

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

At a scheduled meeting in public, of the Board of Directors of Bradford Teaching Hospital on2020, with Dr Maxwell Mclean in the Chair, and Dr Tanya Claridge acting as Trust Secretary, the minutes of the previous meeting on the 9th January 2020 were read and approved.

Signed: _____ Chairperson

Signed: _____ Director of Governance and Corporate
Affairs

Date:	Thursday 9 January 2020	Time:	10:45-13:15
Venue:	Listening for Life Centre, BRI	Chair:	Dr Maxwell Mclean
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Dr Maxwell Mclean (MM). - Mr Mohammed Hussain (MHu). - Ms Julie Lawreniuk (JL). - Mr Jon Prashar (JP). - Mr Barrie Senior (BAS). - Professor Laura Stroud (LS). - Ms Selina Ullah (SU). - Mr Amjad Pervez, Non-Executive Director. <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) (minutes) - Ms Caroline Carass, Enhanced Care Lead Nurse, for patient story (CC) - Ms Elizabeth Price, Lead Nurse for Palliative Care, for patient story (EP) 		
Observers:	<ul style="list-style-type: none"> - 3 Governors - 1 member of staff - 1 member of the public 		

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Section 1: Opening Matters		
	<p>Chair's Opening Remarks MM welcomed the Board of Directors, those in attendance and those observing the proceedings to the meeting. He took the opportunity to acknowledge that this was the last meeting of the Board for Amjad Pervez, who has held a Non-Executive Director appointment with the Trust for five years, who was leaving the Trust on the 31st January. MM thanked Amjad for the inspiring and innovative leadership he had demonstrated, and the impact that had had on both the culture and decision making of the Board, but of the organisation as a whole.</p>	
Bo.01.20.1	<p>Apologies for absence Apologies for absence were noted for the following: - Ms Trudy Feaster-Gee, Non-Executive Director</p>	
Bo.01.20.2	<p>Declaration of Interests MM asked the Board of Directors (following their review of the agenda and associated papers, and confirmation from the Board that there were no Matters Arising) if they had any Declarations of Interest to make. There were no declarations of interest made by members of the Board of Directors.</p>	
Bo.01.20.3	<p>Patient Story KD welcomed Ms Caroline Carrass (CC) and Ms Elizabeth Price (EP) to the meeting.</p> <p>KD introduced the patient story. Richard, due to his current health status did not feel able to have his story videoed; as a result it was narrated by KD.</p> <p>Richard is a 53 year old gentleman who attended our Accident and Emergency Department with chest pain. A diagnosis was not made at his initial presentation point, but Richard was given an outpatient appointment a couple of days later. During this appointment Richard had a range of investigations, which led to the identification of three tumours, two in his chest and one in his neck. He was told that the tumours were inoperable. He was not told whether the tumours were cancerous, but he assumed that they were as he was told that he was 'palliative' and if he 'lived for 18 months he will be a record breaker'.</p> <p>Richard was admitted to ward 18, had had a number of operations, including one to insert a feeding tube. Richard has little recollection of this period, but he had been told that his 'behaviour was really off' and that they had 'problems managing' him. He described feeling very confused.</p> <p>Richard described that he was going to be discharged to a nursing home which is near to where he lives to enable his family to visit him regularly, he was grateful for the support he received from the Trust in relation to ensuring appropriate funding and in supporting the arrangements for his future care.</p>	

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	<p>Richard described himself as an intelligent man, who worked in a bank for many years, but as finding the language and terminology used by doctors as confusing and difficult to follow, meaning that he did not feel that he had a full understanding of his illness. He described on incident where a doctor said, “how do we get rid of you?”, whilst recognising that the doctor did not mean to upset him, he felt that it was an incentive thing to say, given he had just been told that he was going to die.</p> <p>Richard described the ward he was on as being really noisy at night, and that nurses were regularly disturbed when they were preparing medication. Richard recognised this could result in a mistake being made. He also described an overall lack of consistency in the nursing staff providing his care.</p> <p>Richard made the following recommendations: People should communicate clearly so that patients know what is happening and are sensitive to a person’s state of mind Staffing should be consistent Noise should be reduced at night</p> <p>KD invited CC to evaluate Richard’s story from the perspective of her role in enhanced care. CC related that she had identified a number of opportunities for change and improvement in the way that Richard’s care was being managed when he was referred to her. She described that Richard had fluctuating capacity, and whilst staff were clear they would not allow Richard to leave if he tried to do so, a capacity assessment had not been completed, and whilst the plan to prevent Richard from leaving the ward was done in the best interests of maintaining Richard’s safety, best practice would have been for a Deprivation of Liberty Safeguard (DoLS) authorisation to have been applied for. Richard’s fluctuating capacity continued to present challenges for clinical staff during his admission, but CC described some simple interventions which could have helped his orientation during periods of confusion and also when his confusion lessened. Richard had ‘no starting point’ and big gaps in his memory of his admission. He was eventually provided with a ‘timeline’ to help him understand his hospital journey and experiences. As he recovered Richard was able to use a newspaper to help orientate him, but CC highlighted that just having a clock in his room would have been helpful.</p> <p>MM explored Caroline’s role further, asking her to describe other reasonable adjustments we could be making to support patients with fluctuating capacity or a learning disability. In reply, CC described a number of simple interventions, for instance increasing visiting times for family and friends of the patient to support mealtimes or sleeping. CC also described the importance of working with and alongside our external partners to ensure all available resources are tapped into.</p> <p>KD noted that the Richard was a patient on a surgical ward, which probably was not geared up to meet the needs of patients with</p>	

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	<p>fluctuating capacity in the way, for instance a care of the elderly ward is, and confirmed that ensuring that the need for reasonable adjustments is identified and appropriate arrangements are made across all wards is a key focus of CC's role.</p> <p>KD then invited EP to evaluate Richard's care from the perspective of her role in palliative care.</p> <p>EP confirmed that Richard is known to Macmillan Head & Neck Clinical Nurse Specialist. She described during his admission it was clear that Richard's prognosis was poor and so the Fast Track Document was completed and Continuing Health Care Funding approved so he could be discharged to a Nursing Home for palliative care.</p> <p>EP then described the arrangements put in place to support Richard as he was discharged from hospital into a nursing home, confirming her was registered with the Gold Standards Framework (GSF), which is a register of patients who are thought to be in their last year of life. EP informed the Board that this framework is supported by the patient's GP practice who discuss patients at a monthly multi-disciplinary team (MDT) meeting & decide how to best support the patients and their families. All patients who meet the criteria for GSF are then given access to Goldline which is a 24/7 single point telephone contact for patients and their carers who have a GP in Bradford, Airedale, Wharfedale and Craven. Goldline aims to support patients in their preferred place of care wherever possible and prevents inappropriate hospital admissions.</p> <p>EP described how the Hospital Palliative Care Team provide education to ward staff on how to identify patients who may be in their last year of life which includes the importance of having advance care planning discussions with patients and how to directly refer patients to GSF and Goldline.</p> <p>EP also confirmed that during 2020/2021, the Trust will introduce the Recommended Summary Plan for Emergency Care & Treatment (ReSPECT). This national document is a summary plan which, following discussion with the patient, records recommendations to guide clinical decision making in a future emergency, this also includes a resuscitation decision. EP confirmed that this document will directly support discussion with patients about their wishes and preferences.</p> <p>In relation to communication, EP described that Richard had fluctuating mental capacity during his hospital stay and had several episodes of delirium. During these periods discussions were undertaken with him (at times with family present) about diagnosis, prognosis and treatment plans. Richard's fluctuating capacity appears to have resulted in him having a limited understanding of his diagnosis and prognosis.</p> <p>EP described that the initial Do Not Attempt CardioPulmonary</p>	

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	<p>Resuscitation (DNACPR) decision was discussed with Richard's family because at the time he lacked capacity. However, she confirmed that when he regained capacity this decision was not then discussed with him. EP confirmed that this had been identified as an area for improvement.</p> <p>EP stated that it was disappointing that Richard described that he had not been informed he had cancer although he was aware that was his diagnosis and that he complained that doctors used medical jargon which he and his family found difficult to understand. EP confirmed that good, clear & concise communication at a level the patient and family understand is vital. EP then described that from Spring 2020 the Palliative Care Team will be delivering End of Life Communication Skills Workshops in the simulation suite. She confirmed that the aim of the training was to provide staff with the opportunity, in a safe environment, to practice their skills and to increase their confidence in having difficult end of life discussions with patients (this will include breaking bad news; discussing DNACPR; and discussing patients preferences which will support the ReSPECT process).</p> <p>BG described how he had heard that communication relating to cancer diagnosis and the communication of bad news was central to Richard's story, and believed that his story should be used as a key learning tool. He queried whether this sort of communication had been factored into the Patient Experience, and committed to take this forward into the collaborative.</p> <p>KD concluded that Richard's story had helped the teams identify many opportunities for learning, change and improvement, highlighting the 'Good night, sleep tight' initiative as one example, where patient feedback, including that from Richard, had led directly to a patient experience improvement initiative.</p>	BG
Section 2: Business from Previous Board Meeting		
Bo.01.20.4	<p>Minutes of the Meeting held on Thursday 7th November 2019 The minutes of the meeting of the Board of Directors held on the 7th November were approved as a true and accurate reflection of discussions and decisions at the meeting.</p>	
Bo.01.20.5	<p>Matters Arising: 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. KD confirmed that this was presented at the December 2019 Quality Committee. <u>Action closed.</u> 12/09/2019 Bo.9.19.5 From actions: Strategic objective review for December 2019. This will be added to the Board Development Programme in the context of the strategic work underway and the 2020 Vision. <u>Action Closed.</u> 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. TC confirmed that a new election process will be</p>	

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	<p>launched at the end of January 2020, devised in collaboration with all Executive Directors. <u>Action Closed.</u></p> <p>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. This action was included on the Board agenda at item Bo.1.20.10. <u>Action Closed.</u></p> <p>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. It was confirmed that this was discussed at the Quality Committee and will be incorporated in to the consideration of key metrics and the Committee work-plan. <u>Action Closed</u></p> <p>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 mentoring scheme. This training has been provided. <u>Action Closed.</u></p> <p>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. A report on progress of stakeholder engagement, including survey findings, has been included for information at Annex 2 of Board papers (09.01.2020). <u>Action Closed.</u></p> <p>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. Report amended as requested. <u>Action Closed.</u></p> <p>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. Minutes have been amended accordingly. <u>Action Closed.</u></p>	
Section 3: Business Reports		
Bo.01.20.6	<p>Report from the Chairman</p> <p>MM, reflecting on the number of significant events that had occurred in the Trust since the last meeting, asked the Board of Directors to note his report with particular regard to the appointment of four new Governors, the new arrangements for Governors to attend meetings of Board Committees, enabling them to support the delivery of their statutory duties.</p> <p>The Board of Directors noted the report from the Chairman.</p>	
Bo.01.20.7	<p>Report from the Chief Executive</p> <p>MP related her experiences during the first two months of her appointment as Chief Executive Officer, describing her induction programme and her initial impression that the Bradford system is a cohesive one, with many key opportunities for the Trust to make its mark.</p> <p>She provided a verbal report to the Board, drawing the Board's</p>	

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	<p>attention in particular to the CQC inspection process which had commenced in November 2019 and was completed on the 8th January 2020, the decision made in relation to the Wholly Owned Subsidiary, made at a meeting of the Closed Board of Directors in November 2019 and subsequently made public, an NHSI leadership meeting she had attended and her meeting with Shirley Congdon, Vice Chancellor of the University of Bradford.</p> <p>In relation to the CQC inspection process, MP described the unannounced inspection which was undertaken by the CQC in November 2019 into three core services, maternity, medicine and care of the older person and services for children and young people. She then described the Use of Resources inspection (undertaken by an inspection team from NHSI/E) which also took place in November 2019. MP informed the Board that in December the planned Well Led inspection took place, but in addition the CQC undertook a simultaneous unannounced inspection of the 'outpatients' core service.</p> <p>MP confirmed that the draft report was expected in February, with the publication of the final report expected in March 2020.</p> <p>JP commented that he felt really well supported by the well led preparation process.</p> <p>In relation to the Wholly Owned Subsidiary (WOS), MP confirmed that following meeting of the Closed Board of Directors on 22nd November, and the decision not to go ahead with the (WOS) in relation to the delivery of estates, facilities and clinical engineering functions, the decision was communicated swiftly to staff. She described that four open meetings had been held with staff, both at the Bradford Royal Infirmary and St Luke's sites. She described the meetings as being fully open and transparent, with a clear message that 'no WOS doesn't mean no change'. MP confirmed that the decision to reverse a previous decision of the Board of Directors was the right one, but reminded the Board that the original decision was made for compelling reasons in relation to the need to improve efficiency and effectiveness of the services.</p> <p>MP described a clear focus on transformation, modernisation and , productivity, where staff feel they have a voice, feel they are engaged with, using improvement processes which will harness and recognise their expertise. She confirmed that she had written individually to all staff to see if they want to join an improvement steering group, being established as part of the Bradford Improvement Programme, chaired by the Chief Operating Officer. She emphasised the importance of fully recalibrating the relationship between the senior leadership team and the teams involved.</p> <p>BG suggested sharing the letter sent to staff with the CQC. MP agreed that this was appropriate and would be helpful in them understanding the steps now being taken to develop the service.</p>	<p>MP</p>

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	<p>AP reminded the Board of the scope of the projects involved in the programme to establish the WOS, specifically in relation to income generation. He wanted to ensure that because this, as a concept, was relevant and transferable across the organisation. The Board recognised that as an FT we are not precluded from selling services, and this would be more and more relevant as we work better at a system, enabling us to better identify services and functions that we can provide for other organisations.</p> <p>MP summarised that there were many lessons to be learnt from the WOS episode, but that subsequent to the decision not to proceed, she had articulated to Executive colleagues that the priority was to deal with task in hand, the CQC inspection. She confirmed that her intention is to now take time out with her Executive team to refocus and reprioritise, but with a clear focus on how you take people with you on a journey of change, and whether we need to change our style.</p> <p>MP described her attendance at a NHSI leadership meeting, where Executives were provided with the opportunity to ask about national commitments to resources and funding described during the election period, and the plan post-election. MP described the commitment as being clear and that currently initiatives are being publicised (e.g. the support for IT log on processes). MP asked Board to recognise the time lag which will occur in terms of the translation of nationally published planning and operational guidance through to Board. She took the opportunity to reiterate the statement from leaders, thanking for all organisations (and by default their staff) for endeavouring to provide safe and effective services over winter. MP also asked the Board to note the publication of the People Plan, the work of the National Director of People and the widespread consolation and engagement which has occurred, and that this would be managed through the workforce committee.</p> <p>MP described her meeting with Shirley Congdon, Vice-Chancellor of the University of Bradford, and the identification of key areas of collaboration for mutual benefit. She highlighted that the University is an anchor institution in our city, and that many of our staff benefit from its educational services. MP requested that as leadership teams, we should come together, in a Board to Board meeting, as the Chancellor shapes her team and strategy. The Board agreed to this approach.</p>	MP
Section 4: Delivery of the Trust's Clinical Strategy		
Bo.01.20.8	<p>Integrated Dashboard</p> <p>MP explained that the dashboard provides a high level view of the health of the organisation, and is designed to provide a stimulus for discussion and focus for assurance. It provides an up to date and accurate assessment of the key performance indicators, related to the delivery of our Strategic Objectives, being monitored by the Trust. She reminded the Board that throughout the remainder of the</p>	

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	<p>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. MP summarised that the dashboard demonstrated strong performance overall, but a continued clear operational challenge in relation to the delivery of our constitutional standards, particularly in relation to emergency care. MM reflected that he would like to hear more about the success the Trust is demonstrating in terms of addressing cancer two week wait performance during the discussion in relation to performance later in the meeting.</p>	
<p>Bo.01.20.9</p>	<p>Report from Integrated Governance and Risk Committee</p> <p>JH presented the regular report from the Integrated Governance and Risk Committee (IGRC). The report related to the meetings held in November and December 2019. The Board of Directors were referred to the overview of work of the Committee as described within the paper and the associated appendices. JH highlighted three specific areas of risk for consideration by the Board.</p> <p>JH provided a specific update in relation to the risk associated with the EU Exit. He confirmed that the Trust continued a dialogue with the national team through the established communication channels and that all required risk assessments and business continuity plans were in place.</p> <p>In addition JH updated the Board in relation to the risk associated with IRMER regulations; the Trust had received an improvement notice from the CQC in relation to compliance with a specific regulation in August 2019. He confirmed that the associated risk had been managed on the Clinical Business Unit risk register, and a programme of improvement commenced to mitigate the risk. It was confirmed to the Board that the CQC had re-inspected in December and that the improvement notice had been lifted.</p> <p>JH also highlighted the discussion at IGRC in relation to the risk associated with winter pressures and the potential impact on the quality of care and the achievement of constitutional standards. He confirmed that the specific risk associated with winter pressures was influencing the review of, particularly, the likelihood, of all strategic risks.</p> <p>BS raised a concern in relation to risk ID 3468, in that it had not been substantitatively discussed at the quality committee and that its escalation and management did not appear to have followed the prescribed governance. SES confirmed that the risk presented was the result of a combined risk assessment of two previous risks. TC confirmed that the due governance had been applied to the management of the risk and that it had been presented for review by the Quality Committee in December 2019. She confirmed that it was not escalated to the Strategic Risk Register until after the November Board meeting and as such would not have been presented to the</p>	

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	<p>Board at that time.</p> <p>BS suggested that the Quality Committee should undertake a deep dive into this risk to provide additional scrutiny and assurance.</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>	SES
Bo.01.20.10	<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 presented the outcome of the Board Committee's review of the risk appetite in relation to the strategic objectives for which they had an assuring function. The Board of Directors approved the changes to the risk appetite identified and approved by the Committees.</p>	
Section 4a: Quality		
Bo.01.20.11	<p>A report from the Chair of the Quality Committee</p> <p>LS highlighted a number of areas for consideration by the Board, and, in relation to these invited the relevant Executive Directors to provide additional background information and assurance.</p> <p>In relation to improvements associated with patient experience she asked KD to provide more information in relation to the population we serve and the work we are doing. KD described the enhancements made to the way we understand patient experience, through the iterative collection of a clear set of metrics, improvements associated with the collection of Friends and Family data and the newly implemented patient experience collaborative. In relation to complaints, KD reported a reduction in complex complaints being reported, and that waiting times and appointment management was a clear theme. LS highlighted that this was an 'amber' area on the Quality Dashboard, and as such was a focus for committee challenge.</p> <p>LS reported that the Committee routinely received 'focus on' agenda items of areas of previous concern, where the Committee received presentations or more detailed reported relating to areas of exception. She related that it was clear through these presentations that we are using a standard approach to improvement and also the use of real-time data had changed the way we understand potential concerns. BG confirmed that these two elements were critical in understanding and assuring specific risks.</p> <p>LS described challenge at the Committee in relation to nurse staffing, which was focused on not only understanding any risk to patients, and the strength of mitigation in place, but also to the health and wellbeing</p>	

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	<p>of staff during a busy time for the organisation.</p> <p>LS described the focus of the Committee on data quality, but also on the use of our data to drive our understanding of our population health needs.</p> <p>The Board were informed that the Committee had actively considered the ongoing work in maternity to ensure sustainable quality improvement; the implications of the Airedale collaboration, the risks associated with the microbiology service and was planning to have a further focused discussion in relation to the Haemoglobinopathy service.</p> <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.01.20.12	<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>	
Section 4b: Finance and Performance		
Bo.01.20.13	<p>Report from the Chair of the Finance and Performance Committee</p> <p>JL brought two main challenges that the Committee had focused on during the conduct of its business in relation to Finance and Performance to the attention of the Board.</p> <p>She described the lengthy discussions that had taken place in relation to the forecast out-turn (which excluded the impact of not proceeding with the Wholly Owned Subsidiary) and in addition the assurance relating to Cost Improvement Plans. MH confirmed that at present the Trust was focused on the delivery of the Control Total, and confirmed that the position at the close of month 9 would secure Quarter 3's Financial Recovery Funding (FRF) and Provider Sustainability Funding (PSF). MH described a number of opportunities by which the Trust could manage the run rate that could secure delivery of the control total. MH confirmed that the Quarter 3 submission to NHSE/I will continue to forecast delivery of the control total, but recognising this carries risk, with specific issues such as winter pressures needing to be recognised.</p> <p>MH also described that the Trust had been successful in securing both revenue and capital cash from NHSI, to target and invest in relation to supporting winter pressures.</p> <p>MH also confirmed that the Trust had just received its draft reference cost score for 2018/19 of 94 (which is a reduction from 101 in 2017/18) and related to increased throughput and the introduction of EPR impacting on the counting of activity and improved depth of coding. He</p>	

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	<p>confirmed that 100 is average, and this change should be evident in our Model Hospital data, when next updated. The Trust will be looking for further opportunities for improvement during 2020/21.</p> <p>In relation to performance, JL described the Committee's focus on the delivery of the Emergency Care Standard (ECS) as being a significant challenge. SES described that whilst increase in attendance did have an impact on performance, the biggest impact is acuity. She described that, as elsewhere, winter pressures hit the Trust early and whilst this acuity was not specifically related to flu, it was directly related to the frailty of our population. She described that the frailty and acuity of admitted patients was also having an impact on the length of stay in the organisation. SES also described challenges within social care provision, in relation to both reablement and care home provisions relating to a number of regulatory restrictions being imposed and a safeguarding concern in a nursing home resulting in the need for all patients to be moved.</p> <p>SES described that the main impact of these issues was an increase in numbers of patients waiting, both to be seen in the emergency department and for a bed once a decision was made that they required an admission, and the length of time for which they were waiting. These issues were exacerbated by a decreased willingness of consultants to do additional session, indeed the Trust has seen a 30 to 40% drop, predominantly related to the pension issue that the Board is already aware of. SES described a number of controls that she had put in place designed to ensure the safety of patients, including a daily safety huddle, a weekly breach review, where trends on weekly dashboards are scrutinised. She also described a programme of short term observation work in relation to the day to day efficiency of the department. She also described the progress with the system wide frailty programme, including direct referrals to the virtual elderly ward</p> <p>JL invited SES to describe the success that has been seen in delivering the cancer two week wait (2WW) target. SES reflected that the Trust had taken a systematic approach to all areas of performance, with a clear focus on demand and capacity modelling, and that this had been applied to all 2WW tumour groups, re-aligning clinical capacity tools for the General Managers to use, and encouraging the use of trackers as forecasting tools. SES described continued challenges in achieving the standard, particularly in endoscopy, which is reflected on the strategic risk register.</p> <p>The Board of Directors noted the work of the Finance and Performance Committee in scrutinising the Foundation Trust's arrangements for the management and development of finance and performance.</p>	
Bo.01.20.14	<p>Business Case – The delivery of Blue Zone and the transfer of Acute Renal to Ward 10</p> <p>The Board of Directors approved the plans outlined in the paper, as presented by SES. The Board sought clarification in relation to how the views of staff had been taken into account and going forward, how</p>	

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	<p>patient views will be taken in to account, which was confirmed. SES also highlighted the additional benefits to the renal service with improved accommodation and increased capacity. Blue zone also has the potential to add 7-8% to ECS performance improvement. SU asked for confirmation that rapid access to diagnostics had been considered. SES confirmed that this had been included in the delivery programme.</p>	
Bo.01.20.15	<p>Board Assurance Framework: Strategic Objective 2 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 Objective 2, and noted the impact of the Trust's ECS position on the assurance associated with the delivery of our key performance targets.</p>	
Section 4c: Workforce		
Bo.01.20.16	<p>Report from the Chair of the Workforce Committee SU described that a key focus of the Committee had been on staff experience and the impact of that, particularly on the achievement in respect of the Workforce Disability Equality Standard (WDES) and the Workforce Race Equality Standard (WRES).</p> <p>She also described the areas of risk being considered by the Committee and that it was assured that appropriate mitigation was in place to control those risk, particularly in relation to consultant appointments (the Trust continues to be successful), the microbiology service, and the Joint Venture. She described concerns that had been identified in relation to the staff facilities for the histopathology service, and the steps being considered to improve that for the team.</p> <p>SU invited PC to describe the key metrics being considered by the Committee.</p> <p>In relation to appraisal PC described the current position as being 92.6 %, with the shut down for December's data being in three days. She reflected that this was below the Trust target of 95% but every effort was being made to improve performance. She confirmed that in relation to agency use, our performance continues to trend below the ceiling value. PC described that the sickness absence metric is considered by the Committee, and there had been an identified spike in November due to short term sickness absence.</p> <p>PC explained that achieving the Flu vaccination target was proving challenging. The Board explored the consequences for someone choosing not to be vaccinated. KD confirmed that she could move a member of staff from a high risk area, and PC, KD and BG all confirmed that they continued to have challenging discussions with staff.</p> <p>SU reflected that the Committee had received a detailed Equality and Diversity report, including the WDES, WRES and had considered our 10 year plan around our BAME targets. She confirmed that the</p>	

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	<p>Committee had noted the report from the national WRES team, but that the Committee was supportive of the Trust maintaining our own targets as they are more stretching than those set by the national team. PC confirmed that in relation to delivery of our targets we are behind on the delivery of the band 8 and above trajectory, but that the Trust was actively reviewing progression and succession planning for staff at bands 6 and 7</p> <p>MHu commented that there was a good level of detail in the report, but reflecting on his experience elsewhere, asked had the Trust considered looking at the spread of staff across business units, using intersectional analysis to ensure that any subtleties in the data are not being masked. PC reflected that she would consider this further by in relation to the balance between the focus on delivering the compliance actions and enhancing the approach that we take.</p> <p>KD described the nurse staffing discussions held at the Committee. SU described a strong level of assurance received by the Committee in relation to staffing and its impact on patient safety.</p> <p>KD also described the Freedom to Speak Up (FTSU) report discussed at the Committee and the assurance received in relation to the conduct and the management of the outcomes of issues raised through the process.</p> <p>BG described the Guardian of safe working hours report again discussed in detail at the Committee. He highlighted that working hours remain an issue, and concerns raised are rising for all organisations.</p>	
Bo.01.20.17	<p>Board Assurance Framework: Strategic Objective 3</p> <p>The Board of Directors noted the work of the Workforce Committee in scrutinising the Foundation Trust's arrangements for the management and development of its people.</p>	
Section 4d: Partnerships		
Bo.01.20.18	<p>Report from the Chair of the Partnership Committee</p> <p>The Board considered the report from the Chair of the Partnerships Committee, and noted the work of the Committee in relation to the Trust's strategic partnerships. JH confirmed that the risk of having a single point of contact for stakeholders was mitigated in a number of ways, but that there was a plan to spread account management across more than one individual as appropriate.</p> <p>AP emphasised that the Council of Mosques is representative of specific group, and that the younger generation do not tend to associate themselves with it and the need to try to both engage with fixed organisations, but also the community itself.</p> <p>The Board of Directors authorised the Partnerships Committee to have delegated responsibility for the sign off of the amended Partnership Memorandum of Understanding ('the MoU') for the West Yorkshire and Harrogate Health and Care Partnership. The Board was informed</p>	

No.	Agenda Item	Action
	that following extensive engagement, 'the MoU' was originally signed off by all partners in December 2018. It was reviewed and revised in late 2019; the revised version was not received in time for the Board of Directors meeting in January, but required sign off by the end of February 2020.	
Bo.01.20.19	Board Assurance Framework: Strategic Objective 5 The Board of Directors reviewed the Board Assurance Framework in the context of the papers received in this section of the meeting and the description of assurances provided within the framework and agreed the proposed level of assurance 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.	
Section 5: Governance		
Bo.01.20.20	Report from the Chair of the Audit and Assurance Committee The Board of Directors noted the report from the Chair of the Audit and Assurance Committee.	
Bo.01.20.21	Sustainable Development Management Plan (including waste management) The Board of Directors approved the Sustainable Development Plan, and noted that a steering group was going to be established to ensure its delivery. It was confirmed that the overall delivery of the plan would be led by JH and managed within the Office of Strategy and Integration. The Board encouraged that the plan should be seen and situated within the wider environmental and sustainability plans across the City of Bradford.	
Bo.01.20.22	Register of Board of Directors Declaration of Interest The Board of Directors noted this report detailing the register of interest of Board members.	
Bo.01.20.23	The Board of Director Bradford Hospitals Charity Annual Report and Accounts 2018/19 The Board of Directors approved the Bradford Hospitals Charity Annual Report and Accounts 2018/19 and Management Letter of Representation. The Board noted that the annual report and accounts were previously approved at the Charitable Fund Committee in November 2019 and the Audit and Assurance Committee in December 2019.	
Bo.01.20.24	Draft Public and Patient Engagement Strategy The Board of Directors approved the Public and Patient Engagement Strategy. It noted that the Quality Committee considered the strategy at its meeting held on 18 December 2019, and that a period of consultation, both informal and formal resulted in the final draft of this strategy. The Board of Directors further noted and agreed that following approval, a detailed implementation plan with clear measurables will be developed and presented for approval to the Quality Committee in February 2020 and that assurance in relation to the delivery of this strategy will be added to the Quality Committee's work plan.	
Bo.01.20.25	Audit and Assurance Committee Annual Report	

No.	Agenda Item	Action
	The Board of Directors approved the Audit and Assurance Committee Annual report and approved that the Committee's self-assessment be undertaken during Quarter 2 2020/21.	
Section 6: Board Meeting Outcomes		
Bo.01.20.26	Any other business There were no other items of business to discuss.	
Bo.01.20.27	Issues to add to Strategic Risk Register There were no issues to be added to the Strategic Risk Register.	
Bo.01.20.28	Issues to escalate to NHS Improvement (NHSI) There were no issues to escalate to NHSI.	
Bo.01.20.29	Issues to be reported to Care Quality Commission (CQC) There were no issues to escalate to the CQC; however BG suggested that the letter recently sent by MP to the Estates and Facilities staff be forwarded to the CQC for information.	
Bo.01.20.30	Items for Corporate Communications There were no items for Corporate Communications.	
Bo.01.20.31	Date and time of next meeting 12 March 2020 (time TBC).	



BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 9 January 2020

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
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.	Director of Governance & Corporate Affairs	12 March 2020	AAC reviewed at its meeting in February 2020. Item is on the agenda. Action closed.
09/01/2020	Bo.01.20.3	Patient Story To take communication relating to cancer diagnosis and the communication of bad news forward into the collaborative.	Chief Medical Officer	12 March 2020	
09/01/2020	Bo.01.20.7	Report from the Chief Executive To share the letter sent to Estates and Facilities staff with the CQC.	Chief Executive	12 March 2020	
09/01/2020	Bo.01.20.7	Report from the Chief Executive: University of Bradford areas of collaboration As leadership teams, we should come together, in a Board to Board meeting, as the Chancellor shapes her team and strategy.	Chief Executive	12 March 2020	Item added to the Board Development sessions planner. Date of delivery to be determined.
09/01/2020	Bo.01.20.9	The Quality Committee should undertake a deep dive into risk ID 3468	Chief Operating Officer	12 March 2020	Added to February Quality Committee agenda – action closed