

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

Date:	Thursday 9 March 2017	Time:	08:30-10.30
Venue:	Conference Room, Field House, Bradford Royal Infirmary	Chair:	Professor Bill McCarthy
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Professor Bill McCarthy (BM) - Dr Trevor Higgins (TH) - Mr David Munt (DM) - Mr Amjad Pervez (AP) - Ms Selina Ullah (SU) - Mrs Pauline Vickers (PV) - Professor James Walker (JW) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Professor Clive Kay, Chief Executive (CLK) - Ms Donna Thompson, Director of Governance and Operations /Deputy Chief Executive (DT) - Mr Matthew Horner, Director of Finance (MH) - Ms Pat Campbell, Director of Human Resources (PC) - Ms Karen Dawber, Chief Nurse (KD) - Ms Cindy Fedell, Director of Informatics (CF) 		
In Attendance:	<ul style="list-style-type: none"> - Dr Alex Brown, Deputy Medical Director (AB) representing Dr Bryan Gill - Fiona Ritchie, Trust Secretary (FR) - Nahida Mafuz, Minute Taker (NM) 		
Observers:	<ul style="list-style-type: none"> - One Public Governor 		

No.	Agenda Item	Action
Bo.3.17.1	<p>Apologies for absence</p> <p>Dr Mohammed Iqbal, Non-Executive Director (MI) Mr John Holden, Director of Strategy and Integration (JH) Dr Bryan Gill, Medical Director (BG)</p>	
Bo.3.17.2	<p>Declaration of Interests</p> <p>There were no declarations of interest to note.</p>	
Bo.3.17.3	<p>Minutes of the Meeting held on Thursday 9 February 2017</p> <p>The minutes of the previous meeting were accepted as an accurate record of the meeting.</p>	
Bo.3.17.4	<p>Matters Arising:</p> <p><i>The following items were concluded from the action log:</i></p> <ul style="list-style-type: none"> - Bo.1.17.19 (12/01/17): Report from the Performance Committee – December 2016: An update will be provided to the next Performance Committee regarding a sustainable trajectory in relation to AED and RTT performance with the aim of getting sustainable performance. This plan will then be signed off at the 	

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	<p>subsequent Board of Directors meeting. The Board of Directors afternoon session of 09/03/2017 will include AED and RTT performance. Action concluded.</p>	
Bo.3.17.5	<p>Report from the Chairman</p> <p>BM wished to highlight the following key points:</p> <ul style="list-style-type: none"> • Governors update: <ul style="list-style-type: none"> ○ There is now regular dialogue between BM and members of the Council of Governors and BM is keen to maintain this communication. ○ BM agreed to circulate the Governors update brief for March 2017. • BM explained that JW's term of office for the Board of Directors comes to an end on 31 March 2017. JW is a nominee of the Leeds Medical School for the University of Leeds. BM is in dialogue with the Dean of the Medical School regarding a replacement. In the meantime it has been agreed to extend JW's term for a further 6 months and this was formally agreed at the Nominations and Remuneration Committee and by the Council of Governors. BM thanked JW for agreeing to extend his term. 	<p>Trust Secretary</p>
	<p>Reports from the Chief Executive</p>	
Bo.3.17.6	<p>Report from the Chief Executive</p> <p>CLK outlined the following key points from his report:</p> <ul style="list-style-type: none"> • The Foundation Trust's new campaign, <i>#time2talk</i> was launched recently and is based on one of the Foundation Trust's core values, 'We Value our People'. The campaign will promote the value of time between managers and staff and it will also focus on non-medical appraisals. Feedback from staff has been positive and CLK wished to thank PC and her team for their input to this. • The final guidance in relation to Managing Conflicts of Interest in the NHS has now been published by NHS England. All policies and procedures are being reviewed to ensure the Foundation Trust is compliant. • CLK received a letter from Jim Mackey, Chief Executive of NHS Improvement (NHSI) which was sent to all NHS Provider CEOs. The letter is in relation to locum and agency spend. The Foundation Trust will review all requirements and ensure we are fully compliant within the appropriate timescales. This is a very significant issue and was also discussed at the WYAAT CEO meeting. PC explained that there has been some movement of nursing staff transferring to the Foundation Trust bank staff but there are still some nurses recruited through an agency. Work is being done to move these staff to bank staff as soon as possible. The Board of Directors unanimously agreed that the relevant process should be followed to inform NHSI when the Foundation Trust is not able to comply due to patient safety issues. 	

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	<ul style="list-style-type: none"> • CLK wished to congratulate Dr. Kate Wildig, Consultant Paediatrician Neurodisability, who has been crowned “<i>Shine Professional of the Year 2016/17</i>”. <p>BM asked CLK for any comments following the budget announcement of the previous day. CLK explained that £100m was referenced within the budget announcement and this looks to be towards capital spend to support a co-located GP service within the Accident and Emergency Department (AED).</p>	
Bo.3.17.7	<p>Report from Integrated Governance & Risk Committee (IG&R) – February 2017</p> <p>CLK reported that the Committee had agreed to add two new risks to the Corporate Risk Register as detailed within the report. CF explained that the Information Governance (ID 3042) has now been closed and the IG existing risk has been amended.</p> <p>There are no risks that have changed score or closed and no risks were escalated from the Divisions.</p> <p>TH highlighted that there are a number of risks with a target date for mitigation completion for the end of March. DT explained that the Integrated Governance and Risk Committee Meeting monitor this to get assurance that each risk is on target for the completion date and if they are not, then this is challenged.</p> <p>BM raised the issue of the disparity between mitigating action dates that are almost complete and the residual rating and current rating and asked how this should be interpreted. It was agreed to discuss this further at the Board Development session in May regarding strategic objectives and the BAF.</p> <p>The Board of Directors noted the report.</p>	
Bo.3.17.8	<p>Integrated Quality and Performance Dashboard</p> <p>BM suggested using the dashboard to link into the various reports that are further down the agenda.</p> <p>Safety:</p> <ul style="list-style-type: none"> • PV explained that a deep dive has been requested for this and will be reported back to the Committee. KD advised that a member of senior nursing staff was reviewing the process. • The MRSA run rate has decreased from Quarter 1 and this is due to some changes in practice that have been put in place. Work has been undertaken to reduce the rate and this is expected to reflect at the end of the current quarter to bring the Foundation Trust back in line to where it should be. • KD explained that a number of initiatives are being explored to reduce the number of falls particularly in frail and elderly patients. • JW felt that the process of reporting and reviewing at Committee meetings is going very well. • DT highlighted the importance of learning from outcomes and 	

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	<p>asked if the Board would agree to the teams presenting the innovative work that is taking place to improve learning. It was agreed for this to be scheduled for a future Board session.</p> <p>Effectiveness:</p> <ul style="list-style-type: none"> AB explained that the mortality rates are within the expected range and there are no concerns. TH highlighted that there appears to have been a steady rise in recent months and asked whether this is of concern. AB explained that this is the expected seasonal pattern and overall there are no early warnings or alerts from the numbers. <p>Caring:</p> <ul style="list-style-type: none"> It was agreed that the Staff, Friends and Family indicators are included in future reports. KD explained that she is leading a piece of work to improve the complaints process to make it more effective. <p>Performance and Access:</p> <ul style="list-style-type: none"> CLK explained that the performance and access indicators were discussed in detail at the Performance Committee meeting. DM queried that the performance data within the dashboard does not appear to correspond with the numbers in the performance report. MH agreed to check these and amend them if incorrect. PV highlighted that the equipment breakdown in endoscopy is now resolved and the data in relation to CT testing is expected to improve from the end of March. <p>BM summed up the discussion and it was collectively agreed that although the performance rates are not up to the required standard it is recognised that a significant piece of work is being undertaken to address this. It was also recognised that the Foundation Trust needs to continue to work proactively to understand the issues being faced and the plans to address these in order to allow us to respond to the national agenda.</p>	<p>Director of Informatics</p>
	<p>Quality</p>	
<p>Bo.3.17.9</p>	<p>Report from the Quality and Safety Committee – February 2017</p> <p>JW presented the report from the meeting of the Quality and Safety Committee held on 22 February 2017.</p> <p>JW wished to highlight that item 2.8 Deep Dive: Outpatients is also related to the central patient booking service and not just outpatients.</p> <p>No further issues to discuss as items have been covered in agenda item Bo.3.17.8.</p> <p>The Board of Directors received the report and noted the remedial actions agreed at the committee.</p>	

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Bo.3.17.10	<p>Information Governance Toolkit Progress</p> <p>CF presented the report and made the following key points:</p> <p>The Information Governance Toolkit is an annual report that is expected to be submitted by all NHS organisations to measure compliance with information governance legal rules and central guidance.</p> <p>Trust compliance for 2015/16 was 83% and scored 'satisfactory' as at 31 March 2016. An interim review of progress in December 2016 by the Internal Audit team for 2016/17 compliance has been reported as 'Limited Assurance'. A Satisfactory rating is required for 31 March 2017 and work has been undertaken to address this.</p> <p>CLK added that he had formally asked DT to review the governance process in relation to this in order to report to the April meeting of the Quality and Safety Committee.</p> <p>The Board of Directors noted the report and agreed to delegate the final sign off of the annual IGT submission to the March Quality and Safety Committee.</p>	Director of Informatics
	Workforce	
Bo.3.17.11	<p>Workforce Report</p> <p>PC presented the Workforce report and wished to highlight the Qualified Nurse position which continues to be a challenge with the current vacancy position at 11.6% for the Division of Surgery and Anaesthesia and 14% for the Division of Medicine and Integrated Care. There has been mixed success attracting newly qualified and experienced nurses to the vacancies.</p> <p>KD explained that the Facebook recruitment campaigns were ongoing.</p> <p>TH was pleased to see the continued improvement in sickness rates asked whether we should consider sharing our good practice with other organisations. PC will share areas of good practice with other Trusts.</p> <p>The Board of Directors received and noted the report.</p>	Director of Human Resources
Bo.3.17.12	<p>Nurse Staffing Data Publication Report – January 2017</p> <p>KD presented the report and explained that the report now includes commentary where areas have been red rated for three months and also that the format of the report will change from the following month.</p> <p>BM noted that there is a process in place to use the indicators to visit and address areas of possible concern.</p> <p>The Board of Directors received and noted the report.</p>	

No.	Agenda Item	Action
	Finance	
Bo.3.17.13	<p>Report from Finance & Investment Committee – February 2017</p> <p>AP explained that the Cost Improvement Plan (CIP) delivery is behind plan by £3.6m, with £16.5m of savings delivered against a year to date target of £20.1m. At least £8.6m of these savings are non-recurrent relating to vacancies and other one off corporate benefits. The recurrent CIP position is therefore a YTD shortfall of £10.8m.</p> <p>No further issues to discuss as items have been covered in agenda item Bo.3.17.8</p> <p>The Board of Directors received the report and noted the remedial actions agreed at the committee.</p>	
Bo.3.17.14	<p>Finance Report</p> <p>MH presented the Finance Report and explained that a lengthy discussion had taken place at the Finance and Investment Committee. A key point to highlight was that the overall financial position for income and expenditure at the end of January 2017 was a surplus of £6.3m which is behind the planned year to date surplus of £6.7m.</p> <p>MH highlighted the current projections regarding the year end forecast and whilst all efforts are being made to deliver the Pre STF plan that will then secure the quarter 4 financial element of the S&T Fund, there is a risk that current run rates will produce a result that falls slightly short of the plan. Immediate actions are required to control expenditure and increase activity.</p> <p>BM asked KD and AB whether they are content that quality and safety and patient care are not compromised due to the way the Foundation Trust is working towards achieving the financial outcomes. Both AB and KD replied that there are no current concerns and KD explained that she is the Chair for the Trust Improvement Committee (TIC) where a robust quality and safety evaluation process is embedded. CLK added that the reason TIC is now chaired by the Chief Nurse and deputised by the Medical Director is to ensure the CIP is not just financially driven and to deliver an appropriate balance between finance, quality and safety.</p> <p>BM queried the day case and outpatient revenue which was below plan. MH explained that the factors driving the below plan figures were:</p> <ul style="list-style-type: none"> • The ODP agency cap issue experienced in Quarters 1 and 2 of the financial year • The Junior Doctors strike • The down turn in elective activity over the Christmas period and throughout January • Key medical staff vacancies in high activity turnover elective specialties <p>The Board of Directors noted the report.</p>	

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	Performance	
Bo.3.17.15	<p>Report from the Performance Committee – February 2017</p> <p>No further issues to discuss as items have been covered in agenda item Bo.3.17.8</p> <p>The Board of Directors received the report and noted the remedial actions agreed at the committee.</p>	
Bo.3.17.16	<p>Performance and Productivity Report</p> <p>MH presented the Performance and Productivity Report. No further points to be made as the key highlights were covered at agenda item Bo.3.17.18.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.3.17.17	<p>Informatics Performance Report</p> <p>No further issues to discuss as items have been covered in agenda item Bo.3.17.8</p> <p>The Board of Directors received and noted the report.</p>	
Bo.3.17.18	<p>Corporate Priorities Progress Report</p> <p>CLK presented the Corporate Priorities Progress Report and explained that the paper outlines the progress against the agreed corporate priorities for 2016/17 and made the following points:</p> <ul style="list-style-type: none"> • Progress has been made against the majority of Corporate Priorities during Q3 2016/17. • 36 priorities have been rated Green with 16 rated Amber • 1 corporate priority has been rated Red: <ul style="list-style-type: none"> ○ Support and ensure the identification and delivery of divisional CIPs <p>JW felt that achieving the CIP target is a real challenge. CLK agreed but explained that the targets that have been set are realistic albeit a challenge and the Divisions will be supported to deliver these with support from the Transformation Team.</p> <p>The Board noted the anomaly that most of this report is rated green or amber, yet a significant part of the performance report is rated red The Board asked the Executive Directors to ensure that in developing corporate priorities for the coming year thought was given to, where possible, avoidance of this disparity.</p> <p>The Board of Directors received and noted the report.</p>	

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	Audit & Assurance	
Bo.3.17.19	<p>Report from the Audit & Assurance Committee – February 2017</p> <p>DM presented the report following the meeting of the Audit & Assurance Committee held on 7 February 2017. The main point to note was that Cyber Security risk was discussed in detail at the Committee and CF had presented a report to the Committee. BM asked if Cyber Security could be added as an agenda item for the April Board of Directors meeting.</p> <p>The Board of Directors received and noted the report.</p>	Director of Informatics
Bo.3.17.20	<p>Audit & Assurance Committee Terms of Reference</p> <p>The Terms of Reference for the Audit and Assurance Committee are due to be reviewed. The Audit and Assurance Committee have reviewed the existing Terms of Reference.</p> <p>The Board of Directors reviewed and approved the Terms of Reference subject to the agreement of the track changes. FR to circulate the Terms of Reference.</p>	Trust Secretary
Bo.3.17.21	<p>Professional Standards Authority</p> <p>BM explained that the Professional Standards Authority issued ‘Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England’ in November 2012.</p> <p>The Board of Directors has reviewed these standards each year since they were issued and confirmed its commitment to them. It is now a year since the last review and therefore appropriate for further consideration to take place.</p> <p>The Board of Directors reviewed and reaffirmed their commitment to these standards.</p>	
	For Information	
Bo.3.17.22	<p>Minutes of Finance & Investment Committee – January 2017</p> <p>The Board of Directors received and noted the minutes of the Finance and Investment Committee for January 2017.</p>	
Bo.3.17.23	<p>Minutes of Performance Committee – January 2017</p> <p>The Board of Directors received and noted the minutes of the Performance Committee for January 2017.</p>	
Bo.3.17.24	<p>Minutes of the Quality and Safety Committee – January 2017</p> <p>The Board of Directors received and noted the minutes of the Quality and Safety Committee for January 2017.</p>	

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Bo.3.17.25	<p>Minutes of the Audit & Assurance Committee – December 2016</p> <p>The Board of Directors received and noted the minutes of the Audit & Assurance Committee for December 2016</p>	
Bo.3.17.26	<p>Any other business</p> <p>There were no other items of business to discuss.</p>	
Bo.3.17.27	<p>Issues to add to Corporate Risk Register</p> <p>There were no issues to be added to the Corporate Risk Register</p>	
Bo.3.17.28	<p>Issues to escalate to NHS Improvement</p> <p>There were no issues to escalate to NHSI</p>	
Bo.3.17.29	<p>Issues to be reported to Care Quality Commission (CQC)</p> <p>There were no issues to be reported to CQC</p>	
Bo.3.17.30	<p>Items for Corporate Communications</p> <p>There were no items to escalate for Corporate Communications.</p>	
Bo.3.17.31	<p>Date and time of next meeting</p> <p>Thursday 13 April 2017 at 09:30</p>	

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 9 MARCH 2017**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
10/11/16	B16/291.0	Explore possibility of adding links within BAF section headings to working documents	Director of Informatics	Board of Directors 13/04/17	This has been reviewed and will be included within the refresh of the integrated dashboard. Further updates will be provided at April Board.
09/02/17	Bo.2.17.15	Issues to escalate to NHS Improvement: It was agreed to contact NHSI to follow up on the letter previously written to them regarding the control total as a response has not been received as discussed at agenda item Bo.2.17.15.	Director of Finance	13/04/17	This item will be covered in the quarterly BTHFT/NHSI meeting of 14/03/2017 and an update given at the April Board.
09/02/17	Bo.2.17.13	Nurse Staffing Data Publication Report – December 2017: Consider how future reports demonstrate whether the red RAG rated areas are sustained or one off.	Chief Nurse	Board of Directors 13/04/17	
09/03/17	Bo.3.17.5	Report from the Chairman: BM agreed to circulate the Governors 'update brief' for March 2016.	Trust Secretary	Board of Directors 13/04/17	Circulated to Board members March 2017
09/03/17	Bo.3.17.8	Integrated Quality and Performance Dashboard: Staff Friends and Family indicators to be included in future reports.	Director of Informatics	Board of Directors 13/04/17	
09/03/17	Bo.3.17.19	Report from the Audit & Assurance Committee: Cyber Security to be added as an agenda item for the April Board of Directors meeting.	Director of Informatics	Board of Directors 13/04/17	Added to April Board Agenda
09/03/17	Bo.3.17.10	Information Governance Toolkit Progress: The Board of Directors noted the report and agreed to delegate the final sign off of the annual IGT submission to the March Quality and Safety Committee	Director of Informatics	Board of Directors 13/04/17	
12/01/17	Bo.1.17.18	Board Development session on Contract income to be arranged	Trust Secretary	Board Development Session 11/05/17	Added to Board Development Programme

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
15/12/16	B16/326.3	Equality & Diversity Update: BM suggested a longer discussion regarding equality and diversity takes place at a future Board development session where staff are invited to come and talk to the Board of Directors. PC explained that a review of the focus groups will be undertaken in January following which there will be more data available for an in-depth discussion at a Board development session.	Director of Human Resources	Board of Directors July 2017	
09/02/17	Bo.2.17.3	Patient Story: Update to be provided in six months to the Board of Directors and to the patient with regards to improvements that have been made.	Chief Nurse	Board of Directors September 2017	
09/02/17	Bo.2.17.10	Report from the Quality and Safety Committee – January 2017: Non-medical appraisal review – the Foundation Trust expects to be in a better position by the end of Quarter 2 and a report will be presented to the Board of Directors. However, if an improvement is not seen then an exception report will be presented.	Director of Human Resources	Board of Directors September 2017	