

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

Date:	Thursday 11 May 2017	Time:	09:00-11:15
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) - Dr Mohammed Iqbal (MI) - Mr David Munt (DM) - Mr Amjad Pervez (AP) - Mrs Pauline Vickers (PV) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Professor Clive Kay, Chief Executive (CLK) - Ms Pat Campbell, Director of Human Resources (PC) - Ms Karen Dawber, Chief Nurse (KD) - Ms Cindy Fedell, Director of Informatics (CF) - Dr Bryan Gill, Medical Director (BG) - Mr John Holden, Director of Strategy and Integration (JH) - Mr Matthew Horner, Director of Finance (MH) - Ms Donna Thompson, Director of Governance and Operations /Deputy Chief Executive (DT) 		
In Attendance:	<ul style="list-style-type: none"> - Ms Fiona Ritchie, Trust Secretary (FR) - Ms Nahida Mafuz, Minute Taker (NM) - Ms Jackie Loach, Head of Nutrition and Dietetics (JL) for agenda item Bo.5.17.5 - Mr Paul Featherstone (PF), Director of Estates and Facilities for agenda item Bo.5.17.24 		
Observers:	<ul style="list-style-type: none"> - 1 member of staff - 1 member of the public - 6 members of staff for the staff story 		

No.	Agenda Item	Action
Bo.5.17.1	<p>Apologies for absence</p> <ul style="list-style-type: none"> - Ms Selina Ullah, Non-Executive Director - Professor James Walker, Non-Executive Director 	
Bo.5.17.2	<p>Declaration of Interests</p> <p>There were no declarations of interest to note.</p>	
Bo.5.17.3	<p>Minutes of the Meeting held on Thursday 13 April 2017</p> <p>The minutes of the previous meeting were accepted as an accurate record</p>	

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	of the meeting.	
Bo.5.17.4	<p>Matters Arising:</p> <p><i>The following items were concluded from the action log:</i></p> <ul style="list-style-type: none"> - Bo.4.17.3 (13/04/17): PC to share areas of good practice with other Trusts. PC has shared learning with other organisations. Action concluded. - Bo.4.17.3 (13/04/17): FR to circulate agreed Audit Committee ToRs. ToR circulated 4/4/2017. Action concluded. - Bo.4.17.5 (13/04/17): Patient Story: KD to provide assurance to the Board of Directors that a process is in place to deal with the reviews published on NHS choices and NHS UK and ensure there is some consistency on how these reviews are dealt with. KD met with SU post BoD meeting and provided evidence that all reviews are dealt with and that this is in a consistent manner. Action concluded. - Bo.4.17.7 (13/04/17): Quarterly updates on progress of the Centre for Applied Health Research to the BoD to be added to BoD workplan. Added to the BoD workplan. Action concluded. - Bo.4.17.9 (13/04/17): FR to add Never Event to the April Quality & Safety Committee agenda. Discussed at the 24 April 2017 Quality and Safety Committee. Action concluded. - Bo.4.17.20 (13/04/17): Compliance with the NHS Foundation Trust Code of Governance: FR to seek clarity from NHSI over the word 'Director'. FR explained that NHSI have confirmed they will consider this later in the year and for now to keep this as it is. They are reassured that CLK involves BM in the training needs of Executive Directors. Action concluded. 	
Bo.5.17.5	<p>Staff Story</p> <p>BM introduced Jackie Loach, Head of Nutrition and Dietetics (JL) to deliver a presentation regarding Bradford Nutrition and Dietetics Services. JL provided an overview of the services provided by the team, how the services are delivered and the role of a Dietitian.</p> <p>The Foundation Trust employs 53 full time equivalent registered Dietitians and delivers 44,000 patient clinical interventions per year in addition to offering education, staff training and advisory work. Staff are based across all hospital sites including the three community hospitals. The Foundation Trust works in partnership with Bradford District Care Trust, Primary Care, the Clinical Commissioning Group, Bradford District Metropolitan Council and the Voluntary and Community Sector to deliver a range of services.</p> <p>BG asked JL whether she felt enough is being done to help break down the barriers between the various medical professions in order to deliver seamless care to patients. JL replied that integration was in place where</p>	

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	<p>Dietitians work within teams and this worked well between the professions. However, outside of this it is a challenge at times and we probably need to review how the roles can be integrated into teams.</p> <p>MI raised the issue regarding the national media coverage relating to obese patients and patients that smoke who may get refused treatment until they lose weight and/or stop smoking. MI asked if patients are taking ownership of this challenge and engaging with the service. JL explained that acutely ill patients are treated without this discussion taking place at the point of admission. However, for planned admissions a discussion takes place but it was important to recognise that this is a national issue but the service does offer weight management advice and a programme of support to patients.</p> <p>AP asked if any work is undertaken with schools in order to work on prevention earlier on. JL explained that public health dietetic work is undertaken and the team have good connections with the Council which includes working with schools as well as offering exercise and encouraging use of green spaces. The team work closely with schools in relation to school meals to encourage healthy eating.</p> <p>CLK wished to commend the excellent work of the team and BM thanked JL and the team for the insightful presentation.</p>	
Bo.5.17.6	<p>Report from the Chairman</p> <p>The Board of Directors noted the report from the Chairman.</p>	
	<p>Reports from the Chief Executive</p>	
Bo.5.17.7	<p>Report from the Chief Executive</p> <p>The Board of Directors noted the report from the Chief Executive.</p>	
Bo.5.17.8	<p>Report from Integrated Governance and Risk Committee (IGRC) – April 2017</p> <p>CLK presented the regular report from the Integrated Governance and Risk Committee (IGRC) Monthly Meeting and made the following key points:</p> <ul style="list-style-type: none"> - No new risks were added to the Corporate Risk Register. - Two risks have changed in score since the previous report to the Board of Directors. <ul style="list-style-type: none"> o The first is in relation to the flow of Pathology results from the Pathology systems to ICE (ID 2736). CF explained that the risk has been reduced in score as the service has now been transferred. o The second is in relation to sustaining nursing and midwifery staffing levels and developing the nursing and 	

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	<p>midwifery workforce for the future (ID 2997). KD explained that the risk has reduced in score following engagement with colleagues as well as recruitment initiatives that have been undertaken. We are now seeing higher levels of applicants to Band 6 and 7 posts.</p> <ul style="list-style-type: none"> - No risks were closed or removed from the Corporate Risk Register. - The following two risks were escalated from the Divisions but these were rejected as it was agreed that these could be managed at a Divisional level: <ul style="list-style-type: none"> o Multiple entries on the ICE results server (this was not considered to be an extreme risk and can be managed at Divisional level). o Service failure arising from the pharmacy management system (the support contract has been agreed to be extended for a further 3 months. Continue to manage at Divisional level). <p>TH referred to the number of risks that were red rated and due for closure on 31 May and asked if this was of concern. BG explained that they are red rated as they are due for mitigation and not closure and DT added that all of these risks are due for discussion at the next IGRC meeting where some will be closed whilst others will be reviewed.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.5.17.9	<p>Integrated Quality and Performance Dashboard</p> <p>Safety:</p> <ul style="list-style-type: none"> - Never Events: BG wished to inform the Board of Directors that a Never Event occurred in April which is not included in the dashboard due to when it took place. BG explained that the incident relates to insertion of a wrong size lens into a patient undergoing cataract surgery. A number of immediate actions were taken within 48 hours of the incident taking place and BG has received assurance that changes have been introduced to mitigate a reoccurrence whilst the full investigation is undertaken. It was important to note that the patient underwent a further procedure, however has come to no harm as a result of the incident. The patient has since been seen in follow up clinic and is progressing well. - VTE Assessed: Under performance has been reported since July 2016 and this has continued into March 2017. Non-Executive Directors have been seeking assurance over a number of Board meetings. KD explained that actions are underway to identify the causes and to address the known concerns. Areas have been identified where this was being recording incorrectly and training has been offered as well as putting in some extra checks. PV added that a discussion took 	

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	<p>place at the Performance Committee regarding this and assurance was provided. KD has received assurance that April figures have improved and these will be reviewed by the Performance Committee at the next meeting.</p> <ul style="list-style-type: none"> - Antenatal Screening: BG informed the Board of Directors regarding a significant incident in the delivery of infectious disease antenatal screening. A comprehensive review was carried out of each woman who attended antenatal clinic during that period and actions put in place to contact and correct this error for every woman affected. Comprehensive actions in both the clinical and laboratory service have been put in place to prevent recurrence. <p>PV informed the Board of Directors that a detailed discussion had taken place at the Quality and Safety Committee regarding the issue. BM wished to commend CLK, BG and the team in relation to the swift response and the openness in which they dealt with the issue. BM asked if there are any other areas within the Airedale Pathology Service which may need to be reviewed. BG outlined an in depth discussion that took place at the Joint Venture Pathology Board Meeting regarding this. There was no evidence at this time of any other areas of major concern. The JV agreed to defer further formal reviews to allow focus on putting in corrective actions to prevent further incidents.</p> <ul style="list-style-type: none"> - Patient Falls with Harm: KD reported that year to date we have had figure 407 patient falls which resulted in harm. This is above what we would expect. Sessions have been scheduled for staff to attend, relating to falls prevention, where the focus will be to look at learning and how we can reduce the number of falls. TH asked how the Foundation Trust compares to other Trusts and KD replied that the Foundation Trust currently has a higher number of falls than other Trusts. PV queried if near misses are also included within the data and KD said they are. - Nurse staffing: There was an increase in nurse staffing vacancies for the Division of Anaesthetics, Diagnostics and Surgery and a reduction for the Division of Medicine and Integrated Care. The figures for the Division of Anaesthetics, Diagnostics and Surgery are distorted by Theatres. There has been a pattern over the last five months showing more registered nurse leavers than starters and this is likely to continue until the new intake of qualified nurses in September. CLK asked the reason for this and PC explained it was due to retirement, relocation and promotion to other Trusts. AP asked how this could be better managed and linked to appraisals in order to retain staff that are moving on to other Trusts for promotional opportunities. KD explained that the new cohort is being managed differently by offering rotations after two years as this will provide a broad range of experience as well as offer variety. DT asked if any predictive work is done regarding retirements and PC explained that an age profile is provided to Divisions. DT felt that more should be done with the profile data and BM suggested that this is reviewed by the Quality & Safety Committee. PC to include an update in her next workforce report for the June 	<p>PC</p>

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	<p>Committee.</p> <p>Effectiveness:</p> <ul style="list-style-type: none"> - Stroke Service: DT explained that a detailed presentation was given to the Quality and Safety Committee where the action plan was presented along with the trajectory and how the service will recover. A process is in place to track the action plan to ensure it is being delivered and the Committee was assured. <p>Caring:</p> <ul style="list-style-type: none"> - Information Governance Breaches: There was one breach reported in March and this has been reported to the Information Commissioner. An investigation has begun. <p>Performance and Access:</p> <ul style="list-style-type: none"> - 18 Week Position: There was concern noted by the Board that the RTT position continued to decline. PV explained that the trajectory demonstrated that it is not likely to recover until March 2018 and the Board must recognise this challenge and although it is a concern it is being closely monitored by the relevant Committee. CLK wished to highlight that the Foundation Trust is very committed to caring for both elective and none elective patients alike. - Emergency Care Standard: The standard has continued underachievement against the threshold with a 2.0% year to date growth seen in A&E attendances compared to last year. March improved by 2.3% over February, although there are signs of deterioration in April 2017. The Board will receive a full update in the later Closed Board of Directors session. - Diagnostic Waiting Times: The majority of breaches against this standard were related to a particular test; Cardiac CT. A report will be presented to the next Performance Committee on this issue. - Cancer 62 Day First Treatment: Performance has deteriorated since October 2016. PV reported that the Cancer Team attended the Performance Committee and discussion took place regarding diagnostic delays and inter provider transfers. The Committee received assurance from the team as actions are being undertaken to improve performance. - DM queried the short notice clinic cancellations and asked if anything could be done to reduce these. MH agreed to look at the data and report back to the next meeting. <p>Strategic BAF Risks:</p> <ul style="list-style-type: none"> - DM referred to the Strategic BAF Risks section of the dashboard and asked why this was red rated in relation to maintaining financial stability and meeting our license conditions, given the year end performance. MH explained this is an ongoing risk with the CIP challenge and control total reset for the new financial year. 	<p>MH</p>

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	<p>Finance:</p> <ul style="list-style-type: none"> - MH noted the positive financial position reported for the year ending 31 March. The overall Income and Expenditure position at the end of March is a surplus of £0.5m, against a planned surplus of £8.8m. However, this position includes an impairment of £8.6m which does not impact on the Use of Resources rating or delivery of the control total. This is a very successful position to report and MH also noted that assurances had been provided that there had been no compromises to quality and safety throughout the year in delivering the financial position. - BM recognised the sterling efforts from all teams across the Foundation Trust in securing such a positive position. <p>Workforce:</p> <ul style="list-style-type: none"> - Staff Sickness Rate: staff sickness rates have improved with the year to date sickness % rate having fallen slightly in March 2017 to 4.72% from 4.85% in February 2017. - Appraisal Rates: PC reported that these have increased by 5% and indicative April figures show a continued increase. <p>The Board of Directors received and noted the report.</p>	
	Quality	
Bo.5.17.10	<p>Report from the Quality and Safety Committee – April 2017</p> <p>This item was discussed under item Bo.5.17.9.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.5.17.11	<p>Infection Prevention and Control Report</p> <p>KD presented the paper and reported that the Foundation Trust had a total of six attributable cases of MRSA in 2016/17. Three cases were due to blood culture contamination. Work on improving blood culture technique to minimise the risk of blood culture contamination is continuing.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.5.17.12	<p>Senior Information Risk Owner Report</p> <p>CF presented the paper and reported that NHS Digital has reviewed the Foundation Trust's Information Governance Toolkit submission for 2016/17 and confirmed a Satisfactory rating.</p> <p>The Board of Directors received and noted the report.</p>	

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	Workforce	
Bo.5.17.13	<p>Workforce Report</p> <p>This item was discussed under item Bo.5.17.9.</p> <p>BG wished to refer to the issue of Microbiologist recruitment which is an area of concern and further details have been provided within the report. The issue is due to a national shortage of microbiologists. The situation will be reviewed following the current recruitment campaign.</p> <p>CLK said it was important to note that a number of long standing consultant vacancies have now been filled and in future CLK will include details of new consultant appointments within his report.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.5.17.14	<p>Annual Staff Survey Results 2016 and Action Plan</p> <p>PC presented the paper and explained that it provides an overview of the results for the Foundation Trust's 2016 NHS Staff Survey. The paper was discussed in detail at the Quality and Safety Committee.</p> <p>PC reported that the staff engagement scores were disappointing to see and the proposed action plan demonstrates that this will be the top priority going forward. The Foundation Trust needs to be much more engaged with staff. Good practice from other organisations as well as internally will be reviewed to learn lessons and implement.</p> <p>MI commented that he had seen positive change implemented over the last year and he felt this would reflect better in the next survey.</p> <p>AP asked how the values, mission and vision of the organisation was shared with staff. BM said this was one of the items to be discussed and reviewed at the Board Development session later this afternoon.</p> <p>An error was noted on page 16 of the report against action 3 "Errors and Incidents", the priority should start with "increase" and not "decrease the percentage of staff reporting errors, near misses or incidents in the last month". PC to amend the report.</p> <p>The Board of Directors received and noted the report.</p>	PC
	Finance	
Bo.5.17.15	<p>Report from Finance & Investment Committee – March 2017</p> <p>This item was discussed under item Bo.5.17.9.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.5.17.16	<p>Finance Report</p> <p>This item was discussed under item Bo.5.17.9.</p>	

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	The Board of Directors received and noted the report.	
	Performance	
Bo.5.17.17	<p>Report from the Performance Committee – March 2017</p> <p>This item was discussed under item Bo.5.17.9.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.5.17.18	<p>Performance and Productivity Report</p> <p>This item was discussed under item Bo.5.17.9.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.5.17.19	<p>Informatics Performance Report</p> <p>This item was discussed under item Bo.5.17.9.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.5.17.20	<p>Update paper from A&E Delivery Board</p> <p>DT explained that the paper summarises the discussions that took place at the A&E Delivery Board Meeting on 20 April 2017.</p> <p>The Board of Directors received and noted the report.</p>	
	Audit & Assurance	
Bo.5.17.21	<p>Report from the Audit and Assurance Committee – April 2017</p> <p>DM presented the report and wished to highlight there was a 'limited assurance' Internal Audit Report on clinical coding and this was expected to improve through the implementation of the EPR. A programme of work was also being undertaken to improve clinical coding.</p> <p>The Board of Directors received and noted the report.</p>	
	Governance	
Bo.5.17.22	<p>Board Assurance Framework 2016-17 year end statement</p> <p>DT explained this was the year end Board Assurance Framework statement for the period 2016/17.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.5.17.23	Annual Health and Safety Report	

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	<p>DT explained that the report provides a summary of the main activity and outcomes relating to Health and Safety for the period 1 April 2016 to 31 March 2017.</p> <p>DT wished to make the Board of Directors aware that there is currently a campaign underway in relation to improving staff awareness and Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations (RIDDOR).</p> <p>The Board of Directors received and noted the report.</p>	
Bo.5.17.24	<p>Annual Fire Safety Report and Declaration of Fire Safety</p> <p>PF presented the report and explained that it provides assurance of the Foundation Trust's compliance with mandatory requirements in relation to fire safety.</p> <p>The Foundation Trust also completes an annual statement of fire safety which is not mandatory but good practice and this is signed off by the Chief Executive.</p> <p>PF reported that new confidential waste consoles have been introduced across the Foundation Trust and a working group has been established to review medical record storage. Some focussed work has been undertaken review security and fire escapes and adaptations have been made to improve areas.</p> <p>PF reported that all fire related matters in relation to the New Hospital Wing have been undertaken. With regards to Community Hospitals, the Foundation Trust has a duty of care as does the landlord. The Foundation Trust's Fire Officer takes a lead role to ensure fire safety adherence and any required improvements are made at all community hospitals.</p> <p>The Board of Directors received and noted the report.</p>	
Bo.5.17.25	<p>Register of Board of Directors' Declaration of Interest</p> <p>The Board of Directors received, reviewed and noted the register.</p>	
Bo.5.17.26	<p>NHS Provider Licence Self Certification</p> <p>DT presented the report and explained that NHS Foundation Trusts are required to annually self-certify whether or not they have complied with the conditions of the NHS provider licence, which includes requirements to comply with NHS Acts and have regard to the NHS constitution. The attached paper provides a summary of the Foundation Trust's NHS Provider Licence and a self-assessment of compliance with the Licence.</p> <p>The Board of Directors self certified that they have complied with the conditions of the NHS provider licence.</p>	
	For Information	

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Bo.5.17.27	<p>Confirmed Finance and Investment Committee Minutes – March 2017</p> <p>The Board of Directors received and noted the minutes of the Finance and Investment Committee for March 2017.</p>	
Bo.5.17.28	<p>Confirmed Performance Committee Minutes – March 2017</p> <p>The Board of Directors received and noted the minutes of the Performance Committee for March 2017.</p>	
Bo.5.17.29	<p>Confirmed Quality and Safety Committee Minutes – March 2017</p> <p>The Board of Directors received and noted the minutes of the Quality and Safety Committee for March 2017.</p>	
Bo.5.17.30	<p>Nurse Staffing Data Publication Report – March 2017</p> <p>The Board of Directors received and noted the report.</p>	
Bo.5.17.31	<p>Any other business</p> <p>There were no other items of business to discuss.</p>	
Bo.5.17.32	<p>Issues to add to Corporate Risk Register</p> <p>There were no issues to be added to the Corporate Risk Register.</p>	
Bo.5.17.33	<p>Issues to escalate to NHS Improvement</p> <p>There were no issues to be escalated to NHSI.</p>	
Bo.5.17.34	<p>Issues to be reported to Care Quality Commission (CQC)</p> <p>There were no issues to be escalated to CQC.</p>	
Bo.5.17.35	<p>Items for Corporate Communications</p> <p>No items identified for Corporate Communication.</p>	
Bo.5.17.36	<p>Date and time of next meeting</p> <p>Thursday 8 June 2017 at 09:00</p>	

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 11 MAY 2017**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
12/01/17	Bo.1.17.18	Board Development session on Contract income to be arranged. Post meeting Note: Agreed with Chairman to move to June Finance Committee	Trust Secretary	Finance Committee June 2017	Added to June Finance Committee agenda
13/04/17	Bo.4.17.8	Report from the IGRC: Process review to be undertaken of longstanding risks.	Chief Executive	Board of Directors June 2017	On June Open BoD agenda
11/05/17	Bo.5.17.9	Integrated Quality and Performance Dashboard: DM queried the short notice clinic cancellations and asked if anything could be done to reduce these. MH agreed to look at the data and report back to the next meeting.	Director of Finance	Board of Directors June 2017	
11/05/17	Bo.5.17.14	Annual Staff Survey Results 2016 and Action Plan: An error was noted on page 16 of the report against action 3 “Errors and Incidents”, the priority should start with “increase” and not “decrease the percentage of staff reporting errors, near misses or incidents in the last month”. PC to amend the report.	Director of Human Resources	Board of Directors June 2017	Report amended
11/05/17	Bo.5.17.9	Integrated Quality and Performance Dashboard: Nurse staffing – DT asked if any predictive work is done regarding retirements and PC explained that an age profile is provided to Divisions. DT felt that more should be done with the profile data and BM suggested that this is reviewed by the Q&S Committee. PC to include an update in her next Workforce report for the June Q&S Committee.	Director of Human Resources	Quality & Safety Committee June 2017	
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	Director of Human Resources	Board of Directors July 2017	BoD Session planned for July

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		undertaken in January following which there will be more data available for an in-depth discussion at a Board development session.			
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	
13/04/17	Bo.4.17.13	The Guardian of Safe Working to be invited to present at October's Board of Directors Meeting.	Medical Director	Board of Directors October 2017	
13/04/17	Bo.4.17.12	Chief Nurse invited to present to the Board of Directors in 9 months' time on progress made on the dashboard.	Chief Nurse	Board of Directors January 2018	