeme Holmes, Information Governance Manager was due to attend for agenda item Bo.9.20.18 – Data Protection Officer Annual Report – item deferred to next meeting.</li> </ul>	
<b>Bo.9.20.2</b>	<b>Declaration of Interests</b> 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.	
<b>Bo.9.20.3</b>	<b>Patient Story</b> KD welcomed Amanda Hardaker, Matron for Midwifery & Gynaecology (AH) and Nicola Cawley, Consultant Obstetrics and Gynaecology (NC) for the patient story which was in relation to the experience of Tayba Akhtar who recently gave birth at BRI during the COVID 19 pandemic. Tayba had previously given birth at BRI three years earlier, and therefore her story provided a unique insight into two very different experiences of maternity care. KD made the following key points from Tayba's story: <ul style="list-style-type: none"> <li>• Tayba had a difficult pregnancy and was closely monitored due to issues with her unborn child's heartbeat, which resulted in her being induced at thirty seven weeks.</li> <li>• Tayba felt apprehensive about giving birth during the pandemic and not knowing what to expect when she arrived at the hospital. When Tayba first saw staff in PPE she found it quite surreal and stated that this 'made the pandemic feel very real'.</li> <li>• Tayba spoke in detail about the emotional impact of having to go through the induction and labour process without the physical presence of her partner/mother, which she found hard both mentally and physically.</li> <li>• Throughout her story Tayba spoke positively about the staff that supported her and the exceptional level of care she received from the consultants, midwives and Care Assistants.</li> <li>• Tayba's only concern related to the lack of social, emotional and practical support she was able to get from her family due to the visiting restrictions that had been placed during the pandemic. However Tayba also acknowledged and understood that these restrictions were in place to protect vulnerable and high risk patients.</li> </ul> AH added that it was very pleasing to hear a patient praise staff during what was a very challenging time for all. NC agreed and said that during	

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	<p>such unprecedented times it is good to hear that the personal care element was maintained by staff.</p> <p>TFG asked what the main changes in maternity over the last three years have been. AH explained that other than the changes implemented due to Covid-19 there have been a number of services that have been introduced to enable women to have much more robust and responsive care. The maternity assessment centre which was previously active from 10am to 10pm has been expanded to a 24 hour service since November 2018. This has helped reduce flow into the labour ward as the women are now assessed within the maternity assessment centre which has had a very positive impact on bed availability within the labour ward.</p> <p>SU asked whether the Trust is now in a position to allow birth partners to be with women in labour and during induction as some women can be at the hospital for a long period by themselves, some other hospitals are now allowing this. KD explained that some hospitals have changed their position to varying degrees but not all hospitals are allowing birth partners and visitors yet. Bradford did have a plan to start lifting some of the restrictions for birth partners and this was about to be enacted but due to the continued rise in Covid-19 infections in Bradford and the local lockdown restrictions imposed by the Government it was decided that this cannot be implemented on patient safety grounds as there is still a real risk of the infection spreading. Bradford allows birth partners during active labour.</p> <p>AM reported that a number of surveys were conducted by Sarah Bennett from the Local Maternity System and this helped gauge what we did prior to Covid-19 that we could either go back to doing again or not go back to doing it at all. As part of this a review was conducted on visiting times and birth partners and it was clear that a very high proportion of women felt that they should be allowed at least one visitor during their time at the hospital. The visiting policy guideline is therefore being drafted by some of the women who took part and they are being supported by the Maternity Voices Partnership to do this.</p> <p>NC said one thing that could be considered as a priority as part of the Outstanding Maternity Services Programme is to review the induction of labour patient pathway and whether a partner could be present. This will also help improve patient experience. SU welcomed this.</p> <p>LS asked what the particular challenges are in relation to continuing the improvement journey for breastfeeding initiation rates during Covid-19. AM explained that early initiation and support is absolutely crucial and we have breastfeeding champions which consists of existing staff who have designated hours to enable them to cascade and be champions in their areas. This has been limited during Covid-19 due to some staff isolating or shielding and the wards being busier again but we are expecting our specialist midwife for infant feeding to return from maternity leave in the next few weeks which will support this area of work. The new midwifery cohort is starting with the Trust in the next week and this will also help the breastfeeding initiation support to be back to normal levels.</p>	

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	<p>JP talked about some recent coverage on Look North news in relation to Covid-19 and myth busting being available in different languages in Bradford and asked whether the Trust should be doing something similar to promote breastfeeding. KD said we can consider developing a video clip that women can access. AH confirmed that the Trust does already have these resources available on its Maternity, Antenatal and Beyond Facebook page where lots of information is shared in different languages and via videos. JH felt that video is a great way of communicating as it overcomes some literacy issues and plain language is vital too. JH said this is something we could improve further and we continue to work towards improving access in different languages.</p> <p>MM thanked AH and NC for attending the meeting and sharing details of the work they are doing with the Board of Directors.</p>	
<b>Section 2: Business from Previous Board Meeting</b>		
<b>Bo.9.20.4</b>	<p><b>Minutes of the Meeting held on Thursday 9th July 2020</b> The minutes of the meeting held on the 9th July were approved as a true and accurate reflection of discussions and decisions at the meeting.</p>	
<b>Bo.9.20.5</b>	<p><b>Matters Arising</b> The following actions from the log were reviewed and the outcomes agreed.</p> <ul style="list-style-type: none"> <li>• <u>09/07/2020 Bo.7.20.3 Patient Stories:</u> MP to circulate the letter received from Samuel which she found to be very inspirational and positive. <u>Action Complete.</u></li> <li>• <u>09/07/2020 Bo.7.20.5 Finance and Performance Dashboard:</u> 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. Discussed on 1 July but as there is still uncertainty as to what opportunities and risk the new financial regime will provide it was agreed to add to agenda for the next Board Development Day. <u>Action Complete.</u></li> <li>• <u>09/07/2020 Bo.7.20.15 Patient Experience Q4 Report and Annual Report:</u> MM requested a team organisation chart for the patient experience team which KD agreed to provide. <u>Action Complete.</u></li> </ul>	
<b>Section 3: Business Reports</b>		
<b>Bo.9.20.6</b>	<p><b>Report from the Chairman</b></p> <p>MM asked the Board to note the contents of the report which focussed particularly upon activity and engagement related to Governor matters. The Next Council of Governors meeting is taking place on 15 October and MM encouraged attendance from Non-Executive Directors.</p> <p>MM was pleased to report a new appointment has been made to the Non-Executive Director role.</p> <p>The Board of Directors noted the report from the Chairman.</p>	

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Bo.9.20.7	<p><b>Report from the Chief Executive</b></p> <p>MP provided a verbal report to the Board of Directors and made the following key points:</p> <ul style="list-style-type: none"> <li>• National update: two key policy documents have been received during July and August. The first was a letter from Simon Stevens, NHS Chief Executive and Amanda Pritchard, NHS Chief Operating Officer at the end of July outlining their expectations in relation to the third phase of the response to Covid-19. The letter outlines the need to accelerate the return of non-Covid health services, recover maximum elective activity and prepare for winter. All of this is expected to be delivered whilst also taking into account lessons learnt during Covid-19 including tackling the fundamental challenges such as the support required for staff as well as understanding the emerging social inequalities and prevention. In respect of these two specific areas additional guidance was received in August which included much more specific expectations in regards to tackling inequalities and this will be covered further in the next agenda item. The second key policy document received was the People Plan and in light of Covid-19 this is a plan that has a shorter timescale to deliver incredibly high ambitions and this will be discussed further under the Workforce section of the agenda.</li> <li>• West Yorkshire &amp; Harrogate Partnership: the weekly oversight meeting in relation to Covid-19 has continued but additionally there has been an emerging focus – even before the publication of the phase 3 letter – in recognition of the increasing evidence emerging around the impact of Covid-19 on our Black Asian Minority Ethnic (BAME) communities across West Yorkshire. The partnership commissioned Professor Dame Donna Kinnair, CEO and General Secretary of the Royal College of Nursing to review the approach to tackle health inequalities for BAME communities and colleagues. As part of this, our Head of Equality, Diversity and Inclusion Kez Hayat has been involved by sharing his experiences of what it has been like to live and work as a BAME man through Covid-19 and this insight has been well received and positively reviewed by the partnership.</li> </ul> <p>MP updated that the two business cases that were approved at the extraordinary Board meeting the previous month in relation to the laboratory information system and the radiology information system have now been approved by the West Yorkshire Health Partnership and submitted to NHSi/E in order to secure the capital funding and support.</p> <p>MP was pleased to announce that West Yorkshire Health Partnership recently won the HSJ Value Award for Cardiovascular Care Initiative of the year. This is particularly pleasing because this piece of work began as the Bradford Healthy Hearts initiative and this had a huge positive impact across Bradford and was therefore rolled out across West Yorkshire.</p>	



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	<ul style="list-style-type: none"> <li>Bradford District and Craven PLACE: MP continues to attend the Bradford and District Outbreak Board, where a great deal of effort continues to being put into reinforcing the different restrictions that are in place across the electoral wards in the district. Despite the increased effort of track and trace and isolating the number of Covid-19 cases across the district continues to rise. Whilst currently there is not a commensurate conversion of those cases into hospital admissions, it is worth noting that our inpatient numbers continue to remain higher than neighbouring trusts with between 10 to 15 inpatients on average every day since the beginning of July.</li> </ul> <p>The following comments were captured from the WebEx Comments panel in relation to this specific bullet:</p> <p><i>LS: please could you clarify - we have 10-15 per day, other Trusts have no more than double figures over a period of time? Just to get an idea of emerging local sentinel risk.</i></p> <p><i>BG: the Trust has had 10-15 inpatients with Covid-19 per day, whilst other neighbouring Trusts have had fewer than 10 and many under 5 inpatients per day over the last 2 months. A couple of Trusts have at times had no inpatients with Covid-19.</i></p> <p><i>KD: other Trusts are in single figures; our numbers have never really dropped to single figures. We are also seeing a slight increase in patients requiring NIV and have had patients in ITU again.</i></p> <p><i>LS: it seems critical that the financial case will reflect this.</i></p> <ul style="list-style-type: none"> <li>The Trust is in the process of responding to the phase 3 requirements with the final plan due for submission on 21 September 2020. In the meantime work has continued to gradually increase activity week by week in liaison with the independent sector. The estates team are reviewing alternative physical spaces that can be made Covid secure where some services such as endoscopy can be delivered in a low risk and safe environment for both patients and staff.</li> </ul> <p>Details of the financial allocations for the West Yorkshire &amp; Harrogate Health Partnership for Quarter 3 and 4 are expected at the end of this week and once these have been received the Trust will be expected to deliver the expected levels of elective activity, consume any additional activity for emergency cases from winter and also any activity in relation to additional surges of Covid-19. Once the financial allocations have been received organisations will be expected to reconcile their activity submissions which are being made on 21 September 2020 and then the financial submissions which are due on 5 October 2020. MP wished to reassure Board colleagues that following this process when we know what the new financial regime for the remainder of the financial year is, we will be in a position to report on finance and performance in an established method as we have been able to previously.</p>	

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	<p>LS asked about the system wide allocations and how our Trusts requirements are being articulated to ensure we can meet the needs of our demographics. MP explained that at a recent meeting with Richard Barker, North East and Yorkshire Regional Director for NHSI/E and 30 other CEOs a chart was presented which demonstrated submissions showing activity levels. There was a lot of variations in the charts with some Trusts planning to over perform in respect of the phase 3 letter requirements as they have the resources and facilities available and others that are not going to be at the required delivery level. The West Yorkshire system is expected to deliver to the requirement as an aggregate which does put pressure on our system and we remain at risk of not delivering to the requirements. MP explained that there will be variations but discussions will continue in relation the challenges of meeting some of the requirements for which we have justifiable reasons. LS emphasised that Bradford has sicker patients and a high transmission rate as well as greater risk to staff due to the demographics of our population and staff and the Board supports the Executive Team to deliver this message. MP said that during conversations with other West Yorkshire Trusts there is an understanding that things are more challenging in Bradford and that as a Trust we are doing what we can to deal with this situation.</p> <p>MP provided a brief update on the upcoming Executive Director departures and appointments:</p> <ul style="list-style-type: none"> <li>○ CF will be leaving the Trust at the end of September 2020 to return to Canada for a new role and her successor Paul Rice who is currently the Regional Director of Digital Transformation will be joining the Trust late autumn.</li> <li>○ SES will be retiring at the end of October 2020 and her successor Sajid Azeb who is currently the Deputy Chief Operating Officer at Leeds Teaching Hospitals NHS Trust will commence on 12 October 2020.</li> <li>○ BG will be retiring at the end of the year and a recruitment process is underway for a successor.</li> </ul> <p>MP wished to give her personal thanks and good wishes to all three colleagues for their support and contribution to the Trust during their time here. MM echoed this on behalf of the Board and wished colleagues all the best for the future.</p> <p>MM thanked MP for her comprehensive summary.</p>	
Bo.9.20.8	<p><b>NHSE Phase 3 Guidance: Covid Response</b></p> <p>JH explained that the presentation outlines the expectations of phase 3 of the NHS response to Covid-19 and provides an update on progress and proposed actions. JH made the following key points:</p> <ul style="list-style-type: none"> <li>• The letter dated 31 July sets out the NHS priorities from August 2020 onwards as follows: <ul style="list-style-type: none"> <li>○ Accelerating return to “near-normal” levels of non-Covid</li> </ul> </li> </ul>	

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	<p>health services, making full use of capacity available in the 'window of opportunity' between now and winter.</p> <ul style="list-style-type: none"> <li>○ Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid-19 spikes locally and possibly nationally.</li> <li>○ Taking account of lessons learned during Covid, locking in beneficial changes and tackling fundamental challenges: support for staff, action on inequalities and prevention.</li> </ul> <ul style="list-style-type: none"> <li>• In terms of accelerating to "near normal" levels this is about working with partners and the independent sector to expand capacity and ensuring that an effective process is in place to prioritise capacity by clinical urgency, reduce 52 week waits and 62 day waits.</li> <li>• The work undertaken in terms of infection control has been excellent and this needs to continue as does the use of the green diagnostic and surgical pathways and wards.</li> <li>• The following are key actions to ensure we are prepared for winter as best as possible: <ul style="list-style-type: none"> <li>○ Use of Yorkshire clinic, Optegra and Westcliffe for surgery and endoscopy.</li> <li>○ Optimising system emergency department attendance avoidance programme.</li> <li>○ Opening the clinical advice and triage unit for the elderly at St Lukes Hospital to reduce admissions.</li> <li>○ Working with voluntary services to enhance admission avoidance and discharge support.</li> <li>○ Population health programmes including delivery of the expanded flu vaccination programme aiming to achieve 95%+ coverage of eligible healthcare workers.</li> </ul> </li> <li>• Locking in the beneficial changes and sustainability of improvements will come through the Act as One Programmes such as the Access to Health Care and Population Health. This will require true system working and partnership by involving all partners equally to include the patient with prevention and self-care as a priority. The management of the urgent care demand across the system is more important now than ever.</li> <li>• Tackling fundamental challenges and supporting our staff – the health and wellbeing of staff is paramount and PC will cover this along with the NHS People Plan further on in the meeting.</li> <li>• The Trust is progressing well against the timetable to achieve the phase 3 requirements.</li> </ul> <p>MM asked about the specific targets in the phase 3 letter and how the Board will be sighted on the progress of these and whether they are realistic or challenging targets. MP explained that once the plan has been submitted the Board will receive a trajectory which will demonstrate the national expectations, what our trajectory is i.e. what we have committed to deliver and where we are towards achieving this.</p>	



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	<p>In our original submission our performance showed that we were at 92% against a standard of 100% for outpatient activity, 79% against a standard of 90% for clinical elective, 95% against 100% standard for diagnostic activity and for endoscopy which is a particular challenge 68% against a standard of 100%. We believe that the capital schemes which we are waiting to receive confirmation on will help develop a better physical environment and will help us achieve 80% for endoscopy. Performance activity will be monitored against the contract once finalised.</p> <p>The following comment was captured from the WebEx Comments panel in relation to this specific point:</p> <p><i>JL: We have our first Finance and Performance Academy at the end of September to get under some of the detail in this.</i></p> <p>MHu asked if we are offering pre-booked EDI appointments now as there is some national work on 111 EDI and wondered how that could link to any local work we might be doing. BG said our emergency department is coping well with flow therefore we would not view this as radically changing in the immediate future. KD added that we are mitigating the risk of crowding in the emergency department through our Same Day Emergency Care model (SDEC) as this enables faster patient flow.</p> <p>The Board noted the work underway to implement phase 3 and the associated risks to delivery.</p>	
Bo.9.20.9	<p><b>Implementing our New Governance Model</b></p> <p>JH made the following key points from the presentation:</p> <ul style="list-style-type: none"> <li>• An independent perspective on our governance model and opportunities for improvement had already been implemented and the report highlighted complexity and burden.</li> <li>• As part of the response to Covid-19 we suspended normal routine of Committees and a monthly Regulation Committee was conducted instead.</li> <li>• The reset of the new governance model aims to do the following: <ul style="list-style-type: none"> <li>○ Introduce an “Academy” approach to ensure a more appropriate balance between assurance, learning and improvement.</li> <li>○ Maintain the Regulation Committee at least as an interim measure. This will form an escalation route for Academies and will review the Board Assurance Framework and strategic risks.</li> <li>○ Provide the Board meeting more time for discussion of strategic issues, system working and significant escalations.</li> </ul> </li> <li>• Transition to the above starts this month with the first Academy meetings taking place late September and early October and the</li> </ul>	

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	<p>Corporate Governance team have been meeting lead Executive Directors to discuss the transitional questions such as legacy actions from Committees, and historic “work plans”. These meetings also reviewed the potential focus of Academy meetings versus Regulation Committee and how we structure agendas to avoid unnecessary overlap but at the same time avoid things “falling through cracks” as well as timing and sequencing of the Academies, Regulation Committee and Board (in part driven by timing of data flows) to produce forward work plans and schedule meetings.</p> <ul style="list-style-type: none"> <li>There are still a number of considerations which will be addressed on an ongoing basis. Independent governance experts are working with the Board and are hosting a workshop on 22 September following which they will finalise their report for feedback to Board in October to help determine the way forward.</li> </ul> <p>JH was pleased to announce that a new Board Secretary Laura Parsons has been appointed and she will join the Trust on 16 November. Laura is currently Board Secretary to the Leeds CCGs.</p> <p>JL thanked JH for the informative presentation and commented that consideration also needs to be given to reports to ensure they are leaner and more agile. JL commented that it would helpful to have the new schedule of governance meetings in the diaries as soon as possible to ensure maximum attendance.</p> <p>MM thanked JH for the presentation. The Board noted the points made in the presentation.</p>	
<b>Section 4: Delivery of the Trust’s Clinical Strategy</b>		
<b>Bo.9.20.10</b>	<p><b>Strategic Risk Register</b></p> <p>MP presented the Strategic Risk Register and wished to provide assurance that the Executive Directors have continued to review risks within their portfolios to ensure risks are appropriately managed and this has been strengthened further through formal review and discussion at the Executive Team Meeting once a month.</p> <p>MP made reference to the risk in relation to the potential risk of harm to patients due to long waits. The Trust did not have any patients on a 52 week for a good period of time prior to Covid-19 but now we do and this is something that the NHS will likely see rise over time. There needs to be a method in place to manage these patients to ensure they do not come to harm due to the fact that patients are now dealt with based on clinical urgency rather than chronologically. The scoring on the risk was increased and escalated to moderate harm and this will be reviewed continuously. Regionally there is a strategic piece of work being undertaken by the system which we will input into and adhere to which will mean that every organisation is approaching the backlog in a consistent way. This will help us understand that where there is variation in the amount of activity that each organisation can undertake that it does not apply inequity to others.</p>	

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	<p>MM asked the process of how risks are reviewed. MP explained that individual Executive Directors are responsible for reviewing their own risks but then a further discussion and process of challenge takes place with clinical and Executive colleagues.</p> <p>JL said that we currently face more demand due to having sicker patients but this is not reflected in the risk register. MP explained that the BAF reflects that every strategic objective in terms of the threat to its delivery has now been recollaborated to reflect the effect of Covid-19.</p> <p>BS asked MP how assured she is that all the relevant risks are on the register and it is complete. MP explained that the strategic risk register is populated from each Clinical Business Unit risk register and any high scoring risks require the intervention of the Executive lead and is escalated for discussion by the Executive team. KD added that the last six months have provided more oversight and discussion of risk across the Trust and different layers have been introduced across the organisation to enable us to be better sighted on risks therefore KD feels extremely comfortable that the Board is fully sighted on risks through these processes. BG added that we have designed a whole new architecture of the quality oversight which demonstrates that all risks are being reviewed and not just those related to Covid-19.</p> <p>The Board noted the contents of the report.</p>	
<b>Bo.9.20.11</b>	<p><b>Integrated Dashboard</b></p> <p>MP explained that the dashboard traditionally relies on trends and performance over time. However there is caution to be noted that there is no fresh data for some elements of the dashboard since March due to normal operations being largely suspended and we are doing a lot of things that are not being reported in the dashboard.</p> <p>The Board noted the contents of the dashboard.</p>	
<b>Section 4a: Quality</b>		
<b>Bo.9.20.12</b>	<p><b>Quality Dashboard</b></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>BG explained that following some work with CF and colleagues in Business Intelligence the dashboard reflects the standards that are being measured at the present time therefore some standards what were previously included are not this time.</p> <p>BG reported that Readmissions rates are being closely monitored as the Trust restarts activities.</p> <p>KD reported that in relation to sepsis antibiotics are being prescribed within an hour and advised that the Sepsis Lead Nurse restarted activities six weeks ago and we would expect to see that indicator to</p>	

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	<p>improve.</p> <p>KD explained that the Infection Control benchmarking data is taken from the national data which looks at all infections and this gives some indication of how we benchmark but we need to review how the data is displayed.</p> <p>KD reported fantastic performance for the MRSA indicator and there is a full investigation underway into the current case but at the moment there are no indications that there have been any lapses in care.</p> <p>BS referred to the night time discharge standard which makes reference to the Patient Safety Committee and asked if this Committee has been reinstated. BG confirmed it has now been reinstated and explained that the Trust continued to enact the functions of the patient safety committee whilst it was paused but the detailed work has started again.</p> <p>BS referred to the various references made to private sector providers in relation to additional capacity and asked what assurance is in place for third party organisations in relation to safety and quality. BG explained there is a strong relationship with the independent sector including the Yorkshire Clinic and Optegra who are certified by the CQC and expected to meet the same standards. We have also undertaken additional certification for the CQC for the activity the private providers are delivering on behalf of the Trust. An example of the transparency in place is a recent incident that happened at Yorkshire Clinic in relation to potential harm to a patient which has been escalated to BG appropriately and is now being investigated.</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>	
<b>Bo.9.20.13</b>	<p><b>Maternity Services Update – July 2020</b></p> <p>KD presented the update and explained that following the 'Required Improvement' rating by the Care Quality Commission (CQC) inspection in November 2019 the service has acknowledged the findings and recommendations, and has been committed to addressing the issues raised and becoming an 'Outstanding' service.</p> <p>KD explained that the maternity service has embarked on a significant quality improvement and transformation project, intended to improve the stillbirth rate and other outcomes highlighted by the CQC, and ultimately support the journey towards being an outstanding maternity service. The Outstanding Maternity Services Programme (OMS) was launched recently and a number of ideas were generated from this event. KD shared the YouTube video link which shows staff talking about what an outstanding service looks like. CSt added that staff are very engaged with the programme and patients have also provided positive feedback. NC said she felt very positive and excited about the project and the aim is to ensure that all stakeholders are involved and have ownership of the programme.</p>	

No.	Agenda Item	Action
	<p>MM asked how the action plan is being progressed and monitored. KD explained that she and BG review any adverse events on a fortnightly basis with maternity services and having an oversight of safety issues is part of this. In addition there is regular oversight at the weekly quality of care meeting. KD reported that a cluster of complaints have been recently received in maternity and these are being reviewed to see if there are any themes that need to be addressed immediately. TFG has provided support by taking on the role of a “critical friend” and this has been very useful and going forward TFG, LS and KD will meet every two months to support this improvement journey. In addition KD has asked the Internal Audit team to review the action plan and this will help provide further assurance.</p> <p>TFG said she was very pleased to see the passion of the team at the OMS launch and asked how the audit plan was progressing. CSt explained that the audit plan is on track and an audit lead has been identified.</p> <p>MHu queried the data on the table which shows the stillbirth numbers and asked whether ethnicity data is recorded as part of this noting that there are differential quality outcomes for some ethnic groups (black women in particular). NC explained that this data will be collected as part of the PMRT data collection. MHu asked if congenital abnormalities data or any risk factors from the mother are also included in this data and NC confirmed that the data is adjusted for congenital abnormalities. BG added that the national EMBRACE report which is a comprehensive report on maternal and neonatal mortality has a strong emphasis on the determinacy of risk but the reports are often based on the previous year therefore what NC has explained is what we are doing in real time and helps minimise the risk in relation to the BAME community. In addition to this the Better Births Programme which is a workstream of Act As One provides an end to end pathway of improvements that need to be made as a system and not just as a hospital.</p> <p>LS asked about the inclusion of domestic abuse discussions during consultation and how sensitive we are about these conversations. NC confirmed that these conversations do take place and are conducted in a sensitive manner and KD added that there are a dedicated team of midwives who are targeted towards vulnerable women and see them consistently. KD said that we are seeing twice as many women with mental health issues than we were a year ago and some of this is linked to domestic abuse issues.</p> <p>The following comments were captured from the WebEx Comments panel:</p> <p><i>LS: Great progress. Keen to help keep up momentum when I'm back from annual leave. I'm delighted that Trudie has also taken up the mantle to help improvement.</i></p> <p><i>SU: Given our improved position re still births should the trigger for escalation be reviewed.</i></p>	



No.	Agenda Item	Action
	<p><i>KD: I would prefer to keep the same level of scrutiny.</i></p> <p><i>LS: I very much support the shared leadership approach.</i></p> <p>MM thanked KD for the comprehensive presentation and thanked CSt and NC for attending the meeting.</p> <p>The Board of Directors noted the contents of the report.</p>	
<b>Bo.9.20.14</b>	<p><b>Infection Prevention &amp; Control Report: Jan-April 2020 Q4 Annual Report</b></p> <p>KD explained that the report summarises the progress against the infection prevention and control work plan for 2019/20 and sets out the Trust's infection control activities and performance between November and January 2019/20. This is the Q4 report for 2019/20 and provides the fourth of 4 reports which comprises the annual report. The report provides assurance on compliance with the NHS Outcomes Framework—domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm and the Health &amp; Social Care Act 2008: Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance (commonly known as The Hygiene Code).</p> <p>KD explained that the paper also provides additional assurance in relation to how the Trust is managing Covid-19 in relation to infection control.</p> <p>The Board noted the contents of the report.</p>	
<b>Bo.9.20.15</b>	<p><b>Freedom to Speak Up (FTSU) Annual Report 2019/20</b></p> <p>KD explained that the paper provides assurance to the Board of Directors in relation to the conduct and outcome management of the Freedom to Speak Up arrangements in the Trust.</p> <p>The Board of Directors noted the report.</p>	
<b>Bo.9.20.16</b>	<p><b>CQC Infection Prevention &amp; Control Assessment Outcome</b></p> <p>KD explained that the paper provides the Board of Directors with an update and assurance on the Trust's position with regard to the recent review by the CQC of our IPC response to Covid-19.</p> <p>The Board of Directors noted the report.</p>	
<b>Bo.9.20.17</b>	<p><b>CQC Action Plan Update – July 2020</b></p> <p>KD explained that this is a very high level action plan and includes all the “must do” actions from the report that was published in April 2020. KD</p>	

No.	Agenda Item	Action
	<p>reported that all actions are compliant and evidence has been provided with the exception of action 17.1 which was awaiting audit. Since publication of the Board papers the evidence has now been submitted for action 17.1.</p> <p>KD reported that a regular Moving to Outstanding meeting has been established which is chaired by MP. This provides an opportunity for different departments of the Trust to attend and present in relation to their must do actions. Recently the Accident &amp; Emergency Department attended to present and they provided an insightful presentation which demonstrated the level of engagement taking place and their understanding of the process and how they will work towards becoming outstanding. MP agreed and said that the team would be happy to come and present to the Board at a future meeting if this was agreeable. The Board agreed that this would be welcomed.</p> <p>TFG noted it was helpful to have specialist committees looking at the issues in the paper but highlighted that one of the concerns raised by the CQC was that there was limited focus on the issues at Board level and asked how this is being addressed. KD explained that that the Moving to Outstanding Committee which is chaired by MP will have oversight for all CQC actions and updates from this will be presented to the Board of Directors via the Regulation Committee and Academy route to ensure there is full oversight.</p> <p>TFG queried objective 7: "The Trust must ensure the outcomes/ recommendations of any serious case reviews are acted on, and midwives have the opportunity to regularly attend child protection conferences and submit reports to facilitate decision making and safety planning" and queried whether the assurance "This has been addressed via the system wide Safeguarding Board and is reported biannually to the Trust's Quality Committee" is too long to wait to report on. KD explained that any lessons from serious case reviews are reviewed every month. KD explained that the lack of attendance by midwives to case conferences was due to being invited at short notice or due to not having a midwife available to attend. However, a business case has been approved to include an additional safeguarding midwife and this will enable additional resources to this area of work. TFG asked if this can be reflected into the CQC action plan response.</p> <p>The Board of Directors noted the update and approved the submission of the completed plan to the CQC subject to detailed care service actions being monitored by the Moving to Outstanding Committee.</p>	<p>Chief Executive (Bo20018)</p> <p>Chief Nurse (Bo20019)</p> <p>Chief Nurse (Bo20020)</p>
<b>Bo.9.20.18</b>	<p><b>Annual Data Protection Officer Report</b></p> <p>Deferred to next meeting due to the absence of presenter.</p>	Chief Digital & Information Officer (Bo20021)
<b>Bo.9.20.19</b>	<p><b>Update NHS Patient Safety Strategy 2019 – Appointment of Patient Safety Specialists</b></p> <p>BG explained that the paper provides an update on the NHS Patient</p>	

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	<p>Safety Strategy (NPSS) with specific reference to the expectation that all NHS Trusts appoint Patient Safety Specialists by 30<sup>th</sup> November 2020.</p> <p>The paper recommends how we will approach this as a model with distributed leadership from our system who would take on the roles as the lead senior people. BG explained that more than one specialist enables better delivery of the patient safety agenda.</p> <p>The Board of Directors noted the next phase of the implementation of the NHS Patient Safety Strategy and approved the appointment of the recommended Patient Safety Specialists.</p>	
<b>Section 4b: Finance and Performance</b>		
<b>Bo.9.20.20</b>	<p><b>Finance and Performance Dashboard</b></p> <p>MM invited CS and MP (in the absence of 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"> <li>• Due to the established financial regime being suspended and replaced with a simplified framework in response to COVID-19 to ensure providers receive sufficient cash to facilitate the required response while delivering a breakeven position the level of risk from month four into month five is minimal.</li> <li>• The last period reported a break even position and this will continue to be the case up to month six.</li> <li>• The issue in terms of risk relates to the period after September. Once we receive our funding allocation for the remainder of the financial year we will know how that compares to our expectations and the level of risk this brings. JL agreed that the finance risk is greater as we move on with the next six months from October to year end and it was important for this to be recognised.</li> </ul> <p>MP provided a brief update in the absence of SES:</p> <ul style="list-style-type: none"> <li>• Plans that are in place in relation to Same Day Emergency Care (SDEC), Ambulatory Care and the Paediatric Ambulatory Model continue to have a very beneficial impact on performance in AED and we need to continue to create resilience for these areas amongst Covid-19 pressures.</li> <li>• Pressures remain in addressing our backlog in terms of activity.</li> </ul> <p>JL wished to use the opportunity to acknowledge the work SES has undertaken in relation to AED performance which was 96% in July. This is a real achievement and JL congratulated SES and her team for achieving this. MP echoed this and said that inviting AED to a future meeting will be useful as they have further good ideas for transformation that they wish to develop and it will be good opportunity for them to have</p>	

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	<p>the support of the Board.</p> <p>The Board of Directors noted the Finance &amp; Performance elements of the dashboard in scrutinising the Foundation Trust's arrangements for the delivery of financial and performance indicators.</p>	
<b>Section 4c: Workforce</b>		
<b>Bo.9.20.21</b>	<p><b>Workforce Dashboard</b></p> <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>	
<b>Bo.9.20.22</b>	<p><b>Our Covid-19 Health &amp; Wellbeing Approach</b></p> <p>PC provided an update in relation to the Trust's approach to Health and Wellbeing (HWB) and explained that the paper provides an update on staff engagement and health and wellbeing activities since the last report and highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• Pulse Survey: response rates are low but they highlight the practical support staff would value.</li> <li>• NHS Staff Survey 2020: this year's survey has some changes to previous years as it has specific questions in relation to Covid-19. Historically the Trust has not had a good response rate to completion of this survey and MP has been leading on improving this by promoting this via her Vlog and by inviting some healthy competition between CBU's and with Executive champions to encourage higher completion rates.</li> <li>• Flu Campaign: preparations are underway for this year's flu vaccinations with more peer vaccinators available than last year. Planning is going well and the first batch of flu vaccines will be received in the next week.</li> <li>• Our approach to risk assessments has evolved as we aim to ensure that all staff but particularly those who are at high risk are protected at work. We have a completion rate of 100% for BAME staff and 95% for all staff.</li> <li>• Sickness absence: the Trust is benchmarking well across other WYAAT Trusts in terms of Covid-19 but sickness rates are higher than the same time last year. Increase in sickness rates are due to stress and anxiety. We have increased our occupational health capacity in order try to see employees quicker. Local and national support offers continue to be promoted.</li> <li>• Leadership development activities have recently been restarted and are being adapted in the light of Covid to ensure there is a strong focus on compassionate leadership and team resilience.</li> </ul> <p>SU asked that in the wake of a second wave and winter pressures do we</p>	

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	<p>anticipate more staff reverting to homeworking. PC said if staff can work from home they are encouraged to do so. Some staff are doing this on a rotational basis which prevents isolation factors.</p> <p>The following comments were captured from the WebEx Comments panel in relation to this agenda item:</p> <p><i>MHu: On flexible working, and physical activity - we need to be mindful of encouraging this for staff working from home too.</i></p> <p><i>MHu: Re the pulse survey - how can we increase the response rate Pat? Was this response rate particularly low?</i></p> <p><i>PC: Yes very low, hundreds, nationally has moved from 2 weekly to monthly - keen in next month to concentrate on staff survey promotion and not confuse with Pulse.</i></p> <p><i>SU: Do we have the capacity to undertake the flu vaccine and achieve the challenging target this year.</i></p> <p><i>PC: Yes we are predicting we will have sufficient capacity and that there will be high demand for the vaccine this year from staff.</i></p> <p>The Board noted the update.</p>	
Bo.9.20.23	<p><b>NHS People Plan 2020/21</b></p> <p>PC presented the plan and explained the NHS People Plan sets out actions to support transformation across the NHS and sets out what our people can expect from their leaders and each other. PC highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• The plan sets out practical actions that employers and systems should take as well as actions for all parts of the NHS. The plan is primarily focussed on 2020/21 with a longer term plan expected at the end of the year.</li> <li>• Some of the workforce growth aspirations referenced in the plan are subject to confirmation of funding arrangements.</li> <li>• The NHS People Plan is based on more people in training, education and being recruited, working differently through new ways of working, in a compassionate and inclusive culture, building on the motivation to look after and value our people so that more people want to stay. The plan sets out practical actions that we must take to support this transformation and focuses on the 4 key areas: <ul style="list-style-type: none"> <li>○ Looking after our people</li> <li>○ Belonging in the NHS</li> <li>○ New ways of working and delivering care</li> <li>○ Growing for the future</li> </ul> </li> <li>• The paper highlights the priorities for action under each of these commitments and the approach we intend to take to ensure staff are</li> </ul>	



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	<p>involved. Four workstreams as above will feed into the People Academy and our work plans will be aligned.</p> <ul style="list-style-type: none"> <li>From 2021 onwards the NHS Staff Survey will be aligned to the People Promise and will be the main way to measure progress.</li> <li>Flexible working is a key element of the plan and a Task and Finish Group is being set up to oversee this element.</li> </ul> <p>PC reported that the Health and Wellbeing Guardian role is a requirement in the People Plan. Each organisation is expected to appoint to this role and it is recommended that this is a Non-Executive role. The Board supported this recommendation and MM will confirm who this will be once he has discussed with NED colleagues.</p> <p>SU said the new requirements are exciting but workstreams are being led by BAME colleagues and it is important to have new colleagues and senior leaders involved who are non-BAME to help address the issues which can be done with support from the Organisational Development Team. To drive this change forward we need to have those on board who have traditionally nominated others to be involved, we must embrace this in a much more inclusive way. MP agreed that we do need to address this and felt it was important for her to imprint her leadership and aspirations into delivery of the People Plan and proposed to have a conversation with PC to progress this.</p> <p>The Board noted the contents of the report.</p>	<p>Chair (Bo20022)</p>
<b>Section 4d: Partnerships</b>		
<b>Bo.9.20.24</b>	<p><b>Partnership Dashboard</b></p> <p>MM invited JH to draw to the attention of the Board the key items of note from the dashboard.</p> <p>JH observed that throughout the meeting the Board has demonstrated that partnership work is ongoing and is now a normal way of working for the NHS. In terms of reporting the partnership work, the dashboard refers to horizontal and vertical partnership working but we now need to demonstrate the work that takes place through PLACE and West Yorkshire partnership and thought will be given to how that is demonstrated in the dashboard.</p> <p>MM asked about our intentions to review our patient and public involvement strategies. JH said the Trust already does a lot of this in different ways and uses different media to reach out to the communities. However we need to join up with other partners across the patch to work together on this and approach this consistently with Act as One and link it to communications as well as the diversity and inclusion agenda.</p> <p>MP said the system has agreed to advertise for a System Communication and Engagement Lead and this will provide two way communication and engagement.</p>	

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	The Board of Directors noted the update.	
<b>Section 4e: Audit and Assurance</b>		
<b>Bo.9.20.25</b>	<p><b>Report from the Audit and Assurance Committee</b></p> <p>BS explained that the report provides an update regarding key matters covered in the Audit &amp; Assurance Committee meeting on 29 July 2020 for the Board to note and derive assurance from.</p> <p>BS wished to refer to the point that the Committee noted that neither the BAF nor the SRR had been subject to the usual Board Committee scrutiny since the stepping down of Board Committees in February, necessarily as a result of Covid-19 restrictions. BS felt that the new governance structure needs to ensure adequate assurance of the BAF and SRR and the structure of the meetings need to be around the BAF rather than having this as an item on the bottom of the agenda.</p> <p>KD agreed that the Committees had been stood down but disagreed on the point in relation to lack of assurance as she felt that the Regulation Committee that was put in place provided the mitigation for this and the Board has therefore been sighted on up to date information in relation to assurance and risks. KD felt that the additional layers of assurance that have been put in place across the Trust provided the required level of assurance. MM recognised that we are in a transition period and looked forward to being in a clearer position going forward.</p> <p>CS referred to the good news of the positive external review of Cyber Security as noted in the report.</p> <p>The Board of Directors noted the contents of the report.</p>	
<b>Section 4f: Delivery of the Trust's Clinical Strategy</b>		
<b>Bo.9.20.26</b>	<p><b>Board Assurance Framework and Risk Appetite Statement</b></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.</p> <p>MP recognised that we are currently working differently to how we were prior to Covid-19. MP welcomed the opportunity later in the month to explore and discuss the longer term architecture in relation to the relationship between the Regulation Committee, the Audit &amp; Assurance Committee, the Academies and the Board in preparation for the next Regulation Committee in October. MM agreed and suggested reviewing the strategic objectives at future Board Development sessions.</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</p>	

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	the framework itself. The Board confirms that the proposed levels of assurance are appropriate in relation to the Trust's strategic objectives for Quarter 1 2020/21.	
<b>Section 5: Governance</b>		
<b>Bo.9.20.27</b>	<b>Use of the Trust Seal</b>  JH presented the report and explained that in accordance with the Trust's Board of Directors Standing Orders (Section 8.4) ' <i>A report of all sealings and signatures of documents as a deed shall be made to the Board by the Secretary to the Foundation Trust as and when required. The report shall contain details of the seal number, the description of the document and the date of sealing or signature</i> '. The last report was presented to the Board of Directors on 11 July 2019. Appendix A details the use of the Trust seal between 25 September 2019 and 26 August 2020. This includes entry numbers 338 – 346.  The Board of Directors noted the report.	
<b>Bo.9.20.28</b>	<b>Estates and Facilities and Internal Transformation</b>  MP explained that conversations in relation to this have commenced and Mark Holloway, Director of Estates is progressing this area of work on a system level. In the absence of SES further discussion was deferred to the November meeting and MM asked for an update including actions associated with the Estates and Facilities and Internal Transformation.	Chief Operating Officer (Bo20023)
<b>Section 6: Board Meeting Outcomes</b>		
<b>Bo.9.20.29</b>	<b>Any other business</b> MM wished to highlight his and the Boards sincere appreciation of all the work CF has done to bring the Trust to its present position from a digital and informatics perspective.	
<b>Bo.9.20.30</b>	<b>Issues to add to Strategic Risk Register</b> There were no issues to be added to the Strategic Risk Register.	
<b>Bo.9.20.31</b>	<b>Issues to escalate to NHS Improvement (NHSI)</b> There were no issues to escalate to NHSI.	
<b>Bo.9.20.32</b>	<b>Issues to be reported to Care Quality Commission (CQC)</b> There were no issues to be reported to CQC.	
<b>Bo.9.20.33</b>	<b>Items for Corporate Communications</b> There were no items for Corporate Communications.	
<b>Bo.9.20.34</b>	<b>Date and time of next meeting</b> Thursday 12 November 2020 (time TBC).	

## ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 10 September 2020

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo20016	Bo.7.20.24	<b>Board Assurance Framework and Risk Appetite Statement:</b> TFG queried the infection control section and asked if there is a key area for compliance where there is a gap. KD explained that the document shows the gaps and mitigation in place and this is updated monthly. KD will include more detail in the summary for the next BAF.	Chief Nurse	10 September 2020	KD to include in BAF submission. Completed and discussed. <u>Action closed</u>
Bo20015	Bo.7.20.21	<b>Equality Update:</b> PC explained that the WRES and WDES submissions are due to be made in August and will be reported to the next Open Board of Directors meeting.	Director of Human Resources	12 November 2020	Action deferred to November when PC will also present the WRES/WDES action plans for board sign off. Added to November agenda. <u>Action closed</u>
Bo20017	Bo.7.20.3	<b>Patient Stories:</b> Discharge procedure in relation to medication to be reviewed following the feedback from patient.	Chief Nurse	12 November 2020	10/09/20: KD updated that a QI will be undertaken in relation to medication and discharge to review where improvements can be made. Full update to follow in November. MP advised that national guidance has been received in relation to the discharge planning process. It has been agreed that the incoming Director of Adult & Social Care will be the designated person for our PLACE and KD will be the Trust lead as the majority of the planning and coordination in relation to discharge is carried out by nurses.

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
					Verbal update to be provided under matters arising at the November Board meeting. <u>Action closed</u>
Bo20018	Bo.9.20.17	<b>CQC Action Plan Update – July 2020:</b> Accident & Emergency Department to be invited to come and present to the Board at a future meeting.	Chief Executive	12 November 2020	Team invited to attend the Finance and Performance Academy meeting on 28 October 2020. Following the cancellation of the October Academies the team will attend Board in November. <u>Action closed</u>
Bo20020	Bo.9.20.17	<b>CQC Action Plan Update – July 2020:</b> KD to add additional detail in relation to objective 7 to reflect additional actions taken into the CQC action plan response.	Chief Nurse	12 November 2020	Completed and submitted on 20 September 2020. <u>Action closed</u>
Bo20021	Bo.9.20.18	<b>Annual Data Protection Officer Report:</b> Deferred to next meeting due to the absence of presenter.	Chief Digital & Information Officer	12 November 2020	Added to the November agenda. <u>Action closed</u>
Bo20022	Bo.9.20.23	<b>NHS People Plan 2020/21:</b> PC reported that the Health and Wellbeing Guardian role is a requirement in the People Plan. Each organisation is expected to appoint to this role and it is recommended that this is a Non-Executive role. The Board supported this recommendation and MM will confirm who this will be once he has discussed with NED colleagues.	Chair	12 November 2020	Selina Ullah appointed to the role of Health and Wellbeing Guardian. <u>Action closed.</u>
Bo20023	Bo.9.20.28	<b>Estates and Facilities and Internal Transformation</b> MP explained that conversations in relation to this have commenced and Mark Holloway, Director of Estates is progressing this area of work on a system level. In the absence of SES further discussion was deferred to the	Chief Operating Officer	12 November 2020	Added to the Board Development Session agenda for 10 December. <u>Action closed.</u>



Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		November meeting and MM asked for an update including actions associated with the Estates and Facilities and Internal Transformation.			
Bo20019	Bo.9.20.17	<b>CQC Action Plan Update – July 2020:</b> KD explained that that the Moving to Outstanding Committee will have oversight for all CQC actions and, updates will be presented to the Board of Directors via the Regulation Committee and Academy route to ensure full oversight.	Chief Nurse	14 January 2021	
Bo20024					