NHS
Bradford Teaching Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS' OPEN MEETING
MINUTES, ACTIONS & DECISIONS

Date:	Thursday 7 March 2019	Time:	10:45-13:15
Venue:	Conference Room, Field House, Bradford Royal Infirmary	Chair:	Dr Trevor Higgins
Present:	**Non-Executive Directors:** - Dr Trevor Higgins (TH) – Acting Chairman - Ms Trudy Feaster-Gee (TFG) - Mr Jon Prashar (JP) - Mr Barrie Senior (BS) - Ms Selina Ullah (SU) **Associate Non-Executive Director:** - Andrew McConnell (AM) until 12pm (up to agenda item Bo.3.19.19) **Executive Directors:** - Professor Clive Kay, Chief Executive (CLK) - Ms Pat Campbell, Director of Human Resources (PC) - Ms Karen Dawber, Chief Nurse (KD) - Ms Cindy Fedell, Chief Digital and Information Officer (CF) - Dr Bryan Gill, Chief Medical Officer (BG) - Mr John Holden, Director of Strategy & Integration/Deputy Chief Executive (JH) - Mr Matthew Horner, Director of Finance (MH) - Ms Sandra Shannon, Chief Operating Officer/Deputy Chief Executive (SES)			
In Attendance:	- Dr Tanya Claridge, Director of Governance and Corporate Affairs (TC) - Ms Nahida Mafuz, Minute Taker (NM) - Amanda Procter, Lead Cancer Nurse (AP) for Patient Story			
Observers:	- Five members of Staff for Patient Story - Two Governors - One member of the public			

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Section 1: Opening Matters		
	Chair's Opening Remarks TH welcomed all attendees to the meeting including the observers. TH wished to acknowledge that this was CLK's last Board of Director's meeting with the Foundation Trust and used the opportunity to thank CLK for his valuable contribution to the Foundation Trust over the years. TH commented on CLK's strong leadership during his time as Chief Executive and wished him all the best in his new role. TH reported that John Holden, Director of Strategy and Integration/Deputy Chief Executive will become the Acting Chief Executive from 1 April 2019 until a substantive appointment is made.	
Bo.3.19.0	**Patient Story**	

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	KD introduced Amanda Procter, Lead Cancer Nurse, Cancer Services to present the patient story. AP introduced a video which provided the opportunity for three cancer patients to describe their individual experiences of care – both negative and positive. AP explained that Quality Health has been commissioned to support the establishment of a patient and carer reference group and to facilitate a number of workshops. This group has helped develop a number of standards to support improvements in communication with patients and carers. TFG asked how learning from this work has been communicated across the Trust. AP explained that steps are being taken to disseminate learning through sharing the video which will also be available on the patient experience website. BG asked if consideration has been given to share the standards and pledge with partners including GP practices. AP confirmed that this would be delivered as part of other training that is undertaken with GP practices. In addition, she confirmed that the Cancer Alliance has shown an interest and they are planning to roll this out too. JP asked how consistency in the approach to kindness to all patients will be ensured particularly if this is not reciprocated. AP confirmed that the focus would be on educating every point of contact for patients including administration staff, portering staff etc. and not just those in clinical roles. AP confirmed to the Board that she was assured that many staff deliver this pledge well already and work is being undertaken with staff who might find this more difficult to do. CLK congratulated AP and her colleagues for the outputs of this work and was particularly pleased to note that the Cancer Alliance would also be utilising the standards. CLK did not feel it was easy to teach people to be kind and asked how this would be managed for staff that are unable to deliver the "being kind" standard. AP described the importance of ensuring that the standards are shared widely and by senior staff leading by example and embracing the standards. TH thanked AP and the team for the presentation and for the tremendous care they provide to cancer patients and carers.	
Bo.3.19.1	**Apologies for absence** Apologies for absence were noted for the following: - Mr Amjad Pervez (AP), Non-Executive Director - Professor Laura Stroud (LS), Non-Executive Director	
Bo.3.19.2	**Declaration of Interests**	

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	There were no declarations of interest to note.	
Section 2: Business from Previous Board Meeting		
Bo.3.19.3	**Minutes of the Meeting held on Thursday 10 January 2019** The minutes of the meeting were accepted as an accurate record of the meeting.	
Bo.3.19.4	**Matters Arising:** - 10/01/2019 Bo.1.19.8 **Board Assurance Framework and Risk Appetite Statement:** to recirculate the approved Q3 BAF to the Board of Directors following the meeting. Document circulated. Action completed. - 10/01/2019 Bo.1.19.0: To ensure the risk identified in relation to accessible information for all patients across our services is considered by the Integrated Governance and Risk Committee. Assesses and measures risk into the BAF. The risk associated with compliance with the Accessible Information Standard has been assessed and the mitigation is being managed within the Chief Nurse's Office. Action Completed. - 13/09/2018 Bo.9.18.9 **Integrated Dashboard:** The Finance and Performance Committee should receive information about when the benefits of counting/ coding, Command Centre and other key initiatives will be realised. The realisable benefits are included in the operational/ financial plan for 2019/20. Action completed. - 08/11/2018 Bo.11.18.10 **Integrated Dashboard, Quality:** The Quality Committee should request a regular random sample report relating to the outcome and assurance associated with the governance of Quality Impact Assessments. Received and noted by the Committee. Action completed. - 10/01/2019 Bo.1.19.18 **Integrated Dashboard – Performance:** To develop consistent messaging for executive walk-rounds in relation to key messages about the current key organisational challenges. A slide deck was developed for Executives to use in finance and performance discussions with specialty teams. This approach will be further developed following creation of CBUs and reformed Executive walk rounds. Action completed. - 10/01/2019 Bo.1.19.18 **Integrated Dashboard – Performance:** To develop a message of support, encouragement and thanks for staff on behalf of the Board of Directors. Communications were issued to staff through Core Brief and Lets Talk commending achievement in finance and performance turnaround. Action completed. - 10/01/2019 Bo.1.19.26 **Integrated Dashboard – Partnerships:** To include the 10 year operational plan (with a focus on ICS) at the February Board development day. Session delivered at the Development day covered the NHS Long Term Plan. Action	

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	completed.	
	- 10/01/2019 Bo.1.19.6 **Report from the Chief Executive:** To recruit Non-Executive colleagues to support the work of an 'Operational Planning Oversight Group' and define the appropriate timescales for the operation of the group. The operational planning oversight group met and discussed the 2019/20 operational plan on 19.2.19. <u>Action completed.</u>	
	- 13/09/2018 Bo.9.18.26 **Emergency Preparedness, Resilience and Response (EPRR) Core Standards:** An EPRR assurance paper should be received by the Board of Directors bi-annually, the next due in March 2019. The March paper will provide an update of the work plan, progress on achieving the core standards, training and exercises held and details of business continuity or critical incidents that have occurred. Report included on the meeting agenda. <u>Action completed.</u>	
	- 08/11/2018 Bo.11.18.30 **Freedom to Speak up Q1 Report:** BS asked about the lack of junior staff in Associate Guardians' roles. KD confirmed this will be addressed as part of the actions within the next quarterly report update. Report included on the meeting agenda. <u>Action completed.</u>	
Section 3: Business Reports		
Bo.3.19.5	**Report from the Acting Chairman** TH asked the Board to particularly note the following content of his report: - The new member of the Governors Nominations and Remuneration Committee has been confirmed as Alan Edmonds and he will be joining the committee from April. - The outcomes from the last round of Governor elections The Board of Directors noted the report from the Acting Chairman.	
Bo.3.19.6	**Report from the Chief Executive** CLK asked the Board to particularly note the following content of his report: - In the context of CLK leaving the Foundation Trust at the end of March to take up his appointment with King's College, CLK wished to acknowledge the wealth of skills, knowledge and experience of his Board of Director colleagues and felt that the Foundation Trust had come a long way since he first commenced in his role as a Consultant Radiologist. CLK felt the quality of care delivered at the Foundation Trust is excellent and CLK thanked his colleagues for their hard work and support over the years.	

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	- Consultant posts continue to be recruited to with good quality appointments. In particular CLK wished to highlight the recent appointment of a Consultant Urologist who brings good experience in relation to Robotics surgery as this was a very difficult post to recruit to. - The Staff Survey results for 2018 have been recently received. CLK invited PC to provide an overview of the results. PC circulated a summary of the headlines and reported the following: o The top priority for the Foundation Trust was to improve staff engagement and this has improved in score from 2017. o The results demonstrate the Foundation Trust is above average in 9 out of the 10 themed areas with significant improvements in 5 of these. o Highlights worth noting are Our Managers, Morale, Quality of Appraisals, Reduction in Bullying and Harassment and Reduction in Physical Violence. o Areas to improve include Equality, Diversity and Inclusion. PC explained that this is linked to recruitment as well as to staff with long term illness and disabilities. PC explained that a detailed report will be presented to the next Workforce Committee. PC said she was pleased with the results overall. JP congratulated the team for the good results and improvements and offered his assistance in helping with the issues related to Equality, Diversity and Inclusion and in particular the aspect of staff with long term conditions. PC welcomed this and explained that a local survey has demonstrated that this may be related to managers putting reasonable adjustments in place and this is one of the areas that will be reviewed. BS commented that it was important to improve on the "Quality of Appraisals" priority as appraisals need to be more effective. PC explained that the quality of appraisals had improved since the previous survey but this is still an area that is being reviewed. PC explained that an audit is currently taking place in relation to appraisals and the appraisal process which involves talking to staff for feedback and learning from this will be taken and actioned. SU highlighted that it is important to ensure the sampling is a cross section of the organisation and PC confirmed it is. TH asked how many staff completed the survey and how this can be improved for the following year. PC responded that the survey was completed by over 2000 members of staff which is 35% of staff and although this is a higher response rate than the previous year it is still lower than average. - CLK provided an update in relation to a change in leadership at	

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	NHS Improvement (NHSI) and NHS England (NHSE). The organisations are moving to a model of having one Chief Executive Officer (CEO) between the two and one Chief Operating Officer (COO) between the two. The COO will also fulfil the requirement for there to be a separate CEO of NHSI although in practice they will report to the overall CEO. The organisations will continue to have two separate Boards. This information was received the previous week and there are no further updates to provide at the moment. - AM queried the Kark Review of the Fit and Proper Person Test and asked when this is effective from and what will be undertaken in terms of Non-Executive Director (NED) competencies. PC explained that timescales have not yet been provided and the Foundation Trust had been advised to wait for further guidance. TC explained that NED colleagues will be offered a training analysis in terms of development/competencies and this will be progressed in due course. The Board of Directors noted the report.	
Section 4: Delivery of the Trust's Clinical Strategy		
Bo.3.19.7	**Report from Integrated Governance and Risk Committee** CLK presented the regular report from the Integrated Governance and Risk Committee (IGRC). The report referred to the meeting held in January and February 2019. The Board of Directors was referred to the overview of work of the Committee as provided within the paper and the associated appendices. The Board approved the recommendation for any revisions to the risk management strategy to be received by the Audit and Assurance Committee in April 2019 and by the Board of Directors in May 2019 following the evaluation by the Integrated Governance and Risk Committee of the proposed response to the Internal Audit report in March. The Board decided that the contents of this paper provide assurance that the work of the Integrated Governance and Risk Committee provides Executive oversight of and assurance associated with the strategic risks being mitigated and managed by the organisation.	
Bo.3.19.8	**Board Assurance Framework (BAF) and Risk Appetite Statement** CLK explained that the paper confirms the Board of Directors' risk appetite statement and provides a profile of risks, controls and assurances related to the delivery of the Trust's strategic objectives which should be considered throughout the meeting of the Board of Directors. BS commented that it was of concern that some elements of the BAF	

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	were not fully populated, particularly in relation to identified gaps in controls and assurance and asked for assurance that these did not reflect that an assessment of gaps in controls and assurance had not been taken. TC confirmed that Chairs of Committees have started to consider all elements of the BAF and are being supported to ensure that Board Committees challenge and are assured of the content of all component sections.	Chairs of Committees
	It was agreed to provide a printed copy of the BAF to each Board member for future meetings.	Director of Governance and Corporate Affairs
	The Board of Directors discussed and noted the risk appetite statement previously agreed at their meeting in November 2018.	
Section 4a: Quality		
Bo.3.19.9	**Integrated Dashboard: Quality** The Board reviewed the Quality Dashboard and the following key points were discussed: • BG reported that mortality indicators continue to demonstrate strong performance and this was important to note given the challenges that were presented following implementation of EPR. • KD reported that performance remained strong for the infection prevention indicators and although the Foundation Trust was rated amber it compared well nationally. • BG reported very strong performance for the VTE indicator and felt that the implementation of EPR and real time monitoring has helped contribute to this as it provides a mechanism to identify patients requiring VTE assessment very early in their patient journey. • BG reported that the strong performance in safe care in theatres and reduction in significant harms has been partly a result of the improvement and productivity work undertaken in theatres. • KD reported that although the complaints indicator has demonstrated an improving trend, it is not at the expected rate. This is largely due to resource constraints. KD said it was important to note that communication has been maintained with patients and the issue has been added to the risk register. Revised trajectories are in development as part of the formal review of the 2019/20 dashboard. • KD reported an improving position week on week for the identification and management of sepsis. The dashboard metric will be enhanced to reflect the improvement. NEWS2 has also been introduced and successfully rolled.	

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	• CLK was pleased to report that night time transfers continue to be low indicating strong patient flow management. The Board of Directors received and noted the report.	
Bo.3.19.10	**Report from the Chair of the Quality Committee** SU summarised the work of the Quality Committee to the Board of Directors on behalf of the Chair of the Committee (LS) and explained that the Committee was provided with assurance on various aspects of quality as articulated in the report. JP supported this opinion and reported that he felt the Committee was providing proportionate challenge to the assurance received. BS asked whether the Committee had the opportunity to review the Operational Plan for 2019/20 in the context of its terms of reference. SU confirmed this needed to be undertaken and would be scheduled for a future meeting of the Committee. The Board of Directors received and noted the report.	Chair of Quality Committee
Bo.3.19.11	**SIRO 2018/19 Q3 Update** CF reported that as the Senior Information Risk Owner (SIRO) she is required to regularly report to the Board of Directors to describe information governance risks and their mitigation. CF reported there were no externally reportable information governance or cyber security incidents identified in Quarter 3. CF confirmed that at the end of Quarter 3 training compliance was 89%, combining both annual renewal and first time training against an end of year target of 95% and CF explained that performance in relation to this target is being managed actively. CF explained that an improvement plan for 2018/19 is being implemented which encompasses the new Toolkit Assertions, General Data Protection Regulation and Data Quality Maturity. The Board of Directors noted the position of Information Governance in the Trust at the end of Quarter 3 and delegated sign off of the Data Protection and Security Toolkit to the Quality Committee in March 2019.	Quality Committee
Bo.3.19.12	**Board Assurance Framework: Strategic Objectives 1 and 4** BG said the Quality Committee considered the overall assurance level for the delivery of the strategic objective to deliver outstanding care and agreed to undertake a formal review at the April meeting as it felt that	

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	movement from an amber rating to a green rating may be a little too fast and therefore needed reviewing further. BG reported that the Committee did not identify any gaps in assurance but it was recognised that the quality metrics now needed to be reviewed to ensure they are still timely and appropriate to the Foundation Trust whilst also ensuring they meet national requirements. BG reported that the level of controls have improved significantly over time. KD agreed and said it was important to recognise that the BAF has evolved and is now a more meaningful document. The Board of Directors reviewed the Board Assurance Framework in the context of the papers received and the update provided by BG and KD in this section of the meeting and the description of assurances provided within the framework and agreed that the proposed levels of assurance of limited confidence in relation to the achievement of strategic objective 1; to provide outstanding care, and confidence in relation to the achievement of strategic objective 4; to be a continually learning organisation.	
Section 4b: Finance and Performance		
Bo.1.19.13	**Integrated Dashboard: Finance** The Board of Directors reviewed the Finance Dashboard and the following key points were discussed: • MH reported that the Trust has delivered its Pre-Provider Sustainability Funding (PSF) Control Total deficit of £7.2m at the end of January 2019 against which we have also recovered £5.9m of sustainability funding against a plan of £7.9 meaning we are £2m behind plan for the PSF plan and this is associated with the Emergency Care Standard performance. Therefore the Foundation Trust is on plan for the pre-STF level from a financial perspective. MH reported that the overall Use of Resources Risk Rating is 3 and this is assessed using a range of metrics that have contributed to the overall rating and MH specifically highlighted the positive metrics for liquidity as well as agency spend. MH highlighted that agency spend has improved significantly compared to the previous year and this has been a result of the grip and control that is in place as well as appointments to permanent positions. MH reported a liquidity rating of 2 which is behind the plan of 1 and is representative of the underlying cash position which has been noted previously and is behind due to the non-recurrent measures being taken to support the underlying financial position to deliver our control total. MH reported that steps have also been taken to limit the 2019/20 capital investment following a risk based assessment in order to safely reduce capital programme to protect the cash position.	

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	• In terms of the financial recovery plan, MH reported we are on trajectory to deliver the plan at year end that was set in November 2018. The Board were informed that this position is contingent on recovery of the planned benefits from the Wholly Owned Subsidiary (WOS). It is also contingent of the outcome of the modern equivalent asset valuations that is being undertaken by external providers. However, based on the assumption that both these key risk areas do not materialise the Foundation Trust, whilst very tight, is forecasting delivery of the control total at the year-end for 2018/19. BS queried the £17m technical measures referred to in the finance report summary within the dashboard. MH explained that this was the expected benefit of the Alternative Delivery Model, the modern equivalent asset and the arrangements the Foundation Trust has in place for the non-recurrent measures. The Board of Directors received and noted the report.	
Bo.3.19.14	**Report from the Chair of the Finance and Performance Committee** TFG summarised the work of the Finance and Performance Committee on behalf of TH, the Acting Chair of the Committee (who was Chairing the meeting of the Board of Directors), and reported that the Committee had made challenges on the trajectories described within the papers and this will be discussed further at the Closed Board meeting of the Board of Directors.. The Board of Directors received and noted the report.	
Bo.3.19.15	**Finance Report** The Finance Report was considered by the Board of Directors in the context of the review of the Finance Dashboard at agenda item Bo.3.19.13. The Board of Directors received and noted the report.	
Bo.3.19.16	**Board Assurance Framework: Strategic Objective 2a** The Board of Directors reviewed the Board Assurance Framework in the context of the papers received in this section of the meeting and the description of assurances provided within the framework and agreed that the proposed level of assurance of limited confidence in relation to the achievement of strategic objective 2a, to deliver our financial plan. It was recognised that this element of the BAF required a significant update and further circulation to the Board of Directors to reflect the Quarter 3 position.	

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Bo.3.19.17	**Integrated Dashboard: Performance**	

The Board of Directors reviewed the Performance Dashboard and the following key points were discussed:

- SES reported that the Emergency Care Standard performance for Type 1, 2 & 3 attendances is 79.93% for January 2019 and 84.13% year to date. SES reported the ECS standard remains a challenge nationally and her main concern for the department is overcrowding with too many patients in the department at one time with limited decision makers available to meet the demand for increasing attendance. Average daily type 1 & 3 attendances in January 2019 were 372 which has increased to 392 for February 2019 to date. Type 2 attendances have remained high at an average of 72 per day in this period.

  SES provided a brief update on the Work as One Week which took place recently and involved health and social care partners. The week helped demonstrate the limitations in the system of attendance avoidance.

  SES reported that ambulance handover has improved significantly for 60 minute breaches and this has helped improved Yorkshire Ambulance Services performance.

  The Elective Care Intensive Support Team (ECIST) is providing ongoing support to the Trust's improvement programme and the Command Centre transformation programme continues with excellent progress made across the enabling schemes.

  CLK said it was important to recognise the huge amount of work that SES and her team have undertaken to improve patient flow which contributes positively to both moving patients out of the emergency department as well as maintaining elective activity. CLK wished to give credit and recognition to SES and her team for this.

- SES reported that work continues on the cancer recovery plan and the Cancer 2 Week Wait (2WW) performance for December 2018 was 91.05% and is currently projected at 91.32% for January 2019 with only Urology, Lower GI and Upper GI not forecast to meet the 93% target. Increased referrals, particularly for Breast, are putting pressure on this standard but ongoing improvement actions and plans for additional ad hoc clinics will mitigate this risk. A locum consultant has also been appointed for Urology and this will help improve the position. SES explained that demand and capacity modelling for each tumour group has now been established and there is better grip and control operationally.

- SES reported that improvement work continues on the recovery

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	programme for the Cancer 62 Day First Treatment performance and a focussed effort was put on reducing the backlog and producing an accurate PTL. A huddle takes place daily to review every patient over 45 days. Recovery to the 85% target is expected from April 2019. The backlog for Urology and Lower GI poses a risk to compliance for these two tumour groups, although additional diagnostic and treatment capacity is now in place which will help clear this backlog and treat patients within the 62 days. BG added that a comprehensive process exists to review patients waiting beyond 62 days (the national requirement is 104 days). This provides further assurance in terms of patient safety. • SES reported that in January 2019 Referral to Treatment (RTT) Incomplete performance was 81.45% with the total Waiting List reduced by 826 patients, which is the eighth successive month of improvement. There were no patients waiting more than 52 weeks at the end of January 2019 and the same is anticipated at the end of February 2019. Confirmed plans will support improvement to 85%, but it is anticipated that additional actions currently being implemented will support recovery to 87.8% by March 2019. Overall this was a very positive position. CLK acknowledged the work of SES and her team for the significantly improved position for elective care and the need not to cancel any activity. BS was pleased to see the areas of improvement and acknowledged the efforts put into achieving this and asked when achievement of the indicators that were not being met can be expected. SES replied that she expected the Cancer 2 Week Wait to achieve in February and the Cancer 62 Day standard to be compliant from April onwards overall. In terms of the 18 weeks standard, SES expected this to be compliant by June. CLK added that the Finance and Performance Oversight Committee was set up to enable tighter grip on performance as well as to ensure the balance between the impact finance has on performance and vice versa. This has provided flexibility to ensure performance is balanced between quality and finance. The Board of Directors received and noted the report.	
Bo.3.19.18	**Performance Report** The Performance Report was considered by the Board of Directors in the context of the review of the Performance Dashboard at agenda item B0.3.19.17. The Board of Directors received and noted the report.	
Bo.3.19.19	**Board Assurance Framework: Strategic Objective 2b** The Board of Directors reviewed the Board Assurance Framework in	

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	the context of the papers received in this section of the meeting and the description of assurances provided within the framework and agreed that the proposed level of assurance of limited confidence in relation to the achievement of strategic objective 2b; to deliver our performance targets.	
Section 4c: Workforce		
Bo.3.19.20	**Integrated Dashboard: Workforce** The Board of Directors reviewed the Workforce dashboard and the following key points were discussed: • PC reported that the flu vaccination rate for front line staff has been achieved at 76.9%. • PC reported that the Foundation Trust achieved its target of 95% staff appraised at the end of December 2018. Appraisal rates fell slightly in January 2019 to 94.57% and this has highlighted the need for there to be a continued focus until the end of March 2019. • PC reported that in terms of use of agency, turnover and staff in post the metrics reflect a continuing positive position. However the metric for sickness rates has not shown much improvement. It was agreed last year to bring forward the review of the sickness policy and in particular the section on health and wellbeing interventions. There has been an increase in short term sickness during January particularly in clinical areas and work is being done to look at policy compliance particularly on timely return to work interviews. TH asked if there was anything in particular that may have contributed to the sickness rates and PC said there was nothing new to her knowledge. PC explained that focus is being given to short term sickness levels and looking at preventative measures. • KD reported that the nurse staffing metrics remain stable and report good performance. However it should be noted that although the picture is positive overall, there are a couple of areas of concern, particularly Ward 6 (stroke) where additional mitigation is in place to maintain safe staffing levels. The Board of Directors received and noted the report.	
Bo.3.19.21	**Report from the Chair of the Workforce Committee** SU summarised the work of the Workforce Committee to the Board of Directors and wished to thank PC and team on the achievement of the appraisal rate target. SU reported that the Committee will be reviewing the staff survey results closely at the next meeting. The Board was informed that the Committee, overall, felt that the strategic work in relation to the workforce metrics was generating additionally	

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	strengthened assurance to support completion of the Board Assurance Framework The Board of Directors received and noted the report.	
Bo.3.19.22	**Strategic Staffing Review** KD explained that the paper provides the required assurance that the Foundation Trust plans safe nurse and midwifery staffing levels across all wards and other departments. KD said discussions have taken place with every ward manager and matron to ensure the right staff with the right skills are in the right place at the right time. This has continued to form the basis of the structure of the establishment review meetings and is embedded into practice. KD explained that the paper also confirms that there are appropriate systems in place to manage the demand for nursing and midwifery staff. In order to provide greater transparency the paper provides detail of the strategic staffing review undertaken in line with the National Quality Boards requirement of December 2016. JH asked whether the process helps make better decisions in terms of staffing and KD confirmed that it does as it provides an opportunity to challenge what each ward needs based on data and evidence that is available. This in turn helps with agreement of what staffing levels are required. KD asked the Board to note the recommendations listed within the paper and in particular the cost pressure of £86k for the proposed changes to ward establishments and for the Finance & Performance Committee to have delegated responsibility to scrutinise and agree. The Board of Directors received and approved the report.	
Bo.3.19.23	**Board Assurance Framework: Strategic Objective 3** PC confirmed that the BAF and the risk appetite will be formally reviewed at the next Workforce Committee Meeting. The Board of Directors reviewed the Board Assurance Framework in the context of the papers received in this section of the meeting and the description of assurances provided within the framework and agreed the proposed level of assurance of limited confidence in relation to the achievement of strategic objective 3; to be in the top 20% of NHS employers.	
Section 4d: Partnerships		
Bo.3.19.24	**Integrated Dashboard: Partnerships**	

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	The Board of Directors reviewed the Partnerships Dashboard and JH explained that although the dashboard does not have KPIs to be judged against for this section, it does provide a subjective judgement based on the information the Committee considers. • JH described the work being undertaken by the Trust with the West Yorkshire Association of Acute Trusts (WYAAT) to ensure the arterial centre gains NHS England approval. The Board was informed that as a part of this process, approval will be needed from the West Yorkshire Health Overview and Scrutiny Committee. It was also informed that WYAAT was not successful in securing national capital funding for the hybrid theatre required for the arterial centre. The trust is involved in discussions to ensure the hybrid theatre is maintained as a high priority in future capital funding bids by the Sustainability and Transformation Plan (STP). • JH described the important collaboration work with Airedale as it is an enabler for a number of aspects. The Board was informed that a joint clinical summit is planned to launch the programme with clinicians and this will take place in April 2019. • In relation to vertical integration, JH reported to the Board that the Foundation Trust is actively involved in the drafting of a Strategic Partnering Agreement, which will set out how collaboration and decision making will work in Bradford District and Craven. • In terms of the links between the Trust and Bradford's economy, JH explained that the Committee has considered an item outlining the contribution the Trust makes to the local Bradford economy. The contribution and links includes the Foundation Trust's role as a large local employer, its involvement in innovation and research and the concept of NHS Trust's as "anchor institutions" which add social value to local communities. The Board of Directors received and noted the report.	
Bo.3.19.25	**Report from the Chair of the Partnership Committee** The Board of Directors received and noted the report.	
Bo.3.19.26	**Board Assurance Framework: Strategic Objective 5** The Board of Directors reviewed the Board Assurance Framework in the context of the papers received in this section of the meeting and the description of assurances provided within the framework and agreed the proposed level of assurance of confidence in relation to the achievement of strategic objective 5; to collaborate effectively with local and regional partners.	

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Section 5: Governance		
Bo.3.19.27	**Report from the Chair of the Audit & Assurance Committee** The Board of Directors received and noted the report.	
Bo.3.19.28	**Deloitte Well Led Review Update – Quarterly Report** JH explained that the report demonstrates good progress is being made and there are clear timescales for aspects that are outstanding. CLK thanked TC for the work she has put into this. The Board of Directors received and noted the report.	
Bo.3.19.29	**Emergency Preparedness, Resilience and Response (EPRR) Core Standards** The Board of Directors received and noted the report.	
Bo.3.19.30	**Freedom to Speak Up Report (FTSU)** KD presented the report and explained that the paper describes the number of FTSU concerns that have been raised during Quarter 3 2018/19 both at BTHFT with a national comparison. The paper includes the updated FTSU action plan following on from the Board self-assessment and KD said confirmed that all actions are either on plan or completed. KD reported that Quarter 3 has seen increase in concerns and believes this is due to the campaign to raise awareness of FTSU. Four of these concerns were from the accident and emergency department and were anonymous. As a result of these concerns and other intelligence KD, BG and SES visit the department team meeting weekly to discuss concerns and provide assurance. Discussion took place as how many concerns an organisation would expect to see, KD explained that as there is not enough historical data it would be very difficult to quantify this. CF said it was important to note that earlier discussions in terms of the ECS performance and the report from PC have demonstrated a correlation to the concerns raised under FTSU. We need to ensure we do the right thing in terms of the improvement plan to ensure they do not get worse. The Board of Directors received and noted the report.	
Section 6: Board Assurance Framework		
Bo.3.19.31	**Board Assurance Framework**	

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	The Board of Directors reviewed the Board Assurance Framework in its totality in the context of the papers received during the meeting and the description of assurances provided within the framework and agreed that the proposed levels of assurance are appropriate in relation to the Trust's strategic objectives.	
Section 7: Board Meeting Outcomes		
Bo.3.19.32	**Any other business** There were no other items of business to discuss.	
Bo.3.19.33	**Issues to add to Strategic Risk Register** There were no issues to be added to the Strategic Risk Register.	
Bo.3.19.34	**Issues to escalate to NHS Improvement (NHSI)** There were no issues to escalate to NHSI.	
Bo.3.19.35	**Issues to be reported to Care Quality Commission (CQC)** There were no issues to escalate to the CQC.	
Bo.3.19.36	**Items for Corporate Communications** JH said that the routine publication of the Core Brief will be aligned to follow the Board of Directors meetings in order to highlight some of the issues discussed. There were no items for Corporate Communications.	
Bo.3.19.37	**Date and time of next meeting** Thursday 9 May 2019	

For Information – reports received by Board Committees		
Bo.3.19.38	Nurse Staffing Data Publication Report – November and December 2018 and January 2019	
Bo.3.19.39	Workforce Report	
Bo.3.19.40	Equality Plan 2019-2020	
Bo.3.19.41	Timetable for the production of the Annual Report and Quality Report 2018-19	

For Information – Board Committee Governance		
Bo.3.19.42	**Confirmed Finance and Performance Committee Minutes – December 2018 and January 2019**	
Bo.3.19.43	**Confirmed Quality Committee Minutes – December 2018 and January 2019**	
Bo.3.19.44	**Confirmed Audit & Assurance Committee Minutes – December 2018**	
Bo.3.19.45	**Confirmed Workforce Committee Minutes – November 2018 and January 2019**	

BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 7 MARCH 2019

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
08/11/2018	Bo.11.18.10	**Integrated Dashboard, Quality:** To consider early warning signs for quality concerns to be discussed at the Quality Committee.	Chief Medical Officer	Quality Committee 27 March 2019	Committee considered this matter in November 2018. Minutes from that meeting received by Board in January 2019. The Committee noted that 'it was satisfied it was assured, following consideration, discussion and questioning of the reports and action plans' received. Action completed.
08/11/2018	Bo.11.18.13	**Integrated Dashboard, Workforce**: The Workforce Committee to receive an update on the development of middle managers.	Director of Human Resources	Workforce Committee 27 March 2019	Confirmed at Committee this will be received as part of presentation to be delivered to Committee in April 2019. Action completed.
07/03/19	Bo.3.19.8	**Board Assurance Framework and Risk Appetite Statement:** Chairs of Committees to ensure that Board Committees challenge and are assured of the content of all component sections of the Board Assurance Framework.	Chairs of Committees	All Committees 27 March 2019	
07/03/2019	Bo.3.19.11	**SIRO 2018/19 Q3 Update:** The Board of Directors delegated sign off of the Data Protection and Security Toolkit to the Quality Committee in March 2019.	Quality Committee Members	Quality Committee 27 March 2019	Considered and signed off at Committee. Action completed.
08/11/2018	Bo.11.18.22	**Integrated Dashboard, Partnerships:** A Board Development session to be scheduled to cover the overall architecture and practical application of	Director of Strategy and Integration	Board Development Session 11 April 2019	Item deferred to April 2019 Board development session with focus on Airedale collaboration. Added to

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		strategic partnerships.			schedule for 11 April. <u>Action completed.</u>
13/09/18	Bo.9.18.9	**Integrated Dashboard:** The Board development day (4 October) should include a session on identifying innovative solutions to long term performance, finance and quality problems.	Director of Governance and Corporate Affairs	Board Development Session 11 April 2019	8/11/18 To be considered as part of the 7 February Board Development Day schedule. Item deferred to April 2019 Board development session and will be encompassed in discussion on CQC; Moving to good, becoming outstanding. Added to schedule for 11 April. <u>Action completed.</u>
13/09/2018	Bo.9.18.9	**Integrated Dashboard:** Dashboards should be updated to include metrics used externally to monitor the Trust as well as those used internally. The report should include metrics related to cultural improvement and maturity.	Chief Digital and Information Officer	All Committees 24 April 2019	Dashboards updated. The metrics regarding cultural improvement and maturity are specific to the Workforce Committee and the Committee has agreed that these will be included when the data is available later in the year. <u>Action completed.</u>
10/01/2019	Bo.1.19.9	**Integrated Dashboard – Quality:** To include reporting on night time discharges on the integrated dashboard	Chief Digital and Information Officer	Quality Committee 24 April 2019	<u>Action completed.</u>
07/03/2019	Bo.3.19.10	**Report from the Chair of the Quality Committee:** The Committee to review the Operational Plan for 2019/20 in the context of its terms of reference.	Chair of the Quality Committee	Quality Committee 24 April 2019	Item added to agenda for April Committee. <u>Action completed.</u>
08/11/2018	Bo.11.18.21	**Winter Planning Presentation:** There should be the development of metrics to support assurance in relation to the implementation of the Winter Plan.	Chief Operating Officer	Finance and Performance Committee 29May 2019	SES updated that progress is reported through WYAZ on a regular basis. A comparator of the previous winter and this winter will

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
					be undertaken and presented to F&P Committee.
13/09/2018	Bo.9.18.9	**Integrated Dashboard:** Assurance in relation to the data influencing the red rating for governance mechanisms should be presented to the Audit and Assurance Committee. In addition; all assuring committees should receive assurance in relation to the management of the principal risks that they are monitoring.	Director of Governance and Corporate Affairs	Board of Directors 9 May 2019	8 Jan: action to remain open until March Board Meeting as assurance is expected to be provided to the Audit & Assurance Committee Meeting on 5 February 2019. 7 March: The Audit Committee received an internal report describing significant assurance in relation to the implementation of the risk management strategy. The governance metrics are being reviewed in light of that and will be included in the development of the revised dashboard in May 2019.
07/03/2019	Bo.3.19.8	**Board Assurance Framework and Risk Appetite Statement:** To provide a printed copy of the BAF to each Board member for future meetings.	Director of Governance and Corporate Affairs	Board of Directors 9 May 2019	
07/03/2019	Bo.3.19.36	**Items for Corporate Communications:** Publication of Core Brief to be aligned to follow the Board of Directors meetings.	Director of Strategy and Integration	Board of Directors 9 May 2019	
08/11/2018	Bo.11.18.13	**Integrated Dashboard, Workforce**: A Board Development session should focus on Workforce, exploring future planning, especially in relation to roles required.	Director of Human Resources	Board Development Session 13 June 2019	
10/01/2019	Bo.1.19.29	**Communication and Engagement Plan Update:** JH to provide a report to demonstrate the balance of	Director of Strategy and	Board of Directors 11 July 2019	

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		positive and negative coverage for external communications and engagement.	Integration		