

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

At a scheduled meeting in public, of the Board of Directors of Bradford Teaching Hospital on 9th January 2020, with Dr Maxwell Mclean in the Chair, and Dr Tanya Claridge acting as Trust Secretary, the minutes of the previous meeting on the 7th November were read and approved.

Signed: _____ Chairperson

Signed: _____ Director of Governance and Corporate Affairs

Date:	Thursday 7 November 2019	Time:	10:45-13:15
Venue:	Conference Room, Field House	Chair:	Dr Maxwell Mclean
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Dr Maxwell Mclean (MM). - Ms Trudy Feaster-Gee (TFG). - Mr Mohammed Hussain (MHu). - Ms Julie Lawreniuk (JL). - Mr Jon Prashar (JP). - Mr Barrie Senior (BAS). - Professor Laura Stroud (LS). - Ms Selina Ullah (SU). <p>Executive Directors:</p> <ul style="list-style-type: none"> - Ms Mel Pickup, Chief Executive (MP) - Mr John Holden, Director of Strategy & Integration (JH). - Ms Pat Campbell, Director of Human Resources (PC). - Ms Karen Dawber, Chief Nurse (KD). - Ms Cindy Fedell, Chief Digital and Information Officer (CF). - Dr Bryan Gill, Chief Medical Officer (BG). - Mr Matthew Horner, Director of Finance (MH). - Mrs Sandra Shannon, Chief Operating Officer (SES). 		
In Attendance:	<ul style="list-style-type: none"> - Dr Tanya Claridge, Director of Governance and Corporate Affairs (TC). - Mr Aubrey Sitch, Minute Taker. - Ms Vicky Murch, Ward 3 Sister for patient story (VM) 		
Observers:	<ul style="list-style-type: none"> - 2 Governors - 1 members of staff 		

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Section 1: Opening Matters		
	Chair's Opening Remarks	
	MM welcomed the Board of Directors, those in attendance and those	

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	<p>observing the proceedings to the meeting.</p> <p>MM welcomed Ms Mel Pickup, the new Chief Executive to her first meeting of the Board of Directors. He thanked John Holden, Director of Strategy & Integration for his work 1 April to 31 October 2019 as Acting Chief Executive.</p> <p>MM asked the Board to note that the meeting was being held during the run-up to a general election. With regard to NHSE pre-election guidance, Board meetings should be confined to matters that need a Board decision or require Board oversight and matters of future strategy should be deferred.</p>	
Bo.11.19.1	<p>Apologies for absence</p> <p>Apologies for absence were noted for the following:</p> <ul style="list-style-type: none"> - Mr Amjad Pervez, Non-Executive Director 	
Bo.11.19.2	<p>Declaration of Interests</p> <p>There were no declarations of interest made by members of the Board.</p>	
Bo.11.19.3	<p>Patient Story</p> <p>KD welcomed Ms Vicky Murch, Sister from Ward 3.</p> <p>KD introduced the patient story. Betty, in her early 80s, had put off coming into hospital fearing the busy environment. The ambulance staff, doctors and other medical staff demonstrated great levels of care and took her concerns seriously. Despite it being a frightening experience, Betty was continually reassured that she was being well looked after.</p> <p>A bed was found for Betty on Ward 3 (acute elderly admissions) in just less than 4 hours. She was again made to feel very welcome by staff but was uncomfortable at the noise being made by a lady next to her with Dementia and by staff responding to an incident elsewhere on the ward. The staff accommodated her needs well and she was told that she could go home the next day.</p> <p>Betty thanked VM for her excellent care and stated that had noise been reduced at night, it would have made her stay better. She also noted that her name had been misspelled on the board above her bed which was important to her.</p> <p>Following the feedback from Betty, a number of actions have taken place in order to improve the experience of patients at night time:</p> <ul style="list-style-type: none"> - The 'Noise at Night' campaign has been running for 3 months - 'Good night, sleep tight' is an initiative to make patients comfortable and encourage a good night sleep. - Staff are demonstrating engagement by ensuring that their phones 	

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	<p>are turned off, wearing quiet shoes and respecting people's need for sleep.</p> <p>JP asked how difficult it is to balance the needs of patients with additional needs while also challenging some of their more difficult behaviour. VM explained they had patients with dementia and also learning difficulties on Ward 3. When necessary those patients can be moved to quieter areas where they are less likely to be over-stimulated. She also described how effective good communication is at managing patient's needs.</p> <p>BG described how the configuration of wards can impact outcomes for patients and recommended that the board think strategically about the configuration of wards to improve patient outcomes.</p> <p>MM thanked VM on behalf of the Board of Directors for sharing this experience and asked for that to be passed on to the staff of Ward 3.</p> <p>KD added that she would invite a representative from the Enhanced Care Team to attend the Quality Committee to deliver a presentation on the management of patients with additional needs.</p>	KD
Section 2: Business from Previous Board Meeting		
Bo.11.19.4	<p>Minutes of the Meeting held on Thursday 12 September 2019</p> <p>The minutes of the meeting held on the 12th September were accepted as an accurate record of the meeting pending the following amendment:</p> <p>The paragraph in agenda item Bo.9.19.7 that refers to the Wholly Owned Subsidiary that read:</p> <p>Bradford Teaching Hospitals NHS Foundation Trust and UNISON agreed to suspend the indefinite industrial action that was due to commence on 26 August 2019, subject to specific legal agreement on this point.</p> <p>To be changed to:</p> <p>Bradford Teaching Hospitals NHS Foundation Trust and UNISON agreed to suspend the indefinite industrial action that was due to commence on 26 August 2019, subject to the legal advice UNISON were seeking on this point.</p>	TC
Bo.11.19.5	<p>Matters Arising:</p> <ul style="list-style-type: none"> 12/09/19, Bo.9.19.5, From actions: Strategic objective review for December 2019. TC stated that the Board Workshop action has been superseded by CQC's inspection. TC will discuss with MM 	TC

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	<p>and MP to factor this review into the board development program in the new year. <u>Action completed</u></p> <ul style="list-style-type: none"> - 12/09/19, Bo.9.19.5, Matters Arising: Diarise all agenda items that were scheduled for October 2019 to a later Board development session. TC stated that she has moved items that would need to be taken into consideration but that there was nothing to be dealt with as a development issue until the Board Development program review. <u>Action completed</u> - 12/09/19, Bo.9.19.17, Board Assurance Framework: Strategic Objective 2a: Finance & Performance BAF to be checked for assurance level and risk appetite. Risk Appetite has been changed from Cautious to Open. TC stated that the Committee would look at the whole statement that sits behind each rating in December to bring back to the January meeting. <u>Action Completed.</u> - 12/09/19, Bo.9.19.17, Integrated Dashboard – Finance: Paper to be presented to Finance & Performance Committee in relation to a long term plan. MH confirmed that the paper had been presented to the Committee. . <u>Action Completed.</u> - 12/09/19, Bo.9.19.17, Integrated Dashboard – Finance: System based savings plans to be presented at the Finance and Performance Committee. <u>Action Completed.</u> - 11/07/2019, Bo.7.19.5, Strategic Objectives: To review the Trust's profile of strategic objectives at the Board Development Day in December, in the context of the discussions being held in relation to Strategic Objective 4 'to be a continually learning organisation'. TC stated that this correlated to Item Bo.9.19.5 <u>Action Completed.</u> - 11/07/2019, Bo.7.19.3, Patient Story: It was agreed that a Board development session is planned in relation to Trust-wide Complaints process. As part of this KD to consider how to present the journey of a complaint. KD advised that this is now on the forward plan for December 2019. <u>Action Completed.</u> 	
Section 3: Business Reports		
Bo.11.19.6	<p>Report from the Chairman</p> <p>MM asked the Board to note his report with particular regard to:</p> <ul style="list-style-type: none"> - A working group has been established to select an indicator for audit. - The Governors have been informed of the Non-Executive Director appraisals. - The Chair's new quarterly bulletin has been well received as a way to improve the briefing of Governors. For future issues there will be a focus on areas other than performance and the sharing of good news stories. - The Governors were keen to share more of their role at the Annual General Meeting / Annual Members Meeting within a bulletin or other appropriate report. SU added that this would be good to explore through the work of the task and finish group which is identifying other communication methods such 	

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	<p>as stands and banners.</p> <p>MHu commended the work undertaken on the World Café Day. He also queried the staff vacancies on the Council of Governors following the recent call for nominations. MM stated that he would recommend that the Trust should seek to fill the vacancies as soon as possible. BG offered his support with regard to the recruitment process.</p> <p>The Board of Directors noted the report from the Chairman.</p>	TC
Bo.11.19.7	<p>Report from the Chief Executive</p> <p>MP asked the Board to note the report however, she drew attention to the following key items:</p> <ul style="list-style-type: none"> - The Wolfson Centre is a great asset to the Trust and is regarded very highly. It is also seen as a symbol of the close working relationship the Trust has with Leeds and Bradford Universities. - Recruitment of Consultants has gone well and one theme that emerged for attracting talent was the Trusts focus on research. - The Trust was runner up in the HSJ award for staff engagement and MP thanked staff for their work. - The Trust's readiness for Brexit with preparations and contingencies well underway. - KD advised the Board of the anticipated CQC inspection. She further added that the Use of Resources inspection would be taking place on the 27th November and the Well Led inspection would be on the 10th, 11th and 12th of December. <p>SU sought clarification over the CQC's likely approach to services as they only inspected a small number at their last inspection. KD advised that CQC, in line with their inspection framework, would be looking at those services that were requiring improvement.</p> <p>The Board of Directors noted the report.</p>	
Section 4: Delivery of the Trust's Clinical Strategy		
Bo.11.19.8	<p>Integrated Dashboard</p> <p>MP explained that the dashboard provides an up to date and accurate assessment of the key performance indicators being monitored by the Trust. She reminded the Board that throughout the remainder of the meeting, they would be invited to consider the assurance received from the Chairs' of the Board's Committees, and Executive Directors would be explaining the relevant elements of the Integrated Dashboard which in turn underpinned the assurance documented within the Board Assurance Framework.</p>	
Bo.11.19.9	<p>Report from Integrated Governance and Risk Committee</p> <p>MP presented the regular report from the Integrated Governance and Risk Committee (IGRC). The report refers to the meetings held in</p>	

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	<p>September and October 2019. The Board of Directors were referred to the overview of work of the Committee as described within the paper and the associated appendices.</p> <p>The Board confirmed that the contents of this paper provided 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.</p>	
Bo.11.19.10	<p>Board Assurance Framework (BAF) and Risk Appetite Statement</p> <p>MP summarised the paper and its function in describing the Board of Directors' agreed risk appetite statement and providing a profile of risks, controls and assurances related to the delivery of the Trust's strategic objectives. MP confirmed that the BAF would be considered throughout the meeting of the Board of Directors.</p> <p>TC reminded the Board of the need to review the risk appetite statement annually. She requested that each Committee discuss and confirm their respective statements at their meetings in December 2019. These would then be presented to the Board in January 2020 for final sign off.</p>	TC
Section 4a: Quality		
Bo.11.19.11	<p>Integrated Dashboard: Quality</p> <p>The Board of Directors reviewed the Quality Dashboard. The following key elements of the Quality Dashboard were highlighted for consideration of the Board of Directors by the lead Executives:</p> <ul style="list-style-type: none"> - Infection Control: The Trust has demonstrated very positive progress. The overall number of C. Difficile infections has remained static, but, due to the changes in how infections are measured and reported this metric is showing an expected but sudden increase and red rating. - Sepsis: KD explained that December's Quality Committee would be taking a closer look at Sepsis rates. She stated that there had been continued improvements in A&E as well as on the wards. - Mortality Indicators: BG stated that the Trust's mortality rates were a sign of the excellent quality of care provided. - Readmission: BG stated that no harm to patients had been identified from the readmissions review that had taken place. He explained that there are four areas that look like potential outliers (general surgery, urology, renal and gynecology). The Trust is working on issues of patients being recorded incorrectly. Across the Trust work is underway to improve the communication with patients on where to seek advice in order to reduce avoidable readmissions. - Safety in Surgery: BG highlighted the Trust's strong performance and engagement with the World Health Organisations' checklist. 	

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	<p>MHu discussed the use of colours on the RAG ratings. CF explained that rating' colours are intended to focus attention with red used to show that the Trust should be paying attention to a particular indicator. In line with good practice, indicators and thresholds are set by the Trust's agenda. BG described that indicators should not be reviewed by the binary nature of using colour ratings alone, but with SPC Charts, explanatory text and benchmarking data to demonstrate change. SU added the importance of context that isn't shown by colours or figures alone.</p> <p>MHu summarised questions he had raised at other Committees as to whether ethnicity is a factor in serious incidents, or whether it has a broader impact on clinical outcomes across the Trust. The Board was advised that the Trust would need to review the data held in order to provide a response to this question.</p> <p>ACTION: MP agreed that the Executive team would consider ethnicity and other protected characteristics to determine where performance was good or where gaps were identified.</p> <p>BAS asked what the Trust would need to do to achieve 100% medicine reconciliation in all months rather than some months. BG explained that more pharmacy staff, at significant cost, would be needed to ensure that all patients were always receiving the medicine they have been prescribed outside the Trust within 24 hours. BG stated that where Trust performance was above 80%, it is in the top 10% of Trusts in the country. BAS was assured that a risk assessment had assessed that no harm was being caused.</p> <p>MM asked the Board to note that the C. Difficile target changed in 2019, rather than in 2020 as the report stated.</p> <p>MM requested that the Board be provided with an update with regard to the short-notice-inspection improvement notice the Trust had received in Radiology. TC informed the Board that issues had been identified and an action plan would be submitted to the December Quality meeting. She asked the Board to note that although there had been a compliance failure, there was no evidence of any harm.</p> <p>The Board of Directors received the report and was assured that the content as discussed reflected the performance of the Trust, and that appropriate measures were in place to monitor the quality of the services provided effectively.</p>	MP
Bo.11.19.12	<p>Report from the Chair of the Quality Committee</p> <p>The Board of Directors noted that despite the obvious challenges as a result of the Industrial Action, sustained quality improvement was evident across the period. MM thanked the staff and thanked TC and the team for their excellent work.</p>	

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	<p>The Board of Directors noted the work of the Quality Committee in scrutinising the Foundation Trust's arrangements for the management and development of safety, effectiveness and patient experience.</p>	
Bo.11.19.13	<p>NHSE Public Health Screening Reports</p> <p>The reports were taken as read, having previously been considered by the Quality Committee. SES highlighted how positive the reports were and stated that the Trust will work on the recommendations. She outlined how important the screening programs were for saving lives across the district.</p> <p>The Board of Directors noted and approved the reports.</p>	
Bo.11.19.14	<p>Palliative Care Annual Report (July 2018 – July 2019)</p> <p>The reports were taken as read. KD highlighted the benefit brought about by the investment in the Palliative Care team</p> <p>The Board of Directors approved the report and noted the planned projects listed for 2019/2020</p>	
Bo.11.19.15	<p>Board Assurance Framework: Strategic Objectives 1 and 4</p> <p>The Board of Directors reviewed the Board Assurance Framework in the context of the papers received and the update provided by the lead directors in this section of the meeting. The Board agreed that there were no significant or material changes proposed to the BAF in regard to Objectives 1 and 4 from the past 2 months.</p> <p>TFG sought clarification about a new risk added to Appendix 1 of the 'summary of the work of the IGRC' regarding Gastrointestinal Endoscopy waiting times. SES informed the Board of significant problems with Endoscopy waiting times since the application of the Electronic Patient Record. Duplications and incorrect entries led to lower productivity and increased waiting times particularly for surveillance patients and may have contributed to harm to a small number of patients. The Trust has since made significant progress and is seeing a fall in waiting times as well as communicating with patients to not wait to be called if they see a change in conditions or have further concerns. The Board has agreed two additional business cases that will provide the additional capacity required to meet the ongoing demand following an increase in referrals since April. However, additional resources will also be needed to clear the backlog. BG commented on the need to engage the public to understand their responsibility to monitor changes to their own health rather than wait to be contacted for a test by the health system.</p> <p>TFG asked for clarification on the actions being taken in response to Risk 3457, compliant ventilation in theatres. KD reported that as well as the planned development of new theatres, monitoring and mitigations have been put in place as part of the Trusts infection</p>	

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	control. She also reported that there has been no evidence of harm or increased infection rates.	
Section 4b: Finance and Performance		
Bo.11.19.16	<p>Integrated Dashboard: Finance</p> <p>The Board of Directors reviewed the Finance Dashboard and MH highlighted the following key points from the position at the end of September 2019:</p> <ul style="list-style-type: none"> - The Trust is broadly on plan. - 'Delivery of Income and Expenditure Plan' is broadly on plan, - 'Use of Resources' is on plan but the Board notes the overall rating of a '3' due to two metrics scoring a '4'. - 'Delivery of Cash Plan' and 'Liquidity rating' are ahead of plan - 'Bradford Improvement Plan' is broadly on plan but the Board notes the split between the recurrent and non-recurrent performance delivery. <p>MH highlighted that if current run rates continue, the pre-PSF deficit could be £19.5m which is approximately £7m off the planned control total. Actions to mitigate this include:</p> <ul style="list-style-type: none"> - Weekly CIP assurance meetings with the Clinical Business Units (CBUs). This has resulted in savings in the region of £1m since the last report and now represents 75% of their target being achieved. Each of the corporate departments have also been asked to review their run rate and forecast. - Recovery plans are being reviewed. The Senior Leadership Team are reviewing a number of areas where spending could be deferred into the following year. - Speeding up System delivery across the Bradford and Airedale patch partnership. <p>BAS asked how likely it is that the Trust will be able to achieve £5.5m over the remainder of the year. MH responded that there are risks to delivery but various plans are being developed to mitigate as much risk as possible.</p> <p>BAS asked what difference the data from Model Hospital is making and how it is enabling the Trust to achieve improvements. MH explained that Model Hospital is one of a number of information sources that facilitate the CBU opportunity deep dive process. An action plan is expected from each of the deep dives that explore the key opportunities. Some of the current opportunities being considered relate to procurement and pharmacy but the Trust needs to identify and implement the transformational work required to secure financial targets on a recurrent basis.</p> <p>The Board of Directors noted the report.</p>	
Bo.11.19.17	Report from the Chair of the Finance and Performance	

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	<p>Committee: Finance</p> <p>JL stated that at the last meeting of the Finance and Performance Committee, it considered the ongoing risk associated with the delivery of the control total and the internal opportunities in place including additional review and scrutiny of Care Group recovery plans and other internal and external opportunities.</p> <p>She also stated that they had questions about the finance risk across the Bradford and Airedale System that they felt would be answered by mid-December.</p> <p>BAS asked what the Trust's responsibilities are to report to NHSI given that there are doubts about meeting the end of year control total. MH stated that over recent months the reporting requirements had shifted toward reporting a Bradford and Airedale place position. MH stated that the 'best case' is delivering the control total as a Trust, but that NHSI are very clear on the risks that the Trust carries, including the risks related to the Wholly Owned Subsidiary, and some of the steps being taken. MH shared his opinion that the Trust had been open and transparent with NHSI in terms of the level of improvement required by the Trust by the end of the year.</p> <p>BAS asked whether there was a reason for the uncoded patient spells being at 57% and whether this would have implications with regard to the Trust's current financial position when they are coded. MH stated that there were two factors to consider. The Trust produces reports on day 7 or 8 before the coding has been completed, but when the final close down occurs, the number of uncoded patient spells is very small.</p> <p>The Board of Directors noted the work of the Finance and Performance Committee in scrutinising the Foundation Trust's financial matters: maintaining a detailed overview of the Trust's assets and resources in relation to the achievement of financial targets, business objectives and the financial stability of the Trust.</p>	
Bo.11.19.18	<p>Board Assurance Framework: Strategic Objective 2a</p> <p>The Chair moved to the next item on the agenda: Integrated Dashboard for Performance.</p>	
Bo.11.19.19	<p>Integrated Dashboard: Performance</p> <p>The Board of Directors reviewed the Performance Dashboard and SES highlighted the following key points:</p> <ul style="list-style-type: none"> - Emergency Care Standard remains very challenging with increasing average daily attendances as well as increasing average length of stays resulting in overall September performance still below the trajectory agreed with NHSI. Positive performance remained for the Time To Assessment and the Time 	

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	<p>To Treatment for critically ill patients. The three most significant factors were waiting for a cubicle, waiting for a doctor or waiting for a bed. Activity continues on the implementation of the Same Day Emergency Care which is seeing close to 600 patients a week.</p> <ul style="list-style-type: none"> - The Emergency Medicine GIRFT review showed very high attendances per 100,000 and the impact on BTHFT of deprivation levels in the District across all age groups. The report also highlighted insufficient physical capacity for the number of attendances. SES reported positive metrics for emergency care that included aggregated patient delay, same day emergency care and standard hospital mortality. - Significant progress was reported on Referral To Treatment targets since September 2018. There have been no patients waiting longer than 52 weeks in that period; the number of patients waiting over 40 weeks is down from 560 to 60 with an internal target of 0 by March 2020. - Cancer waiting time standard was very challenging following the Electronic Patient Record go-live and integration with the regional cancer information system. However, performance has significantly improved in key parts of the cancer pathway. - 2WW - April to September this year saw 3361 more patients being seen within 2 weeks which is a 56% improvement on the same period last year. Pressure remains on Breast and Lower GI Screening due to high volumes. - The 62 Day pathway has had a 10% increase in patients yet a 36% improvement in the number of patients being seen within 62 days. - SES recognised that there had been significant improvement but there is still more to be done. <p>SU asked what was being done across the System about the Stranded Patients. SES explained that a shortage in staff within social care and CQC concerns over some care homes had resulted in an increase of patients waiting to go home. SES outlined key strategies that were tackling the rise in numbers, including the Elderly Virtual Ward, multi-agency ward rounds and daily reviews on patients who have been in over 50 days.</p> <p>BAS asked if the Trust is doing enough, to turn around the 4 year downward trajectory on the Emergency Care Standard (currently at 74.7%). SES described some of the initiatives that are speeding up the rate at which patients are seen and treated in Emergency Care. The Blue Zone will be completed in 9 to 10 months and allow additional capacity; the Board has approved £2m investment for increased medical staff but there are still posts to be filled. A total of 15% breaches were due to waiting for beds.</p> <p>MHu asked if the Trust was monitoring same day cancellations that are rebooked within 28 days and whether the Trust monitors organ</p>	

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	<p>donations. SES confirmed that although the information is not brought to the Board, the Trust does monitor this information.</p> <p>MP stated that from her experience of other Trusts across the WYAAT partnership and beyond that BTHFT's current performance and the improvements it has made over the last 2 years were to be applauded and being viewed with interest by other Trusts.</p> <p>The Board of Directors received and noted the report and thanked SES and her team for their hard work.</p>	
Bo.11.19.20	<p>Report from the Chair of the Finance and Performance Committee</p> <p>The Board of Directors noted the work of the Finance and Performance Committee in providing detailed scrutiny of the Foundation Trust's performance matters.</p>	
Bo.11.19.21	<p>Final Long Term Plan 2020/21 – 2023/24</p> <p>MH presented a high-level strategic plan for the next four years. The plan had previously been discussed at the Finance and Performance Committee with a recommendation for the Board to accept the plan. More detail as to how a 3.3% CIP would be delivered will be added to the plan before the 31st March as definitive guidance for 2021 has not yet been given.</p> <p>The Board noted and accepted the plan.</p>	
Bo.11.19.22	<p>Board Assurance Framework: Strategic Objective 2b</p> <p>MP stated that while there is not a significant level of risk at the present time, there is likely to be in the final two quarters of the year.</p> <p>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 to leave the proposed level of assurance and risk appetite as it is.</p>	
Section 4c: Workforce		
Bo.11.19.23	<p>Integrated Dashboard: Workforce</p> <p>The Board of Directors reviewed the Workforce dashboard and PC highlighted the following key points:</p> <ul style="list-style-type: none"> - Staff Friends and Family Test is not running in Quarter 3 because of the staff survey taking place. - An appraisal rate in October of 90.25% demonstrates the Trust is on track to meet its 95% target by end of December. - BAME Workforce target remains at 30.2% and is ahead of the planned trajectory to reflect the local population rate of 35% by 2025. 	

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	<ul style="list-style-type: none"> - BAME Senior leaders rate is likely to fall short by approximately 8% and further work is needed to improve this rate. - BAME network conference in October was successful at generating ideas to improve performance. PC has been invited to the December BAME meeting. - Staffing indicators are all green and on track with the exception of Staff Sickness Absence which is not showing signs of improvement. Further work is required to tackle short term sickness with early interventions, return to work interviews and challenges with regard to who absent staff make contact with. <p>PC presented an additional report to the meeting that indicated that the Trust is partially confident of vaccinating 80% of its frontline workers against Flu, in accordance with the CQUIN target. The Trust lacked a stock of vaccines for one week and has initiatives in place to make vaccination easily accessible to all staff 24 hours a day and seven days a week. At 45%, the current rate of vaccination is comparable to the previous year.</p> <p>The Board of Directors received and noted the self-assessment and the flu report. The Board agreed its commitment to the ambition of 100% of healthcare workers being vaccinated and the opt-out process for those who choose not to have the vaccine.</p>	
Bo.11.19.24	<p>Report from the Chair of the Workforce Committee</p> <p>SU stated that the Workforce Committee was assured that the Trust was doing well as it reviewed benchmarking information from the Model Hospital. An area of concern that came up was moving staff around and the adverse perception that that creates amongst staff.</p> <p>KD commented that while the Trust's benchmarking indicators are good on key areas such as low vacancies, high retention rates and sickness; staff perceptions do not reflect how positive those benchmarks are. A new risk has been added identifying that there is a greater risk from staff becoming disenfranchised by being moved around, than there was a risk to patients by not having two registered nurses at all times. Additional work will be undertaken to communicate the positive data with staff. Particular areas to note are maternity and stroke.</p> <p>SU informed the Board that the Workforce Committee has had, and will continue to have, the Wholly Owned Subsidiary on their agenda as a standing item. The Freedom to Speak up index report benchmarks highly against other Trusts. The Board was also asked if it would support the introduction of a reciprocal mentoring scheme that will match all members of the Board with a mentee with either a disability or long-term health issue. PC agreed to provide further information of the scheme's purpose, how it would be managed and, any other requirements such as reporting. A training session would also be provided at a date to be confirmed.</p>	PC

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	<p>MHu asked for an explanation of the short time frame of the Harassment and Bullying metric and whether there was feedback that people's experience of the staff advocacy service had been positive. PC replied that the chart in question started in April 2018 when the Staff Advocacy Service began. Feedback sheets are produced and the number of staff using the service has increased.</p> <p>SU stated that the Workforce Committee maintained its confidence, that it is assured that the necessary controls are in place and the identified gaps have appropriate mitigations and controls in place.</p> <p>The Board of Directors noted the work of the Workforce Committee in providing detailed scrutiny of the Foundation Trust's arrangements and strategic approach to workforce matters.</p>	
Bo.11.19.25	<p>Healthcare Worker Flu Vaccination Best Practice Assurance</p> <p>This item was discussed and minuted during agenda item Bo.11.19.23.</p>	
Bo.11.19.26	<p>Board Assurance Framework: Strategic Objective 3</p> <p>The Chair moved to the next item on the agenda: Partnerships.</p>	
Section 4d: Partnerships		
Bo.11.19.27	<p>Integrated Dashboard: Partnerships</p> <p>The Board of Directors reviewed the Partnerships Dashboard and JH highlighted the following key points:</p> <ul style="list-style-type: none"> - JH will be able to report the findings of a survey being undertaken regarding stakeholder engagement to the January Board Meeting. - With regard to Vertical Integration, the Trust continues to align its' activities with the work emerging in the primary care networks and overcome the different stages that they are at. The common interest between both parties is well recognised but the timing is not quite right yet. - Horizontal Integration continues as the Trust widens its work across West Yorkshire with ICS and WYAAT. JH stated that progress is being made with the Clinical Lead coming to talk to representatives from BTHFT in December. The Trust is undertaking work to prepare for that meeting. - The Airedale Collaboration had a very successful Clinical Summit on 16 October 2019. <p>The Board of Directors received and noted the report.</p>	JH
Bo.11.19.28	Report from the Chair of the Partnership Committee	

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	<p>MM expressed his intention to build good relationships with the 13 geographically based Clinical Directors and 16 clinically based Specialists. He noted the importance of working closely with MP as she leads the Health and Care Partnership.</p> <p>MM advised that BTHFT will assume the Chair of the Committee in Common from its next meeting for a 12 month period.</p> <p>The Board of Directors noted the report and the work of the Partnership Committee in providing detailed scrutiny of the Foundation Trust's approach to strategy and integration.</p>	
Bo.11.19.29	<p>Healthcare UK feedback report</p> <p>JH stated that the Trust is not in the right place to exploit the Trusts commercial potential overseas. A Commercial Strategy would be developed during 2020. After the strategy is produced, the Trust will be in a position to think about what components might have overseas marketability. Oversight would be provided through the Major Projects Committee and then brought back to the Board when it is appropriate.</p> <p>The Board noted and endorsed the report.</p>	JH
Bo.11.19.30	<p>Board Assurance Framework: Strategic Objective 5</p> <p>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 and the level of risk appetite remain the same in relation to the achievement of strategic objective 5; to collaborate effectively with local and regional partners.</p>	
Section 5: Governance		
Bo.11.19.31	<p>Reservations of Powers to the Board and Scheme of Delegation</p> <p>TC advised that the Trust is required to have a formal schedule of matters that are reserved specifically to the Board along with a scheme of delegation. She asked the Board to note that to provide sufficient time for the Audit and Assurance Committee to undertake its review she had discussed with the Chairman that this should be presented to the Board for ratification in March 2020.</p> <p>The Board approved the extension.</p>	TC
Bo.11.19.32	<p>Review Standing Financial Instructions</p> <p>The paper was taken as read. The Board of Directors approved the recommendation that the Standing Financial Instructions would be presented to the Board of Directors in March for the Board's ratification.</p>	

No.	Agenda Item	Action
Bo.11.19.33	<p>Board Committee Annual Reports to Board</p> <p>TC presented the annual reports to the Board. She advised that the self-assessment process would need to begin again in January with each Committee reviewing and commenting on their Annual Reports.</p> <p>TC asked that the Board to endorse that they have taken all reasonable steps to perform their duties as delegated by the Board of Directors. JL requested that TFG's name replaces her name on the Finance and Performance Committee Annual Report as she had not been appointed at the time covered by the report.</p> <p>Subject to the amendment requested by JL, the Board accepted the report.</p>	TC
Bo.11.19.34	<p>Our Quality Plan 2019-22</p> <p>BG advised that the three-year quality plan is aligned to the Clinical Service Strategy and sets out the improvement work that is required to take the Trust from good to outstanding.</p> <p>BAS queried whether targets in Appendix 1 that do not yet have a value or date by which they can be measured would be updated to include this information. BG confirmed that the next phase of the plan's development is to set the ambitions and trajectories.</p> <p>The Board noted and approved the Quality Plan.</p>	03:14:30
Section 6: Board Meeting Outcomes		
Bo.11.19.35	<p>Any other business</p> <p>There were no other items of business to discuss.</p>	
Bo.11.19.36	<p>Issues to add to Strategic Risk Register</p> <p>There were no issues to be added to the Strategic Risk Register.</p>	
Bo.11.19.37	<p>Issues to escalate to NHS Improvement (NHSI)</p> <p>There were no issues to escalate to NHSI.</p>	
Bo.11.19.38	<p>Issues to be reported to Care Quality Commission (CQC)</p> <p>There were no issues to escalate to the CQC.</p>	
Bo.11.19.39	<p>Items for Corporate Communications</p> <p>There were no items for Corporate Communications.</p>	
Bo.11.19.40	Date and time of next meeting	

No.	Agenda Item	Action
	9 January 2020 (time TBC)	

DRAFT

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

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
7/11/2019	Bo.11.19.3	Patient story: KD to ask a representative from the Enhanced Care Team to present to Quality Committee on the outcomes and next steps of managing noise at night and improving outcomes of patients with additional needs	Chief Nurse	9 January 2020	Presented at December 2019 Quality Committee. Action closed.
12/09/2019	Bo.9.19.5	From actions: Strategic objective review for December 2019.	Director of Governance & Corporate Affairs	9 January 2020	Action moved into the new year to allow current focus on CQC. TC to discuss timing with MM and MP.
7/11/2019	Bo.11.19.6	Report from the Chairman: MM will review, augment and increase the effectiveness of our approach to attracting staff governors. BG will support the recruitment of doctors to staff governors.	Chairperson	9 January 2020	A new election process will be launched at the end of January 2020, devised in collaboration with all Executive Directors.
7/11/2019	Bo.11.19.10	Board Assurance Framework (BAF) and Risk Appetite Statement annual review. Each Committee to review their risk appetite statement and provide any amendments to the Board in January	Director of Governance & Corporate Affairs	9 January 2020	On Board agenda at item Bo.1.20.10
7/11/2019	Bo.11.19.11	Integrated Dashboard: Quality. Executive team to ensure we effectively consider the implications of our population demographics (including all protected characteristics) on the way we deliver, understand and evaluate our services.	Chief Executive	9 January 2020	This was discussed at the Quality Committee and will be incorporated in to the consideration of key metrics and the Committee work-plan.
7/11/2019	Bo.11.19.24	Report from the Chair of the Workforce Committee. PC to provide the Board of Directors with more information and additional training in order for the Board Members to participate in the reciprocal	Director of HR	9 January 2020	This session is planned for the 9 th January 2020.

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		mentoring scheme.			
7/11/2019	Bo.11.19.27	Integrated Dashboard: Partnerships JH to report findings from stakeholder engagement survey to the January Board meeting. Item to be added to the January agenda.	Director of Strategy & Integration	9 January 2020	<u>Action closed.</u> Report on progress of stakeholder engagement, including survey findings, has been included for information at Annex 2 of Board papers for 9 January 2020 meeting
7/11/2019	Bo.11.19.31	Board Committee Annual Reports to Board. JL asked that TFG's name be put on the Finance and Performance Committee from when JL was not in post	Director of Governance & Corporate Affairs	9 January 2020	Report amended as requested.
7/11/2019	Bo.11.19.31	Reservations of Powers to the Board and Scheme of Delegation. TC to bring to the board after the Audit and Assurance Committee has reviewed it.	Director of Governance & Corporate Affairs	12 March 2020	These documents will be discussed at the Audit and Assurance Committee at its meeting in February
7/11/2019	Bo.11.19.5	Minutes of the Meeting held on Thursday 12 September 2019: Minutes Bo.9.19.7 would be changed to reflect it was UNISON taking legal advice	Director of Governance & Corporate Affairs		<u>Action Closed</u> Minutes have been amended accordingly